HIV & AIDS POLICY

SEPTEMBER 2010
# TABLE OF CONTENTS

TABLE OF CONTENTS .............................................................................................................. i
ACRONYMS .............................................................................................................................. iii
CHAPTER ONE ........................................................................................................................... 1
INTRODUCTION ......................................................................................................................... 1

1.1  Background information ................................................................................................. 1
1.1.1  Global and Regional HIV & AIDS situation ............................................................... 1
1.1.2  National HIV & AIDS situation ................................................................................... 1
1.1.3  Ardhi University HIV & AIDS situation ....................................................................... 2
1.2  Rationale for the HIV & AIDS policy .............................................................................. 3
1.3  Goals / Objectives .......................................................................................................... 3
1.4  Scope of the policy ......................................................................................................... 4
1.5  Strength, weakness, opportunities and challenges (SWOC) ......................................... 4
1.6  Basic Principles ............................................................................................................ 5

1.6.1  Recognizing of HIV and AIDS as an issue affecting the education sector ... 5
1.6.2  Non-discrimination and reduction of stigma ............................................................. 5
1.6.3  Gender equality ........................................................................................................ 6
1.6.4  Supportive and caring environment ......................................................................... 6
1.6.5  Healthy work environment ....................................................................................... 6
1.6.6  Screening for purposes of exclusion from employment or studies ......................... 6
1.6.7  Continuation of employment relationship ............................................................... 6
1.6.8  Confidentiality ........................................................................................................ 6
1.6.9  Prevention ................................................................................................................ 7

1.7  Structure of the Report .................................................................................................. 7

CHAPTER TWO ......................................................................................................................... 8
MAJOR AREAS, SITUATION ANALYSIS, POLICY ISSUES, POLICY STATEMENTS AND STRATEGIES ......................................................................................................................... 8

2.1  Rights and responsibilities of staff and students infected / affected by HIV & AIDS 8

2.1.1  Situation analysis .................................................................................................. 8
2.1.2  Policy issues ......................................................................................................... 8
2.1.3  Policy statement .................................................................................................. 8
2.1.4  Strategies ........................................................................................................... 8

2.2  Prevention of HIV & AIDS through sexual and other modes of transmission ... 9

2.2.1  Situation analysis ............................................................................................... 9
2.2.2  Policy issues ....................................................................................................... 10
2.2.3  Policy statement ............................................................................................... 10
2.2.4  Strategies ......................................................................................................... 10

2.3  Counseling and HIV Testing ...................................................................................... 10

2.3.1  Situation Analysis .............................................................................................. 10
2.3.2  Policy Issues ...................................................................................................... 11
2.3.3  Policy Statement .............................................................................................. 11
2.3.4  Strategies ......................................................................................................... 11

2.4  Care for people living with HIV & AIDS .................................................................... 11

2.4.1  Situation Analysis .............................................................................................. 11
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4.2 Policy issues</td>
<td>11</td>
</tr>
<tr>
<td>2.4.3 Policy statement</td>
<td>12</td>
</tr>
<tr>
<td>2.4.4 Strategies</td>
<td>12</td>
</tr>
<tr>
<td>2.5 Mainstreaming HIV and AIDS in university programmes curricula</td>
<td>12</td>
</tr>
<tr>
<td>2.5.1 Situation Analysis</td>
<td>12</td>
</tr>
<tr>
<td>2.5.2 Policy Issues</td>
<td>13</td>
</tr>
<tr>
<td>2.5.3 Policy Statement</td>
<td>13</td>
</tr>
<tr>
<td>2.5.4 Strategies</td>
<td>13</td>
</tr>
<tr>
<td>2.6 HIV Research and Publications</td>
<td>13</td>
</tr>
<tr>
<td>2.6.1 Situation analysis</td>
<td>13</td>
</tr>
<tr>
<td>2.6.2 Policy issues</td>
<td>14</td>
</tr>
<tr>
<td>2.6.3 Policy Statement</td>
<td>14</td>
</tr>
<tr>
<td>2.6.4 Strategies</td>
<td>14</td>
</tr>
<tr>
<td>2.7 The Roles of Various University Organs</td>
<td>15</td>
</tr>
<tr>
<td>2.7.1 Situation analysis</td>
<td>15</td>
</tr>
<tr>
<td>2.7.2 Policy issues</td>
<td>15</td>
</tr>
<tr>
<td>2.7.3 Policy statement</td>
<td>15</td>
</tr>
<tr>
<td>2.7.4 Strategies</td>
<td>15</td>
</tr>
<tr>
<td>CHAPTER THREE</td>
<td>16</td>
</tr>
<tr>
<td>MANAGEMENT ARRANGEMENT FOR IMPLEMENTATION OF HIV &amp; AIDS POLICY</td>
<td>16</td>
</tr>
<tr>
<td>3.1 Introduction</td>
<td>16</td>
</tr>
<tr>
<td>3.2 The Role of Different Stakeholders</td>
<td>16</td>
</tr>
<tr>
<td>3.3 Monitoring and Evaluation</td>
<td>16</td>
</tr>
<tr>
<td>3.4 Institutional Framework</td>
<td>16</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>17</td>
</tr>
<tr>
<td>GLOSSARIES</td>
<td>19</td>
</tr>
<tr>
<td>ACRONYMS</td>
<td>Definition</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>ABCDE</td>
<td>Abstinence, Be faithful, use of Condom, Disclosure and Empowerment</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>ARU</td>
<td>Ardhi University</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>BCC</td>
<td>Behaviour Change Communication</td>
</tr>
<tr>
<td>CoDD</td>
<td>Committee of Deans and Directors</td>
</tr>
<tr>
<td>DVC-PFA</td>
<td>Deputy Vice Chancellor Planning, Finance and Administration</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education Communication</td>
</tr>
<tr>
<td>MBC</td>
<td>Monitoring and Budgeting Committee</td>
</tr>
<tr>
<td>NSGPR</td>
<td>National Strategy for Growth and Poverty Reduction</td>
</tr>
<tr>
<td>PEP</td>
<td>Post Exposure Prophylaxis</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living With HIV</td>
</tr>
<tr>
<td>PLHAs</td>
<td>People Living With HIV &amp; AIDS</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother To Child Transmission</td>
</tr>
<tr>
<td>SOSPA</td>
<td>Sexual Offences Special Provision Act of 1998</td>
</tr>
<tr>
<td>SWOC</td>
<td>Strength, Weakness, Opportunities and Challenges</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TASC</td>
<td>Technical AIDS Subcommittee</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
</tr>
</tbody>
</table>
CHAPTER ONE

