Universities and HIV/AIDS
IN SUB-SAHARAN AFRICA

UNIVERSITY OF ZAMBIA

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Acronyms

AHILA	The Association of Health Information and Librarians in Africa
AIM	African Index Medicus
CBoH	Central Board OF Health, Zambia.
CSO	Central Statistics Office, Lusaka, Zambia.
CRHC	Commonwealth Regional Health Community
DRC	Democratic Republic Of Congo
FAO	Food and Agricultural Organisation
GDP	Gross Domestic Product
GPA	Global Prog On Aids.
HIPC	Highly Indebted Poor Country
IEC	Information Education Communication
ILO	International Labour Organisation
INESOR	Institute for Economic and Social Research
KCTT	Kara Counselling and Training Trust
MOH	Ministry Of Health, Zambia.
NGO	Non-governmental Organisation
PALS	Positive and Living Squad
PLWHA	People Living With AIDS
STD	Sexually transmitted Disease
STI	Sexually transmitted Infection
UNICEF	United Nations Children's Emergency Fund
UNZA	University of Zambia
UNZALARU	University of Zambia Lecturers and Researchers Union
UNZAPROSA	University of Professional, Administrative and Technical Staff
UNZASU	University of Zambia Students Union
WHO	World Health Organisation
VCT	Voluntary Counselling and Testing
ZDHS	Zambia Demographic Health Survey

Executive Summary

Zambia is among the top five countries of Sub Saharan Africa having HIV/AIDS infection rates of 20% or higher. Out of the 34 million infected people of the world, 22.5 million live on this continent.

Universities in Sub Saharan Africa are facing the grim realities of high infection rates. Staff and students are falling sick and dying. Effects of the scourge are being seen in enrolments, staffing and financial resources of the universities. Human resource base of the universities is being eroded. Yet the role of the universities in starting national, regional responses to the scourge can not be overemphasized because it is the universities which empower people by giving them knowledge and life skills required to deal with the epidemic. Universities are centers of research and development of human resources.

ADEA is preparing case studies of a few universities in the region to gain insight into the situation at the universities and come up with general policies and practices for students and staff that will help to reduce the transmission of HIV/AIDS. This is one such case study of the University of Zambia (UNZA).

University of Zambia is in the capital city of Lusaka and is one and the older of the only two universities of the country. UNZA has a population of approximately 4,500 students and 2,000 workers, (both academic and non-academic). Most students live on the campus in student residences.

The university depends largely on the government for its funding. Since the 1980s, funding to the university has been very poor largely because of the country's poor economy.

This case study on the University of Zambia aimed at answering the following questions:

a. In what ways has the University of Zambia been affected by HIV/AIDS?
b. How has the university responded to these impacts?
c. What steps is the university taking to control and limit the further spread of HIV/AIDS in its community?
d. What HIV/AIDS-related teaching, research, publication, and advisory services has the university undertaken?
e. How does the university propose to anticipate and address the larger impact of HIV/AIDS on the national labour market for university graduates?
f. Should university access, including via distance education, be consciously increased to compensate for expected national losses in skilled professional personnel?

Data collection was done through interviews and group discussions centred on the following topics:

- University policies and management
- Personnel: University members living with HIV/AIDS
- Core university operations
- University functioning
- Costs
- Social life
- University image and outreach

The interviews and discussions were supplemented with scrutiny of important university documents, annual reports of university units, a newsletter, records from the computer centre and clinic, a teaching newspaper and student magazines.

The sample that took part in this study consisted of 56 students, academic and non-acdemic members of staff, spouses of members of the university community and a member of an non-governmental organisation that has been associated with the university.

It was not possible to have a clear idea on the prevalence of HIV/AIDS at UNZA because:

- To the best of our knowledge no-one has come out in the open and said they are HIV positive
- Death certificates do not state whether one died of an AIDS-related illness or not

An attempt was made to get an idea on the prevalence of HIV/AIDS on campus by looking at the number of deaths that have taken place in the university over the past decade. It was observed that there has not been such a significant rise in the number of deaths among members of staff. Where students were concerned, the observation made was that the number of deaths is quite low and it has remained stable over the decade.

Certain aspects of social life were pointed out as placing the university community at risk for contracting HIV/AIDS. These were sexual relationships and alcohol consumption.

Sexual activity takes place amongst the different sections of the university community. Commercial sex too takes place. Some female students live a luxurious life. Instances of sex for favors like promotions or good grades have been identified by the community. To have casual sex partners or multiple sex partners is common. There is considerable amount of sexual relationships among the various groups of people found within the university community.Such relationships are likely to lead to higher rates of HIV infection.

According to the interviewees, a good number of male students drink every day. Among these are those who pick up prostitutes for sexual gratification. In the heat of the moment some of these students do not use condoms for protection. The number of pregnancies and cases of sexually transmitted diseases (although information is incomplete) are evidence that unprotected sex is being practised by students at the university.

The University Clinic does not have the capacity to deal with sicknesses within its community. Most of the time it has no drugs or reagents for testing for diseases. Although non-judgmental, the clinic has been accused of lacking in confidentiality.

The university has a counselling centre that primarily serves the interests of students. Most students interviewed did not think much of the centre. Mainly academic counseling seems to be taking place at the start of Semesters.

Measuring the impact of HIV/AIDS on the University of Zambia has been extremely difficult largely because of poor record keeping.

Although the university is in a country which is ranked among the top five countries of Sub Saharan Africa having HIV/AIDS infection rates of 20% or higher, it has done very little in the way of addressing the problem of HIV/AIDS. Life goes on as if the university is an island. Despite all this, there are some examples of good practice exhibited by some sections of the university community. They are as follows:

Management

- Inclusion of HIV/AIDS in the Vice Chancellor's address to first year students during orientation week
- Giving support to the Anti-AIDS club by attending its functions and soliciting for financial support on its behalf.
- Permitting Staff to undertake research in the field of HIV/AIDS

Students

- Starting of Anti Aids Club
- Writing articles on risky sexual behaviours in campus magazines.

The Clinic

- Writing of articles on STDs and HIV/AIDS in the Mid-week Flier
- Establishing a counsellor at the clinic
- Opening of chest clinic
- Participation in orientation of 1st years
- Condom distribution

Counselling Centre

- Training of personnel in HIV/AIDS
- Holding talks on HIV/AIDS
- Setting up of Anti-AIDS club and the ideas that the club has come up with such as putting up of a billboard and producing a calendar bearing a message on HIV/AIDS

- Making condoms available

Teaching Departments and Institute for Economic and Social Research (INESOR).

- Research programmes on HIV/AIDS undertaken by INESOR and other departments of the School of Medicine, Humanities and Social Sciences and Education
- Inclusion of HIV/AIDS in the teaching programmes of some departments
- Publication of articles on HIV/AIDS by the Department of Mass Communication in " Lusaka Star."-

Lessons Learned

A number of lessons have been learned through the study. These are:

- Working with an outside agency that has keen interest in developing HIV/AIDS programmes in an institution can add a lot to tackling the problem of HIV/AIDS at the University
- Individuals are capable of initiating activities but they need support from higher authorities in order for them to be motivated
- HIV/AIDS activities need to be on-going in order for them to have some impact
- Not all members of the university community, especially students and workers have received adequate knowledge on HIV/AIDS
- Initiating of HIV/AIDS activities should not be left to chance. Lecturers who are hard-pressed financially are not likely to offer voluntary service in setting up HIV/AIDS programme in the university
- In order for lecturers and researchers to conduct research on HIV/AIDS, funds should be made available.
- The university is very poor at record keeping. This makes research very difficult.
- Isolated efforts by a few people are not likely to amount to much in the fight against HIV/AIDS.
- Some incentives can make people take extra work
- Sexual problems are still not discussed openly at the university
- Even at university level reproductive health needs to be taught to all students
- The Counselling Centre and the Clinic need to work more in order to bring about awareness of the disease and educate the community
- Management's commitment can go a long way to control/prevent the epidemic
- Undoubtedly the stigma of HIV/AIDS exists at the university.
- The university community feels the need to have good interventions to control HIV/AIDS at the university.
- **The university has not given the importance which it should have been giving to a health problem of such magnitude**

The following recommendations were given. They have been assigned to relevant implementing agencies within the university.

Management

- Draw up a comprehensive policy for dealing with HIV/AIDS. The Policy should cover all categories of staff and students. Part of this programme should involve conducting of behaviour surveys to track behaviour changes. Set up an over all University framework that will give credibility to these efforts.
- Approaches like position tracking should be undertaken.
- Succession planning needs to be put in place.
- Fund the clinic adequately – develop different mechanisms for recovering funds from staff so that money finds its way to the clinic.
- **Break the silence on HIV/AIDS**..
- Increase investment in staff development programmes especially in technical and professional staff categories.
- Set up projects to identify skills gap.
- Work out the economic impact (cost of training and replacement of personnel) in details.
- Provide better access to medicines and employ better qualified personnel at the clinic.
- Divorce the Counselling centre from Dean of Students Affairs and let it have its own separate identity.
- The university must make a follow-up of its graduates to determine how many have died and their area of specialisation.
- Set up a policy on how to manage students and workers who have TB as a matter of urgency.
- Assess impact HIV/AIDS is having on the institution by actively collecting information on the epidemic. To this effect record keeping in the university has to be improved upon.
- Encourage isolated efforts made by various units and individuals within University community e.g. clinic, counselling centre, Anti-Aids clubs and teaching departments that have taken up challenge.
- Actively seek funding for AIDS-related research and conference travel.
- Include HIV/AIDS in university plans.

Dean of Students Affairs Department

- Strengthen the office of Hall Attendants – to be more vigilant in caring for sick students (support system for sick students).
- Vigorously look into the provision of accommodation for married students.
- Expand orientation programme on HIV/AIDS to include training in psychosocial life skills such as assertiveness, decision-making, effective communication, negotiation etc.

Senate

- Increase enrolments for distance education and part-time learning.
- Introduce a compulsory course on HIV/AIDS for first years.
- Encourage schools to mainstream HIV/AIDS into their curricula.

UNZA Health Services and UNZA Counselling Services

- Improve upon the management of STD cases
- Increase condom outlet points and introduce the use of dispensers
- Set up a Home based care programme
- Provide Peer Education for students and workers (separately)
- Educate University community especially workers on how HIV/AIDS is contracted; how it can be prevented from spreading through leaflets, video shows, talks, drama, etc.
- Encourage the formation of a group for People Living With HIV/AIDS

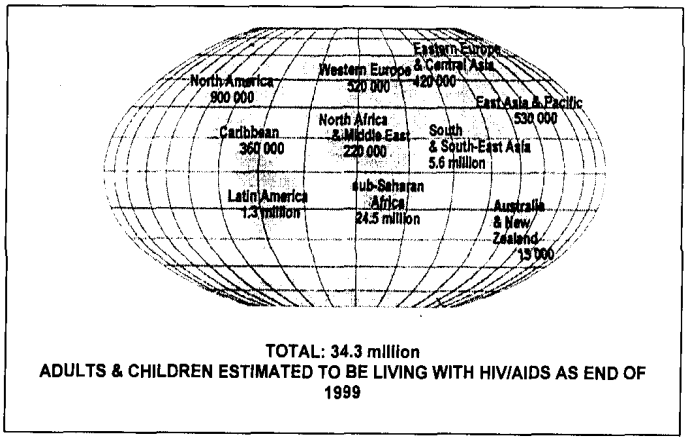
As HIV/AIDS manifests itself in those who are in their most productive years, implications for education at tertiary levels are profound. It is clear that the University of Zambia will have to increase its efforts to prevent the further spread of the disease and to avoid complacency.

CHAPTER 1

HIV/AIDS - COUNTRY SITUATION

At the turn of the millennium, UNAIDS and WHO estimated that 34.3 million adults and children were living with HIV/AIDS and more than 18 million have already died of this disease. The vast majority, about 95% of the people living with HIV/AIDS, live in the developing countries. This proportion will continue to rise in these countries where poverty, health systems and limited resources for prevention and care, fuel the spread of the virus. The situation is worst in Sub-Sahara Africa, with 24.5 million infections. Almost one in ten adults in the age group 15-49 years of age is already living with the virus in the sub continent The epidemic is now far worse in the southern part of the continent, 20% and more of the adult population are living with the virus in Botswana, Namibia, **Zambia** and Zimbabwe. (MAP status and trends of the HIV/AIDS epidemic in the World 5-7 July 2000 Durban, South Africa). 13.7 million of the estimated 18 million people who have died of AIDS in the world were from Sub Saharan Africa by Dec 1999 (UNAIDS 1999).

Fig (1)



Zambia

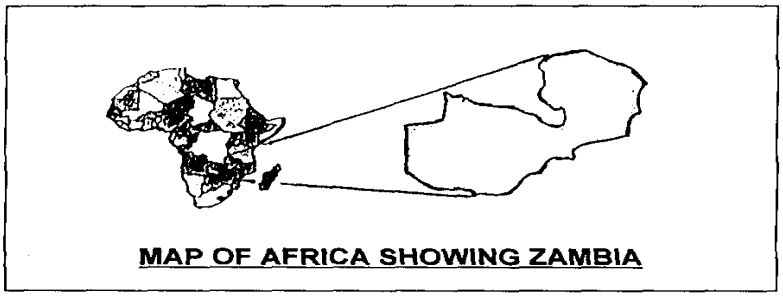
Zambia is a land locked country having Democratic Republic of Congo (DRC, previously known as Zaire) and Tanzania on the North border, Namibia on the southwest border, Angola in the West while Mozambique and Malawi are on the Eastern border. Botswana and Zimbabwe are to the South of Zambia.

Zambia covers 752,612 square kilometers and is divided into 9 provinces and 72 districts. It has one of the lowest population to land ratios in Africa - only about, 10 million people in a country half the size of Europe. A large section of the population lives in the urban areas. About 1/5th of the population lives in the Copperbelt, and an estimated over 2.4 million, people

live in Lusaka. Dominance of mining operations in the Copperbelt has led to a high degree of population concentration there. The rate of urbanization differs amongst provinces but Lusaka and Copperbelt are the most urbanized.

University of Zambia is in Lusaka, which is the capital city of Zambia. It became the capital in 1935. Chapter II gives details about the University.

