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Republic of Zambia
Ministry of Education

NATIONAL HIV/AIDS POLICY FOR THE EDUCATION SECTOR

Ministry of Education,
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FOREWORD

To be provided by the Minister of Education

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ACRONYMS AND TERMS

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
CBOs	Community Based Organizations
DEMMIS	District Education Monitoring and Management Information System
ECCD	Early Childhood Care and Development
EMIS	Education Management Information Systems
FBOs	Faith Based Organizations
GIPA	Greater Involvement of PLWHA
HIV	Human Immunodeficiency Virus
HR	Human Resource
IEC	Information Education Communication
MoE	Ministry of Education
NGOs	Non-Governmental Organisations
OI	Opportunistic Infection
OVC	Orphans and other Vulnerable Children

PLWHA	People living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission (of HIV)
STIs	Sexually Transmitted Infections
TB	Tuberculosis
VCT	Voluntary Counselling and Testing

Concepts and Definition of Terms

The meaning attached to each of the terms below is applicable within the context of the **National HIV/AIDS Policy for the Education Sector**:

AIDS	Acquired Immune Deficiency Syndrome (AIDS) is the final phase of HIV infection and is a condition characterised by a combination of signs and symptoms caused by HIV which attacks and weakens the body's immune system making the affected person susceptible to other live threatening diseases
Advocacy	Efforts made to get due support and recognition for a cause, policy or recommendation
Anti-Retrovirals	A class of drugs that inhibit retroviruses like HIV
Child	A person below the age of 18 years
Discrimination	Discrimination is an action based on pre-existing stigma. In the case of PLWHA, it may result from the worker's actual HIV status, his/her perceived HIV status, or even his/her sexual orientation.
Education Sector	Refers to all the programmes, activities and players in the field of education
Educator	Any trained or untrained person teaching in the primary, secondary or teacher training sub-sectors, or any other programmes falling under the jurisdiction of the Ministry of Education
Employee	This includes, but is not strictly limited to, educators, instructors, administrators, literacy workers, support staff, managers and other employees, from the various directorates and from national, provincial, district and institutional level
Gender	All attributes associated with women and men, boys and girls, which are socially and culturally ascribed and which vary from one society to another and over time.
HIV	Human Immunodeficiency Virus- the name of the virus which

	undermines the immune system and leads to AIDS
HIV Positive	Refers to the presence of HIV infection as documented by the presence of HIV (or HIV antibodies)
HIV/AIDS Impact	The socio-economic, psychological, emotional and other consequences arising as a result of the spread of the virus
Holistic Care & Support	Means of care and support that address physical, psychological, emotional and other needs of affected and infected individuals
Infected and affected person/s	An infected person is one who is infected with HIV. An affected person is someone whose well-being is affected by the impact of HIV/AIDS on their family, friends, community or fellow employees.
Institution	This could include public or private pre-schools, primary or secondary schools, technical or vocational colleges, teacher training colleges, non-formal education providers and all other providers of learning, training or education
Learner	Any child or adult enrolled in an education programme falling under the jurisdiction of the Ministry of Education
Learners with special needs	Any learner within the education sector who is challenged by virtue of diversity
Life Skills	Practical skills and values taught as part of the curriculum to prepare pupils for real living and to be more self-assured and self-reliant. Curriculum also often includes aspects of teaching children how to protect themselves from harm, including HIV infection
Opportunistic Infection/s	Infections that occur because a person's immune system is so weak that it cannot fight off the infections. Many organisms (viruses, bacteria, fungi, etc.) are held in check by the immune system. They often "colonize" the body (ie. They are present but not noticed) without causing disease. When someone becomes immuno-compromised for any reason (HIV infection, cancer, or treatment with immuno-suppressive drugs, such as certain kinds of chemotherapy), some of these organisms take advantage of the "opportunity" by growing out of control and causing disease.
Orphan	An orphan is a person under the age of 18 years who has lost one or both parents
Peer educators	A person (child or adult) trained or equipped to train and support another person equal in rank, merit or age
Post exposure prophylaxis	Refers to measures and treatment given to a person who has recently been exposed to disease causing organisms, to prevent them from developing the disease
Psychosocial support	Physical, economic, moral or spiritual support provided to an individual under any form of stress
Reasonable accommodation	Any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or