INTRODUCTION

1.1 Background information

1.1.1 Global and Regional HIV & AIDS situation
HIV & AIDS pandemic is a global concern. By the end of 2007, it was estimated that a total of 33.2 million people worldwide are living with HIV & AIDS. Sub-Saharan Africa is the world’s most severely affected region, with only 10% of the world’s population, it accommodates about two thirds (22 million) of the global total number of people living with HIV & AIDS. It is estimated that in this region one in 12 adults is reported to be infected with HIV.

In a number of countries there are reports of declining trends in HIV incidences presumably due to changes in behaviour and prevention programmes. Comparatively, the number of people with HIV has continued to rise, due to population growth, and more recently, the life prolonging effects of antiretroviral therapy (ART).

The impact of HIV and AIDS is evident in health care system, economic development and social aspects. The HIV pandemic has an impact on health care system as it reduces the resources available for other health problems which affect the quality health care services being provided. HIV and AIDS negatively affect economic growth which makes it difficult for countries and individuals to initiate adequate and comprehensive responses to the epidemic due to weak economic base. Ill heath and death due to AIDS reduce agricultural labour force, productivity and disposable income in many families and rural communities. AIDS is widespread in urban and rural communities and mostly affects persons at the peak of their sexual and productive lives. The death of a young adult often means loss of family’s primary income generator.

1.1.2 National HIV & AIDS situation
Since the first three AIDS cases were reported in Tanzania in 1983, the HIV epidemic has spread rapidly to all districts and communities and has affected all sectors of the economy. In 2007 about 2 million people were estimated to be living HIV and AIDS, with 600,000 (30%) in need of ART. Recent statistics on household surveys estimates a sero-prevalence in adults aged between 15-49 years in Tanzania to be 7% with a wide variation across the regions. The main mode of transmission of infection is sexual intercourse that is why the sexually active group (15 - 49) is severely affected with women being at higher risk of being infected than men.

According to Tanzania HIV and AIDS and Malaria Indicator Survey (2008) there has been a slight decrease in overall prevalence of HIV among adults from 7% in 2003/04 to 6% in 2007/08
In Tanzania like in most Sub-Saharan African countries HIV and AIDS are recognized not only as a major public health concern, but also socio-economic and development problem. In Tanzania the health care system has been affected as most of the urban district and regional hospitals report a bed occupancy rate of up to 50-60% for HIV related conditions. Health care personnel are also infected a situation that has given rise to human resource crisis in all health care facilities which adversely affects the initiation of care and treatment programs with antiretroviral therapy (ART). The economy has been adversely affected by premature death of women and men in their prime years of productivity. This also affects institutional capacity development which requires skilled workers and leaders as professionals in medical care, education, agriculture and engineering are not easily replaced. A social impact is evident in the growing number of orphans and widow headed household, orphans and widows being deprived of their inheritance rights by relatives of their deceased husbands, and widows being blamed for the premature death of their husbands.

1.1.3 Ardhi University HIV & AIDS situation

HIV and AIDS remain a real potential threat to the ARU community due to the prevalence of sexual youth life, ignorance of HIV & AIDS prevention and protection means, irresponsible deeds for safe sex, etc. According to HIV and AIDS Situational Analysis Report (2010) ARU has a rate of infection of about 4.6 per cent for those who indicated to have tested and 6.4 per cent for the records obtained from the university VCT centre. Furthermore, the study reveals that the loss of employees and students due to AIDS opportunistic infections is 33 per cent of all deaths at ARU within the last five years. Specific loss due to AIDS related illness is 0.7 per cent for employees and 0.14 per cent for students. The study also revealed that currently there 20 People Living with HIV and AIDS (PLHIV) at ARU equivalent to 0.8 per cent of ARU population.

