

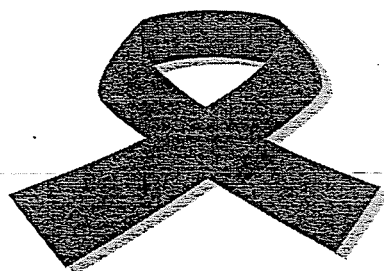
Draft for discussion



Ministry of Education and Sports

Draft Pre-final

**EDUCATION AND SPORTS SECTOR POLICY AND
GUIDELINES ON HIV/AIDS**



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Acronyms

<i>AIDS</i>	Acquired Immune Deficiency Syndrome
<i>ART</i>	Anti-Retroviral Therapy
<i>ARV</i>	Anti-Retroviral
<i>BCC</i>	Behaviour Change Communication
<i>CBO</i>	Community Based Organization
<i>CSO</i>	Civil Society Organisation
<i>EFA</i>	Education for All
<i>EFAG</i>	Education Funding Agencies Group
<i>EMIS</i>	Education Management Information System
<i>EPD</i>	Education Planning Department
<i>ESC</i>	Education Service Commission
<i>ESCC</i>	Education Sector Co-ordinating Committee
<i>ESR</i>	Education Sector Review
<i>FBO</i>	Faith Based Organisation
<i>GIPA</i>	Greater Involvement of People living with HIV/AIDS
<i>GIS</i>	Geographic Information Systems
<i>GOU</i>	Government of Uganda
<i>HIV</i>	Human Immunodeficiency Virus
<i>IEC</i>	Information Education Communication
<i>ILO</i>	International Labour Organisation
<i>MOES</i>	Ministry of Education and Sports
<i>MOLG</i>	Ministry of Local Government
<i>MOGLSD</i>	Ministry of Gender, Labour and Social Development
<i>NGO</i>	Non-Government Organisation
<i>NOPA</i>	National Overarching Policy on AIDS

<i>NSF</i>	National Strategic Framework
<i>NSSF</i>	National Social Security Funds
<i>OVC</i>	Orphans and other Vulnerable Children
<i>PEAP</i>	Poverty Eradication Action Plan
<i>PEP</i>	Post Exposure Prophylaxis
<i>PHA</i>	People living with HIV/AIDS
<i>PMTCT</i>	Prevention of Mother to Child Transmission
<i>SCE</i>	Self Coordinating Entity
<i>SRH</i>	Sexual and Reproductive Health
<i>STIs</i>	Sexually Transmitted Infections
<i>UAC</i>	Uganda AIDS Commission
<i>UBOS</i>	Uganda Bureau of Statistics
<i>UNGASS</i>	United Nations General Assembly
<i>VCT</i>	Voluntary Counselling and Testing

Definitions

<i>Affected</i>	Refers to a person who experiences the impact of HIV/AIDS through loss or sickness of family members, friends or colleagues.
<i>AIDS</i>	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 life threatening diseases.
<i>Athlete</i>	A person engaged in institutionalised physical education and sports activities
<i>Child</i>	A person who is below the age of 18 years
<i>Education and Sports Sector</i>	Refers to all organisations, persons, programmes, activities and role players in the field of education and sports.
<i>Educator</i>	Means any person who imparts knowledge and skills within the Education and Sports Sector.
<i>Employee</i>	Any person engaged in the Education and Sports Sector to perform a certain task for the purpose of earning a wage or salary or any other form of remuneration.
<i>Employer</i>	A person or body that engages others to perform certain tasks for payment of a wage or salary or any other form of remuneration.
<i>Essential service</i>	These are interventions aimed at providing a supportive environment and OVC and other vulnerable groups and ensuring that they live to their full potential. These interventions include appropriate psychosocial support, shelter, good nutrition, health and other services, protection from all forms of discrimination, exploitation and abuse.
<i>Gender</i>	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.
<i>HIV</i>	Means the 'Human Immunodeficiency Virus' - the virus that causes AIDS.
<i>Infected</i>	Refers to a person living with HIV, the virus that causes AIDS.
<i>Learner</i>	A learner is a person receiving instruction and training from a learning institution or programme.
<i>Learning institution</i>	A place where formal or informal instruction is carried out following a prescribed programme.