	AIDS to have access to or participate or advance in employment
Sero-status	The presence (HIV positive) or absence (HIV negative) of HIV in the body
Sexual Harassment and Abuse	Sexual harassment includes persistent, unwanted sexual approaches or suggestions to a colleague, or any sexual approaches, suggestions or pressure on a learner in an education institution
Stigma	The holding of derogatory social attitudes or cognitive beliefs, the expression of negative effect, or display of hostile or discriminatory behaviour towards members of a groups, on account of their membership of that group.
Universal Precautions	A simple standard of infection control practice to be used to minimize the risk of blood-borne pathogens, specifically aimed at the prevention of HIV transmission from one person to another as detailed in annexure 1
VCT	Voluntary Counselling and Testing is voluntary HIV testing that involves a process of pre- and post-test counselling, that helps people to know their sero-status (HIV status) and make informed decisions.
Vulnerable child	A child who is below the age of 18 years who has been, is in, or is likely to be in, a situation, where she/he may suffer physical, emotional or mental harm
Workplace	Refers to occupational settings, stations and places where workers spend time for employment. Schools and other institutions of learning are also considered to be workplaces

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1. PREAMBLE

HIV/AIDS continues to affect millions of people globally. Sub-Saharan Africa remains by far the region worst affected by the AIDS epidemic. The region has just over 10% of the world's population, but is home to two-thirds of all people living with HIV. It is estimated (UNAIDS 2003) that 25 million people under the age of 50 years are living with HIV/AIDS in Sub-Saharan Africa.

The HIV/AIDS pandemic threatens to undermine the delivery and quality of education services in Zambia. It is likely that the effects of the pandemic will continue to impact negatively on the education sector for some time. Specifically – a diminished supply of teachers and other key personnel; reduced school enrolment and attendance; an increase in the number of learners dropping out of schools; an increase in absenteeism, sickness and early retirement among teachers.

At present there is no cure or vaccine for HIV and AIDS and the only way to stop its spread is through attitudinal and behavioural changes as well as management that can be secured effectively through education. Education has a key role to play both in preventing HIV and AIDS and in mitigating its effects on individuals, families, communities and society. Children and young people have been disproportionately affected by the epidemic. Levels of infection peak in the 15 – 24 year age group, and the impact on families, households and communities are often even harder on young people within them.

For the education sector to respond effectively to the challenges of this pandemic there is need to develop a (policy) national strategy for addressing HIV and AIDS issues as they affect the entire education system. The **National HIV/AIDS Policy for the Education Sector** formalises the rights and responsibilities of every person involved, directly or indirectly, in the education sector with regard to HIV and AIDS: the learners, their parents and care givers, educators, managers, administrators, support staff and civil society. This (policy) national strategy will provide a framework to implement and monitor and evaluate the impact of its HIV/AIDS interventions and the effects of HIV/AIDS on its labour force over time.

Through the implementation of the **National HIV/AIDS Policy for the Education Sector**, the Ministry of Education reconfirms its commitment to mitigating the impact of HIV/AIDS on the education sector including learners, educators and all sector employees. The Ministry of Education is committed to provide the leadership required for the implementation of all that is outlined in the strategy (policy) document. The Ministry of Education will implement programmes in its learning institutions and administrative offices throughout Zambia, to prevent and control the spread of HIV/AIDS, to promote care for those who are infected and affected, and to reduce the socio-economic impact of the epidemic.

The **National HIV/AIDS Policy for the Education Sector** is an interim measure while awaiting the National Policy on HIV/AIDS and that the strategy will be revised to suit guidelines and provisions provided in the National Policy once released.

2. STATEMENT OF STRATEGY

The Ministry of Education (MoE) recognises the gravity and devastating effects of the HIV/AIDS pandemic, and is therefore committed to adopting a humanitarian approach to HIV/AIDS by promoting a supportive and non-discriminatory environment. The MoE also seeks to minimise the impact of the pandemic on the MoE, its employees and learners through appropriate workplace interventions, including programmes of care and support, to complement existing prevention interventions and management and mitigation strategies.