Ardhi University is committed to curb the spread of HIV and AIDS among staff and students through goal 12 of the Corporate Plan (2009/10 – 2018/19 and strategy 4.9 of the University Three - Year Medium Term Rolling Strategic Plan 2009/10- 2011/12 which aim at improving staff and students welfare including policy and plans through the following activities:

i) develop and implement ARU HIV & AIDS policy;
ii) conduct more awareness campaigns for HIV & AIDS;
iii) provide HIV & AIDS testing and related medical treatment; and
iv) improve counseling services for staff and students

The Corporate Plan and the 3YMTRSP also provide for complete implementation of OPP on health services which has a direct bearing on staff and students health status. Specifically for HIV & AIDS the OPP has two strategies which are to improve HIV & AIDS awareness through education and counseling and provide for care of persons living with HIV & AIDS.

The impact of HIV and AIDS to ARU community could be and have been:
i) reduction of human resource necessary to execute university core mission resulting from deaths;
ii) reduction of productivity due to ill health and time taken to care the sick by university staff and students;
iii) constraining of resources available for other health problems which adversely affect quality health care provided by the University dispensary; and
iv) university drop out by students if the families cannot afford fees due to reduced household income as a result of an HIV & AIDS death or increased hospital/medication bill due to HIV & AIDS illness.

1.2 Rationale for the HIV & AIDS Policy

Ardhi University as an institution of higher learning recognizes the HIV & AIDS epidemic as a serious threat to the well-being and continued development of the nation. The University must fight the spread of this deadly disease within its own community, as a way of contributing to the national effort through education, research, awareness-promotion, behavior change. The University believes that its ability to accomplish its Vision and Mission depends on the health and well-being of staff and students. Without effective management, the impact of HIV & AIDS will affect staff and student productivity through illness and deaths. This will impact negatively on the overall quality of the delivery of core missions of the institution. There is also a spillover effect as a result of the extended programmes given by the university to the outside communities. It is difficult to isolate Ardhi University as a predominantly land-based training centre from the effect of HIV & AIDS on executing land development projects at different levels of the society.

This policy, therefore, is meant to operationalize goal 12 of the Corporate Plan (2009/10 – 2018/19) and strategy 4.9 of 3YMTRSP (2009/10 -2011/12. In so doing the University supplements the national effort to combat the epidemic as stipulated in the National Strategy for Growth and Poverty Reduction (NSGPR), National Policy on HIV & AIDS (2001) and its subsequent National Multi-Sectoral Strategic Framework on HIV & AIDS (2008 -2012) and the HIV & AIDS (Prevention AND Control) ACT, 2008. In

1.3 Goals / Objectives

The overall goal of ARU HIV and AIDS policy is to provide a framework that will guide the university in developing an appropriate response to HIV and AIDS epidemic. The specific objectives of the policy include:

i) To safeguard the rights of staff and students who are infected / affected by HIV and AIDS so as to improve the quality of their lives and minimize stigma.
ii) To provide education, information and training in HIV and AIDS prevention so as to reduce the rate of new infections by promoting behavior change.
iii) To promote early diagnosis of HIV and AIDS infection through voluntary testing with pre – and- post test counseling.
iv) To promote appropriate nutritional, social and moral support to PLHAs to enable them to enjoy a good quality life, remain productive and live much longer with HIV and AIDS
v) To integrate HIV and AIDS issues into teaching and learning through mainstreaming HIV and AIDS issues in university programmes curricula
vi) To promote and support research and dissemination of results on HIV and AIDS prevention, care and support
vii) To delineate the responsibility of each university unit and organ in combating HIV and AIDS spread.

1.4 Scope of the policy
Various interventions to curb HIV & AIDS epidemic are being developed. It is evident that more interventions are still needed, and with the help of researches they will be published and adopted. This policy has seven main components, namely:
   i) Rights and responsibility of staff and students who are infected / affected by HIV & AIDS
   ii) Prevention of HIV & AIDS through sexual and other modes of transmission
   iii) Counseling and HIV & AIDS testing
   iv) Care and support services for people living with HIV & AIDS
   v) Mainstreaming HIV and AIDS in university programmes curricula
   vi) HIV & AIDS research and publication
   vii) Roles of Ardhi university and various university units

1.5 Strength, weakness, opportunities and challenges (SWOC)

1.5.1 Strength
   i) ARU has a dispensary
   ii) Presence of Voluntary Counseling and Testing (VCT) services at ARU dispensary
   iii) ARU has a Technical AIDS Sub-committee (TASC)
   iv) Presence of researchers to undertake HIV & AIDS related researches