Fig.(2)

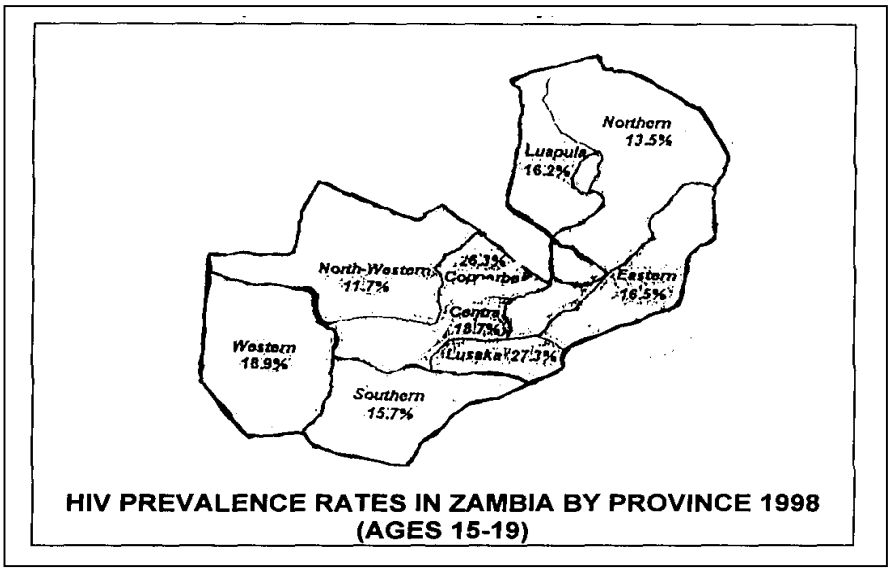


MAP OF AFRICA SHOWING ZAMBIA

AIDS Situation In Zambia

Zambia is amongst the five worst affected countries in the world with regard to HIV/AIDS infection. Views regarding its exact position differ, but majority of the sources, rate it, as the fourth worst affected country. In Zambia the first case of HIV/AIDS was recorded in the early 1980's. It has now spread all over the country, in all the districts.

Fig. (3)



HIV PREVALENCE RATES IN ZAMBIA BY PROVINCE 1998
(AGES 15-19)

Three national censuses have taken place in Zambia, and the fourth one which was to take place in Aug 2000, has been postponed, because of some logistic reasons. The three mentioned took place in 1969,1980 and 1990.

According to the 1990 census, Zambia had 7.8 million people. It is estimated that the current population of Zambia is over 10 million. The context of current AIDS/HIV epidemic is serious. More than 50% of the population is below 20 years of age, which is an age group most vulnerable to HIV/AIDS. The National Behavior survey of 1998 (CSO,1998) reported that 10% of the Zambians had lived in their present location for less than a year. The percentages for slightly longer periods of stay at their present location of stay were also low. Such frequent movements can result in increased sexual activity with new or non regular partners.

Most AIDS cases are **not** reported in Zambia, this can be due to one or more of the following reasons (CBoH, 1999):

- Some people die or suffer at home only, the correct reason of death may not be known or recorded for fear of stigmatization.
- People may not know that they have HIV/AIDS, death may have occurred due to T B or other opportunistic infections, and not due to the virus.
- In addition to this, many hospitals do not have HIV/AIDS testing facilities and some do not report figures.
- Further, these days all women do not seek antenatal care at Health Centers.

The incubation period in Zambia for HIV/AIDS ranges from 3-10 years. This period is shorter for children. Poverty reduces the incubation period every where. Although no gender differences in the aggregate number of AIDS cases is reported, sex differences are observed when the data is desegregated by age. Women are five times more infected than men in the age group of 15-19 years. This suggests that older males transmit the infection to younger females. The national survey of the sexual behavior carried out in 1998, also indicated that married men are older than their extra-marital partners by a median of 6 years.

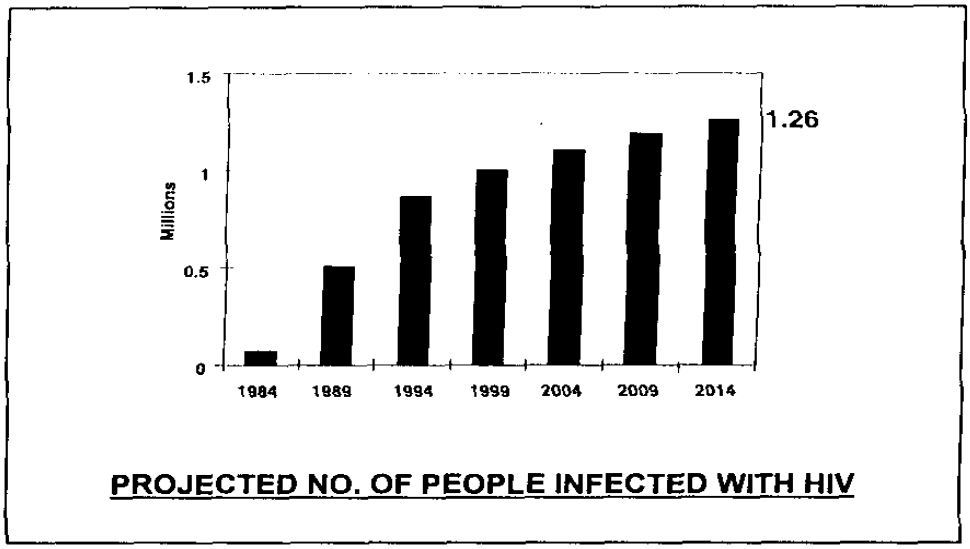
During the first 10 years of its independence, Zambia was one of the richest countries in the Sub-Saharan Africa. The economy grew rapidly propelled by high, though unstable international copper prices. Economic decline began in late seventys because of a crisis in the mining industry. Today Zambia is amongst the countries with sharply reduced growth rates at the beginning of the 21st century.

Although, the population continues to grow at an annual rate of 2.3% but the Central Statistics Office (CSO), indicates that nearly **82-84% population lives below the poverty level**. The number of female-headed households is on the increase. In a small sample of a compound in Lusaka *(Kanyama,) in*

1994, it was found that 62% of the sample of 200 households, were **female-headed. (** Kathuria 1994 unpublished baseline survey of Kanyama) Per capita income has dropped by 40 % from $ 600 in 1970-75 to $360 in 1990-96. The rate of inflation has dropped from 35% in 1996 to 18.5 % in 1997 but the country's debt servicing obligation takes a large portion of the Govt. expenditure. It is common knowledge that Zambia's external debt would remain high for at least five years and it is trying to be declared as a HIPC (Heavily Indebted Poor Country), by the end of year 2000.

Forgy & Mwanza (1994), predicted that the country's **GDP** would be 5 to 10 % less by year 2000 than it would have been without AIDS and added that only foreign aid could take care of economic losses. In a scenario like this the task of controlling the epidemic of HIV/ AIDS becomes more difficult.

Fig. (4)



Source: Stover,1997

Generally, sentinel surveillance is used to know the infected rates, but in Zambia population based surveys have also been conducted to obtain information on HIV prevalence (although the population based sites were the same as certain sentinel sites).

BY 1999, an estimated 1,009,000 persons were infected with HIV in Zambia. Only 9% of these had actually progressed from HIV to AIDS (CBoH 1999).

An estimated 19.7% of the 15-49 years old population is infected, although Lusaka reports higher infection rates (27%). Most people do not know they are infected. This may be one of the major causes of high transmission rates.

In urban areas, the prevalence rate amongst 15-49 years old is more than in rural areas (1998 figures show 28% for urban and 13.6% for rural). This means that for people over 15, nearly 1 in 5 is already HIV infected. These people are likely to die at a young age within the next 2-12 years. This

scenario does not take into account the new infections of every day and infections of children.

The **mode** of HIV/ AIDS transmission in Zambia is:

- Through heterosexual contact, in which factors like the presence of STIs, such as Syphilis or Gonorrhea in unprotected sex, and having multiple sexual partners increase the risk of infection. In Zambia, like in other countries in the sub-region, unprotected sex is a common cause of acquiring HIV infections. In a study, on patterns of use of the Female condom in Lusaka, Zambia, Sohail Agha found that the percentage of sexually active respondents who had used the male or female condom in the last 12 months was 61 for male condom, and 12 for female condom (Agha, 1998).Studies have shown that the practice of dry sex , which causes ulceration in the genital areas is popular in Zambia.

- Vertical transmission or Perinatal (mother to child) transmission. This mode of transmission affects the child who is infected by the mother either during pregnancy, at the time of birth, or while breast-feeding. Every Zambian child born today stands a 50% chance of contracting HIV and dying of AIDS unless significant, effective interventions are put into place immediately (Susan Hunter *et al* Children on the brink 2000).
- Causes of transmission through other known means are not common in Zambia.

Zambia shows a classic age distribution in which nearly all cases of infection are found amongst the sexually active people and children below the age of five.

Factors that affect HIV epidemic in Zambia are:
(UNAIDS, CBoH 1999):

- high prevalence of STIs/STDs
- multiple sexual relationships
- a traditionally low use of condom
- low level of male circumcision
- poverty
- low health status of most populations
- low social and economic status of women
- high urbanization
- early sexual activity
- Cultural practices.

Most populations of Zambia live **under high-risk sexual behavior**. Surveys have found that by age 18, 70% of females have had sexual intercourse

(ZDHS 1996), and by age 20, 80% of them have had sexual intercourse. The median age of first sexual intercourse has been reported as 16. There are other studies which have reported that about a quarter of men and women in a sample of 2,791 from all provinces of Zambia have had sexual intercourse by age 15 (Kusanthan & Suzuki, 2000). Fetters *et al* 1997, as reported by Kusanthan found that the average age of first sexual intercourse was 12 for girls, and 14 for boys in an assessment of 2,000, youth in high density urban compounds.

Kathuria *et al* (unpublished 1998 Behaviour Survey of George and Matero compounds), found that in a sample of 250 young people in George *and* Matero Compounds of Lusaka, the average age of first sexual act was at 12 (the lowest age being 9). The main point from these studies is that **sexual activity starts at a very early age in Zambia**.

More over a few studies have found that there are differences amongst the educated and uneducated people regarding the age of first sexual intercourse, the educated starting a little later than the uneducated The writer feels that this can not be generalized as the sample sizes of these studies were either small or not representative.

To have non-regular or casual sex partners is not uncommon amongst the sexually active population of Zambia. In fact to have multiple sexual partners is considered as healthy male life style in Zambia (Agha, 1998).
Prevalence has been largely stable between 1994 and 1998 as shown by sentinel surveillance of 1994 and 1998. But this does not imply that the epidemic has been controlled. Condoms are used more for family planning or pregnancy prevention than for STIs/HIV prevention **STD's remain a major health problem** for adolescents in Zambia. A 1997 study by national AIDS Programme and UNICEF found that adolescents STDs account for about 40 % of the STD clientele in outpatient Departments. WHO estimated that there were 1,079,000 cases of STDs in 1995, in Zambia.

TB cases have increased five times ever since the advent of AIDS. This is a serious problem because TB is contagious through casual contact. It also means that some of these cases may not be diagnosed as AIDS cases.

As the most affected age group is 15-49, the **number of orphans** due to HIV/AIDS pose a very serious problem. Today, Zambia occupies second position after Uganda in Sub-Saharan Africa on the number of orphans. A number of non-governmental organizations have teamed up to provide support in some way, but their efforts can be said to be reaching about only 10% of these children.

Ministry of Health/Central Board of Health (MOH/CBoH,) estimates that today there are more than 650,000 children who have lost mother or both parents due to AIDS. By the year 2010, it is projected that the number of orphans would exceed one million. In 1996, over 90% of all orphans lived with family

members or neighbors, approximately 6 % lived on streets and less than one percent lived in orphanages. The number of street kids is swelling by the hour. There are not many social systems set up by Govt. to provide support or needed care to such large numbers, but efforts by the Ministry of Education in giving bursaries to some vulnerable children and the contribution of various NGOs must be acknowledged.

In Zambia, there will hardly be any household or family, which has not been burdened by HIV/AIDS epidemic. The degree and nature of this burden varies from family to family; some are looking after the sick, some have had to take orphaned kids, some have lost their only earning member due to HIV/AIDS, some have had loss of income due to AIDS related problems and some have had to discontinue studies. Women in particular have had to take the burden more than the men as they are care givers to many.

The situation in the country's **Industries** of the country is equally sad. High numbers of skilled personnel and hours of work are being lost. This results in production being affected. One of the company, Chilanga Cement reported a threefold increase in loss of number of hours due to illness and funerals from 1992/1993 to 1994/1995.

Commercial sex is not recognized in Zambia. There are no legalized brothels. Commercial sex workers are found everywhere, streets, hotels, bars, homes and improvised brothels in low-income settlement areas. Quite a number of non-governmental organizations are trying to educate the commercial sex workers on dangers of HIV/AIDS. Most of these organizations are working in urban areas (cities like Lusaka, Livingstone, and Copperbelt). Perhaps, it is here only that such educational campaigns are more required.

It would not be wrong to state that majority of the commercial sex workers are aware of the dangers of contracting HIV, but practice this because they want to make money to survive. Poverty is one of the main contributing factors for high levels of the HIV infections amongst these vulnerable groups and the country.

As mentioned earlier, ever since the first HIV/AIDS case was reported In Zambia, both Government and Non-Governmental organizations dealing in these matters have mounted educational campaigns on the dangers of unprotected sex. Despite such vigorous educational campaigns on the dangers of HIV/AIDS certain sections of the population have continued with risky behaviors.

A number of churches have played important role as partners with government and non governmental organisations in responding to the challenges set by HIV/AIDS.

The activities of NGOs, churches, and government include implementing IEC Programmees, promotion of condoms, implementing Reproductive Health projects, empowering commercial sex workers through skills development, promoting self esteem and enhancing quality of life of people living with AIDS, and providing care for the sick. But all these efforts are not enough .

National Response

National AIDS Prevention and Control Programme was established in 1986, with assistance from WHO, Global Programme on AIDS (GPA). After this three National Plans have been developed.