The **National HIV/AIDS Policy for the Education Sector** applies to ALL learners, employees, managers and providers of education and training in all public and private, formal and non-formal and traditional learning institutions at all levels of the education system in the Republic of Zambia.

3. GUIDING PRINCIPLES

The principles that guide the **National HIV/AIDS Policy for the Education Sector** are in accordance with international conventions, national laws, policies, guidelines and regulations. In particular, the principles take into consideration gender issues, learners with special needs and recognise the universality of human rights.

This policy document aims to complement and strengthen the overall development goals of the Republic of Zambia and other sectoral policies and programmes. The policy document provides the framework for responding to concerns and needs of those infected with and affected by HIV/AIDS in the education sector.

Below are the essential considerations and principles underpinning the policy:

Privacy and confidentiality

Every person has the right to privacy and confidentiality regarding their health, including information related to their HIV status.

Every person has the right to know their HIV status; and openness and disclosure are encouraged within a safe, supportive and accepting environment.

Universal precautions in workplaces and learning institutions

All persons in workplaces and learning institutions have a responsibility to minimise the risk of HIV transmission by taking the appropriate first aid/universal infection control precautions.

Safe and secure workplaces and learning institutions

There shall be zero tolerance for sexual harassment, abuse and exploitation.

All schools, institutions of learning and offices shall be safe and secure.

Equity and protection from discrimination

Every person has equal rights, opportunities and responsibilities.

Learners, educators and others, who are infected, affected or vulnerable in any other way, shall be protected from all forms of stigma and discrimination based on actual, known or perceived HIV status.

(include a definition for stigma and discrimination)

Gender responsiveness and the girl child

HIV and AIDS affect women and men differently. Application of all aspects of this policy shall be sensitive and responsive to the different needs of men and women, boys and girls, and interventions shall recognise the special vulnerabilities of the girl child.

Access to care, treatment and support

All infected and affected learners, other youths, educators and other personnel in the education sector, as well as their spouses and biological children, have the right to access holistic care, treatment and support.

In line with current policy, identified needs and available resources, the education sector will work in partnership with line ministries and other agencies offering support and care including institutions, communities, private and public health care systems.

Access to information

Every person has the right to access accurate and complete HIV/AIDS information.

Information will be age appropriate, culturally sensitive and provided in an accessible format.

Leadership and commitment

Political leaders and managers in the education sector shall support the policy and its implementation at every stage.

Fair labour practices

All employees have the right to fair labour practices, regardless of their known, perceived or actual HIV status.

Partnerships and consultation

The policy shall be implemented in consultation and in partnership with communities, stakeholders, organisations, institutions and agencies that subscribe to the same values and goals related to HIV/AIDS and education.

Greater involvement of people living with HIV and AIDS (GIPA)

Within the boundaries of confidentiality, people living positively with HIV and AIDS shall be encouraged to be involved in all aspects of the education sector's response to HIV/AIDS.

Research-guided interventions

Design and implementation of interventions shall be guided by research findings and best practices, from within and beyond the education sector.

Capacity building

There shall be commitment to capacity building for all persons involved in the HIV/AIDS policy implementation.

4. KEY STRATEGIC AREAS

The **National HIV/AIDS Policy for the Education Sector** identifies four strategic areas:

- Prevention
- Care and Support
- HIV/AIDS and the Workplace
- Planning, Management and Mitigation

These areas are not unconnected and should not be seen as separate, discrete areas. The areas jointly provide an effective response to the impact of HIV/AIDS felt by the education sector and offer a robust base for strengthening all mitigation strategies and endeavours to curb further impacts.

4.1 PREVENTION

Goal:

Every person in the education sector is informed and knowledgeable on HIV prevention and applies this to create a safe environment that prevents further HIV infection.

4.1.1 Information on HIV and AIDS

4.1.1.1 In the absence of a vaccine or cure, education and awareness are vital components of HIV/AIDS prevention programmes, as the further spread of the disease can be limited by informed and responsible behaviour. The MOE will ensure that all prevention strategies will be sensitive to cultural and religious beliefs and appropriate to age, gender, language, special needs and context and that these will be in line with the most accurate, factual and current information available.