1.5.2 Weakness
   i) Lack of University HIV & AIDS policy
   ii) Limited resources to curb HIV & AIDS epidemic
   iii) Limited knowledge on the rights and responsibility of staff and students infected /affected by HIV & AIDs
   iv) Low rate of some staff and students to take up the Abstinence, Be faithful, and use of Condom, Disclosure and Empowerment principle
   v) Low attendance to counseling and testing services
   vi) Few researches on HIV & AIDS related issues
   vii) Limited knowledge on HIV & AIDS prevention measures and modes of transmission
viii) High turnover of peer educators
ix) Inadequate collaborative efforts with other institutions that deal directly with HIV & AIDS activities

1.5.3 Opportunities
i) Presence of various organs and NGOs at national and international levels dealing with HIV & AIDS matters
ii) National HIV & AIDS policy (2001)
iv) HIV & AIDS (Prevention AND Control) ACT, 2008
v) HIV & AIDS training at national level
vi) HIV & AIDS prevention is one of the national priority areas in vision 2025
vii) SOSPA (Sexual Offences Special Provision Act of 1998)
viii) Presence of donor support for HIV & AIDS programmes

1.5.4 Challenges
i) Limited resources to curb HIV & AIDS spread at national level
ii) HIV & AIDS prevalence among young adult (15-49) years of age
iii) Inadequate number of health care personnel
iv) Prevailing stigma to PLHAs
v) Inadequate care and support services to PLHAs
vi) Lack of coordination on HIV & AIDS among research institutions
vii) Unsafe sex practices
viii) Increase in students population
ix) Increase in staff population

1.6 Basic Principles
The adoption of this policy implies commitment to the following basic principles

1.6.1 Recognizing of HIV and AIDS as an issue affecting the education sector
ARU recognizes that HIV and AIDS is an issue for all education institutions, not only because the virus affects employees and students, but also because the education institution can play a vital role in limiting the spread and effects of infections.

1.6.2 Non-discrimination and reduction of stigma
ARU understands that in the interest of decent work and respect for human, there should be no discrimination against an employee or student who has, is perceived to have, or who is affected by HIV and AIDS. Discrimination and stigmatization inhibits efforts for prevention, care, treatment and support.
1.6.3 Gender equality
ARU recognizes that HIV and AIDS impact on male and female employees and students differently, and women and girls are often more adversely affected by the epidemic, due to physiological, socio-cultural and economic reasons. Women and girls may also be vulnerable due to unequal gender relations, in particular when faced with sexual harassment by the more influential males in the education setting. Any discrimination and/or action that may put an employee or student of any sex at risk of HIV because of their sex strictly violates the basic principles of this policy. Education programmes should address the roles and responsibilities of men and boys in promoting gender equality as well as the rights of women and girls. Application of this policy is designed to take account of these unequal gender relations and enable all employees and students to successfully avoid risks, the spread of HIV infection and to cope with the impact of HIV and AIDS.

1.6.4 Supportive and caring environment
ARU maintains that the employee or student who has contracted HIV needs compassion, care, treatment and support. There should be no discrimination against employees or their families in access to affordable health services and statutory occupational benefits. There should be no discrimination against students with respect to the normal health benefits accessed or enjoyed by other students.

1.6.5 Healthy work environment
The teaching/learning and work environment should be healthy and safe, so far as is practicable, for all concerned parties in order to reduce risk of HIV infection and transmission. While there is no risk of HIV transmission through normal casual contact, universal precautions should be applied to avoid transmission in the event of accidents, and risks reduced or eliminated.

1.6.6 Screening for purposes of exclusion from employment or studies
ARU recognizes that HIV screening should not be required for job applicants, students who wish to enroll, or current employees or students.

1.6.7 Continuation of employment relationship
ARU understands that HIV infection is not a cause for the termination, suspension, involuntary transfer or denial of career advancement of an employee or the expulsion or suspension of a student. Persons living with HIV-related illness should be able to work or study for as long as medically fit in appropriate work or studies.

1.6.8 Confidentiality
ARU recognizes that medical information, whether oral, written, or in electronic format, obtained from an individual or third parties will be treated as confidential. No employee,
student, or parent on behalf of the student, is compelled to disclose HIV status to authorities at the education institution.

1.6.9 Prevention
ARU maintains that HIV infection is preventable through information, education, and the creation of climate that gives assistance and encouragement to all individuals in accessing and reducing their risk to HIV. Education institutions should set up programmes to provide information and behavior change communication, promote voluntary (and confidential) testing with counseling (VCT), and provide practical means of prevention, including access to condoms, disposable syringes etc.

1.7 Structure of the Report
This policy is organized in three Chapters. Chapter One presents introduction in which HIV & AIDS situation at the international, national and institutions levels is reviewed; the rationale, SWOC, the objectives, basic principles and the scope of the policy are explained. Chapter Two provides situation analysis, policy issues, policy statement and strategies. Chapter Three highlights on the implementation framework and mandates.
CHAPTER TWO

MAJOR AREAS, SITUATION ANALYSIS, POLICY ISSUES, POLICY STATEMENTS AND STRATEGIES

2.1 Rights and responsibilities of staff and students infected / affected by HIV & AIDS

2.1.1 Situation analysis
HIV & AIDS is a national disaster and Ardhi University is not an exception. The Ardhi university community (both not infected and those infected / affected) have their rights and have a role to play in order to minimize the infection rate or even eliminate the infection. Unfortunately, in most cases HIV & AIDS infection is mostly related to ones sexual behavior which fuels stigma and discrimination to those infected. This puts PLHAs into unnecessary hostile and harassing environment leading to secrecy and denial that hinder openness about people’s HIV & AIDS status. As a result, stigma becomes the ground for HIV & AIDS spread.