<i>Mainstreaming</i>	Adapting a ministry or an organisation's core business to cope with the realities of HIV/AIDS. The key principles of mainstreaming include: (i) understanding/being aware of the impact that the issue is having on development, (ii) identifying focussed entry points, (iii) working within existing structures and strategies, (iv) working to your comparative advantage, (v) identifying and working through strategic partnerships, and (vi) understanding the impact of HIV/AIDS on the ministry or organisation.
<i>Multi-sectoral approach</i>	A policy programming strategy, which involves all sectors and sections of society in a holistic response to the HIV/AIDS pandemic.
<i>Orphan</i>	A child below the age of 18 years who has lost one or both parents.
<i>Psychosocial support</i>	The support meant to address challenges of isolation, depression, anxiety, other psychiatric impairment and serious interpersonal problems as a result of HIV/AIDS. The purpose of psychosocial support is to ensure that quality of life and motivation to live are effectively optimised. Psychosocial support is understood to include spiritual support.
<i>Post exposure prophylaxis</i>	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.
<i>VCT</i>	Voluntary Counselling and Testing refers to voluntary HIV testing that involves a process of pre- and post-test counselling, in order for people to know their sero-status and make informed decisions.
<i>Vulnerable Child</i>	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.
<i>Vulnerable learner</i>	Any person receiving education and training from a person, learning institution or programme and who is susceptible to circumstances that infringe upon the fulfilment of their fundamental rights.
<i>Workplace</i>	Refers to occupational settings, stations and places where workers spend time for employment.

Foreword

It is now common knowledge that Uganda was the first country in Africa to openly declare the existence of the HIV/AIDS pandemic. The cost to Ugandan society in terms of the numbers of men, women and children living with HIV and lost to AIDS is enormous. By December 2001, an estimated 1 050 555 adults and children were living with HIV/AIDS in Uganda. By 2002, it was estimated that the pandemic has created a population of 1 650 000 orphans (Wakhweya et al, 2002).

Uganda is a leader in the fight against HIV/AIDS in Africa and in the international community. Our successes in curbing the spread of the pandemic must be credited to two critical factors: firstly, political leadership by His Excellency President Yoweri K Museveni, and secondly, a policy of openness.

The Ministry of Health takes the lead in the national response to HIV/AIDS and the Uganda AIDS Commission fulfils the role of the apex body co-ordinating the national response and guiding policy development. Under the leadership of the Uganda AIDS Commission, Uganda has succeeded in putting in place institutional arrangements that also provide clarity and strength in the multi-sectoral response. These include:

- One national strategic framework which guides all responses
- One national coordinating and guiding structure – the Uganda AIDS Commission
- One monitoring and evaluation framework for the Republic of Uganda

Since 2002, the Ministry of Education and Sports has been implementing a more systematic response to HIV/AIDS. This policy and guideline document is one of the core elements in that systematic response. Its content is the outcome of a series of intensive stakeholder consultations that started in Jinja in December 2003 and concluded in July 2004. The consultations have included a wide cross section of education officials, student organisations, sports organisations, non government organisations, PWAs, faith based organisations, tertiary education institutions, development partners and a host of other stakeholders.

The stakeholder consultations have also been characterised by robust and frank debate about the issues affecting the sector. There is widespread agreement that urgent and purposeful responses are needed in the sector and that a sectoral policy and guidelines are appropriate to guide our actions. Policies by their nature do not provide exact answers for every situation, in every classroom or community. Sub-sectors are being called on to use the framework of this document to develop more detailed guidelines for their stakeholders. Higher education institutions are therefore being encouraged to use their autonomous status to develop institution specific policies. Likewise, sports organisations which represent a major sub-sector, are being encouraged to develop guidelines within the framework of the sector policy which assist officials, sports managers, coaches and athletes in better understanding the threat of HIV and how best to cope with the pandemic.

Uganda is fortunate to have a well developed set of policies on HIV/AIDS in key areas, all of which are consistent with the National Overarching Policy on AIDS (NOPA). Users of this document are encouraged to seek more detailed advice on HIV/AIDS related matters from the HIV/AIDS Unit and HIV/AIDS Focal Point Officers of the Ministry and to consult other national policies where necessary.

Minister of Education and Sports

1.0 Background and Introduction

Uganda was one of the first countries in the world to experience a generalised HIV/AIDS pandemic. Since 1982 when the pandemic became known in Rakai district, the Government of Uganda has mounted a determined effort to reduce the spread of infection, protect the human and social rights of those affected and infected and mitigate the impacts of the pandemic on Ugandan society and the economy. At the height of the pandemic in the 1980s, prevalence data indicated average 15% prevalence (Draft NOPA, 2003). By mid 2004, the overall level of prevalence in Uganda had declined to an estimated 6.0%.

This policy and guidelines document on HIV/AIDS is a response to a Government of Uganda (GOU) initiative which requires that each sector should develop a sector specific policy that is consistent with and responds to the National Overarching Policy on HIV/AIDS (NOPA, 2004) and the National Strategic Framework (NSF). This policy takes it lead from the Revised National Strategic Framework for HIV/AIDS Activities in Uganda 2003/04-2005/06 which is led by the Uganda AIDS Commission and is intended to provide guidance to all HIV/AIDS stakeholders. Uganda is fortunate in having policy developed for a number of other specific areas. These include: the National Orphans and Other Vulnerable Children (OVC) Policy, National Condom Policy and Strategy, National Policy on HIV/AIDS in the World of Work, the Voluntary Counselling and Testing (VCT) Policy and the National Antiretroviral Therapy (ART) Policy.