4.1.1.2 IEC materials will be provided to improve and update knowledge and awareness on HIV/AIDS, sexually transmitted infections, opportunistic infections, and to provide guidance on how to achieve and maintain a healthy lifestyle as well as to reduce stigma and discrimination.

4.1.1.3 Every learning institution and office will allocate time to provide messages and information on HIV/AIDS.

4.1.2 HIV/AIDS and the curriculum

- 4.1.2.1 HIV/AIDS prevention information and life skills will be mainstreamed into the existing curriculum and offered across all levels of education.
- 4.1.2.2 Appropriate learner and teacher support materials, which are gender sensitive, will be developed to support HIV/AIDS curriculum interventions.
- 4.1.2.3 Through in-service and pre-service programmes, educators will be prepared to effectively integrate HIV prevention messages into the lessons and curriculum, according to existing curriculum policy.

4.1.3 Peer Education

- 4.1.3.1 The MoE, in consultation with relevant stakeholders with expertise in HIV/AIDS education, will train peer educators who will use a variety of communication methods to deliver appropriate HIV/AIDS prevention messages in order to promote and sustain risk-reducing behaviour.

4.1.4 Prevention systems and supplies

- 4.1.4.1 In collaboration with Ministry of Health and other recognised agencies, the MoE will facilitate and make available approved and appropriate prevention services and supplies at workplaces and selected locations.
- 4.1.4.2 The MoE will provide and maintain as far as reasonably practicable, a workplace that is safe from HIV transmission and without risk to the health of employees and learners in order to minimise the risk of exposure to HIV/AIDS.
- 4.1.4.3 Every learning institution and office will be made aware of universal infection control precautions and be required to put the necessary systems in place to ensure their implementation.

The universal infection control precautions will be administered by trained personnel, wherever there is a risk of exposure to blood including accidents on the sports field and during play.

- 4.1.4.4 Where appropriate, all persons in the education sector will be made aware of local services that provide treatment of STIs and be encouraged to seek treatment in order to reduce HIV transmission and the further spread of STIs.

4.2 CARE AND SUPPORT

Goal:

Affected and infected individuals in the education sector have access to a wide range of care and support

4.2.1 Identification of orphans and vulnerable children

4.2.1.1 Identification and assessment of double and single orphans and vulnerable children will be integrated into existing systems.

4.2.2 Monitoring of OVC

4.2.2.1 On-going monitoring of OVC will take place – in respect of their learning and general welfare.

4.2.3 Programmes for girl children

4.2.3.1 Girls will be targeted for special programmes to enable them to continue their education.

4.2.4 Counselling, VCT and psychosocial support

4.2.4.1 Counselling and guidance services at workplaces and learning institutions will be strengthened to support all employees and learners, particularly orphans and vulnerable children.

4.2.4.2 Employees and learners will be informed about VCT and encouraged to be tested for HIV, where appropriate.

4.2.4.3 Efforts will be made to create an enabling and non-discriminatory environment for infected learners and employees to disclose their status and to seek help and support.

4.2.5 Services and support for OVC

4.2.5.1 Alternative arrangements, like payment in kind and donations from NGOs, will be implemented to enable OVC to attend school.

4.2.5.2 Support from MoE will continue – for fees and other educational needs.

4.2.5.3 Parents, families, communities, learners and agricultural agencies will be involved in programmes of nutritional security for learners and OVC, integrated into the learning institution's programmes.

4.2.6 Treatment and care for infected employees and education sector workers (and their spouses and biological children)

4.2.6.1 The MoE will provide adequate information on treatment, including antiretroviral treatment (ART), prevention of mother to child transmission (of HIV) (PMTCT), opportunistic infections (OIs) and positive living, including nutrition.

4.2.6.2 The MoE will facilitate referrals for infected employees and education sector workers to access a wide range of treatment and care services from the health sector.

4.2.7 Care and support for infected learners

4.2.7.1 Where necessary, learning institutions and educators will enable infected learners to continue their education through alternative learning arrangements.

4.2.7.2 Learning institutions will encourage infected learners to seek treatment, facilitating referrals to appropriate health services.