The ARU HIV and AIDS Situational Analysis Report (2010) assessment established that the employees and students of the ARU have a high level of knowledge about infection (100 per cent); fair knowledge on prevention of HIV (31 to 72 per cent); and relatively low knowledge on sexual transmitted infections (10 to 46 per cent) in terms of signs and symptoms and control. However, the report does not disclose their knowledge on the rights and responsibilities of staff and students in combating HIV & AIDS spread.

2.1.2 Policy issues
(i) Prevailing stigma and discrimination to those who are infected / affected
(ii) Irresponsible deeds of those infected to the public
(iii) Limited knowledge of the responsibility of staff and students in combating HIV & AIDS spread.

2.1.3 Policy statement
(i) ARU shall ensure that the rights of those infected/affected by HIV & AIDS are safeguarded.
(ii) ARU shall ensure that those infected know their responsibility to ARU community and the public at large

2.1.4 Strategies
(i) Devise a mechanism to eliminate stigma and discrimination
(ii) Institute a procedure to ensure those infected are not infecting others
(iii) Develop a system which will enable staff and students to get involved in combating HIV & AIDS epidemic
2.2 Prevention of HIV & AIDS through sexual and other modes of transmission

2.2.1 Situation analysis

The ARU community, like the other communities in the country, is also affected by the HIV & AIDS. The most common mode of HIV transmission in Tanzania as the case elsewhere is heterosexual intercourse, followed by mother to child transmission. HIV & AIDS can be initiated by prevention intervention.

Over 80% of HIV infection is through sexual intercourse, prevention of sexual transmission is the key in the control of the HIV & AIDS pandemic. To address this pandemic ARU has established Technical AIDS Sub-Committee (TASC) charge with the mandate of creating awareness of this threatening condition in the community through education. Education and understanding of sexuality and sexual relation must be increased at ARU Community.

ARU has established voluntary counseling and testing (VCT) activities and is planning to have care and treatment for people living with HIV & AIDS (PLHAs) as one of its strategies in the health sector response to the HIV & AIDS epidemic.

ARU community has various intervention programs which include: HIV & AIDS awareness creation, and sensitization on safer sex, advocating Abstinence, Be faithful, use of Condom, Disclosure and Empowerment (ABCDE) diagnosis, and treatment of sexually transmitted infection (STIs). About condom, there is overwhelming evidence about the efficacy and effectiveness of condom when used correctly and consistently in prevention of HIV transmission. Good quality condoms shall be procured and made easily available and affordable. The overall goal of ARU HIV & AIDS policy is to provide framework for leadership and coordination within ARU community. This will include formulation by ARU community for appropriate intervention which will be effective in preventing transmission of HIV and AIDS.

Being a social cultural and economic problems, prevention and control of HIV & AIDS spread will very much depend on effective ARU community based prevention, care, and support intervention.

HIV transmission through blood transfusion, contaminated blood product happening in hospital settings as well as through drug abuse and traditional practices skin piercing, genital mutilation circumcision etc. account only for a relative low percentage of the overall transmission, the reduction of transmission risks in their setting are of importance for the safeguard of the health of the population in general.

Mother to child transmission is the commonest source of HIV infection in children. About 25 – 35% of HIV positive pregnant women will transmit the infection to their new born; also there is a 15 – 20% chance that infection will be transmitted to babies during breast feeding.
2.2.2 Policy issues
(i) University community does not have adequate awareness and intervention measures on HIV & AIDS through sexual and other modes of transmission.
(ii) There are limited skills about risks of HIV transmission in ARU dispensary settings through contaminated instrument or, waste through traditional practices as well as accidents.
(iii) There is a high risk of mothers to transmit HIV to their children, during pregnancy, birth and or breast feeding

2.2.3 Policy statement
ARU shall seek to reduce the risk of infection through sexual and other modes of transmission.

2.2.4 Strategies
(i) Promote proper use of male and female condoms
(ii) Strengthen provision of reproductive health and HIV & AIDS education
(iii) reduce the risk of blood borne HIV infection and health care and non health care settings
(iv) Reduce risk of accidental exposure to HIV among ARU community
(v) Reduce the risk of mother to transmit HIV to their offspring during pregnancy, birth, and or breast feeding.
(vi) To advocate and sensitize the ARU Community on the risk of infection at all levels on PMTCT and drug abuse
(vii) To build capacity among health workers to implement various interventions

2.3 Counseling and HIV Testing

2.3.1 Situation Analysis
ARU has been taking part in implementing the National Policy for HIV & AIDS of 2001 as well as Multi-sectoral Strategic Framework on HIV & AIDS for the 2008-2012 period. As part of the implementation of the national policy and programme on HIV & AIDS, the University has initiated a number of activities. One among them is the establishment of the Unit for Voluntary Counseling and Testing (VCT) at the University Dispensary. The establishment of the Unit aims at ensuring the University adopts preventive measures to avoid new infections as well the spread of HIV & AIDS. The ARU-VCT Unit was operational since May 2009. Since its establishment, a total of 64 clients have visited the center out of which 47 are university staff. The clients were offered counseling services and volunteered to undertake HIV & AIDS testing. The university dispensary has trained and qualified staff to offer counseling and testing services.