In 1987, an emergency short-term plan was developed which focussed on safe supply of blood. First **Medium-Term pl**an for 1988-92, prioritized 8 operational areas:

- TB and Leprosy
- Information
- Education
- Communication
- Counseling
- Laboratory support
- Epidemiology
- Support

The **second medium** term plan came into existence in 1993 for the period 1994-98. In this there was development of a broad multi-sector plan aimed at fostering political commitment at the highest level and development of the inter-sector approach encompassing Government sectors, civil society, and private sector.

The **third mid-term** plan (2000-2004), has just been accepted by the Govt. at a recently held meeting of Permanent Secretaries, in August 2000.

Now **HIV/AIDS/STD Council** has been established by the Govt. of the Republic of Zambia. The chief spokesman and Minister of Information and Broadcasting Services, Honorable Newstead Zimba, formally announced the establishment of the Council and Secretariat on the 16th of March 2000 at a press briefing. The Council is the outcome of the Task Force, constituted by the Ministry of Health in 1997, to examine ways in which a dynamic, multi-sector body could be constituted to accelerate and give further impetus to the efforts of the Zambian Govt.; to respond better and more effectively to challenges of the HIV/AIDS epidemic (Dr. Sichone, Public Health and Clinical Systems, Manager CBoH 2000).

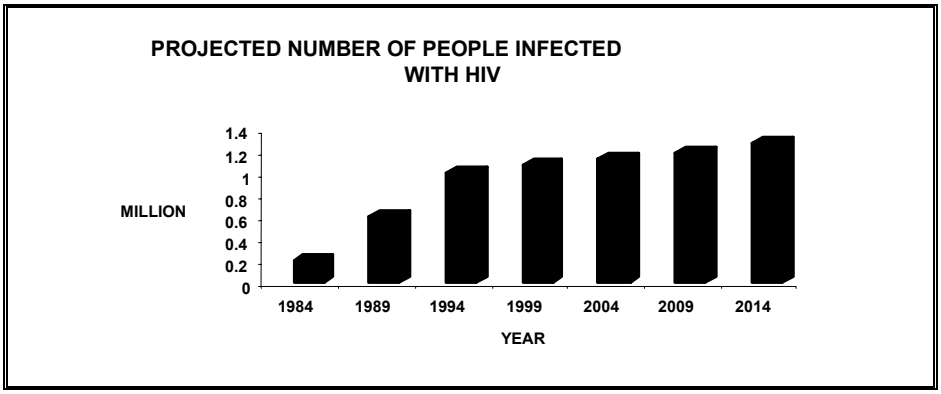
This HIV/AIDS/STD Council is the highest national body with authority to coordinate the national response to HIV/AID/STD/TB. It will enjoy autonomy while being supervised by a committee of six Ministers.

The Secretariat will provide technical guidance and implement Council decisions. The Council will not be the implementing agency, but will play a facilitator and catalytic role in the implementing of the new National HIV/AIDS strategic framework 2000-2002. Each Ministry or/and non-governmental organization will continue to implement its own HIV/AIDS activities.

Projections

The Central Board of Health, has come out with projections, using an AIDS Impact Model, that the number of new cases developing each year amongst persons living with HIV would rise from 93,000 in 1999, to 101,000 in 2004 and 123,000 in 2014. Consequently, about 280 persons would develop AIDS each and every day for the entire decade between 1999 and 2009 as per the assumptions of these projections**.**

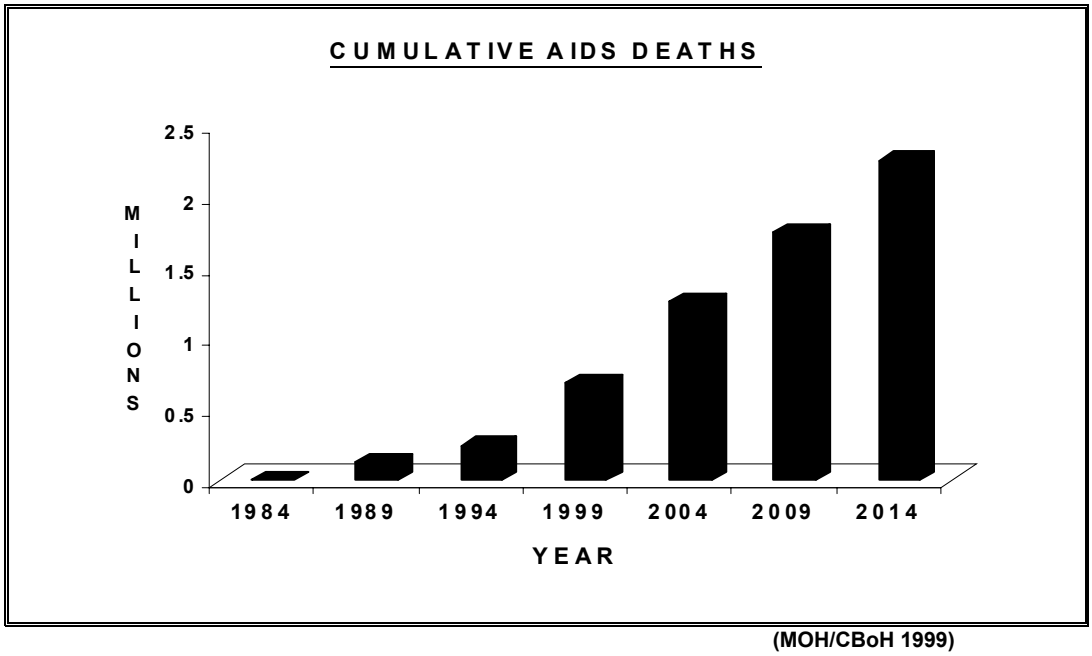
Fig. (5)



(CBoH Dec. 1999)

The rates of death too would be shuddering. From 650,000 deaths in 1999, it is projected that another 1.61 million Zambians, are likely to die from this disease by year 2014, (a total figure of 2.26 million deaths by 2014). Most affected would be the adults in working ages and children below five years. By year 2004, AIDS will account for about 210 deaths per day amongst 15-49 year olds

Fig. (6)



(MOH/CBoH 1999)

Life expectancy figures as estimated by Central Statistics Office (CSO), is as follows:

Year 1980	over 52 years at birth
Year 1999	below 40 years at birth

But certain daily newspapers and other sources at the time of writing this case study have quoted the present life expectancy as 37 years. This is a very disturbing figure.

In summary, the present HIV/AIDS epidemic has challenged the socioeconomic development of the country and has affected all sectors – health, education, labour force, transport, agriculture but its impact on women and children is most. Hence University too has been affected adversely. Not only it has brought about adverse changes in the operations of the University in different ways, it has brought about emotional, psychological and physical eruption.

It would suffice to say that Susan Hunter's ten reasons why AIDS, is worse in developing countries given in the box apply well to Zambia. Although, the situation is alarming, but if one was to keep **two** points in mind:

1. *PREVENTION WORKS*

As seen in drop in HIV prevalence amongst child bearing women aged

Box 1: 10 Reasons why AIDS Is Worse in Developing Countries

1. Health care and education systems have deteriorated, leaving many people defenseless
2. Poverty, poor nutrition. lack of safe water and sanitation contribute to low resistance and poor personal hygiene
3. Involvement with other diseases worsens impact
4. Health and other social services

15-19 in Lusaka from 28% in 1993 to 15% in 1998 (MOH 1999).
And statistically significant reduction in casual sex from 1996 to 1999 in Zambia.(Sohail Agha 2000*)*.

2. That not only **20%** who are infected have to be targeted but **80%** who are NOT infected have to be targeted as well, to teach them to protect themselves from the disease, which can attack any time, any place and any age. There is **NO** reason to feel disheartened. With committed response from all sectors, it will be possible to control and lower the infection rates.

are unavailable
5. Diagnosis and treatment of other STDs facilitating HIV transmission is severely limited, and condoms are not universally available
6. HIV + people do not know they have HIV because they have no access to testing
7. The major mode of transmission is heterosexual sex, so HIV can become generalized very quickly
8. Prevention of mother to child transmission is not widespread
9. The period between infection and AIDS is long and many people cannot afford testing or treatment.
10. Poverty is linked to underlying transmission behavior and must be addressed to change that behavior

"We know that our efforts are like a drop in the ocean but the ocean will be less that drop without it."Mother Teresa

CHAPTER 2

THE UNIVERSITY OF ZAMBIA AND ITS PROGRAMMES

2.1 Case Study on the University of Zambia

What follows in this chapter and the next five is a case study on the University of Zambia and HIV/AIDS. The aims of the study were to answer the following questions:

a. In what ways has the University of Zambia been affected by HIV/AIDS?
b. How has the university responded to these impacts?
c. What steps is the university taking to control and limit the further spread of HIV/AIDS in its community?
d. What HIV/AIDS-related teaching, research, publication, and advisory services has the university undertaken?
e. How does the university propose to anticipate and address the larger impact of HIV/AIDS on the national labour market for university graduates?
f. Should university access, including via distance education, be consciously increased to compensate for expected national losses in skilled professional personnel?

2.2 Method

The study was mainly qualitative although some quantitative data were collected where possible to supplement the qualitative data.

Sample

The sample consisted of 56 students, academic staff and non-academic staff, spouses of lecturers, a barman and a member of a Non-governmental Organisation (NGO).

Table 1 Sample

	MALE	FEMALE
Students	13	4
Academic Staff	10	3
Non-academic Staff	10	13
Spouses of Staff and Others	N/A	3
Totals	**33**	**23**

Data collection was done through interviews and group discussions centred on the following topics:

- University policies and management

- Personnel: University members living with HIV/AIDS
- Core university operations
- University functioning
- Costs
- Social life
- University image and outreach

The interviews and discussions were supplemented with scrutiny of important university documents, annual reports of university units, a newsletter, records from the computer centre and clinic, a teaching newspaper and student magazines.

2.3 Background on the University of Zambia

The University of Zambia came into legal existence in 1965. It is much older and bigger than the Copperbelt University which is the country's only other university. The University of Zambia has a population of approximately 4500 students and 2025 members of staff (575 lecturers/researchers, 250 administrative, technical and professional staff and 1200 workers)

The university's academic units consist of nine schools namely School of Agricultural Sciences, School of Education, School of Engineering, School of Humanities and Social Sciences, School of Law, School of Medicine, School of Mines, School of Natural Sciences and Samora Machel School of Veterinary Medicine. (The School of Medicine is situated at a different campus, close to the Teaching Hospital). Each of the schools with the exception of the School of Law have departments ranging from two to ten.

The University also has a Directorate of Research and Graduate Studies and a thriving Directorate of Distance Education which are not under any particular school.

2.4 Structure of the University

The Chancellor is the titular Head of the university (University Act of 1999), although this post has been vacant for sometime now. The principal officers of the university are:

- Vice-Chancellor
- Deputy Vice-Chancellor
- Registrar
- Librarian
- Bursar
- Dean of Students

2.5 Important University Bodies and Positions

The University Council

This is the highest policy formulating body of the university. It is responsible for the governance, control and administration of the university. From February 2000 to May 2000 the affairs of the university were taken care of by a care-taker committee appointed by the Minister of Education. At present there is no Council in place.

Senate

Senate is the supreme academic authority of the university and is responsible for organising, controlling and directing the academic work of the University both in teaching and research. It also has control and general direction of the standards of education, assessment and research within the university.

Boards of Studies

These are established by Senate for the purpose of organising the structure and content of courses of instruction and study in the respective disciplines and the co-ordination of studies within such schools.

Deans of Schools

Deans oversee the academic, administrative and financial affairs of a school and are in particular, responsible for promotion and maintenance of effective teaching, research, consultancies and services

Heads of Departments

They co-ordinate the academic and administrative affairs of the department and are responsible for the promotion and maintenance of efficient teaching, research and consultancy services in their respective departments.

2.6 Staffing

The university has three categories of staff namely “academic staff”, “administrative staff” and “other staff”.

Academic Staff

The academic staff consists of the Vice-Chancellor, the Deputy Vice-Chancellor, the Deans of Schools, the Directors of Institutes, Bureaux and other similar bodies, all members of staff engaged in teaching and research, the Librarian and other persons such as the Council may designate.

The Administrative Staff

This category of staff consists of persons employed by the university other than the academic staff, who hold administrative, professional or technical posts designated by the Council as senior posts.

The Other Staff

These consist of persons such as cleaners, messengers, security guards, typists etc. employed by the University who are neither members of the academic staff nor the administrative staff.

2.7 Some Important Units of the University

The University of Zambia Press (UNZA Press)

The Primary role of the University of Zambia Press is to select and approve manuscripts designed to advance the cause of knowledge and learning for publication. UNZA Press publishes no fewer than seven journals, some of which are:

- Zambian Journal of History
- Zambia Law Journal
- Zambian Papers
- African Social Research

The Institute of Economic and Social Research

The institute was formerly known as “The Institute for African Studies”. It was established for the purpose of conducting research in the Social Sciences and related disciplines with special reference to contemporary issues affecting national development.

The Main University Library

This is the biggest library in the country. Unfortunately most of the books and journals currently in the library are old issues. This makes research work very difficult.

The University Library has three branch libraries. These are in the Schools of Medicine, Veterinary Medicine and at the Institute for Economic and Social Research (*INESOR).*

The Medical Library is located away from the main campus and has been designed to serve the needs of the staff and students of the School of Medicine, but open to the public as well. This library has the largest collection of information on health in the country. It partners in information dissemination with the Ministry of Health (Zambia), Commonwealth Regional Health Community (CRHC), the Dreyfus Health Foundation of New York, the Reach

and Teach Foundation (South Africa), The Association of Health Information and Librarians in Africa (AHILA) and the World Health Organisation (WHO).

Activities of the Medical Library include being the national health focal point for health information and collecting information on Zambia for the African Index Medicus (AIM) Database. The Samora Machel Veterinary Library serves the needs of students and staff of Veterinary Medicine. The library of the Institute for Economic and Social Research is a recently established library within the Institute campus and holds a good collection of research papers from organisations such as UNICEF, World Bank, ILO, FAO etc.

The Computer Centre

It provides computing facilities for teaching and research and meeting the needs of the University Administration for data processing. It also provides both hardware and software support services to the university community. Training facilities exist for the university community and the public on commercial basis.