In the education and sports sector, the implementation of this policy is in the context of GOU's commitment to Universal Primary Education and the Poverty Eradication Action Plan (PEAP). GOU is also committed to mainstreaming HIV/AIDS as part of its commitment to the goal of Education for All (EFA), the Millennium Development Goal for Education and the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Declaration of Commitment on HIV/AIDS (July 2002) which sets the target of reducing HIV infection among 15 to 24 year-olds by 25 per cent by 2010 globally and calls upon governments to develop by 2003, and implement by 2005 national strategies to provide a supportive environment for orphans and children affected and infected by HIV/AIDS.

This document has two components: policy and guidelines. The policy section outlines an approach to HIV/AIDS in the education sector, the institutions and stakeholders which the policy targets and the principles which underlie the policy. The policy treats HIV/AIDS under four major headings: prevention, treatment and care and support, HIV/AIDS in the workplace, and lastly, management of the response to HIV/AIDS. The guidelines section provides detailed implementation guidance for all stakeholders in the education sector with specific reference to the roles and responsibilities of the Ministry of Education and Sports, different sub sectors, other government agencies and different levels of government.

2.0 Scope of Application

The scope of application of this HIV/AIDS policy for the education and sports sector shall include all

- learners
- athletes
- employees
- managers
- employers
- administrators

and other providers of education and sports services in all public and private, formal and non-formal learning institutions and sports organisations at all levels in the Republic of Uganda.

3.0 Principles Underlying the Policy

In accordance with the global conventions and national policy frameworks, the education and sports sector upholds the following principles:

- 3.1 Pursuing a Multi-sectoral Approach in the fight against HIV/AIDS
- 3.2 Mainstreaming HIV/AIDS into every policy, procedure, practice and programme in the education and sports sector, consistent with principles of the PEAP.
- 3.3 Involvement of People Living with HIV/AIDS in all sector programmes and activities
- 3.4 Addressing the concerns of internally displaced persons and those in conflict and disaster affected areas.
- 3.5 Uphold the rights of all people within the sector with a special focus on marginalized and vulnerable groups and those with special needs. Such rights include, amongst others, universal access to HIV/AIDS information, access to treatment, care and support; protection from stigma and discrimination; and care for orphans and vulnerable persons.
- 3.6 Ensuring equitable allocation of resources for HIV/AIDS interventions within the sector.
- 3.7 Observing the right to privacy and confidentiality and adhering to the principle of no compulsory HIV testing for employees and learners. Voluntary disclosure about HIV/AIDS status shall be encouraged.
- 3.8 Enforcing HIV/AIDS workplace policies that are consistent with international and national codes of practice on HIV/AIDS.
- 3.9 Observing zero tolerance for behaviour that perpetuates the spread of HIV/AIDS within education sector institutions.

4.0 Prevention

Goal:

An environment in which all persons within the sector are safe from HIV infection.

The core prevention interventions shall include, but not be limited to the following:

- 4.1 Provision of current, accurate, complete, appropriate and scientifically factual information to all persons presented in a manner that does not alienate any category of persons and that serves the purpose of reducing the risk of HIV infection.
- 4.2 Mainstreaming and integrating HIV/AIDS and Life Skills education into curricula of formal and non formal education and training programmes at all levels.
- 4.3 Promoting abstinence especially amongst young unmarried people at Primary and Secondary levels of education providing them knowledge or information about condoms as one of the means to avoid STIs and HIV infection.

5.0 Treatment, Care, Support and Impact Mitigation

Goal:

An environment where all infected and directly affected individuals in the education sector can access treatment, care and support.

The main thrust of interventions in this area shall include:

- 5.1 Promotion and facilitation of access to VCT as well as learner friendly reproductive health information and services.
- 5.2 Facilitation of access to treatment of opportunistic infections, anti retroviral therapy and psychosocial support for infected and affected persons.
- 5.3 Mobilisation of resources through the normal budgetary processes at all levels (national, decentralised and institutional) and from external sources.
- 5.4 Building capacity for providing basic skills in AIDS education, sensitisation, training, counselling and communication, palliative care, home-based care and life skills.
- 5.5 Strengthening the sector's policy and legal frameworks to ensure greater protection of all the disadvantaged and vulnerable persons, as well as those predisposed to risk and accordingly advocating for appropriate legal reforms.

6.0 HIV/AIDS and the Workplace

Goal:

A workplace characterized by sensitivity, responsiveness to HIV/AIDS, free of risk, stigma and discrimination for all sector employees and clients.

Policy interventions in this area shall include:

Stigma and Discrimination

6.1 Non-discrimination and stigmatisation of infected and affected sector employees and clients in terms of access to or continued employment, training, promotion or employee benefits on the basis of one's status.

Recruitment, Deployment and Staff Balance

6.2 Review of current human resource planning, management and development policies, codes and practices in order to make them more responsive to HIV/AIDS. Accordingly, there shall be no compulsory HIV testing for any employment related purpose whatsoever.