Given that ARU has a total of 2,143 students in 2009/10 academic year, out of whom 1,433 are male and 730 are female the University also have about 415 staff members of
whom 270 are male and 145 are female. In this regard the number of those who visited the VCT is very low. This situation may be reflecting a health seeking behavior among the Tanzanians, among other things. In particular, Tanzanians do not regularly check their health status until they are ill or have been advised by a health officer to do so.

In addition, low turn up at ARU VCT Unit may be indicating lack of awareness of the VCT services at ARU. In general, there is little dissemination of information about the existence of VCT services at the University as well as the details on the services offered and the benefits. Equally, low clients attendance may be suggesting that individuals are shying to visit the Unit. This may be associated with the limited knowledge about the advantages of visiting the VCT as well as stigma.

2.3.2 Policy Issues
(i) Lack of motivation among the ARU community members in knowing their health status
(ii) Lack of awareness among ARU community members about VCT Unit and services delivered.
(iii) Limited dissemination of information about VCT Unit and its benefits

2.3.3 Policy Statement
ARU shall provide adequate information about VCT and facilitate preventive measures in limiting the spread of HIV & AIDS epidemic

2.3.4 Strategies
(i) Develop and implement programme to educate ARU community members about good health seeking habits.
(ii) Provide elaborate information on the role of VCT in preventing HIV & AIDS at ARU.
(iii) Develop health promotional programs for the university community

2.4 Care for people living with HIV & AIDS

2.4.1 Situation Analysis
The majority of ARU community falls in the most sexually active age group that is 15 - 49. The main objective is to promote appropriate nutritional, social and moral support to PLHAs to enable them to enjoy a good quality of life, remain productive and live much longer with the HIV & AIDS. As VCT momentum increases there will be hundreds of thousands of PLWHAs who will need support. So far the university has no program for care, treatment and support for people living with HIV & AIDS.

2.4.2 Policy issues
(i) ARU has no service for care, treatment and support for PLHAs
(ii) Inadequate capacity to provide care, treatment and support for PLHAs
(iii) Limited availability and accessibility of prophylaxis and treatment for opportunistic infections
(iv) Lack involvement of PLHIV in counseling and support of newly registered patients
(v) Inadequate information, education, communication (IEC)/ behavior change communication (BCC) in the area of care, treatment and support
(vi) Weak linkages between the continuum of care, treatment and support services with those of PMTCT, HIV counseling and testing, STI management and condom provision and promotion

2.4.3 Policy statement

ARU shall strengthen provision of treatment for HIV & AIDS associated opportunistic diseases and provide care, treatment and support services to university community members living with HIV & AIDS.

2.4.4 Strategies

(i) Introduce a continuum of care, treatment and support activities
(ii) Build capacity for university health staff and Dean of students office staff to provide care, treatment and support services
(iii) Provide prophylaxis and treatment for opportunistic infections
(iv) Involve PLHIV in counseling and support of newly registered patients
(v) Provide information, education, communication (IEC)/ behavior change communication (BCC) in the area of care, treatment and support

2.5 Mainstreaming HIV and AIDS in university programmes curricula

2.5.1 Situation Analysis

Teaching and learning of various programmes at ARU are guided by their respective curricula. Currently ARU has a total of 42 degree programmes at undergraduate and postgraduate level which are offered by six schools, one institute and one centre. A quick review of the curricula which guide teaching and learning of these programmes reveals a limited or no incorporation of HIV and AIDS related matters.

Curricula development and reviews (major and minor) are done by academic staff who are experts in their area of specializations with limited knowledge on mainstreaming HIV and AIDS issues in curricula. Furthermore, school/center/institute curricula developing teams are not sensitized on the importance of incorporating HIV and AIDS related in their respective curricula.
2.5.2 Policy Issues

(i) Limited inclusion of HIV and AIDS issues in programmes curricula
(ii) Limited knowledge of curricula developers to mainstream HIV and AIDS issues in curricula development and review
(iii) Low morale of curricula developers to incorporate HIV and AIDS issues in curricula development and review.

2.5.3 Policy Statement

ARU shall endeavor to mainstream HIV and AIDS issue in all academic programmes.

2.5.4 Strategies

(i) To build capacity of academic staff to develop and implement plans to integrate HIV and AIDS issues into their specific curricula
(ii) To review ARU curricula for inclusion of HIV and AIDS matters

2.6 HIV Research and Publications

2.6.1 Situation analysis

Recent studies on HIV & AIDS in Tanzania provide a general knowledge that is largely meant to show the known country-wide state of the art. It is imperative therefore that ARU identifies the main drivers and determinants of the HIV transmission that may or may not be in consonance with the country-wide phenomena. The knowledge generated will be pre-requisite in building up ARU context-base status and design appropriate and relevant responses specific to ARU.