4.2.8 Information and referrals

4.2.8.1 Employees, education sector workers and learners (particularly OVC and infected learners) will be provided with information on available local community services, such as:

- Home-based care services and support groups;
- Church groups that support widows and orphans;
- Nutrition clubs, run by NGOs;
- Healthy living clubs and other support groups formed at workplaces;
- NGOs that provide uniforms, food, and more general support; and
- Community Welfare Associations.

4.3 HIV/AIDS AND THE WORKPLACE

Goal:

A workplace characterised by sensitivity, responsiveness to HIV/AIDS and free of risk and stigma, that is supported by non-discriminatory terms and conditions of service and labour practices for all education sector employees, stakeholders and clients.

HUMAN RESOURCE MANAGEMENT

4.3.1 Non-discrimination

- 4.3.1.1 All education sector educators, managers, administrators, support staff and other employees living with HIV/AIDS have equal rights and obligations as all other non-infected education sector employees.
- 4.3.1.2 There will be no tolerance of discrimination against any employee on account of real or perceived HIV status.
- 4.3.1.3 No employee will be prejudiced in relation to equal opportunities for employment, promotion, job classification, transfers, employee benefits or training. If an employee perceives discrimination to be occurring as a result of his/her HIV status, that individual will have recourse to the MoE's grievance procedures.
- 4.3.1.4 There will be no termination of the employment relationship on account of an employee's HIV status. As the largest employers in the education sector, the Teaching and Public Service Commissions will pay special attention to this issue.
- 4.3.1.5 All learning institutions and education workplaces will foster a supportive environment for employees who are HIV positive.
- 4.3.1.6 The MoE will put in place appropriate measures to ensure that co-workers and persons living with HIV/AIDS continue working within a conducive environment.

4.3.2 Sexual abuse and harassment

- 4.3.2.1 Sexual abuse and harassment or coercion for sex will not be tolerated in learning institutions and education workplaces. All cases of misconduct will be handled in accordance with the Code of Conduct and existing laws of the Republic of Zambia.
- 4.3.2.2 Any employee who feels that he/she is being sexually abused and/or harassed in the workplace, may lodge a complaint with any person in an appropriate position of authority in the school, community, union or police; and the responsible person will investigate the incident(s) and follow the appropriate disciplinary procedure.

4.3.3 HIV testing and confidentiality

- 4.3.3.1 Learning institutions will not require any person directly or indirectly to undergo any form of HIV testing as a pre-condition to the offer of employment or admission into a learning institution.
- 4.3.3.2 HIV testing, status or disclosure will not be a pre-requisite for nomination in respect of training within Zambian learning institutions.
- 4.3.3.3 No employee is under any obligation to inform his/her employer/supervisor or colleagues of his/her HIV status.
- 4.3.3.4 All employees will treat information regarding the HIV status of others with strict confidence. Any disclosure of information related to the HIV status of an employee by any member of staff without the written consent of the individual, will attract disciplinary action by an authority within the Ministry.

HUMAN RESOURCE PLANNING

4.3.4 Conditions of service and benefits

- 4.3.4.1 When an employee has exhausted their entitlement to sick leave and other leave benefits, employees will be encouraged to seek treatment and gain access to their benefits.
- 4.3.4.2 If an employee is unable to perform his or her normal duties, “*reasonable accommodation*” will apply and the provision of alternative suitable employment within their place of employment will be facilitated where possible. This can only be implemented with the written consent of the employee, and such action, without the consent of the employee, will amount to a breach of contract. This option will always be explored before retirement to pension on medical grounds.
- 4.3.4.3 As HIV/AIDS is not within the control of the employee and does not therefore constitute any form of misconduct; the consultation and counselling process will be dealt with as *incapacity*. Records will be kept of all counselling sessions as proof that the MoE did not make an arbitrary decision to retire an employee. The normal period of notice will apply, and such retirement will be without prejudice to the employee’s benefits.
- 4.3.4.4 Employees who opt to leave their posts on medical grounds, will be supported in their retirement applications.
- 4.3.4.5 Where employees disclose their HIV status measures will be taken to ensure that they are not deployed away from their spouses and families.