HIV Testing and Confidentiality

6.3 Upholding the principle of confidentiality and voluntary disclosure, whereby it is only the employee or the client who has the liberty to disclose or not to disclose his/her status.

HIV/AIDS Prevention, Information and Support Programmes for Employees and Sports Officials

6.4 Availing employees and clients with complete, accurate and scientifically factual information about HIV/AIDS, as well as establishing and maintaining open channels for feedback.

Refusal to Study or Work with, Teach or be Taught by Persons Living with HIV/AIDS, or other Discriminatory and Disruptive Practices

6.5 Holding all employers and employees within the sector responsible and accountable for complying with the HIV/AIDS work place policy and to lend support to and participate in HIV/AIDS prevention activities.

Ill-health and Absenteeism

6.6 Promoting all feasible means to maintain the health and performance of infected employees. Employees living with HIV/AIDS shall continue working for as long as they have not been declared unfit by a competent medical authority.

6.7 Applying general provisions relating to compassionate leave to enable the directly affected employees to undertake their social obligations which may include, but not limited to, caring for the sick and funeral attendance.

Exposure at the Workplace

6.8 Maintaining liaison with the relevant stakeholders for purposes of developing appropriate legal reforms relating to access to PEP and mandatory HIV testing in all cases of rape, defilement, sexual assault and intentional transmission of HIV.

7.0 *Management of the Education and Sports Sector Response to HIV/AIDS*

Goal:

Management structures, systems and programmes are in place at all levels of the education and sports sector to ensure and sustain an effective HIV/AIDS response

Policy interventions in this area include:

Management and Coordination

7.1 Ensuring that dedicated, high level and full-time human resource capacity is in place to manage and coordinate data collection, analysis, planning, resource management, implementation, dissemination, research monitoring and evaluation at all levels within the sector.

Conflict Affected Populations and Displacement

7.2 Developing and implementing HIV/AIDS programmes in areas of conflict and displacement.

Partnerships

7.3 Enhancing the sector's participation in established HIV/AIDS and other related partnerships.

Advocacy

7.4 Ensuring wide dissemination of the education and sports sector policy and guidelines to all stakeholders at all levels.

Further Policy Development and Review

7.5 Reviewing the policy periodically as and when the need arises; as well as compelling all sub sectors to develop and review their own HIV/AIDS policies in compliance with the sector policy.

8.0 *Implementation Guidelines*

9.0

Prevention

Provision of HIV/AIDS Preventive Services

The majority of younger learners in the education system are not sexually active. Abstinence is the best known means of keeping youth free of infection. In keeping with this principle, the sector shall focus its efforts on the promotion of abstinence, particularly amongst children at primary and secondary level education.

Young people have the right to knowledge about condoms as a method of keeping them safe from sexually transmitted infections and HIV infection. However, condom use shall not be promoted at the primary and secondary levels, and condom promotion shall take due consideration of age appropriateness and parental guidance at all times. Sexually active young people and adults shall be educated about the need for correct and consistent use of condoms. The National Condom Policy and Strategy provides guidelines concerning the promotion of condoms and shall inform all education sector interventions.

Delaying the onset of sexual activity is a critical part in developing the life skills of young people and in reducing the spread of HIV, STIs and unplanned pregnancies. HIV/AIDS related interventions in the education and sports sector shall promote the practice of delayed sexual debut and responsible sexual behaviour.

Through partnerships, appropriate learning materials on HIV/AIDS prevention will be developed and made available to learning institutions and education and sports sector structures.

Linkages shall be created with partners to:

- develop and build on the capacity of learners, athletes employees and employers to utilise, access and/or offer HIV/AIDS preventive services
- support educators to utilise materials provided and develop their own materials and programmes to support HIV/AIDS education
- promote peer education and related activities
- encourage the involvement of PHA
- support education and sports sector national and institutional programmes on HIV/AIDS
- Provide effective preventive services.

Young people are known to respond better to prevention services which understand and cater for their needs and concerns. In keeping with the principles of the Adolescent Reproductive Health Policy, education and health sector prevention programmes shall expand and implement youth friendly services with a focus on the training for teachers and young people.

In the provision of HIV/AIDS services emphasis shall be given to the specific needs of girls, orphans, people with special needs and other vulnerable groups. Education institutions and sports organisations shall develop and implement a Code of Ethics guiding the provision of all services.

Treatment, Care, Support and Impact Mitigation

Provision of basic assistance

The education and sports sector will liaise with local and international agencies and the private sector to mobilize required support for infected and directly affected individuals within the sector.

The education and sports sector shall build partnerships and networks with line ministries and civil society organisations in order to facilitate access to treatment and related services for employers, employees, learners and athletes at all levels. Where they meet minimum quality standards, school sick bays and other health facilities shall offer basic health services and support to learners and employees in line with the provisions of the School Health Policy.