The ARU research agendas as provided by various Schools, Centers and the Institute do not adequately reflect the rigour and weight required in researching on the HIV & AIDS pandemic. Furthermore, the research on HIV is not well coordinated to also reflect the national research agenda. This situation may result into research findings/outputs that do not effectively form an integral part of the national response.

Funding for research at ARU is inadequate and lumped together for all sectors including HIV & AIDS. Being a cross-cutting issue, HIV & AIDS has got a low priority in the mainstream of ARU research undertakings. As a result, specialized research work on HIV & AIDS is a prerogative of individual researchers.

A handful of HIV & AIDS related researches have been conducted by ARU staff largely as a cross-cutting issue. Yet, the research results have not been widely disseminated to ARU community and beyond ARU.

There is a limited understanding of the nature and drivers of HIV epidemic at the sub-national level and among various sub-populations including ARU community. The basic
knowledge on the nature and HIV drivers is pre-requisite for the researchers to generate and focus on research issues that are relevant.

Research procedures on HIV & AIDS are vulnerable to less sensitive and less ethical researchers who may not insure confidentiality of the information gathered. Research in HIV & AIDS involving human subjects have made limited or no reference and adherence to either the International Guidelines for Biomedical Research or Psychosocial and Social Science Research ethical guidelines.

The research results on HIV & AIDS are scattered in various ARU Schools, Centers and the Institute and in some cases in individual researchers’ hands. This situation inhibits sharing of scientific information among ARU researchers, hampers retrieval of research results and deters easy access by the ARU Management and other users for informed decision making.

2.6.2 Policy issues
(i) Lack of ARU context-based state of the art on the HIV & AIDS epidemic.
(ii) ARU Schools/Institute/Centers research agendas do not reflect the scale, weight and rigour required in researching on HIV & AIDS in Tanzania.
(iv) Inadequate research funds and more so on research funds designated for HIV & AIDS issues.
(v) The research results on HIV & AIDS related issues are not widely disseminated to ARU community and beyond.
(vi) Limited understanding on the nature and drivers of HIV & AIDS epidemic at the sub-national level among ARU researchers.
(vii) Inability to insure adherence to ethical standards and approval procedures with regards to researches on HIV & AIDS.
(viii) Lack of ARU common data bank and forum on HIV & AIDS research results that could be networked to the National Forum of researchers on HIV & AIDS issues for information sharing, retrieval and easy access by ARU Management

2.6.3 Policy Statement
ARU shall promote research on HIV & AIDS epidemic and ensure that the results are disseminated to the university community and beyond

2.6.4 Strategies
(i) Prepare and regularly update the status of HIV & AIDS epidemic at ARU
(ii) Review research agendas for ARU Schools / Institute/ Centers to reflect the weight and priority the HIV & AIDS epidemic deserves
(iii) Develop capacity of ARU researchers to enable them conduct researches in this area more ethically.
(iv) Conduct researches on HIV & AIDS in accordance with the international guidelines for biomedical research
(v) Devise mechanism to increase research funds on HIV & AIDS
(vi) Develop a system to publish and disseminate research findings on HIV & AIDS
(vii) Create a data bank for HIV & AIDS information
(viii) Seek to understand the nature and drivers of HIV & AIDS.

2.7 The Roles of Various University Organs

2.7.1 Situation analysis
The University has Operational Policy and Procedures for Provision of Health Services (2008), a Committee of HIV & AIDS and also it offers Voluntary Counseling and Testing (VCT) Services. The University has various units and participatory organs which support the management process. The Units include academic and administration Departments, Directorates and Schools. The relevant organs include the Monitoring and Budgeting Committee (MBC), Committee of Deans and Directors (CoDD), and the University Council Committees.

Apart from the University Dispensary and the Technical AIDS Sub-Committee (TASC), there is no single Unit or Organ that deals with HIV & AIDS matters. To some extent University Organs have been involved in making decisions on HIV & AIDS for the matters brought by the University Dispensary but nothing has been originating from Departments, Schools, Centers, Directorates and the Institute.

HIV & AIDS affect ARU community and therefore collective efforts are paramount to curb the epidemic. Moreover, there is no system in place to mobilize financial resources for HIV & AIDS activities.

2.7.2 Policy issues
(i) Lack of mechanisms to involve all University Units and Organs in fighting HIV & AIDS epidemic
(ii) Limited funding of HIV & AIDS activities

2.7.3 Policy statement
ARU shall ensure that all Units and Organs are involved in fighting HIV & AIDS epidemic and mobilize funds for HIV & AIDS activities.