The University Bookshop

The University Bookshop is situated within the main campus, but has an outlet at the School of Medicine and another in town. Its primary task is to provide a service to the academic community of the University, mainly by obtaining and selling course textbooks and stationery. It also sells primary and secondary textbooks, magazines, newspapers and school handbooks. The university bookshop is the appointed distributor of World Bank Publications in the country. The bookshop is, however, very poorly stocked and hardly ever stocks materials on HIV/AIDS.

2.8 Staff Affairs

Staff Development

The university has a staff development office, which runs the staff development programme. The purpose of this programme is to provide opportunities to Zambian staff for higher-level training that will enable them serve the university more effectively.

The staff development programme is meant to cater for the needs of the University for qualified local personnel in all fields, but major emphasis is on the training of academic staff.

There are several Masters' programmes in the University, although they are fraught with problems such as lack of recent materials, and personnel for teaching them. Very few schools offer study programmes at the Ph.D. level. Most fellows, therefore, have had to go abroad to study at the Doctoral level.

Over the past six years or so the University has been finding it difficult to finance studies taken abroad. There is currently a move to strengthen Masters' programmes within the University, so that as far as possible those pursuing Masters' programmes, do them locally.

The practice of those going to study abroad taking their spouse with them has been discontinued for quite some time as the university cannot sustain it. In fact at present the university is unable to adequately support members of staff studying abroad. Very few university sponsored staff members go overseas these days for financial reasons.

Unfortunately, a lot of fellows who have gone abroad to study have not returned to the University. This coupled with resignations of academic staff in search of greener postures has resulted in a depleted staffing situation.

Housing Policies

These do encourage spouses to live together. This is because, for instance, if both husband and wife work for the University, only one of them is entitled to accommodation. There is, however, always a shortage of accommodation, which results in a number of staff members living in a transit home belonging to the university for long periods of time. This accommodation is unsuitable for those with families, as it does not have sufficient space. Where university accommodation is not available, members of staff have the option of finding their own accommodation, which is paid for, by the university. Payment of rentals is, however, a problem at times.

Provision for Health Care

The university has a clinic which staff and students can go to. Both students and staff are free to subscribe to the clinic. The clinic has wards and individual rooms for emergency or recuperative use.

Staff Associations

There are three recognised bodies at the university for dealing with staff matters:

- The University of Zambia, Lecturers and Researchers Union (UNZALARU)
- University of Zambia Professional, Administrative and Technical staff (UNZAPROSA).
- The University of Zambia and Allied Workers Union (UNZAWU) - membership is open to all workers employed by the University of Zambia, the Copperbelt University and (by some other institutions of higher learning in Zambia).

The purpose of these bodies is to represent the interest of their members to the appropriate university authority, to provide harmonious working relations

within the University, and to seek to enrich the academic and social life of the members.

2.9 Students' Affairs

These fall under the Dean of Students Affairs. The unit deals with the following

- Student accommodation and welfare
- Orientation of new students
- Personal counselling
- Career guidance
- Student health
- Cultural and recreational activities
- Relations with student organisations

A Dean who is assisted by counsellors, catering officers and sports officer heads the unit.

Two Chaplains (one for Catholics and the other for Protestants) operate from what is known as "The Christian Centre", and cater for students' spiritual needs. Apart from organising and conducting prayer sessions, the Chaplains are also involved in counselling.

The students also have a very vibrant union known as University of Zambia Students' Union (UNZASU) which takes care of their interests.

Students' Accommodation and Visitation Rules

The university is a residential one and has accommodation for 2770 students and 318 at the Ridgeway Campus (School of Medicine). Two students occupy one study-bedroom. The university is unable to provide accommodation for all its students because the accommodation units are not enough for all those that are enrolled (4500). There are separate hostels for male and female students. Each Hall of residence comes under the care of a Hall Attendant on a 24-hour basis. Members of the opposite sex are free to visit in the Halls of residence up to 22 00 Hours in the night.

The university does not have married quarters for married students. These have to make their own arrangements outside the university for their families.

2.10 Funding of the University of Zambia

The University has since its inception depended on public funding through grants from the government. The country's economic crisis of the 1980s resulted in major cuts in government financial support to the University of Zambia leading to the institution experiencing great hardships.

Although the Government recognises higher education's contribution to national development, over the years higher priority has been given to basic education. Donors, in fact, also give higher priority to basic education than to higher education.

Currently, the university has a debt of approximately K42,000,000,000 ($14,000,000) which is extremely high by Zambian standards. Almost 65% of this debt is statutory.

Institutions of higher education are expected to generate funds to run their general operations through tuition fees and other income generation ventures. Payment of tuition fees is on cost-sharing basis with students being expected to pay 25% of their tuition fee which comes down to K250, 000.00 (approximately US$ 80) per semester. In addition to this they are expected to pay K130,000.00 (approximately US$ 40) for campus accommodation. Most civil servants earn about K200, 000.00 (about US$67). This has resulted in student demonstrations due to inability to pay. The University was recently closed a week after returning students reported for the new semester when a riot over accommodation fees broke out.

CHAPTER 3

THE HIV/AIDS SITUATION IN THE UNIVERSITY

3.1 Prevalence of HIV/AIDS at the University of Zambia

There is no denying that the university has been affected by the HIV/AIDS situation prevailing in the country. This is because all the members of the university community (i.e. students and staff) fall in the sexually active age-group.It is, however, impossible to determine the prevalence of HIV/AIDS in the university community because:-

- to the best of our knowledge nobody to-date has come out in the open to acknowledge being HIV positive in the university
- testing for HIV is non existent at the university clinic
- when an individual dies there is no indication of the cause of death on the death certificate.

It was, however, acknowledged by most of the interviewees that like the rest of Zambian society, the university has been affected by HIV/AIDS. They also pointed out that since they know the symptoms of HIV/AIDS, they are able to tell whether an individual who died had AIDS or not.

Following this line of thinking, we used the number of deaths among members of staff and students since 1990 as an indicator of the HIV/AIDS situation in the university.

Table 2 Staff Deaths by Gender 1990 – 1999

YEAR	MALE	FEMALE	TOTAL
1990	21	9	30
1991	12	10	22
1992	16	8	24
1993	29	14	53
1994	32	6	38
1995	30	10	40
1996	20	14	34
1997	28	17	35
1998	31	21	23
1999	28	16	44
Total	**247**	**125**	**352**

There have been fluctuations in the number of deaths. There is no consistent pattern emerging although all our interviewees said death in the university

community is on the increase. It is difficult to reconcile the statistics to the perceptions of the interviewees or the university community. It must be pointed out here again that there was no way of confirming the cause/s of death . It is assumed that most may be due to opportunistic infections of AIDS. Some may have been natural deaths amongst these.

The number of deaths as such does not have much meaning but it was difficult to convert the figures into percentages as the total population of the university during these years could not be ascertained. There has not been any lack of effort to get such information but the record keeping of the university leaves much to be desired.

Table 3 Staff Who Left UNZA 1990-1998 Due to Health Reasons Or Death

YEAR	ACADEMIC MALES		NON-ACADEMIC MALES		ACADEMIC FEMALES		NON-ACADEMIC FEMALES	
	D	HR	D	HR	D	HR	D	HR
1990	5	1	16	5	0	0	9	2
1991	1	0	11	0	0	0	10	0
1992	2	1	13	1	0	0	8	1
1993	6	0	23	4	0	0	14	3
1994	5	2	27	15	0	0	7	7
1995	3	0	27	10	2	0	8	10
1996	2	1	18	4	1	0	12	8
1997	8	2	19	6	0	0	17	7
1998	6	0	25	0	0	0	19	0

D= Death HR= Health Reasons

There have been quite a few resignations or retirements at the university due to health reasons. The table above giving the number of deaths amongst academic and nonacademic members of staff throws some light on the number who left university due to health reasons but here again absolute numbers do not indicate much.

Deaths are, however, more prevalent among non-academic staff such as cleaners, security guards, drivers, gardeners etc.

Table 4 Death-Age Profile AT UNZA

	AGE	AGE	AGE	AGE	AGE	
	<20	**20-34**	**35-49**	**50-64**	**>64**	**Total**
1991	0	8	15	0	0	**23**
1992	0	6	15	3	1	**25**
1993	0	18	22	0	0	**40**
1994	0	14	17	5	0	**36**
1995	0	19	18	0	0	**37**
1996	0	14	20	0	0	**34**
1997	1	26	18	0	0	**45**
1998	0	37	13	0	0	**50**
1999	0	29	6	0	0	**35**
Total	**1**	**171**	**144**	**8**	**1**	**325**

Most deaths are in the age range of 20-34. No meaningful comment can be made on the above table in the absence of information like the total number of personnel per year and the mean age of the personnel.

Table 5 Student Enrollment and Deaths : 1990 – 1998

ACADEMIC YEAR	MALES	DEATHS	FEMALES	DEATHS	TOTAL	DEATHS
1990	3,831	9	909	2	4,740	11
1991	3,819	4	955	3	4,774	7
1992	3,908	6	937	0	4,845	6
1993	3,621	9	941	1	4,562	10
1994	3437	8	963	2	4,400	10
1995	3,422	7	981	0	4,784	7
1996	3,223	12	975	6	4,198	18
1997	X	2	x	3	x	5
1998	3,344	13	1,106	7	4,450	20
TOTAL		**70**		**23**		**93**

X – Not available

N.B. In 1997 the main campus which takes the bulk of the students was closed for one academic year. The number of deaths for 1998 should therefore be regarded as being for two academic years. Deaths indicated for 1997 are for students from the School of Medicine. These statistics suggest that the pattern of death among students has remained relatively stable over the past decade.

Although student deaths do not seem high and no gender diffences emerge in deaths, there is still need for concern as the incubation period for HIV/AIDS has been known to go up to 10 years in Zambia. Given the reported sexual behaviour of students at the University of Zambia, it is quite likely that AIDS symptoms will unfold after the students have left the university. Unfortunately, there has been no follow-up of graduates by the university. This makes it difficult to have an idea of how many of them are sick or have died of an AIDS-related disease. Students who were interviewed, however, mentioned of some recent graduates who have died or are sick. Almost all of them cited the case of one recent graduate. The same is recorded in the box as narrated by one of her friends.

Box 2: Death of a Recent Graduate

I had a friend of mine – she was doing Law and she graduated . . . She graduated and within a year she found sponsorship. She paid K6000, 000.00 (~ US$ 2,000) for the Bar and when she just had her party that same evening she felt some headache and the next two days were spent vomiting and after that she was gone . . . and they said she had acute pneumonia. She didn't even know she had it. So there were whispers saying X died of AIDS . . . I never believed it. She looked very healthy to me.

Another illustration that shows deaths among those who have graduated is of a programme that enrols students who already have a diploma. This programme had a class of 26 in 1995. During the course of the programme one female student died in 1998. Four others (1 male and 3 females) died within a year after their graduation. These were all AIDS-related deaths. This indicates that 16% of those who had completed their training died within a year after completion of their studies.

Another indicator to give an idea of the AIDS situation at the university taken was the number of sexually transmitted diseases recorded at the clinic:

3.2 Sexually Transmitted Infections (STIs) at the University

STIs can be used as an indicator of the vulnerability of the university community to HIV/AIDS infection. If one gets an STI, this is an indication that they are having unprotected sex.

Table 6 UNZA Health Services: STI Cases

	1995	1996	1997	1998	1999
JAN	2	2	3	3	7
FEB	3	11	0	5	7
MARCH	6	10	3	3	7
APRIL	6	5	6	1	5
MAY	1	5	4	3	3
JUNE	2	2	2	2	*
JULY	2	2	5	3	*
AUGUST	3	5	4	4	*
SEPT.	4	4	3	5	*
OCT	3	7	0	0	7
NOV	3	2	9	1	2
DEC	1	0	4	3	2
TOTAL	**36**	**55**	**43**	**33**	**40**

A senior nurse at the clinic informed us that these records are not a true reflection of the cases of STIs on campus. She was of the opinion that there must be many more which escaped the net of reporting because the record keeping system at the university was very poor. In addition, the clinic usually runs out of reagents and thus no testing can be done to confirm STIs. Added to this situation is the fact that many students do not want to disclose that they are suffering from STIs. This state of affairs was confirmed independently by a female counsellor at the university. Despite these gaps in information it can safely be said that unprotected sex is going on at the university and that there are quite a few cases of STIs.

3.3 Pregnancies at the University of Zambia

One almost certain indicator that unprotected sex is going on at the university is the occurrence of pregnancy among students. Available data, however, only go back as far as 1997.

Pregnancies among Students at the University of Zambia

YEAR	NUMBER OF PREGNANCY CASES REPORTED
1997	9
1998	25
1999	18

Although the number of pregnancies is lower for 1999 than for 1998, it is still higher than for 1997 where only 9 cases were recorded. It is difficult to say much about trends from the little available data. What can definitely be concluded is that female students are engaging themselves in unprotected sex.

3.4 Illness and Absenteeism

Another indicator that can be used to try and show the HIV/AIDS situation at the university is absenteeism due to attending funerals.

Records on absenteeism due to attending funerals or illness were not available. When asked to provide figures for absenteeism due to illness/attending funerals one Head of Department said,

> *You do not keep record of such cases or things. Funerals are not something to be enjoyed and when one is already going through trauma due to the death of someone you cannot be inhumane so as to ask the person to fill in the form and get the leave approved. Gone are the days when people . . . when people would attend funerals for days . . . now funerals are not there for days because of economical reasons.*

Some departments may be keeping such records but by and large we were unable to access them. It was, however, observed that there are more cases of absenteeism due to attending funerals of friends and relatives who are not members of the university community than attending funerals of those who belong to the university. One female interviewee said:.

> " … *how many go for funerals depends on whether the university is providing transport to go to the funeral house/burial or not. If there is a university bus, most of the staff would opt to go to the burial or funeral house but if due to some reason university transport is not available, very few would attend the burial".*

She clarified that this is because university employees often do not have money for transport.

As far as long absences from work were concerned, we were informed that prolonged illness is not reported on humanitarian grounds. The current university policy with regard to sick leave is that initially one is given six months leave. Academic members of staff are entitled to a further six months' sick leave with full pay. If at the end of this time they have not recovered, they have to retire on health grounds. Administrative staff and the workers ("other staff) are entitled to a further six months leave on half pay after which they too must be retired on health grounds if they have not recovered at the end of this time. It has, however, been pointed out that there are cases of people who have been absent from work for as long as a year after the provisions for sick leave have been exhausted. Whether this is for humanitarian reasons or inefficiency of the university is a different thing but it must be pointed out that the leave rules of the university have not changed in reaction to the prevailing HIV/AIDS situation in the country.