MOES shall encourage institutions and other stakeholders in the education and sports sector to provide support including feeding schemes, uniforms, books, fees, shelter, and supervision that enables infected and directly affected learners to complete their education and athletes who are able to participate in sports activities.

Learning institutions and sports organisations shall facilitate access to any available internal resources and work with communities to address the needs of learners with disabilities and other special needs, particularly in infected and directly affected families and households.

Identification and support

Education and sports sector institutions shall liaise with appropriate partners to identify areas of need, particularly where orphans and other vulnerable children are at risk, as well as infected and directly affected persons, families and households requiring assistance. Community based support networks shall facilitate monitoring.

Education and sports sector institutions are encouraged to use existing for a with other partners to evaluate the impacts of the pandemic and mitigation interventions in the sector.

Psychosocial support

Both infected and affected people in the education and sports sector need psychosocial support in coping with HIV/AIDS. In the education and sports sector, the needs of children – particularly those orphaned by AIDS or from AIDS affected families – are of primary importance. In addition to responsibilities which this policy outlines for

institutions, young people should be sensitised to the needs of their affected and infected peers and mobilised around a common responsibility for care and support.

The education and sports sector shall facilitate access to psychosocial and spiritual support. Teachers, managers and learners at learning institutions as well as sports athletes, should be encouraged to train in guidance and counselling, psychosocial support, to mobilise assistance and act as a point of referral to community based sources such as lay counsellors and faith-based organisations.

Training in psychosocial support and counselling, particularly for lay practitioners shall be conducted according to the accepted professional standards.

The provision of psychosocial and counselling services within education institutions and sports organisations shall be guided by accepted professional norms and standards.

Education institutions and sports organisations are encouraged to work with Uganda National Forum of People Living with HIV/AIDS and other organisations to encourage openness and promote positive living strategies in the sector.

Post test clubs should be encouraged and supported in the education and sports sector as a means of accessing ARVs, guidance and counselling, social support and promoting behaviour change and positive living amongst affected and infected individuals.

Disclosure of a person's serostatus must always be voluntary and agreed to within the accepted norms of shared confidentiality. Matters concerning the health status of a child shall in all cases take primary consideration of the rights of a child and the legal responsibilities of the parent/ guardian.

Psycho-social support strategies shall pay specific attention to people with special needs.

Voluntary Counselling and Testing (VCT)

Voluntary Counselling and Testing (VCT) shall be promoted by education institutions and sports organisations as a means of prevention and accessing treatment, care and support. Knowing one's status enables uninfected people to continue the behaviours and practices that keep them safe from HIV infection. For infected people, VCT allows them to access all the care and support that is necessary to remain healthy and productive.

Institutions in the sector which meet the requirements for providing VCT services, in accordance with the National VCT Policy, shall be encouraged to expand and strengthen their capacity in partnership with health facilities in the public sector and non-government partners.

The provision of VCT for learners and employees through institutions or organisations in the sector shall be in accordance with the norms, standards and requirements of the National Policy on VCT. Young people under the age of eighteen have a legal right of access to VCT and other reproductive health services. Counselling of children in the case of VCT shall be provided with full consideration of the rights of the child.

Existing infrastructure for counselling and other services based at education institutions shall be strengthened and expanded.

Higher education institutions shall provide adequate health facilities for employees and students and take responsibility for these services within their own institutional policies.

Gender and child protection

MOES shall develop and distribute guidelines for the protection of learners against all forms of abuse. Special attention shall be given to the protection of girls in relation to child labour and where they are compelled to care for children and adults. Support shall be provided to protect girls and women who are vulnerable to poverty and to enable them to remain in education institutions and complete their education and or participate in sports activities

Cultural practices concerning sex and sexuality, which increase the risk of HIV infection amongst learners, should be discouraged and offenders disciplined and/or prosecuted in accordance with existing laws and codes of conduct governing the professional behaviour of education and sports sector personnel.

Learner and employee welfare

MOES will promote the establishment of schemes targeting infected learners, orphans and other vulnerable groups which include education bursaries/scholarships, material support and training of learners to initiate and manage income generating activities. NCS will play a similar role with regards to sports men/women

Directly affected and infected learners, / athletes their families and guardians will be encouraged to make use of state supported and voluntary microfinance schemes to mitigate the socio-economic impact of HIV/AIDS.

Conflict and displacement

Education sector institutions and sports organisations shall work with existing national and local programmes to monitor and address the risks faced by young people whose safety is put at risk by armed conflict, internal displacement, refugee status and abduction.

HIV/AIDS in the Workplace

The Education Service Commission (ESC) as well as all the other semi autonomous institutions under the Education and Sports Sector shall have specific responsibility for the implementation of this education and sports sector policy with respect to the rights and obligations of all categories of employees appointed under the various jurisdictions.

