Challenges of HIV and AIDS Implementation Policy in Primary Schools in Mbale District in Uganda

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Abstract

HIV and AIDS Workplace policies are designed guidelines for employee behavior, criteria for performance evaluations and ways to make the workplace more productive.This research sought to establish the management responses in addressing the challenges of implementing the HIV/AIDS policy in primary schools in Mbale district.The researcher used stratified sampling techniques to select headteachers, teachers and education officials.The study was carried out in five primary schools of which two were privately owned and three governments -aided. From each of these schools, a head teacher and ten teachers were selected to participate in the study. Data was also obtained from three district officials, namely; the Education Officer, the Inspector of schools and the district HIV/AIDS focal person. The Researcher used a mixed method research design to collect, and analyze the data. The study revealed that there are measures in place to address the challenges of HIV/AIDS policy implementation though they are not effective. These measures are at two levels, thus, district and at school level. At district level, HIV/AIDS has been mainstreamed, establishment of partnership with NGOs to facilitate access to youth friendly services for prevention, care and support, there is good collaboration with non- government organizations and agencies in conducting HIV/AIDS activities, putting in place the HIV/AIDS Focal Point Person and establishment of HIV/AIDS structures. At school level; HIV/AIDS is main-streamed in school development plans, and counselling rooms have been put up in some schools, equipping of pupils with basic knowledge on HIV/AIDS, carrying out regular sensitization, training teachers on HV/AIDS counselling skills, and formation of Ant-AIDS clubs. From the study findings, the district should strengthen the HIV/AIDS structures for easy implementation process and Counselling rooms should be constructed, in all schools

Key Words: Policy, Teachers, Discrimination, HIV/AIDS, Mitigation, Abstinence

INTRODUCTION

AIDS (Acquired Immune Deficiency syndrome) is a severe immunological disorder caused by Human Immuno-Deficiency virus. Uganda is one of the first countries in the world to experience a generalized HIV/AIDS pandemic. Her overall prevalence is 7.2% (Science in Africa, 2013). The prevalence rate in Mbale is 6% (Uganda AIDS Commission‘s National Strategic Frame work 2006/2007-2011/2012). Uganda‘s efforts were to reduce the spread of HIV/AIDS infection in a bid to protect human and social rights of those affected and infected with HIV/AIDS, and mitigate the impact of the pandemic. The Government initiated a policy and guidelines document which encouraged each sector to develop a sector specific policy consistent with the National overarching policy on HIV/AIDS and the National strategic plan according to the Ministry of Education and Sports (2006). Accordingly, the ministry of Education developed the policy providing a frame work for responding to HIV /AIDS in the Education and Sports Sector with specific policy objectives which were not implemented. Some of these objectives were: To raise the knowledge base of learners, education managers and other sector employees on HIV and AIDS; to eliminate all forms of stigma and discrimination in the education and sports sector which as a result caused an increase in staff attrition as indicated by the Ministry of Education and Sports (2006).

In this study, the researcher identified the existing management responses in addressing the challenges of implementing the education sector HIV/AIDS policy in primary schools.

MATERIALS AND METHODS

The study was conducted in 3 selected Government aided and 2 privately owned primary schools in Mbale district. It specifically looked at the management responses in addressing the challenges facing the implementation of the Education sector policy on HIV/AIDS in Mbale district. The population of the study was 104 head teachers and 41 private primary schools, 1500 teachers and 76,000 pupils, 1district HIV/AIDS Focal Person and five District Education Officers. The target population was confined to

teachers of the three selected Government Aided and two private primary schools in Mbale district. Head teachers of the three selected Government Aided Primary schools and two private schools in Mbale district were purposively selected. The researcher used stratified sampling techniques to select 10 teachers from each sampled school. Headteachers were purposively selected from each selected school. Purposive sampling was used to select the two education officers, and one HIV /AIDS Focal Point Persons because they have experience. It was therefore assumed, that owing to their long experience in the education sector, they were deemed to have viable information required for the study. The Researcher used a mixed method research design to collect, and analyze the data.

RESULTS AND DISCUSSION

The study first sought to analyse the management responses in addressing the challenges of implementing the HIV/AIDS policy in the selected schools. The findings are presented n Table 1.