3.5 Social Life

There are several social practices engaged in by both staff and students of the university that may expose them to the risk of HIV/AIDS infection.

Sexual Behaviour

In 1993, the university's counselling centre in conjunction with Kara Counselling and Training Trust (the first Voluntary Counselling and Testing centre in Zambia. It was established in 1992 and is one of the few centres offering services outside the workplace or medical centres) conducted a study aimed at determining the knowledge and attitudes to HIV/AIDS of 1,240 students at the University of Zambia. The study revealed the following:

(i) knowledge regarding HIV transmission was only moderately good
(ii) most students knew that HIV infection was spread through blood, semen and vaginal fluids
(iii) nearly 50% thought that HIV could be transmitted through saliva and mosquitoes
(iv) despite the fact that the majority of students knew someone with HIV/AIDS they still held very negative attitudes to those with the disease
(v) on admission into the university, 53% of male and 24% of female students had had one or more sexual partner(s).
(vi) 85% of male and 61% of female returning students had had one or more sexual partner(s)

These findings suggest that the students were not so knowledgeable about HIV/AIDS and that most of the university students are sexually active after first year. The finding that only 24% of female first year students had had a sexual experience suggests that interventions aimed at students should be different.

To have a sexual partner is considered as a prestige symbol amongst the students. It appears that affairs are very common and the change in partners is very frequent within the small university community. Some call these "seasonal friendships". One staff member while talking about AIDS and sexual behaviour at the university said, "Sometimes when an individual dies, you know very well who will die next". Such chains of friendships were pointed out by at least two observant interviewees. The authors were given examples of at least 7 couples who died of suspected HIV/AIDS related illnesses in the past five years.

Again it was narrated by some interviewees that a female student X after learning that she was infected released a list of at least 10 male students with whom she had had sexual relationships. It was observed by the student community that at least three of those ten students became so distraught on learning that Miss X died of an AIDS-related disease that they left the University.

There have been instances where sexual favours have led to promotions or good grades at the university. In three instances where good grades were obtained, the member of staff involved was married.

Cases were also narrated of a few people on campus who knowing well that they are infected had casual/multiple sex partners. A possible explanation of such behaviours given by a 4th year student was that it is 'anger' experienced by some infected students because they feel they have been infected through no fault of theirs. He added, "people react differently to different situations".

Stories of female students being involved with sugar daddies were told just as those for commercial sex. In the case of the latter we were told that female students sometimes stand along roads waiting to be picked up while others try to way lay men who come into the university. Others go to night-clubs and hotels and wait to be picked up. Most of the interviewees could not ascertain whether these practices were on the increase or not. The best they could do was to confirm that these activities are still going on at the campus. One female student narrated how a university student had gone to a popular night-spot. While there a fellow student from the university got friendly with her. At the end of the evening the young man took the girl to his room at the university. The next day he paid her for her sexual favours. When he offered to see the girl off, she declined the offer saying she would go on her own. Several days later the boy met the girl at the library and discovered that she was actually a university student.

A Dean confirmed that he had heard stories of university girls being involved in commercial sex.

What is interesting about sugar daddy practices and commercial sex was that, the view of most interviewees was that these girls are not involving themselves in these practices in order to raise money for fees or to give financial support to their families. It was thought that the girls are doing this in order to lead luxurious lives and have fancy gadgets such as cell phones. Some interviewees observed that quite a large number of female students have cell phones and wondered how these are obtained and maintained. It is, however, difficult to say categorically what the source of cell phones is in the absence of investigations carried out in the field. Remarks like the one on cell phones from the interviewees can not be generalised to all. These are meant to give some idea to the reader about the nature of sexual activity on the campus.

Some male students have reportedly picked up sexually transmitted diseases after having unprotected sex with prostitutes. Mr. Y had got drunk twice at a night-club. He got STIs as he forgot to use a condom even though he had one with him.

It must be pointed out that in a few cases young men have been seen to enter into sexual relationships with older women. A young man who was involved

with a sugar mummy is known to most students. The woman showered the man with many expensive gifts. Unknown to him, the woman had AIDS and died. The young man was so badly affected that he disappeared from the university. He did not see any point in continuing with his studies as he was convinced that death would soon knock on his door. It is people like these who need to be counselled.

A few articles from student newsletters circulating at the university give you an insight into the situation. It must be emphasised that such articles can not be taken too seriously as it is human nature to talk/write about sex and may be found at every university.

Box 3: Campus Sex

Article 1: Gold-Rush Now Death Rush

where campus guys rush for female fresher to present their manifestos . . . remaining of trend comes amid fears that these 1998/99 academic year freshers have had a 2 year period of massive jamming and chilling out . . . because of incessant, unnecessary and premature closures. Most monks lamented to Campus Life that the majority of these female freshers have already been serviced or used . . . This has induced in the monks the dreadful fear that some of the gold might even have already contracted the deadly AIDS. The monks say an attempt to gold rush is tantamount to rushing for death and not gold.

Monks are also alive to the fact that there is no cure for AIDS because now even the traditional doctors no longer claim to cure it. Would-be mojos watch out – you may depart from this world where each person only lives once. (Campus Life)

Article 2: Imports Come and Go

Th past vacation was a hive of activity as imports were brought in . . . Some male students remained on campus on pretext of doing projects but also to import. Different merchandise in most instances was brought on different weekends each of these thinking she is the only one. How cheated they were. . . And hey was it not indeed a pleasure to meet high ranking prominent citizens of this country in Zambezi Block One? As far as anyone knows these big people who drive the latest Prados with plenty of grey hair do not have daughters on campus. One can only guess what they came to do in the dark of the night. And the ladies enjoyed staying on campus the whole vacation, accommodation paid for, meals provided for by the landlords. Campus Life 1999

Poverty alone can not be said to be the cause of the sexual practices seen at the university. It has to do more with values and attitudes.

Alcohol Abuse

All the interviewees agreed that alcohol abuse exists on campus particularly among male students. As mentioned earlier, instances were narrated where young men get so drunk that they are unable to use condoms during sexual intercourse. Such behaviour is most prevalent when students get their meal allowances. They go to night clubs where they drink their heads off and then pick up prostitutes whom they bring to their rooms with them. An article appeared in one popular student magazine on campus about a young man

who had brought a prostitute with him at night but failed to pay her dues. The woman made a lot of noise about it and this is how most students around learnt about it.

Part of the student community is of the view that students who are unable to get girlfriends on campus are the ones who get prostitutes from night clubs and indulge in drinking so as to muster courage for such acts. In the 1980s, it was believed that male students from the School of Engineering generally failed to have girl friends on campus but such impressions are no longer there.

It would be interesting to see if there are any differences in the schools at the university regarding the sexual behaviour of the students.

Nature of One's Job and Vulnerability to Possible HIV Infection

Among the workers there is a relationship seen between the nature of the job and the rate of death. Three categories of workers were pointed out as being especially vulnerable to HIV infection. These are drivers, cleaners and those in the security department. Drivers' life style is such that they go on long routes and find sexual partners along the way. This phenomenon is known to be common all over the world, not just to the university.

Regarding cleaners, we reliably learnt that

- Office sex is on the increase on campus.
- Students take advantage of cleaners' humble education and their economic hardships
- Cleaners engage in multiple sexual relationships with fellow workers and students. They (cleaners) have been said to prefer students to workers as the former have fewer obligations and can, therefore, pay them more money.
- The life style of some cleaners is better than that of senior members of staff.

Security Officers

Through the different interviews, it came to light that security officers have often sexually abused commercial sex workers who have been found loitering on campus after male students who had picked them up from drinking places abandon them.

Requests for Deferred Examinations

According to Senate regulations,

> *A student who has been prevented by illness or other unavoidable cause from presenting him/herself for any ordinary sessional examination and who satisfies the Senate that it would be a great hardship for him/her to wait for the next ordinary*

session examinations may apply to the Senate to grant him/her a deferred examination. (University Calendar 1994-1996 p. 87).

Records showing granting of deferred examinations to students by Senate are only available from April 1998. These are shown below:

Table 8: Deferred Examinations Granted Great East Road Campus

Month & Year	Number of Deferred Examinations Granted
April 1998	44
October 1998	37
November 1999	55

Since we have data for three semesters only, it is difficult to state whether there has been an increase in the granting of deferred examinations. Two Deans interviewed including one with the biggest school in the university were of the view that there has not been a significant change in requests for deferred examinations. What can be safely stated is that the university is incurring costs in the administration of deferred examination.

3.6 Manifestation of Care for sick people

There are no programmes at the university to cater for those who are suffering from AIDS related illnesses. Health workers at the Clinic informed us that they have chronically ill patients who are in need of home-based care but because of lack of resources clinic personnel make no visitations.

Clinic personnel informed us that in most cases when students get very ill they are taken to the University Teaching Hospital, which is the major hospital in Lusaka. Once there, they are on their own although friends and classmates may visit them. The clinic staff feels that one responsibility of Hall Attendants is to follow up cases of sick students and find out what problems students admitted to hospital are experiencing. It would appear that Hall Attendants are not carrying out this important role. A very touching story of a young woman who had TB was narrated to us. No mention was made of Hall Attendants helping in the care of this student who in the end had to leave campus and go to her relatives. Unfortunately she did not recover and passed away. While on campus this sick girl was being looked after by a friend who was also a student. She prepared meals for her and also washed her clothes for her.

3.7 Activities of the church

There are several Christian groupings on campus. They were said to be very active but within the confines of their members. Their activities do not extend to those outside their boundaries. According to students, the Church has always preached against immorality under which certain types of sexual behaviour fall. It was, however, noticed that the Lusaka Baptist Church had

prepared an orientation programme for first year students this academic year and HIV/AIDS was one topic that would be tackled.

Another Protestant Church that is quite popular among some students has this year been having a series of services dedicated to the Church's response to HIV/AIDS.

3.8 Discrimination Against HIV/AIDS Positive People

Although there is no clearly identified group of People Living with HIV/AIDS (PLWHA) at the university, our interviewees told us that they are able to tell who has AIDS and who does not have it. It is on the basis of this that we were able to discuss People Living with HIV/AIDS.

There is no overt discrimination against them and they are given the same opportunities, and are treated like any one else on campus.

Subtle discrimination is, however, present especially among the students. Nearly all the students interviewed indicated that those who are suspected of being HIV positive are isolated and sometimes they are taunted. One student went to a counsellor and complained that some students spoke about her in riddles as she walked past them:

> *Ee, tulefwa. Twakulafwa nomba kuli AIDS. Tulefwa. Tuleonda no konda. Mona boyi efyo ngondele!*
> *(Yes, we are dying. We'll be dying from AIDS. We are dying. We are even losing weight. Look at how much weight I've lost!).*

Because of this kind of taunting, students living with HIV/AIDS spend most of the time in their rooms. When they do get out of their rooms, it is just to attend lectures.

Life is extremely difficult for HIV positive students. They try to hide their illnesses because of fear of being stigmatised.

A worker also informed us that when a cleaner is suspected of having HIV, she is forbidden from using cups in the Department she works in by the secretaries. A member of UNZAWU also informed us that he has heard of two cases in which workers (TB patients) who used to make tea were given alternative duties to perform. This should be regarded as positive discrimination as it is done on health grounds to protect others from contracting TB as well.

According to a female counsellor, students who have a roommate suffering from TB often request for a change of rooms, as they fear contracting the disease.

It can safely be said that there is no open acceptance of HIV/AIDS on campus. Perhaps this is why individuals infected with HIV/AIDS have not come out in the open to form a group by which they can be identified. This is not to say that the university community denies the existence of HIV/AIDS on campus.

CHAPTER 4

THE IMPACT OF HIV/AIDS ON THE UNIVERSITY

4.1 Expenditure on Funerals

The impact HIV/AIDS has had on the University of Zambia has been difficult to measure because of incomplete information. Certain records which should be normally available at the university were not. All the interviewees including the Acting Vice-Chancellor and a Deputy Bursar, nevertheless agreed that HIV/AIDS has had quite an impact on the university. One indicator they used to support this view was the amount the university has to spend on funeral grants. According to conditions of service, the university is obliged to provide a funeral grant when a member of staff, his/her spouse or children pass away. Since the interviewees think there has been a big increase in the number of deaths taking place within the university community, they are of the view that the university is spending a corresponding amount of money on funeral grants.

Table 9 : Expenditure on Funeral Grants

YEAR	AMOUNT SPENT ON FUNERAL GRANTS IN MILLION KWACHA
1995	30.259
1996	27.082
1997	31.813
1998	34.450
1999	36.190
2000 (up to Sept.)	22.813

Reliable information in relation to expenditure on funeral grants was only available from 1995 to September 2000. From these figures it is difficult to tell what is going on but the picture seems to be one where expenditure has not risen much – perhaps an indication that over the 5 years mentioned here, there has not been such a big rise in the number of deaths among UNZA employees and their immediate families.

The excerpt below from the interview held with a Deputy Bursar will shed more light on the university's financial situation.

Box 4: Running a University on a Shoe-string Budget

We do not actually receive our grants as per the budget which we present to the Ministry of Finance or Ministry of Education, our parent Ministry. If we were given the grants as per our budget we would say so much money was budgeted for loans, so much money was budgeted for staff welfare. But because of the death rate that is high we have borrowed money from the Loan Section to Staff Welfare Section.
. . . Then I would answer very comfortably that yes, the loans have been affected because of the death rates. But as it is now, we do not even budget after we have received grants from government that so much money must be spent on loans, so much money must be spent on funerals. Now what happens is somebody has died, where do we find money? We pick from the section that has money. We have stopped being proactive in this area because of the uncertain nature of circumstances surrounding death as well as the amount of money which we receive from government.

There has been a poor kind of response towards payment of insurance schemes . . . the major reason has been receiving very inadequate funding from government.

What the information in the box shows is that the university is in a very bad financial situation which makes estimating the impact of HIV/AIDS on the university by looking at budgets a difficult task.