Non-discrimination

All education sector employees and job applicants living with HIV/AIDS shall not be discriminated against in terms of access to or continued employment, training, promotion or employee benefits on the basis of their HIV status. They shall be protected against stigmatisation by their employer, fellow employees, learners, parents, managers and communities.

Recruitment, deployment, etc

Education institutions and sports organisations shall review current policies, codes and practice for recruitment and deployment of staff. In particular, the Ministry and the institutions shall:

- ensure that partners and spouses are not separated unnecessarily;
- promote effective succession and succession planning for managers and other staff;
- where possible, assist the redeployment of staff who need access to family or medical care; and
- Improve provisioning systems for teachers and other staff to avoid loss of teaching time (determination of staff ceilings).

HIV testing and confidentiality

There shall be no compulsory HIV testing in the workplace as a requirement for appointment or continued service. Voluntary testing for HIV at the request of an employee should be done:

- by a suitably qualified person in a suitable facility;
- with the employee's informed consent;
- in accordance with normal medical ethical rules including confidentiality;
- with pre- and post-test counselling

Voluntary disclosure by education and sports sector employees and job applicants of their HIV status shall be encouraged, within a supportive environment in which the confidentiality of this information is protected and in which unfair discrimination on the basis of HIV/AIDS is not tolerated.

An employee is under no obligation to disclose his/her HIV status to their employer. However where an employee voluntarily chooses to do so, he/she retains the right to confidentiality. Disciplinary steps, consistent with relevant legislation and regulations,

shall be taken against any education and sports sector employee who discloses a fellow employee's status without consent.

The MOES will liaise with the Ministry of Justice and constitutional affairs and Ministry of Health around developing appropriate legal provisions regarding mandatory HIV testing and access to PEP in all cases of rape, defilement, sexual molestation and intentional transmission of HIV virus.

HIV/AIDS prevention, information and support programmes for employees etc

Heads of all education and sports sector workplaces shall ensure that the contents of this policy are communicated to all employees and that they have access to copies of the policy.

Heads of all education and sports sector workplaces shall ensure that all categories of employees are provided with appropriate HIV/AIDS education and prevention programmes without delay. These programmes shall be designed and implemented in consultation with all levels and categories of employees. Programmes should include:

- Basic information about HIV/AIDS, how it is spread and how it can be prevented.
- Promotion of positive living by people with HIV/AIDS.
- Promotion of non-discriminatory, supportive and sensitive attitudes towards people living with HIV/AIDS.
- Information on sexuality and safer sexual practices including abstinence, faithfulness and use a condom correctly and consistently.
- Information on rights and services available in the workplace to employees living with HIV/AIDS, including employee benefits, counselling, condom distribution, peer education and any other support.
- Referral information and contacts with HIV/AIDS services, organizations and networks that can provide further support to employees that are infected or affected.
- Information on universal precautions to prevent accidental HIV infection as well as provision of materials to implement these precautions.

Heads of all education and sports sector workplaces shall establish and maintain communication channels to enable employees to raise concerns and grievances and access support concerning HIV/AIDS.

All education and sports sector employees will be held responsible and accountable for complying with HIV/AIDS workplace policy and will be required to attend, lend support to and participate in HIV/AIDS prevention activities.

Refusal to Study or Work with, Teach or be Taught by Persons Living with HIV/AIDS, or other Discriminatory and Disruptive Practices

Learners/ athletes shall not refuse to study, train with fellow learners, or to be taught or coached by an education and sports sector employee on the grounds that they are living with, or perceived to be living with HIV or AIDS. Similarly, educators, managers, administrators, support staff or other employees shall not refuse to teach or interact with learners, athletes or colleagues on the grounds that they are living with, or perceived to be living, with HIV or AIDS.

All infectious and contagious diseases associated with HIV/AIDS shall be managed according to national and international guidelines and conventions.

Ill health and absenteeism

All education and sports sector institutions will actively promote all feasible means to maintain the health and performance of employees living with HIV/AIDS.

All non-government employers in the education and sports sectors shall be required to enlist their employees with social security schemes like the National Social Security Fund (NSSF).

Employees with HIV/AIDS shall continue working as long as they have not been declared medically unfit by a competent medical authority. If employees are unable to continue their normal duties on medical grounds, employers and managers will act in accordance with Uganda government standing orders with respect to incapacity.

To reduce the negative effects of illness and incapacity on staff members and education delivery, the sector shall:

- take steps to improve access to medical care for staff;
- develop efficient systems for relief staff such as the introduction of flexible staff ceilings providing additional posts from which relief staff can be drawn;
- Take steps to improve efficient processing of retirement applications;
- Monitor and assess sick leave provisions and adapt them, where necessary.

General provisions relating to compassionate leave and funeral attendance will apply to all education and sports sector employees directly affected by HIV/AIDS. Education and sports sector institutions will review existing provisions where necessary to balance the interests of staff and service delivery. In general, where teaching time is lost due to funeral attendance, an institution must make arrangements for learners to catch up, in accordance with service regulations.