4.4 PLANNING, MANAGEMENT AND MITIGATION

Goal:

Management structures, systems, partnerships and programmes are in place at all levels of the education sector to plan, advocate, ensure and sustain quality education in the context of HIV/AIDS.

4.4.1 Management structures and responsibilities

4.4.1.1 HIV/AIDS is everyone's responsibility in the education sector.

4.4.1.2 Dedicated management structures will be in place at the national, provincial, district and institutional levels of the education system responsible for education sector HIV/AIDS policy implementation, direction, monitoring, evaluation and reporting.

4.4.1.3 Accountable Focal Point Persons will be appointed at every level and in every institution, assisted by nominated senior officers and are to report monthly, quarterly and annually to their supervisors.

4.4.2 HIV/AIDS coordination and management

4.4.2.1 The HIV/AIDS management unit will be formally established and sustainably resourced to lead the MoE HIV/AIDS response.

4.4.2.2 This HIV/AIDS management unit, situated at the MoE headquarters within the HR Directorate, will guide the implementation of the national education sector HIV/AIDS policy and provide leadership, coordination, technical support and reporting on the implementation of the policy.

4.4.2.3 There will be MoE commitment to sustained capacity building for the HIV/AIDS management unit, its personnel, and all Focal Point Persons and their nominated assistants at every level.

4.4.3 Leadership and advocacy

4.4.3.1 Political leaders and managers in the education sector will, at all times, publicly support the education sector HIV/AIDS policy and its implementation at every stage and level.

4.4.3.2 Political leaders and managers will be advocates of the education sector policy and positive role models, creating awareness and sharing information about HIV/AIDS impact and education sector responses.

4.4.4 Data collection and information systems

- 4.4.4.1 The MoE will develop a set of core indicators of HIV/AIDS impact on the education system that can be routinely captured at all levels and in all functions of the education system.
- 4.4.4.2 The MoE will review EMIS, HR and related information systems, implement new district level data systems (DEMMIS) to ensure the regular capture of these indicators across the entire education system and timeously analyze these to provide HIV/AIDS sensitive information to support decisions and empower management at all levels.
- 4.4.4.3 This information will be available to every stakeholder or interested party.

4.4.5 Planning, budgeting, finance management and resource mobilization

- 4.4.5.1 Planning for HIV/AIDS impact and response will be carried out on a continuous basis at every level of the education system.
- 4.4.5.2 Planning will include attention to issues of OVC, out-of-school youth and learners with special education needs.
- 4.4.5.3 The HIV/AIDS management unit will be responsible for guiding the education planning, budget and financial management processes and coordinating external resources for the education sector HIV/AIDS response.

4.4.6 Research

- 4.4.6.1 The development and implementation of policy and related interventions will be guided by regular, prioritized, data-based research and proven best practice both inside and outside the education sector, to monitor impact, trends and the effectiveness of responses.
- 4.4.6.2 The education sector and MoE will collaborate with other key research stakeholders on all research and analysis of mutual interest.
- 4.4.6.3 Special attention will be given to research on levels of HIV-prevalence in the education sector, orphaning, vulnerability, education access and quality, the effectiveness of prevention, care and support programmes, workplace impact and gender issues.
- 4.4.6.4 All research will be conducted in accordance with internationally accepted ethical standards and scientific principles, and will respect the rights, privacy and confidentiality of every person involved.

4.4.7 Policy implementation and review

- 4.4.7.1 Following approval of the National HIV/AIDS Policy for the Education Sector, the MoE will plan and action the policy implementation process at every level of the system.
- 4.4.7.2 The National HIV/AIDS Policy for the Education Sector will be reviewed as may be required but at least every two years.

4.4.7.3 All other education sub-sectors and institutions responsible for developing HIV/AIDS policies in compliance with the education sector HIV/AIDS policy will also be responsible for the review of these policies at least every two years.

4.4.8 Partnerships and links

4.4.8.1 The MoE will recognize the roles and contributions of all its sectoral and development partners and encourage their participation in the implementation of the education sector HIV/AIDS policy and the achievement of its goals and objectives.