Box 5: On Payment of Terminal benefits

It has been very difficult and is a very painful situation. Some members of staff have died either from HIV/AIDS or from other ailments. But the question is "Has management been able to pay off the widows? Has also management been able to pay off people who have been on prolonged illness? We have of course retired people on medical grounds. But it has been very difficult for us, for management, to pay such people their money when they retire. . . . It is not that management has not wanted to give them money but the funds are not there . . . we have just in recent months embarked on giving them caution money for their day to day expenses . . (Deputy Bursar)

Some university employees who retired as far back as 1997 have not yet received their terminal benefits. The university is concerned about the welfare of retirees and those retired on medical grounds as it is trying to alleviate their suffering by paying them some money while waiting for the eventual disbursement of terminal benefits. Nevertheless, the sick might benefit more if they were to be paid their benefits in bigger amounts of money.

4.2 Measures taken to Cater for Staff Deaths and Sicknesses

As far as staffing is concerned, the university has within limits been replacing those who have died/retired. For example a number of casual workers have been employed to do cleaning jobs. There are some departments, however, in which it has been difficult to replace personnel. This applies to library staff and lecturers in particular. In such cases those who are well enough to work, have had to take on a heavier load. It must be mentioned that last year the University management put a freeze on new appointments of academic staff because of the institution's poor financial situation. Departments are however under special circumstances are allowed to recruit.

It has been confirmed by a Dean that some programmes have suffered because a lecturer has been sickly. One student who was taught by a member of staff who was sick for a long time informed us of how complex the situation can be when a lecturer is sickly.

Box 6: When a Lecturer is Sickly

Oh, . . . The course really suffered and we couldn't blame him. We knew what was happening . He had lost a lot of weight and used to get infections and he wasn't motivated and it wasn't really his fault. So the course that he was teaching really suffered because we were left to our own resources. A lot of times he wouldn't come for lecturers. We would feel really sorry for him and also that hindered us when we didn't agree with something he said in lectures. We couldn't bring ourselves to tell him because we knew he had personal depression. So we just left him. It was very depressing for us as well. (Female Student)

4.3 Transport Hire for Funerals in Respect of UNZA Employees and also for Relatives of Employees of UNZA

Use of university transport for taking mourners to the cemetery is another indicator, which could be used to measure impact especially since if a member of staff or a member of their immediate family were to die the university would have to provide transport free of charge. Records available were, however, incomplete and unreliable. They could, therefore, not be used to show what impact death is having on the functioning of the university. Moreover, University buses experience breakdowns every so often. Nothing conclusive can, therefore, be drawn from information on transport hire.

4.4 Cost of Deferred Examinations

At a meeting of the Senate Examinations Committee held on 20 December 1999, a suggestion was made that students writing deferred/supplementary examinations should be charged a fee. No reason was reported in the minutes for this development. Nevertheless, the Academic Office was requested to come up with a rate. This has worked out to be K 22,500.00 (about US$ 7). Students have, however, not yet started paying for deferred examinations. If this is implemented, the university will be relieved of this expense.

4.5 Impact of HIV/AIDS on the Lives of Students and Staff

Among the student interviewees were three who declared that they had lost relatives to HIV/AIDS. They spoke of how difficult it can be emotionally when a relative is known to have AIDS. They also narrated how difficult it becomes to study and concentrate on academic work when one is faced with the impending death of a loved one. One of the students, however, talked of having being helped to cope with his emotions by staff at the Counselling Centre.

All students were of the view that there is a number of students who are unable to pay their fees because their parent(s)/guardian(s) have died of an

AIDS-related illness. According to the Vice-President of UNZASU 70 students approached the Union for financial assistance last academic year because they were orphans. The Union lent these students some money although there was no way of ascertaining whether they were really orphans or not. Management also tries to help such needy students by allowing them to pay their fees in instalments.

The university cannot be said to have experienced costs because of giving out loans to the sick. Most of our interviewees said that when one who is sick requests for a loan to buy medication, they hardly ever get it. Moreover, when loans are given out, there is no consideration given to one's HIV status.

CHAPTER 5

THE RESPONSE OF THE UNIVERSITY COMMUNITY TO HIV/AIDS

5.1 Messages from top Management

Most of the interviewees said there have been no public messages from top management on HIV/AIDS. Most of those who said there have been messages referred to an occasion when the Acting Vice-Chancellor was quoted on radio early this year as having said the blocking of a sewer line on campus was a positive sign that students are using condoms and are thus making attempts at protecting themselves from contracting HIV/AIDS. Students were, however, of the view that management is not pro-active on matters related to HIV/AIDS. They normally speak about HIV/AIDS when invited to functions (which are not many) organised by students

5.2 Alterations to Regulations

There have been no changes to university regulations on account of HIV/AIDS. No changes have been made to periods of time spent on practicals; conditions for getting supplementary and deferred examinations; leave of absence; requests for withdrawals etc. This is perhaps because of the silence surrounding HIV/AIDS at the university. It could also be because the number of deaths among students is still low.

5.3 Medical Examinations and the University of Zambia

All new employees other than casual/temporary workers are required to undergo a medical examination before the University employs them. The same applies to new students. (This is an old regulation.) No-one, however, is required to undergo a test for HIV/AIDS**.**

Students may, however, be excluded from the university on health grounds. The University deals with this under the section dealing with "Exclusion for Health Reasons" part of which reads as follows:-

> *The Senate may exclude from attendance at University classes and from the precincts of the University any student suffering from a disease, notifiable under he Health Act, which in its opinion is likely to endanger the health of other students.* [The University Calendar 1994-96 p. 83]

Nothing is, however, said explicitly about HIV/AIDS.

Although the university has done very little in responding to the HIV/AIDS problem in its midst, there have been some commendable efforts made by some sections of the community. Some of these have been undertaken by the University Health Services, the University Counselling Services, the Anti-AIDS Club and some teaching departments.

5.4 The University Health Service's Response to HIV/AIDS

The Clinic has responded to the problem of HIV/AIDS in at least 4 ways. These are: condom distribution, setting up a chest clinic, publishing articles on AIDS related matters in a university newsletter and setting up a counselling facility within the clinic.

5.4.1 Condom Distribution

The table below shows condom distribution at the university clinic for the period 1995-1999.

Table 10: UNZA Health Services: Condom Distribution 1995-1999

	1995	**1996**	**1997**	**1998**	**1999**
JAN	1,776	347	187	164	318
FEB	240	420	1,557	7,958	3,347
MARCH	1,020	266	218	1,381	2,509
APRIL	480	532	400	617	2,262
MAY	1,525	195	6,937	8,050	2,309
JUNE	120	922	748	1,544	1,560
JULY	384	326	600	1,246	7,900
AUGUST	384	485	800	1,244	1,008
SEPT	445	329	287	1,074	2,152
OCT	206	602	329	830	2,400
NOV	900	652	402	626	3,909
DEC	237	200	516	174	2,000
TOTAL	**5,941**	**5,256**	**12,181**	**24,900**	**31,674**

There has been a big increase in the volume of condoms distributed between 1995 and 1999. The volume is, however, still inadequate even for a population of 4500 students. This would mean about 7 condoms per student per year on average (assuming that most of the students are sexually active). Part of the reason for this could be that some sections of the university community, although sexually active do not go and collect condoms, as they fear being labelled as promiscuous. Some students too are shy of going to collect condoms. In fact nearly all the students did not approve of the main current distribution points for condoms which are the clinic and the counselling centre. We have however been informed that students (members of the Anti-AIDS club) distribute some condoms within halls of residence.

Some students suggested that condoms should be placed in toilets and dining halls and that the places where these are placed should not be manned by anyone.

It must be pointed out that not all students approve of the use of condoms. Some insist on abstinence although they are in a minority.

5.4.2 Chest Clinic

This clinic which is meant for the care of TB patients, became operational in May 1999. The Chest Clinic Day was introduced:

. . . for the purpose of providing comprehensive and continued care to patients in a specific place. This would enable the medical practitioners to have more time with their patients examination, education and prescription of drugs." (Mid-week Flier 14 May 1999).

The Mid-week Flier is a weekly newsletter produced by the Public Relations Office to inform the university on current affairs concerning the university community. Unfortunately no figures for T.B patients treated or admiited could be obtained.

5.4.3 Publication of Articles on Health Matters

The Sister in-charge at the clinic has out of her own initiative written articles on HIV/AIDS, STDS and other related matters over the years in the Midweek Flier. Some of them are as follows:

- Benefit of Knowing your HIV Status (June, 1999).
- Here is What you Should Know About Shingles (10 June 1998)
- Facts About Sexually Transmitted Diseases (April, 1998)
- What you Still Need to Know About HIV/AIDS (6 June 1996)

5.4.4 The Clinic and Supply of Drugs

Where provision of medicine is concerned, the Clinic has not done so well as is shown below.

All the interviewees asserted that the Clinic's supply of drugs is very poor and erratic due to financial constraints. It was, however, pointed out that the clinic never runs out of tuberculosis (TB) drugs unless there is a problem with supply at national level. The drugs are supplied free of charge by the Central Board of Health. The situation for most other diseases including STIs is, however, that nearly all the time patients are just given prescriptions, As one female interviewee put it:

Takuba umuti ku clinic. Pantu ku clinic ngawaya, balaya bakupele prescription ati kashite umuti olo wa injection kashite twise tukulase. Nomba pali ilya nshita ulwele ulesanga ukuti taukwete olo one ngwee. So kuba pa standby nokubwelelafye ku ng'anda. Limbi kuyafye mukwikala. Kulalwala nombanobulwele bwaya napantashi. So limbi we muntu limbi Lesa ali nokukwafwilisha ati upole. Pa last wasangikwa na mumfwa . . . (The clinic never has medicine. When you go to the clinic they give you a prescription and tell you to go and buy the medicine. You even have to buy injections so that they can inject you. But then you don't have money so you just go home. Your condition thus gets worse. In the end you die although you might have recovered had you obtained the necessary medication).

Apart from this poor availability of drugs, the clinic has also been accused by some interviewees of lacking in confidentiality. One member of the academic staff actually pointed out that a lot of people do not go to the clinic if they have

a serious problem as they fear the gossip emanating from there. They instead go to a nearby hospital and only visit the University Clininc for minor ailments such as headaches.

Where being non-judgemental was concerned, the clinic was given credit.

5.5 Activities of the University Counselling Services

The University Counselling Service falls under the office of The Dean of Student Affairs. The Centre has six counsellors but as at September 2000 only four counsellors were in place. Its main role is to provide counselling services to students faced with various problems such as academic, psychosocial, career guidance and other challenges in their quest to adjust to university life. The Centre also serves as a drop-in centre and as a referral centre.

According to Chiboola (1996) formal counselling services at the University of Zambia were commenced in the early 1980s and were meant for students. The counselling services have since been extended to include University workers as well. Most people, however, still have the perception that the services are for students. It has also been reported that some workers who are sickly do not want to go to the counselling centre as they fear that they may be informed that they have AIDS.

In 1993, the Counselling Centre in conjunction with Kara Counselling and Training Trust carried out a study on the knowledge and attitudes to HIV and AIDS and sexual behaviour among University of Zambia students. As a follow-up to the survey, the counselling centre in conjunction with KCTT introduced a programme of information dissemination, education for all members of the university community in 1994. One and a half days of the orientation programme were devoted to orientation of first year students on HIV/AIDS matters. During this time the following activities took place: video shows, small group discussions, debates, talk on preventive measures (Kara Counselling and Anti-AIDS project) and giving of information on positive living by Positive And Living Squad (PALS) members. According to our major informant who worked for KCTT at the time, KCTT received full co-operation from the Dean of Student Affairs, Counselling Centre and the Orientation Committee. She also informed us that the response from students was very good. Many questions were asked and lively debates took place demonstrating that the students were genuinely interested in the activities and appreciated them. We were also informed that female students who attended these activities were few as compared to males. This could be related to the fact that on average the ratio of female students to the males is about 1:4 in the university.

5.5.1 Other Activities

KCTT in conjunction with the Counselling Centre tried to get various schools to set up discussion groups in order to sensitise students mainly on sexual

behaviour. Unfortunately this did not materialise as not many students came forward. At one point an attempt was made to involve the students' union in the sensitisation. The leaders of the union wanted to work with Kara and organised group discussions one of which was for committee members. The then president of the University of Zambia Students' Union (UNZASU) was very active in this matter and even used to visit Kara. Through UNZASU Kara held 2-3 discussions with students. An attempt was also made to organise group discussions for members of staff but they did not seem to show interest. As far as the workers were concerned, one discussion was held with them and the Anti-AIDS Project held video shows for them. Only one worker out of the five that were interviewed mentioned attending the discussion. This suggests that such activities need to be ongoing and a deliberate effort has to be made to make it possible for as many people as possible to attend them.

In addition a voluntary counselling and testing facility was introduced through a project that was co-ordinated by KCTT but funded through the United States Agency for International Development (USAID). According to a respondent who took part in this initiative, the testing was done once a week at the Counselling Centre where two counsellors from KCTT would be present. Blood samples would be ready after a week upon which post-test counselling was done. Way back in April 1994 there was an announcement in the Midweek Flier that the UNZA Counselling Centre offered confidential HIV Counselling and blood testing. The then head of the Counselling Centre was said to have confirmed that a nurse employed by a Non-Governmental organisation involved in HIV/AIDS counselling came in every week to do condom distribution as well as taking blood samples. She is also said to have assured the community that everything was done in confidence. The facility was open to both students and workers. It was also announced that the Centre was also organising an Anti-AIDS group to show videos and drama weekly. Community members were urged to look for venue posters around campus. 1993 and 1994 editions of the Mid-Week Flier carried announcements on these activities.

Unfortunately partly because there was a lack of funds and the utilisation of the service was so poor, it was discontinued. On average only 2-3 students and staff came for the VCT. Perhaps this was not so strange as VCT had just been introduced and people were afraid of knowing their HIV status.

Although the activities of KCTT on campus came to an end in 1994, available records show that HIV/AIDS continued to be a part of the orientation Programmee for first years. None of the students we interviewed who came to the university in 1995, however, mentioned that there was anything on HIV/AIDS during orientation. Out of those who joined the university in 1996, only one said the orientation Programmee contained something on HIV/AIDS. This suggests that there is need to reorganise the orientation Programmee so that as many first years as possible benefit from HIV/AIDS orientation. It also suggests that there is need to have an on-going HIV/AIDS education Programmee that goes beyond orientation week and contains training in

psycho-social life skills such as effective communication, assertiveness, decision-making etc. which have been recognised by the Ministry of Education as effective in helping young people resist pressures to indulge in risky behaviours such as alcohol abuse, taking drugs and unprotected or unwanted sex.