Different caretakers' demands affected by HIV/AIDS shall be taken into account in policy and management decisions on compassionate leave.

Exposure at the workplace

The heads of all education and sports sector workplaces have the responsibility of ensuring a safe working environment and to minimize the risk of accidental HIV infection in the workplace.

An education and sports sector employee who accidentally contracts HIV in the course and scope of his/her employment shall be entitled to immediate post-exposure prophylaxis (PEP) and follow-up in the form of compensation according to the prevailing law.

Tertiary and higher education institutions shall make provision for accidental exposure in terms of institutional policy.

Defilement and sexual abuse

In the context of HIV/AIDS, employees of education and sports sector institutions have a responsibility to protect each other and particularly to protect children in their care from all forms of sexual abuse, including: defilement, harassment, sexual molestation, sexual exploitation and rape.

Employees who exploit their authority over children for sexual reasons will be subject to disciplinary procedures of the Education Service Commission, institution specific Codes of Conduct and other legal sanctions determined by a court of law.

Employers and managers of education and sports sector institutions shall have a responsibility to inform all employees of their rights, responsibilities and the sanctions applicable to sexually related misconduct.

Management of the Education and Sports Sector Response to HIV/AIDS

Management and Coordination

The education and sports sector shall ensure that dedicated, high level and full-time human resource capacity is in place to manage and coordinate data collection, analysis, planning, resource management, implementation, dissemination, monitoring and evaluation.

District HIV/AIDS Planning and Coordination Committees, shall be strengthened in order to promote a multi-sectoral response at district and lower levels. Institutions shall have an appointed focal point person to represent their institutions on local committees.

Education and sports sector institutions and managers shall actively participate in and support HIV/AIDS management and coordination structures at all levels, with particular emphasis on the planning, management and implementation of policy and programmes. These structures are expected to be responsive to the needs of all education and sports stakeholders and publicly accountable in decision-making.

Planning

The Education Planning Department (EPD) shall be expected to support the national, district and institutional level HIV/AIDS management and coordination structures with planning related expertise and specifically mobilisation of internal and external resources to support the implementation of the education and sports sector HIV/AIDS policy and the Education Sector Strategic Plan.

Research

Attention will be given to research on levels of HIV prevalence, levels of orphan hood and vulnerability, access to education, the quality of education, the effectiveness of prevention programmes, impacts on the workplace and differential impacts on gender. Examples of good practices will be highlighted and replicated throughout the education and sports sector.

All education sub-sectors and districts will be required to provide the necessary data, through the EMIS and DEMIS including key indicators of impact, for the development of a consolidated and accessible information system to support, inform and coordinate sector HIV/AIDS planning, resource allocation and management.

Universities are encouraged to undertake basic, preventive and curative research or enter into local or international consortia or partnerships for this purpose, as well as providing a budget to support research activities.

All external research and other organisations undertaking HIV/AIDS related research in the education and sports sector shall liaise with the Uganda National Council for Science and Technology and will provide copies of their findings for incorporation into a central information system in order to reduce duplication and enhance sector knowledge.

Education sector institutions shall identify and use other national and international opportunities for the dissemination of research findings on HIV/AIDS.

Monitoring and Evaluation

The sectoral HIV/AIDS management and coordination structure, in association with the EPD, shall plan and develop a system to measure and monitor an agreed set of HIV/AIDS impact indicators that is feasible and relevant in the education and sports sector and consistent with UNGASS and EFA protocols and international good practice.

Management at all levels of the sector must integrate strategies and mechanisms for monitoring and evaluating the quality of HIV/AIDS programmes, responses to these interventions, the efficiency of resource utilisation in the sector and use this information for planning and management.

MOES and each education sub-sector and district shall endeavour to provide, or facilitate access to, sufficient resources to make such monitoring and evaluation successful.

Human and Financial Resource Management

All institutions in the education and sports sector shall integrate the financial implications of HIV/AIDS impacts into regular budget processes ensure the availability of adequate resources to support a response to the pandemic.

MOES and other training institutions are expected to monitor, plan and develop projections to ensure an adequate, sustainable supply of appropriately skilled human resources to meet the needs of every level of the sector.

Each education sub-sector and district and lower level will take the strongest measures to ensure appropriate recognition of HIV/AIDS-related training and develop career paths that encourage staff to work and remain in HIV/AIDS related fields.

Higher education institutions are encouraged to consider a dedicated budget for the integration of HIV/AIDS in teaching and training of academic staff within the context of institutional policy and planning.

Conflict affected populations and displacement

All education and sports sector institutions shall take special measures in the planning, programming and delivery of HIV/AIDS related interventions in areas of conflict and in the case of displaced populations. Basic assistance and treatment and care will receive priority where children and adults are at risk of poverty, abduction and abuse.

All institutions in conflict affected areas shall programme for HIV/AIDS interventions in their areas.