4.4.8.2 Through the development and maintenance of a partnership database, the MoE will identify and work effectively with these partners to manage and mitigate the impact of HIV/AIDS.

4.4.8.3 The MoE will facilitate the development of links with other social sector ministries and agencies to explore common interests and collaborative relationships. These links will specifically include agreement on joint responsibility and programming for ECCD, OVC, out-of-school youth and cross-cutting or multi-sectoral issues.

4.4.9 Tertiary/Higher education sector

4.4.9.1 The tertiary and higher education sector will develop sector-specific HIV/AIDS policies at the sectoral and institutional level in accordance with the Zambian National HIV/AIDS/STI/TB Policy and the National HIV/AIDS Policy for the Education Sector.

4.4.10 Monitoring and evaluation

4.4.10.1 The MoE will be responsible for coordinating the development and implementation of an appropriate monitoring and evaluation system for the education sector to benchmark, measure and monitor an agreed set of HIV/AIDS impact indicators.

4.4.10.2 The MoE will coordinate the design and implementation of training in this monitoring and evaluation system for all accountable Focal Point Persons and their nominated senior officers at every level and in every institution.

4.4.10.3 Accountable Focal Point Persons at every level and in every institution, assisted by nominated senior officers, will be responsible for the monitoring and evaluation of these indicators and will report on these monthly, quarterly and annually to their supervisors.

4.4.11 Reporting

4.4.11.1 The MoE will publish an annual progress report on all Education Sector HIV/AIDS programmes and policy implementation.

5 ANNEXURES

1 Universal infection control precautions

1. Blood, especially in large spills such as from nosebleeds, and old blood or bloodstains, should be handled with extreme caution. Skin accidentally exposed to blood should be washed immediately with soap and running water. All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned immediately with running water and/or other antiseptics. If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleaned under running water, dried, treated with antiseptic and covered with a waterproof dressing. Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.
2. Disposable bags or incinerators must be made available to dispose of sanitary wear.
3. All open wounds, sores, breaks in the skin, grazes and open skin lesions should be covered completely and securely at all times with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood.
4. Cleaning and washing should always be done with running water and not in containers of water. Where running tap water is not available, containers should be used to pour water over the area to be cleaned. Educational institutions without running water should keep a supply on hand specifically for use in emergencies (for instance, in a 25-litre drum). This water can be kept fresh for a long period of time by adding a disinfectant, such as Milton, to it.
5. All persons should wear protective latex gloves or unbroken plastic bags over their hands when attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions. Doing this will effectively eliminate the risk of HIV transmission. Bleeding can be managed by compression with material that will absorb the blood (for instance, a towel).
6. If a surface has been contaminated with body fluids and excretions which could include some blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus), that surface should be cleaned with running water and household bleach (1:10 solution) using paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags over their hands.
7. Blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissues and toilet paper can be flushed down in toilet.
8. If instruments (for instance scissors) become contaminated with blood or other body fluids, they should be washed and placed in a household bleach solution for at least one hour before drying and re-using.
9. Needles and syringes should be safely disposed of and not re-used.

Recommended content of First Aid Kits:

- Two large and two medium pairs of disposable latex gloves.
- Two large and two medium pairs of household rubber gloves (for handling blood-soaked material in specific instances such as when broken glass makes the use of latex gloves inappropriate)
- Absorbent material
- Waterproof plasters
- Disinfectant (such as hypo chloride)
- Scissors
- Cotton wool
- Gauze tape
- Tissues
- Water containers
- Resuscitation mouthpiece or similar device with which mouth-to-mouth resuscitation can be applied without any contact being made with blood or other body fluids.
- Protective eye wear
- Protective facemask to cover nose and mouth

Alternatives:

The universal precautions help prevent contact with blood and other body fluids. Less sophisticated items than those described above can also be used, such as:

- Unbroken plastic bags on hands where latex or rubber gloves are not available

- Common household bleach for use as disinfectant (diluted one part bleach to ten parts water [1:10 solution])
- Spectacles instead of protective eye wear
- A scarf instead of a protective face mask.

Used items should be dealt with as indicated in paragraphs 7 to 9 above.