

In the build-up to World AIDS Day on December 1, Vision Group is spearheading the drive to get everybody involved in the fight against HIV/AIDS. Throughout November, *New Vision* will publish a series of stories to highlight key issues for action. Today, **Gloria Nakajubi** looks at education ministry's effort to deal with the HIV/AIDS scourge through the PIASCY programme

Figures, they say, don't lie. Schools are currently grappling with 33,828 students living with HIV/AIDS. There are also 2,816 teachers living with the human immune virus (HIV). To shield the 10 million students in the school system from the HIV scourge, the HIV unit in the education ministry needs at least sh2050m annually to implement a comprehensive intervention programme. However, the Government allocates a paltry sh50m annually to this cause.

This is just 2.1% of the sh236b the unit required as per the 2015/2016 budget estimates to create awareness and a conducive environment for those living with HIV/AIDS in schools. According to education ministry HIV/AIDS unit officials, the low funding has hindered the implementation of their annual work plans. The unit is currently heavily dependent on donor funding, including the payment of salaries, which the officials describe as dangerous and unsustainable. Donors, according to the officials have particular target activities, which are not necessarily in line with the unit's core priorities. By press time, the ministry official had not availed the donor contribution to the unit. With limited funding, the unit has only two permanent staff and two volunteers whose salaries have of recent been cut by almost half by the donors.

Role of the HIV unit
The HIV/AIDS unit at the ministry is charged with the running, regulation, monitoring and training of teachers on the implementation of the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY).

The strategy was designed in 2003 to prevent the spread of HIV/AIDS and to mitigate its impact on primary and post-primary education institutions in Uganda.

Launched by President Yoweri Kaguta Museveni, on his return from a UN Special Assembly on the pandemic in 2001, the programme was meant to play a central role in



preventing the spread of HIV/AIDS. Since 2003, there have been a variety of initiatives targeting 7.5 million children in 14,816 primary schools.

The strategy involves 13,000 in-service teachers trained in HIV/AIDS guidance and counselling. Through the programme, tutors in 45 teachers training colleges have been exposed to programmes on HIV/AIDS education. In addition 3,234 model schools of good practices in HIV/AIDS education have been set up. This is just a fraction of the 202,617 and 58,100 teachers in primary and secondary schools respectively that the programme targeted.

The 2017 annual sector performance report puts the figure of secondary schools at 3,070 and 19,718 primary schools. The tutors are expected to reach all schools in the country, but this is impossible, given the low funding.

Apart from the money being insufficient, it is also disbursed in phases. Ismail Mulindwa, the assistant commissioner in charge of private school and head of the HIV/AIDS unit, says: "Although sh50m is the amount allocated, most times, we do not get all of it by the end of the financial year. The releases to the unit average between sh4m to sh5m in a given quarter." A quarter is three months.

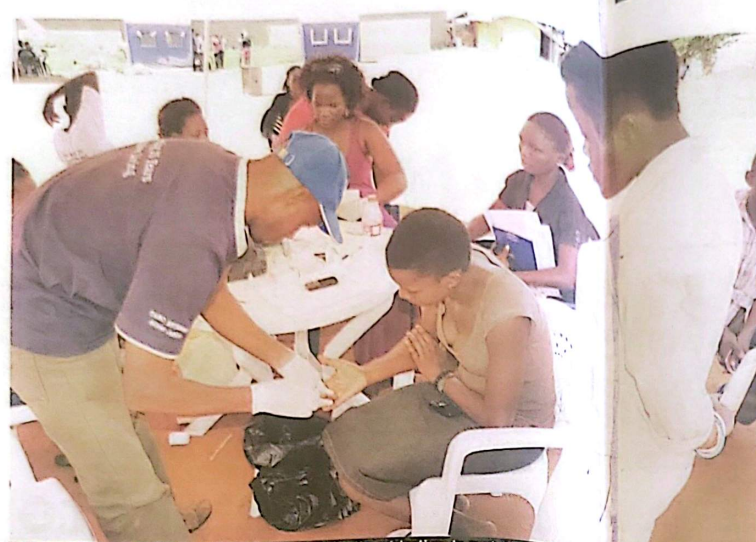
HIV burden in schools
According to the education ministry's statistical abstract (2015), a total of 28,674 learners in primary schools