Table 1. The management responses in addressing the challenges of implementing the HIV/AIDS policy

Questionnaire item	Responses				
	SA	A	NS	D	S D
HIV/AIDS issues are mainstreamed in the school development plan	7(14%)	27(54%)	4(8%)	8(16%)	4(8%)
Human Rights Approach exists in the schools.	6(12%)	11(22%)	3(6%)	13(26%)	17(34%)
There is a set up system to track and manage life skills program at the district and school level	18(36%)	24(48%)	00	6(12%)	2(4%)
The district has established and observed the HIV/AIDS calendar days.	9(18%)	12(24%)	3(6%)	18(36%)	8(16%)
There is enabling legal policy frame work in place	1(2%)	22(44%)	2(4%)	17(34%)	8(16%)
Work place HIV/AIDS program has been developed implemented and monitored	9(18%)	10(20%)	2(4%)	21(42%)	8(16%)
There is holistic support for the infected and affected staff and pupils	5(10%)	10(20%)	2(4%)	25(50%)	8(16%)
The school has a system for monitoring pupils‘ life skills	18(36%)	24(48%)	00	6(12%)	2(4%)
The school has established a functional HIV/AIDS structure	12(24%)	27(54%)	00	9(18%)	2(4%)
The consultative and participatory approaches have been formed in schools to assess performance	10(20%)	24(48%)	4(8%)	9(18%)	3(6%)
HIV/AIDS has been mainstreamed into the existing curricular and co-curricular activities	7(14%)	28(56%)	1(2%)	13(26%)	1(2%)

Source: Primary Data

Table 1 indicates that HIV/AIDS issues are mainstreamed in the school development plan. It also shows that the district has established and observed the HIV/AIDS calendar days at all schools. There was also an enabling legal policy frame work in place. However, the head teachers did not agree that Human Rights Approach existed in the schools and that there was a set up system to track and manage life skills program at the district and school level. They also disagreed with the view that schools had systems for monitoring pupils‘ life skills. The head teachers contended that there were no Work place HIV/AIDS programs that had been developed, implemented and monitored. They too disagreed with the idea that the schools had systems for monitoring pupil‘s life skills. In addition, they did not agree that the schools had established functional HIV/AIDS structures. The head teachers also refuted the fact that there were consultative and participatory approaches in schools to assess performance and that HIV/AIDS had been mainstreamed into the existing curricular and co-curricular activities. The findings further show that there was holistic support for the infected and affected staff. In addition, the findings show that there were consultative and participatory approaches formed in schools to assess performance.

Table 2. Responses from the three categories of respondents

Questionnaire item	Respondents	Responses				
The schools have counselling rooms		SA	A	NS	D	S D
		00	1(33%)	00	2(67%)	00
	District Officials					
	Head teachers	00	2(40%)	00	3(60%)	00
	Teachers	19(38%)	21(42%)	2(4%)	4(8%)	4(8%)

Source: Primary Data

The research findings showed that majority of the district officials and head teacher respondents stated that schools did not have counselling rooms. However, according to the majority of the teachers, they agreed that schools had counselling rooms.

The results indicated that schools had trained teachers in counselling, there were development partners who had come in to enhance the HIV/AIDS response. However, the majority of the respondents disagreed with the fact that schools had established partnerships to facilitate access to youth friendly services for prevention, care and support of HIV/AIDS.

According to the findings of the study (table 3), the pupils had basic knowledge on HIV/AIDS; the district collaborated with organizations and agencies in conducting HIV/AIDS activities, and regular sensitization of pupils on HIV/AIDS in schools. It also showed that the district encouraged and supported schools to initiate their own HIV/AIDS activities (i.e. preventive, care, and support). In addition, learners had been taught life skills on how to avoid HIV/AIDS. The results also revealed that pupils and teachers had access to information on HIV/AIDS and that schools had formed Anti-AIDS clubs. There were also specific learning and teaching environment as well as school based HIV/AIDS programs in primary schools. However, majority of the respondents state that there is no regular sensitization of pupils on HIV/AIDS in schools. Besides this, teachers do not agree that schools have regular orientation sessions on life skills. They further stated that HIV and AIDS structures are not established in primary schools. Teachers also disagree to the view that there are specific learning and teaching environment in primary schools.