It must be observed that at the beginning of this academic year and also the previous one the Acting Vice-Chancellor (Professor Chanda), talked about HIV/AIDS in his welcome addresses to first year students. More interventions are, however, desirable to effect behavioural change in young people.

Chiboola (1996) carried out a survey whose purpose was to obtain baseline data from students on counselling services at UNZA. The data would be used for effective planning and management of counselling services at UNZA. The sample consisted of 100 students who responded to a self-administered questionnaire. The results revealed the following about the respondents in relation to the Counselling Centre

- 86% of them were aware of the existence of the centre
- 42% knew the type of services offered by the centre.
- 71% knew the location of the centre
- 25% thought the location of the centre was unsuitable as it was too open and lacked in privacy
- 11% of 2nd, 3rd and 4th year students had used counselling services at the time of the survey. 8.5% expressed satisfaction with the counselling services they had received.

Less than 50% of the students were thus aware of the services offered by the counselling centre. This could have contributed to the low number of students seeking help from there.

In the current investigation most of the workers and academic staff were of the view that the Counselling Centre is meant for students. All the students interviewed were aware of the existence of the counselling centre but they did not seem to have much regard for it. A comment made by a student is shown in the box.

Box 7: The Counselling Centre Through a Student's Eyes

The counselling Centre is not very operational - It's not something you can go and you know that there is some help there. It's very remote. They talk about vocational counselling, how to write a CV . . . If you have a real problem it's unlikely that you'll want to go to the Counselling Centre. That's the image it has. (Female student)

5.5.2 Resumption of Voluntary Counselling and Testing at the Clinic

Counselling resumed at the clinic in 1998. This was under the auspices of the Counselling Centre (Midweek Flier of 7 May 1998). The service was open to all members of the University community. The reason for this development was because "some clients would be better dealt with at the point of initial contact".

5.5.3 Students' Visits to the Counselling Centre

Students visit the Counselling Centre for a variety of reasons. These are shown below:

Table 11: Problems for which Students Have Sought Counselling at the Counselling Centre.

	1996		1997		1998		1999	
	M	F	M	F	M	M	M	F
Psycho-social		51	66	21	127	220	53	48
Academic	170	33	54	17	128	35	60	48
Health related	85	41	41	11	55	24	35	7
Tuition related	85	4	83	2	60	1	146	63
Funerals	59	30	23	11	29	16	6	9
Career guidance	63	9	38	12	41	17	21	3
Accommodation	28	13	22	20	36	16	11	8
Psychological	7	3	2	0	1	0	0	0
Psychiatry	3	0	2	0	2	0	0	0
Total	**720**	**184**	**331**	**94**	**479**	**156**	**332**	**186**

It is interesting to note that actually health related cases generally have to do with referral letters to the clinic and others such as the need for spectacles. It should be noted that HIV/AIDS and STDs related counselling is only one type of health related cases. There was no way of knowing the cases related to HIV/AIDS only as the way the categories are organised masks a lot of information. There is need to desegregate information in such a way that AIDS-related information can be more evident. The general impression one gets, however, is that there may be only a small number of students visiting the Centre for HIV/AIDS cases because of the stigma attached to the issue.

Funeral-related cases are generally to do with permission to attend funerals.

If one sees the cases from 1996 to 1999, there is no clear pattern which emerges and the numbers asking for permission to attend funerals or seeking grief counseling (if any), out of approximately 4,000 students of the university, are low.

5.4.4 Formation of the Anti-AIDS Club on Campus

In 1996 the counselling Centre in conjunction with some students set up an Anti-AIDS Club. The focus of the Club is sensitisation of students on issues relating to HIV/AIDS. Last year the Counselling Centre selected 6 members of the Club to provide them with skills in peer education and peer counselling.

Two activities the Anti-AIDS Club has been credited with in the recent past have been :

- putting up of a billboard on campus which reads:
  Graduate with A's
  Not with AIDS.
  Get a Positive UNZA
  Degree
  Not a Positive HIV Certificate
  Zambia Needs Your Brains

Commendable as this effort may be, it should be pointed out that this message may hurt the feelings of those who are already HIV positive.
The students have also produced a calendar bearing the same message.

> *The holding of the first ever Secondary School Junior Vice-Chancellor public speaking and essay writing competition for Lusaka based schools on the effects of HIV/AIDS. The Acting Vice-Chancellor took much interest in the event and wrote letters to about 50 organisations to raise money for the function.*

All the students and most of the members of staff were aware of the existence of the Anti-AIDS Club and of the billboard. Whereas most of the members thought the club was doing a good job, none of the students thought so. The Anti-AIDS club has not had much impact on the university community. This was confirmed by the Senior Counsellor who said the club had gone down but has recently been revived. A female student said the following:

> *There is the Anti-AIDS Club that I know exists but there isn't much going on there. . . How I know about it is that there was another notice on a tree to say that there was an Anti-AIDS club meeting . . .*

Unfortunately it was not possible to interview any members of the Anti-AIDS club as they were away on vacation at the time of the study.

5.6 The Lusaka Star

The Lusaka Star was launched in 1996 and is used as a teaching newspaper in the Department of Mass Communication. The newspaper does not have a policy on publication of articles on HIV/AIDS. Just like any other newspaper the Lusaka Star publishes what lecturers in the department referred to as "newsworthy". Students seem to regard news on HIV/AIDS as newsworthy as out of a possible 31 editions published between May 1996 and January 2000 by the department, a total of 23 editions were available and surveyed. A total of 23 articles published in these editions were on HIV/AIDS, meaning on average each edition contained at least one article on HIV/AIDS. The articles contain scientific information on HIV/AIDS as well behavioural aspects. In one edition of the paper, a full page was devoted to an HIV positive university student. The article discussed how the young man might have become infected and how his life has been affected by being HIV positive. This is a very meaningful article which students could easily relate to.

Although all these commendable initiatives have been taken in trying to address the HIV/AIDS situation on campus, much more still needs to be done. Nearly all the interviwees stated that there have been no public messages from top management, council or Senate on HIV/AIDS. Neither has there been widespread dissemination of information on HIV/AIDS across the University. Nevertheless, the interim University Council that ran the affairs of the University from February – May 2000 did bring up the issue of HIV/AIDS.

Interviewees such as Deans and the Acting Deputy Vice-Chancellor who sit on Senate also pointed out that during the Senate Examinations Committee meeting held to consider undergraduate examination results in June 2000, concern was expressed at the unusually high number of deceased students. The fact that the death rates were covering a period of more than one academic year because of the closure of the University may or may not have been taken into account. Nothing was, however, said about what would be done about this observation as it was felt that Senate was not the correct forum for such a discussion.

CHAPTER 6

INTEGRATION OF HIV/AIDS INTO THE UNIVERSITY'S TEACHING, RESEARCH AND ADVISORY/CONSULTANCY ACTIVITIES, AND INTO ITS INSTITUTIONAL OR STRATEGIC PLANNING

6.1 Integration of HIV/AIDS into the University's Strategic Planning

The University of Zambia has not integrated HIV/AIDS into its plans. Important University documents such as the University Calendar (1994 – 1996) contain no mention of HIV/AIDS. One the very important University document that reflects University policy and was consulted was The Strategic Plan (1994-1998).

Important areas of University life are discussed in the plan.

The 1994-98 Strategic Plan states that "The increasing incidence of AIDS and the special vulnerability of the university strike hard at the two major groups in the university, staff and students" (p.6). Much later in a section dealing with student affairs, it is stated that

> The freedoms of university life, particularly in today's difficult socio-economic circumstances and in the context of the growing incidence of AIDS, add to the stresses imposed on all its members. To help the whole of its community especially students, in coping with personal problems, the University will strengthen its counselling and support services.

Although the Plan mentions the problem of AIDS, its potential devastating effect is not given due consideration. This is because:

- In the section dealing with student intake, the university planned to limit its admission each year as it was over-enrolled while resources were insufficient. Undergraduate enrolment was to be reduced form 3900 in 1994 to 3200 by 1998. This did not happen as in 1998 the enrolment was 4500. This academic year the university has enrolled the highest number of first years in its history. The idea behind this move, however, has not been in order to forestall the impact of HIV/AIDS but to give greater access to the community to higher education, deal with the backlog of first year students and also as a means of raising much needed funds through encouraging students who would be self-sponsored to join the university. (The university has been facing a myriad of problems in collecting funds from the government for the many students it sponsors.)
- In the area of research, the Plan points out that funding of research in the university and the country as a whole is unsatisfactory. The plan mentions that the University would give priority to research that reflects national needs. Although no research area is mentioned explicitly, perhaps if AIDS was seen as such a terrible threat, it would have been mentioned to bring it to the attention of scholars and researchers.
- Similarly, under conference travel and publications there is no mention of priority being given to HIV/AIDS.
- Whereas the University has a deliberate policy of mainstreaming gender into curricula, it has none for HIV/AIDS. Departments have designed courses concerned with gender.
- In 1995 the university changed from a 3 term system to a semester one. Schools had to revise curricula to fit in with this new system. Had the

university been forward looking with respect to HIV/AIDS, schools should have been encouraged to include HIV/AIDS into relevant courses at least.

This would suggest that the university has not mainstreamed HIV/AIDS into its plans for the whole period covered by the plan and has not reflected on the serious consequences it can inflict not only on the university but on national development as well. This applies not only to management but to all the unions and associations at the institution.

Nevertheless discussions held with the Acting Vice-Chancellor suggest that he is concerned about the HIV/AIDS situation and is keen on doing something about it. One mechanism he has suggested for training human resources is distance education

Box 8: Reflections on how HIV/AIDS can Affect UNZA

Now, how can all this be done if you have no manpower in place - if half of your manpower is sick because they have been infected with HIV/AIDS? . . . how do you guarantee excellence and putting quality first? You can not because half the labour force is sick which means that they cannot deliver the way you would want them to deliver . . . I think that all this is about to change because the faculties themselves know the problem it is causing when you lose a member of staff in an area where you cannot find replacement right away. It is either you shut down that area or you share the work amongst people who are closer to the field. It means more to the people remaining but I can see, the university really coming out into the main stream . . . (Acting Vice-Chancellor, UNZA)

6.1.2 Integrating HIV/AIDS into the University's Teaching Programmes:

Although the university does not have a policy of integrating HIV/AIDS into the curriculum, some departments have included it into their courses through their own initiative. It must, however, be pointed out that these courses reach only a small proportion of the students on campus.

Students and lecturers mentioned the following courses as having a component of HIV/AIDS in them:-

Medical Sociology, Social Problems, Medical Ethics, Psychopathology, a first year education course, Population Geography, Immunology, Microbiology, Medical Geography,
Health Psychology and Reproductive Health.

Many courses in the School of Medicine tackle HIV/AIDS. Some of these are Virology Medicine, Paediatrics, Obstetrics and Gynaecology and Community Medicine

According to a lecturer in the Department of Geography, the course on Medical Geography was designed in the 1980s when courses were being restructured to fit the semester system, some topics were dropped and new ones were fused in. AIDS was one of those fused in.

The Acting Dean of Natural Sciences informed us that when programmes in Biological Sciences were being reviewed, a needs assessment was carried out. Through interactions with the users of graduates of the Biological

Sciences a need was established for including HIV/AIDS into some of the courses.

AIDS is thus integrated into the curriculum as a part of seemingly relevant courses. In addition to this the Department of Psychology has developed a postgraduate programme in counselling that tackles AIDS as a major concern.

Box 9: AIDS and the Curriculum

I think I was very happy because I became enlightened because you know AIDS is something deadly and it has really claimed a number of lives. And I think having done the course really I came to know what is involved when someone is suffering from AIDS and some of the methods we can take to prevent ourselves from contracting HIV/AIDS. (Female student who has studied Medical Geography)

Not all students, however, respond so positively to the inclusion of HIV/AIDS in the curriculum. A female student narrated how two of her classmates in a counselling course walked out of class when their lecturer was tackling HIV/AIDS counselling and also when some visitors came to the class to talk about HIV/AIDS. When queried about why they had walked out the girls claimed to have been bored but it was later discovered that one of them had recently lost two siblings to AIDS whereas the mother of the other one had also succumbed to an AIDS-related illness.

Academic members of staff that were interviewed shared the view of the acting Dean of Mines when he said,

> *We would very much like to teach but we ourselves are not sure about certain facts and so it is better that some one really knowledgeable take over this aspect of the problem. I have my children at this university and I for one would welcome any such move on part of the university management to include a course on HIV/AIDS.*

6.2 Research Activities

Over the past 5 years there has been little or no money reserved for research activities at the university. Lecturers may want to do research but they are prevented from doing so because of lack of funds. Nevertheless lecturers do conduct research mainly as consultancies for outside organisations. Gaining access to this kind of research work was difficult as the reports are normally deposited with the ones who commissioned the studies. The studies we were able to access were mostly those done by students, especially at the School of Medicine in Community Medicine and Post Basic Nursing (Nursing research).

As one Dean put it

> *For a number of years now there has been very little research conducted based on University funds. I think the under-funding to the University has affected the availability of funds meant for research. A lot of research, if one can call it that it has tended to be commissioned studies, consultancies being done by various,*

staff members, which are not very much done if you like under the auspices of the university . . .

The Acting Vice-Chancellor concurred with this when he said that there is some research done in the University but most of the time it is donor-driven and that the University can only drive its own research if it finds its own funding.