28,674
The number of learners in primary schools living with HIV. Of these 13,957 are males and 14,717 females, implying a prevalence rate of 0.35%

5,154
The number of secondary school students living with HIV. Of these 1,932 are males and 3,222 females, implying prevalence rates stand at 0.4%

Medical personnel draws blood for a check-up. The HIV/AIDS unit in schools barely gets the sh50m allocated to it on the budget

Is funding the biggest hurdle in fighting against HIV in schools?



Students testing for HIV/AIDS at Nkumba University during the celebrations to mark the World AIDS Day in 2012

GRAPHIC BY BRIAN SEKAMATE

Low funding of the HIV unit in schools

33,828 students in primary and secondary schools in Uganda, are living with HIV

2,816 teachers are also HIV positive

Government allocates **sh50m** to the cause

2.1% required as per the 2015/2016 budget



were living with HIV. Of these 13,957 were males and 14,717 females, implying a prevalence rate of 0.35% among the learner population.

At secondary level, 5,154 students were living with HIV, of which 1,932 were males and 3,222 were females, implying prevalence rates stand at 0.4%.

Of 2,365 out of 202,617 primary school teachers are living with HIV, putting the prevalence rate of 1.2% of the total teaching force. The males and females were 1,165 and 1,202, representing 1.0% and 1.5% respectively. At secondary level, 451 of the 58,100 teachers were living with

the virus. Of these, 312 were females and 139 males. The data, according to the report was only for self-reported cases meaning it could be higher. HIV/AIDS, according to a report, by the United Nations Development Programme (UNDP) takes a heavy toll on learners, parents and teachers, thus seriously affecting education.

PIASCY project boom
Initiated in 2002 by President Museveni, PIASCY is premised on the idea that the lack of information about HIV/AIDS was making learners vulnerable and at risk of getting infected.

CHALLENGES FACED BY THE HIV UNIT

- Inadequate funding to implement the sector HIV/AIDS prevention plan
- Lack of trained teachers to teach HIV/AIDS education in schools
- Lack of sustainability of partner-supported interventions
- Trained teachers are not well-motivated and committed to teach HIV/AIDS education
- Lack of trained counselors to counsel teachers and learners for testing and disclosure
- Narrow and limited usage of educational material in creating awareness about the HIV and safe living
- Inadequate PIASCY materials for all learners in the education institutions and not availed in local languages
- Inappropriate usage of social media that exposes the youth to uncensored information
- Non-disclosure of HIV status by most teachers and learners
- High prevalence of stigma and discrimination

PIASCY programme is abstinence, HIV transmission, dangers of infection, care for support of those living with HIV/AIDS, condom use, body changes, managing menstruation, virginity, and delaying sex.

The ministry according to Mulindwa is charged with assessing all information on sex education in the schools. Currently, there is a ban on unvetted material from getting into schools. This is in response to the "increasing cases of contradicting messages that different organisations were delivering into school."

"Some of the material is against our core strategy of abstinence for learners. However, with rights-based arguments, people thought anything should get through to the schools. It is illegal for anyone to provide sex education material to any school without approval from the education ministry," he cautions.

Objective achieved?

The success of PIASCY programmes as stated in one of the education ministry's reports: "Has been matched by little or no progress towards behaviour and attitude change."

According to the education ministry's indicator baseline survey report (2015), 43% of the teachers were trained to integrate HIV/AIDS and health-related issues into the curriculum. The figures comprise of 19% and 10% of teachers in primary and secondary schools respectively.

"This widespread lack of trained teachers could largely account for most schools and institutions not implementing HIV/AIDS and health education and PIASCY activities over the previous plan period," reads the report.

The same study indicates that though schools (about 74% and 76% of primary and secondary schools respectively) can easily access health facilities, the challenge is frequent stockouts of testing materials. This creates a vacuum in determining prevalence rates and appropriate interventions.