Table 3. Responses from the head teachers

Questionnaire item	Responses				
	SA	A	NS	D	S D
Pupils have basic knowledge on HIV/AIDS	14(28%)	23(45%)	00	10(20%)	3(6%)
The district collaborates with organizations and agencies in conducting HIV/AIDS activities	8(16%)	27(54%)	1(2%)	9(18%)	5(10%)
There is regular sensitization of pupils on HIV/AIDS in the school	7(14%)	15(30%)	1(2%)	16(32%)	11(22%)
Schools have formed Anti-AIDS clubs.	14(28%)	23(46%)		10(20%)	3(6%)
Schools have regular orientation sessions on life skills	7(14%)	15(30%)	1(2%)	16(32%)	11(22%)
The district encourages and supports schools to initiate their own HIV/AIDS activities (i.e. prevent care and support)	12(24%)	28(56%)	00	10(20%)	00
Learners have been taught life skills on how to avoid HIV/AIDS	9(18%)	20(40%)	2(4%)	16(32%)	3(6%)
HIV/AIDS curricular has been developed	12(24%)	22(44%)	00	13(26%)	3(6%)
Pupils and teachers have access to information on HIV/AIDS.	10(20%)	15(30%)	1(2%)	14(28%)	10(20%)
HIV and AIDS structures are established in primary schools	1(2%)	19(38%)	2(4%)	19(38%)	9(18%)
There are appropriate learning/teaching material and support Materials on HIV/AIDS	4(8%)	22(44%)	2(4%)	12(24%)	10(20%)

There is a specific learning and teaching environment in primary schools.	8(16%)	10(20%)	2(4%)	23(45%)	7(14%)
There are school based HIV/AIDS programs in primary schools	6(12%)	27(54%)	3(6%)	6(12%)	8(16%)

Source: Primary Data

Interviews were also administered to the three education officials to supplement the issues raised in the questionnaires and those which had not been captured. When asked to comment on some of the sources of funding, the HIV/AIDS Focal Point Person said:

> There are some NGOs which have shown interest in funding the district HIV/AIDS programs, some of them are TASO and AIC (HIV/AIDS/FPP/MLED/29th July.2009)

It was also revealed that the sensitization of various stakeholders had already been done. The Education Officer indicated that the major source of funding was from donors like USAID but it was unpredictable and unreliable. He was further asked to state the measures which the district had put in place to manage the implementation of HIV/AIDS policy in primary schools. His comment was:

> At least now, many schools have sensitized parents, teachers and pupils on how to prevent the spread of HIV/AIDS. Majority of the schools have AIDS massages planted in the school compounds and in the classrooms. More messages are disseminated during the school assembly parade. Even through composing of songs. (I.S/MLED/31st July.2009)

The sensitization campaigns were carried out through workshops and radio programs. The inspector of schools was asked a similar question. This is what she had to say about the efforts in place to address the issues of policy implementation.

> The government tried her level best to train at least two teachers and head teachers from each primary school on HIV/AIDS under PIASCY (one) program, specifically on how to handle the pupils and teachers who are HIV positive. Some of the activities include the dissemination of HIV/AIDS information on every Monday and Fridays during the school assemblies. Besides that, teachers integrate their lessons with HIV/AIDS messages (I.S/MLED/31st July.2009)

Another management response according to the inspector was that the teachers had been sensitized on HIV/AIDS testing and that they now go for voluntary HIV/AIDS tests. She further stated that some teachers had already registered their HIV/AIDS statuses with the sector secretary. She also mentioned that some NGOs were providing financial and material support.

According to Uganda AIDS Commission (2002), Health Management information system [HMIS] has also been established to help monitor the HIV/AIDS implementation progress. The findings of the study confirm this strategy.

The policy objective on HIV/AIDS to eliminate all forms and discrimination in the Education and Sports sector was to minimize staff turnover. To address this problem in schools, the Ministry had established a vigorous Human Rights Approach (UNAIDS, 1998). This approach was investigated and the findings showed that it was not working for the case of Mbale district. As stated by all the respondents, the Human rights Approach did not exist, both at the district and in schools. Besides these, Schools are said to have put in place structures to reduce the vulnerability to HIV/AIDS, but the findings showed that little had been done to this effect. Those infected with and affected by HIV/AIDS should live a life of dignity without discrimination; the personal and societal impact of HIV infection is alleviated UNAIDS, 1998). It is incumbent on the schools authorities to protect pupils, teachers and other employees from witnessing some of the more humiliating effects of HIV/AIDS. In addition, like the first prominent Ugandan who spread the understanding to people to show compassion and respect for people living with HIV (All Africa, 2007), all people should follow suit.