Apart from the work done by students and lecturers in their own capacity, the university has a research institute whose members have done some work on HIV/AIDS. Details follow below:

6.3 The Institute for Economic and Social Research (INESOR)

The Institute has six esearch programmes one of which is the Health Promotion Programme. Prior to the 1999 Annual Report, this programme mentioned a component concerned with "behavioural aspects of HIV/AIDS". Behavioural Aspects of HIV/AIDS became part of the Institute's research work in 1990 when some research fellows working at the institute mooted the idea. Some of the research work done over the past decade are as follows:

- Feasibility Study: Parental /Guardian Responsibility for Youth Education on HIV/AIDS & Youth Project to Protect Against HIV/AIDS. By S. Mudenda (1991/92)
- Community Capacity in HIV Prevention in Lusaka Rural. By Yamba et. al (1992/93)
- The Impact of HIV/AIDS on Productive Labour Force. By L. Chingambo (1992/93)
- A Situational Analysis of Young People with HIV/AIDS in Lusaka. By M. Macwang'i (1992/93)
- Study of the Impact of HIV/AIDS in Selected Industries in Zambia. (By L. Chingambo)

6.4 Extent to Which the University is Called Upon by Government Ministries, Employers, Public Sector etc. to Inform, Advice or Investigate Areas of HIV/AIDS

The Acting Vice-Chancellor informed us that during the President's 35th Independence anniversary speech in October 1999, he challenged the learning institutions in the country, the university included and the National Institute for Scientific and Industrial Research (the former National Council for Scientific Research) to start playing a role in dealing with the HIV/AIDS epidemic. The President in particular was alluding to the various claims that are presented before State House and medical institutions by traditional healers or herbalists that they have found a cure for AIDS. The government wants the university and research institutes to come forward and investigate these claims in order to validate or invalidate them.

In the view of the Acting Vice-Chancellor, the university will become much more active in the overall activities involving HIV/AIDS in this process of engagement. He in fact sits on the National Technical Committee on Natural Remedies for HIV/AIDS.

Apart from this challenge from the Head of State, some members of staff are called upon mostly by international organisations to do research work on HIV/AIDS. Most of the time these individuals are approached in their personal capacity without going through the university. Records on this kind of work are not available to us. It is therefore difficult to adequately say the extent to which the university is called upon for advice and other such matters.

At the National level the University of Zambia in conjunction with the Zambia Counselling Council (ZCC) and the National AIDS Programmee participated in the development of a national policy on HIV/AIDS counselling (Chanda et al., 1999).

6.5 Participation in Conferences

The university hardly holds conferences but in 1996 the Department of Psychology hosted an international conference (3rd ISSBD Africa Regional Workshop) which was attended by participants from most parts of Africa. One of the sub-themes of the conference was: Psychological Aspects of AIDS Intervention. Four papers were received under this sub-theme namely:

- Condoms and Coitus. South African Late Adolescents' Knowledge on AIDS and its Influence on Sexual Behaviour. By D. Akande (University of the Western Cape, South Africa)
- Students' Knowledge of HIV/AIDS and their Media Preferences. By P. Mbozi (University of Zambia)
- The Evaluation of an AIDS Education Programme with Post "O" level Students. By F. Zindi (University of Zimbabwe, Zimbabwe)
- Community Involvement in AIDS Intervention in North West Cameroon through Lay Counsellors. By Bame Nsamenang (Ecole Normale Superiuere, Cameroon)

In September 1999 Zambia hosted the 11th International Conference on AIDS and STDs in Africa (ICASA). Two lecturers were part of the organising committee. Only two members of the university community presented papers at the conference. For some unknown reason the university had little presence at the conference. There were, however, several lecturers who had wanted to attend the conference but were unable to because they could not afford to pay

Box 10: Participation in AIDS Conferences

. . . there is a lot of participation by staff members in conferences, workshops dealing with AIDS. But this also has to be seen in the context of the fact that there has been so many . . . there has been a proliferation of conferences and workshops on HIV/AIDS in the past 3-4 years in Zambia and outside. *(Dean)*

the $100 registration fee.

Those who have gone to attend conferences outside the country have most likely sought funding somewhere else other than the university. This is because over the past four years or so, there has not been much funding for conference travel on campus.

From 8-9 November 1999, the Acting Vice-Chancellor of UNZA attended a symposium on AIDS for Vice-Chancellors. The Association of Commonwealth Universities and the University of Natal in Durban, Natal, hosted the symposium. The theme of the symposium was “The Social Demographic and Development Impact of HIV/AIDS: Commonwealth Universities Respond”. At this meeting the Vice-Chancellors reviewed the whole impact of AIDS on the higher institutions of learning. According to Professor Chanda, the picture that was emerging is rather grim. He also informed us that the Vice-Chancellors recognised the need to mainstream HIV/AIDS in a lot of their official activities and governing organs in the university starting with boards of studies of schools,, Senate and the Council. These bodies should talk about AIDS and bring to everybody’s attention the effects it is having on the institutions. Unfortunately at the time of writing this report Boards of Study and Senate to the best of our knowledge had not yet began a dialogue on HIV/AIDS.

6.6 The Library As a Resource for Materials on HIV/AIDS

The Main Library contains materials on AIDS but the bulk of the materials is at the Medical Library. This is perhaps because social scientists have been overlooked in the fight against AIDS in Zambia.
The Medical Library contains no less than 15 journals on AIDS. These are shown in ANNEX 2. It was not possible to access book titles because the record system in the library was being computerised.

6.6.1 Attention the University Pays to HIV/AIDS in its Own Publications

The University Press publishes African Social Research, Zango, and Journal of the Humanities, among others , for a long time UNZA Press was not publishing any journals because of lack of funding. African Social Research, for instance, was not produced from 1983 until 1997. Since publishing resumed in 1996 only two articles on HIV/AIDS have been published and they have been in African Social Research. Currently African Social Research has one article o AIDS pending publication. UNZA Press, however, does not have a deliberate policy of giving priority on articles dealing with HIV/AIDS.

CHAPTER 7

SUMMARY REFLECTIONS: EXAMPLES OF GOOD PRACTICE, LESSONS LEARNED ETC.

7.1 Concluding Comments on the Attention the University Has Paid to HIV/AIDS

The University has not taken HIV/AIDS seriously at all. Very few mostly half-hearted efforts are being put into preventing the further spread of AIDS and impact mitigation. Life at the university goes on as if the university were an island separate from the ravages of HIV/AIDS.

There is, however, some evidence that the Acting Vice-Chancellor is concerned about HIV/AIDS and the problems it can bring not only to the institution but to the country as a whole but at the moment the individual efforts he is making are not having much of an impact.

According to the Acting Vice- Chancellor the lack of attention paid by the University to HIV/AIDS is a reflection of how seriously the country has taken the HIV/AIDS epidemic. Although this may be the case, the Ministry of Education has for some time now been doing work in dealing with HIV/AIDS in relation to school children and teachers. HIV/AIDS is already in some school subjects and some progress has been made in developing materials for teaching psychosocial life –skills in schools. What has been done in the university so far is nothing compared to what has been done for schools although much more work needs to be done for others as well.

Box 11: Silence on HIV/AIDS

All of us know that it is there. You know at some stage even the government was blamed for being too quiet about HIV/AIDS. But to me this is a situation which is changing fast. And you know sometimes we have tended to separate technical programmes or activities from HIV/AIDS. To me that is an oversight because now it is very, very clear that unless you have manpower on the ground, you may not be able to carry out those activities.

Acting Vice-Chancellor, UNZA

The university in the view of all the participants, does not stand out particularly as doing an exceptional job in dealing with HIV/AIDS. The activities being done at the university are far from being adequate.

Although some work on HIV/AIDS is going on in the University, it cannot be said that the university has much credibility for dealing with HIV/AIDS issues. Given the pool of human resource at its disposal, there is much that the university could do about the HIV/AIDS situation not only in its own community but the country at large. There are, however, some barriers ahead that were put very succinctly by one of the Deans we interviewed:

(i) the amount of time available to staff to engage in new initiatives tends to be limited to "the means of survival". People accept consultancies and engaging in other activities in order to supplement their income. This has tended to reduce the amount of time that could have been spent otherwise in introducing interventions aimed at HIV/AIDS.

(ii) The poor overall staffing levels in departments tend to limit people's availability for other initiatives especially if they are going to be voluntary.

It is, however, hoped that a way will be found of starting some serious work on HIV/AIDS at the university.

7.2 Examples of Good Practice

There are a few examples of good practice that we would like to highlight. These follow below:

Management

- Inclusion of HIV/AIDS in the Vice Chancellor's address to first year students during orientation week
- Giving support to the Anti-AIDS club by attending its functions and soliciting for financial support on its behalf.
- Permitting staff to undertake research in the field of HIV/AIDS.

Students

Writing articles on risky sexual behaviours in campus magazines.

The Clinic

- Writing of articles on STDs and HIV/AIDS in the Mid-week Flier
- Establishing a counsellor at the clinic
- Opening of chest clinic
- Participation in orientation of 1st years
- Condom distribution

Counselling Centre

- Training of personnel in HIV/AIDS
- Holding talks on HIV/AIDS
- Setting up of Anti-AIDS club and the ideas that the club has come up with such as putting up of a billboard and producing a calendar bearing a message on HIV/AIDS
- Making condoms available

Teaching Departments and INESOR

- Research programmes on HIV/AIDS undertaken by INESOR and other departments of the School of Medicine, Humanities and Social Sciences and Education
- Inclusion of HIV/AIDS in the teaching programmes of some departments
- Publication of articles on HIV/AIDS by the Department of Mass Communication in The Lusaka Star.

7.3 Lessons Learned

- Working with an outside agency that has keen interest in developing HIV/AIDS programmes in an institution can add a lot to tackling the problem of HIV/AIDS at the University
- Individuals are capable of initiating activities but they need support from higher authorities in order for them to be motivated
- HIV/AIDS activities need to be on-going in order for them to have some impact
- Not all members of the university community, especially students and workers have received adequate knowledge on HIV/AIDS
- Initiating of HIV/AIDS activities should not be left to chance. Lecturers who are hard-pressed financially are not likely to offer voluntary service in setting up HIV/AIDS programme in the university
- In order for lecturers and researchers to conduct research on HIV/AIDS, they need to be funded.
- The university is very poor at record keeping. This makes research very difficult.
- Isolated efforts by a few people are not likely to amount to much in the fight against HIV/AIDS.
- Some incentives can make people take extra work
- Sexual problems are still not discussed openly at the university
- Even at university level reproductive health needs to be taught to all students
- The Counselling Centre and the Clinic need to work more in order to bring about awareness of the disease and educate the community
- Management commitment can go a long way to control/prevent the epidemic
- Undoubtedly the stigma of HIV/AIDS exists at the university
- The university community feels the need to have good interventions to control HIV/AIDS at the university.

- The university has not given the importance which it should have been given to a health problem of such magnitude

RECOMMENDATIONS

Recommendations are assigned to relevant implementing agencies within the university.

Management

- Draw up a comprehensive policy for dealing with HIV/AIDS. The Policy should cover all categories of staff and students. Part of this should involve conducting of behaviour surveys to track behaviour changes. Set up an overall University framework that will give credibility to these efforts.
- Approaches like position tracking should be undertaken.
- Succession planning needs to be put in place.
- Fund the clinic adequately – develop different mechanisms for recovering funds from staff so that money finds its way to the clinic.
- Break the silence on HIV/AIDS.
- Increase investment in staff development programmes especially in technical and professional staff categories.
- Set up projects to identify skills gap.
- Work out the economic impact (cost of training and replacement of personnel) in details.
- Provide better access to medicines and employ better qualified personnel at the clinic.
- Divorce the Counselling centre from Dean of Students Affairs and let it have its own separate identity.
- The university must make a follow-up of its graduates to determine how many have died and their area of specialisation.
- Set up a policy on how to manage students and workers who have TB as a matter of urgency.
- Assess impact HIV/AIDS is having on the institution by actively collecting information on the epidemic. To this effect record keeping in the university has to be improved upon.
- Encourage isolated efforts made by various units and individuals within University community e.g. clinic, counselling centre, Anti-Aids clubs and teaching departments that have taken up challenge.
- Actively seek funding for AIDS-related research and conference travel.
- Include HIV/AIDS in university plans.

Dean of Students Affairs Department

- Strengthen the office of Hall Attendants – to be more vigilant in caring for sick students (support system for sick students).
- Vigorously look into the provision of accommodation for married students.
- Expand orientation Programme on HIV/AIDS to include training in psychosocial life skills such as assertiveness, decision-making, effective communication, negotiation etc.

Senate

- Increase enrolments for distance education and part-time learning.
- Introduce a compulsory course on HIV/AIDS for first years.
- Encourage schools to mainstream HIV/AIDS into their curricula.

UNZA Health Services and UNZA Counselling Services

- Improve upon the management of STD cases
- Increase condom outlet points and introduce the use of dispensers
- Set up a Home based care Programme
- Provide Peer Education for students and workers
- Educate University community especially workers on how HIV/AIDS is contracted; how it can be prevented from spreading through leaflets, video shows, talks, drama. etc.
- Encourage the formation of a group for People Living With HIV/AIDS

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ANNEX 1: Guidelines for Categories Used

Academic: change of quota, withdrawals, study skills, deferred examinations, exclusion from school, application for re admission

Career Guidance: information on CV writing, application letters, job interview techniques, support letter for job placement, referee, job opportunities.

Psychosocial: misunderstandings, relationships, family issues, drug abuse, stress, examination anxiety, mild depression (antisocial behavior).

Psychological: post traumatic stress, severe depression, anxieties and phobias, irrational fear/worry.

Health-related: referral letters to clinic, support letter to schools for ill-health, spectacles, pregnancies and deliveries, HIV/AIDS & STDs

Tuition-related: part payment, 10% tuition fees

Accommodation: applications, request to change rooms.
Funerals: permission to attend, grief counseling.

Psychiatric: mental disorders.

ANNEX 2: Titles of Journals Stocked by the Medical Library

AIDS
AIDS Abstracts and Critical Comments from Current AIDS Literature (Sponsored by the American Foundation for AIDS Research)
AIDS Action
AIDS care - Psychological & Socio-Medical Aspects of AIDS/HIV
AIDS Health Promotion Exchange (World Health Organisation Global Programme on AIDS)
AIDS Analysis
AIDS and Society - International Research & Policy Bulletin
AIDS newsletter (Bureau of Hygiene & Tropical Diseases)
AIDS technical Bulletin (WHO)
AIDS Watch
Global AIDS News - The Newsletter of the World Health Organisation Global Programme on AIDS
Psychosocial Aspects of HIV/AIDS and the Evolution of Preventive Strategies
Southern African AIDS Information Dissemination Service (SAFAIDS) News
The AIDS Reader
World AIDS (Panos Institute)
World AIDS Day Newsletter (WHO)
WHO AIDS Series