PIASCY, as discussed by the executive director of Straight Talk Foundation,

Suzan Ajok, is one of the ministry's key policy intervention and has to a great extent achieved its objective. However, the changing youth dynamics continue to make some interventions obsolete.

Today's teenager, Ajok argues, may be experiencing similar physical and emotional challenges as the one 10 years ago, however, their context has changed tremendously. Young people have multiple factors influencing their decisions unlike in the past, where it was just a parent as the source of

information. "We need to look at the context in which a teenager is living. What might be appropriate intervention for an urban teenager may not necessarily apply to one in the rural areas. It is not one-size-fits-all," she explains, adding that the interventions must address the underlying vulnerabilities of young people in their diverse communities.

Ajok, however, adds that parents play an equally important role in the success of any intervention targeting young people. They are part of the community in which the young people's value system is formed.

"Government or any organisation will not control what the child watches at home. If it is

The school health policy, according to Mubiru, requires all schools to be closely linked to health facilities in their communities. It, therefore, does not require extra funds to have learners access HIV/AIDS information from health facilities, but also inviting the health workers to the schools for designated sessions.

The executive director of People In Need Agency (an HIV/AIDS initiative for young people), Asia Namusoke, school music, dance and drama clubs are a major resource for raising HIV/AIDS awareness in schools.

"You do not need money to compose songs or skits that convey the message to the students through their peers. Schools already have the clubs in place. All you need is to have thematic areas and HIV/AIDS can be one of them," she says.

According to Namusoke, school entertainment sessions should have a segment that gives quick and simple but well-packaged tips for students on healthy and safe living.

Schools according to the experts can also network with non-government organisations that operate in the HIV/AIDS field.

Ministry's view

New HIV/AIDS funding strategy

Under the proposed Ministry of Education and Sports HIV/AIDS Strategic Plan 2017-2020, the sector is seeking to have funds for HIV/AIDS activities streamlined within the sectoral budget and only supplemented by other stakeholders.

The proposal is to have at least 1% of its annual non-wage budget ring fenced for HIV/AIDS approved activities within the sector.

The 2017/18 non-wage budget stands at sh477.3b and this means an allocation of sh4.8b for HIV/AIDS.

While the previous plan was costing, there was no evidence to confirm that it was implemented in accordance with the cost outlay, most likely resulting from lack of consistent funding.

It was neither well-funded nor executed through annual costing work plans. This HIV/AIDS strategic plan has been costing for the five year period. The costing is premised on the current sector budgets for similar activities and items, while 2016 has been set as the base year.

Uganda, as argued by Kenneth Mwehongo, from the Coalition for Health Promotion and Social Development, is second to South Africa among the

25 countries with the highest rate of new infections. This is happening among adolescents, of whom many are in the school environment.

"By increasing funding towards HIV/AIDS activities in schools, you target a huge percentage of the population who are young people and yet most vulnerable," Mwehongo says. He adds that what led to a huge breakthrough in the early 1990s was information. This must be revisited and presented in a way that doesn't make young people complacent.

Investment in education, without providing an enabling environment for learners to be in school can be counter-productive. HIV/AIDS, as argued in a 2012 study on *The Impact of HIV/AIDS on children's education outcome* affects school enrolment and attendance, behaviour and performance, school completion and educational attainment.

Learners as stated by President Museveni when rolling out the PIASCY handbook, are at greater risk of infection and empowering teachers in this case with appropriate information will go a long way to reverse the ugly trend, but also save a generation.

promiscuity that they are exposed to, then the contrary information given to them at school may not be effective," Ajok says.

Additionally, Ajok stresses the need for parents to address rather than suppress young people's curiosity on issues that concern their lives.

Way forward

The presence of senior women and men teachers, according to the executive director of Young Positives, Kurash Mubiru is a huge opportunity that schools can take advantage of.

With senior women and men teachers already active in schools, the teachers need to add at least one or two sessions of HIV/AIDS awareness a week or a month. Mubiru says they can have the talks integrated in the physical education sessions.

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