Mbale District had developed a Five-year HIV and AIDS strategic plan geared to having a long-term strategy to handle HIV/AIDS issues (Mbale District Development plan 2008/2009-2013/2014). It also developed an HIV/AIDS action plan/strategy based on level of information, National policy, and budget

and disseminated to all schools (UNESCO, 2003). All these were merely on paper because there was no evidence of practicability on the ground. For example, in the strategic plan, there was an indication that life skills would be rolled out to other schools. The researcher interacted with some of primary school going children on what life skills are and how they could apply them, but they did not have any idea despite the fact that at schools, orientation sessions on life skills and HIV/AIDS had been held. Briefing sessions on HIV/AIDS for Parents Teachers Association (PTAs) and School Management Committee (SMCs) had been conducted on routine basis. In addition, the National Synthesis Report (2003) had stated that there was need to deliberately improve on coordination and management of HIV/AIDS programs through adoption of multi- sectoral approach to give a wide range of actors an opportunity to take part in planning and implementation of HIV/AIDS activities, thus creating a wider scope for individuals to be served.

According to UNESCO (2005), the work place policies such as the HIV/AIDS educational guidelines for education sector managers and educators were to be developed and implemeted. However, according to the investigation done in Mbale district there was none which had been done. This is quite contrary to the Government‘s intentions. Work place policy on HIV/AIDS was developed and was supposed to have been implemented and monitored. That is to say, conditions of services were to be reviewed and amended to accommodate HIV and AIDS. For example, providing reasonable accommodation for infected staff and giving them time off for their family duties. Also to have conditions of service revised and have them disseminated to every staff member. The HIV and AIDS counselling services were also to be started. Besides the above mentioned, infection control programs based on guidelines were to be disseminated and first aiders trained but this had not been implemented. The findings also revealed that educators had attended briefing sessions on the signs, symptoms and management of HIV disease in young people. There were no special systems in place to provide care and support for the infected and affected educators. However, findings revealed that there were no holistic support for infected and affected staff and learners.

The findings indicated that there were no resource centres established at the district level for dissemination of information and distribution of materials to support implementation, mentoring and monitoring the systems. In addition, there were no systems established to monitor the life skills and HIV/AIDS program.

CONCLUSION

Firstly, the study showed that there were some measures being taken to meet the challenges of HIV/AIDS policy implementation although not satisfactorily. These had been approached at two levels: district and school level. At district level, HIV/AIDS has been mainstreamed, establishment of partnership with NGOs to facilitate access, care and support, good collaboration with organizations and agencies in conducting HIV/AIDS activities, putting in place the HIV/AIDS Focal Person and establishment of HIV/AIDS structures. At school level, HIV/AIDS was being main-streamed in school development plans, putting in place the counselling rooms, equipping pupils with basic knowledge on HIV/AIDS, Training teachers on HV/AIDS counselling skills. There was regular sensitization of pupils and formation of Ant-AIDS clubs in schools, teaching of life skills to pupils, developing HIV/AIDS curricular both at the district headquarter and in schools, starting school based HIV/AIDS programs in schools. However, teachers who are HIV positive have not been assigned less load as a policy requirement.

RECOMMENDATIONS

The district should strengthen the HIV/AIDS structures for easy implementation process. The human rights desk at the district headquarters and at the schools should be reinforced to manage human rights issues, Teachers living with HIV/AIDS should be assigned reduced work load as a policy requirement. The district must broaden the HIV/AIDS advocacy perspective to target a wider range of children and women because they are the most vulnerable people. Counselling rooms should be constructed, in all schools.The district should closely monitor and supervise schools‘ performance on policy implementation in schools, and the district should take initiative to strengthen the relationship with the existing service providers and establish partnership with new ones so as to expand the HIV/AIDS service perspective.

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BIO-DATA

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