2.7.4 Strategies
(i) Develop mechanisms to ensure all units and organs are involved in fighting HIV & AIDS epidemic
(ii) Devise systems to mobilize funds to finance HIV & AIDS activities
(iii) Establish an HIV & AIDS unit within the University Dispensary
CHAPTER THREE

MANAGEMENT ARRANGEMENT FOR IMPLEMENTATION OF HIV & AIDS POLICY

3.1 Introduction

This Chapter presents the management process in implementation of HIV policy. The implementation of the HIV & AIDS shall require defining the role and position of major stakeholders within the University community as regards to the HIV & AIDS Policy, establishing a framework for coordinating, monitoring and evaluating the implementation of the policy and reviewing and setting up of enabling policies and institutional arrangement.

3.2 The Role of Different Stakeholders

The stakeholders who are to oversee the implementation of the HIV & AIDS Policy include the University Council, the University Senate, the School Boards, the Planning and Finance Committee, the University Central Administration, Schools, Centers and Institutes, Academic Departments, Administrative Units, University staff and student community. Once the policy has been put in place different stakeholders shall be required to ensure that it is implemented. Commitment shall be required from all University stakeholders by endorsing and executing activities of implementation plan of the HIV & AIDS Policy. The University shall develop a strategic action plan, identifying areas of mobilization of financial and human resources, responsible organs and key individuals for implementation.

3.3 Monitoring and Evaluation

ARU shall establish mechanism of accountability for monitoring and evaluating the implementation of the policy. This calls for establishment of a framework that shall provide a basis for monitoring and evaluation of the HIV & AIDS policy implementation at all levels of the University.

3.4 Institutional Framework

The implementation of the HIV & AIDS Policy requires a sound institutional framework for translating the goals, objectives and strategies into actual programmes at all levels of the University. The University, therefore, shall put in place an institutional framework to ensure that the HIV & AIDS Policy is implemented. In addition, political commitment, collective responsibility and accountability are key elements to effective implementation of the policy. It is important that the implementation framework is spelt out in the HIV & AIDS Policy Strategic Action Plan which will be the main instrument guiding the attainment of the HIV & AIDS Policy objectives. The instrument shall further elaborate the institutional arrangements that shall facilitate effective coordination and linkage of various actors with distinct responsibilities and accountability in the implementation of the HIV & AIDS Policy. The University Technical AIDS Sub-committee (TASC) will oversee the implementation of HIV & AIDS Policy. TASC will prepare the action plan to enable the smooth execution of the policy.
3.5 Implication HIV and AIDS policy implementation for this year budget

This financial year i.e. 2010/2011 about TZS 3.4 million were budgeted to cover HIV and AIDS related expenses. Implementation of the HIV and AIDS policy through the planned activities for the 2010/2011 requires TZS 19 million from the university central funds. Therefore, the deficit in implementing the policy during the current financial year is TZS 15.4 million.
BIBLIOGRAPHY


Ardhi University, 2009. ARU Three –Year Medium Term Rolling Strategic Plan 2009/10 – 2011/12


GLOSSARIES

Affected persons: persons whose lives are changed in any way by HIV & AIDS due to the broader impact of the epidemic

AIDS: the Acquired Immune Deficiency Syndrome, a cluster of medical conditions, often referred to as opportunistic infections and cancers and for which there is no cure.

Antiretroviral: Drugs used to kill or inhibit the multiplication of retroviruses such as HIV.

Discrimination: Any distinct, exclusion or preference made on the basis of HIV status or perceived HIV status. Discrimination consists of actions or omissions that are derived from stigma and directed towards those individuals who are stigmazied.

Education institution: Is the establishment or setting where the learning whether formal or no-formal takes place.

HIV: the Human Immunodeficiency Virus, a virus that weakens the body’s immune system, ultimately causing AIDS.

Infected persons: persons who carry the HIV

Member of staff – any employee of the University, whether on an administrative, academic or other basis.

Parent: the biological and adoptive parents or custodians, or legal guardian of children.

Peer educator or counselor: the trained employee or student who develops or implement developmental counseling programme to meet social, psychosocial and educational or training needs of employees or students in relation to HIV and AIDS.

Post – exposure prophylaxis (PEP): Measures to be instituted after possible accidental exposure to HIV infection.

Screening: Measures to assess HIV status, whether direct (HIV testing) or indirect (assessment of risk-taking behavior), asking questions about health or about medication used in this policy in the context of exclusion from employment or education.

Sex and gender: there are both biological and social differences between males and females. The term ‘sex’ refers to biological determined differences, while the term ‘gender’ refers to differences in social roles and relations between males and females. Gender roles are learned through socialization and vary widely
within and between cultures. Gender roles are affected by age, class, race, ethnicity and religion, and by the geographical, economic and political environment.

**Sharps:** Objects such as a needle or other instruments used in health care that are able to penetrate the skin and potentially cause infection.

**STI:** Sexually transmitted infections, which include, among others, syphilis, chancroid, Chlamydia and gonorrhea.

**Stigma:** A dynamic process of devaluation that significantly discredits an individual in the viewpoints of others.

**Student:** any person registered for training in any programme offered from time to time at Ardhi University.

**Termination of employment:** dismissal at the initiatives of the employer.

**Universal precautions:** A simple standard of infection control practice to be used to minimize the risk of blood-borne pathogens.

**University community** – staff and families and students of the University