Partnerships

All education and sports sector institutions shall commit to full and positive engagement with the Uganda HIV/AIDS Partnership, a broad-based inclusive inter- and intra-sectoral coordination and representative mechanism at national level, led by the Uganda AIDS Commission (UAC).

Within the education and sports sector, the annual Joint Education Sector Review (ESR) will be used as an opportunity for sectoral partners to monitor progress on HIV/AIDS and plan the way forward. More regular monitoring will be done through departments/Institutions, the Education Sector Consultative Committee (ESCC) and the individual.

The education and sports sector will strive towards creating an environment and working practices that are transparent, accountable and efficient in the handling of partnership agreements.

In partnership with EFAG, the MOES will manage current and new resources to ensure that the sector is adequately covered, that resources are appropriately and effectively used and that the most vulnerable groups are targeted.

Advocacy

Education sector institutions and sports organisations will ensure that managers, administrators and leadership at national, district and institutional levels are knowledgeable and informed of the content of the Education and Sports Sector Policy on HIV/AIDS and committed to its dissemination.

MOES shall prioritise the dissemination of the policy and guidelines in partnership with other government agencies, development partners and other stakeholders at all levels of the education and sports sector. Taking account of the diverse needs of stakeholders in the sector, MOES and its partners shall encourage user friendly and participative strategies.

The education sector and sub-sectors at national, district and institutional levels will develop specific advocacy strategies to support the implementation of the Education and Sports Sector Policy on HIV/AIDS.

Further Policy Development and Review

Following the development of consensus on the Education and Sports Sector HIV/AIDS Policy a process of implementation planning including legal review, development of regulation and costing will be initiated at the national and district levels.

This policy will be reviewed as the need arises to ensure that it remains relevant to the needs of the sector.

All sub-sectors are expected to develop and/or review their own specific policies on HIV/AIDS that are consistent with this sectoral policy.

Sports

This policy on HIV/AIDS and the accompanying guidelines are intended to include all sports sub sector athletes, employees, employers, managers and other stakeholders. However, sports clubs, organisations and federations constitute a large and diverse sub-sector with institutional arrangements that differ considerably from mainstream education institutions. To take account of these specific arrangements in the sub sector, the following guidelines shall be observed.

Policy for the sports sub-sector is determined by the Ministry of Education and Sports. Sports organisations and institutions shall develop sub-sector specific guidelines on HIV/AIDS consistent with Education and Sports Sector Policy on HIV/AIDS and the National Physical Education and

Sports Policy. These guidelines shall pay specific attention to issues such as the responsibility of employers, athletes and employees to be informed of the threat of HIV/AIDS, prevention and infection control in a sports context, the terms and conditions of service under which employees are employed in the sub sector, the implications of treatment, care and support for sports organisations and players, the rights of infected and affected people in the sports community and roles which the sub-sector is expected to play in the fight against HIV/AIDS.

MOES recognises the importance of sports organisations and institutions as a means of reaching out to millions young people in Uganda and senior sportsmen and sportswomen. Every player and athlete is a potential role model for their community. Special attention will be given to the role of organisations and players in the dissemination of the Education and Sports Sector Policy and in the development of programmes which follow its implementation.

9.0 ANNEXURES

A. Reference of international conventions, national laws, policies, guidelines and regulations

- Constitution of the Republic of Uganda
- Bill of Rights
- The Education Act
- Education Sector HIV/AIDS Plan
- National Overarching AIDS Policy
- The National Orphans and other Vulnerable Children Policy
- National Policy on HIV/AIDS and the World of Work
- Review of Human Resource Management Policies in the Public Service to Incorporate HIV/AIDS Concern
- Mainstreaming HIV/AIDS issues into the Poverty Eradication Action Plan (PEAP)
- National HIV/AIDS Strategic Plan
- The National Strategic Framework for HIV/AIDS activities in Uganda 2001-2006
- The Monitoring and Evaluation Plan of the Expanded National Response on HIV/AIDS
- Education Sector Commission Act and Code of Regulations
- The Uganda National Examination Board Act/Decree
- National Condom Policy and Strategy
- International conventions – including EFA and ILO
- Draft National Sports Policy

B. Details of the “Scope of the Education and Sports Sector”

The **Education and Sports Sector Policy on HIV/AIDS** applies to learners, managers, employees, employers, and other providers of education and training in all public and private, formal and non-formal learning institutions at all levels of the education system and sport in the Republic of Uganda.

By definition, this includes the following levels, phases and sectors:

- Early Childhood Development
- Primary
- Special Education Institutions
- Secondary
- Technical Vocational Education and Training
- Adult and Continuing Education
- Tertiary education colleges
- University Education
- Non-Formal Education
- Out of School Youth

It will also apply to the Semi Autonomous Government Agencies (SAGAs) and all other stakeholders in the provision of education, including:

- Education Service Commission
- Higher Education institutions
- National Curriculum Development Centre
- Education Standards Agency
- Uganda National Examinations Board

C. 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.