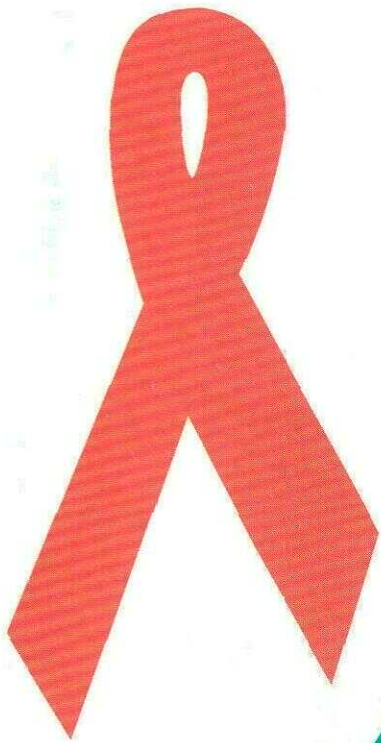




Ministry of Basic Education, Sport and Culture and the
Ministry of Higher Education, Training and Employment Creation



NATIONAL POLICY ON HIV/AIDS FOR THE EDUCATION SECTOR

**NATIONAL POLICY ON HIV/AIDS
FOR THE EDUCATION SECTOR**

JANUARY 2003

Foreword

Namibia has been independent for more than ten years, and the nature of the struggle facing our country has changed. The fight is no longer for freedom from political domination, but against HIV/AIDS.

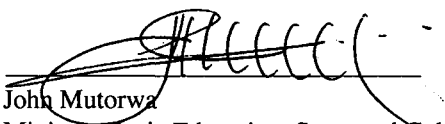
HIV/AIDS is a continuing, critical public health issue. It is now the leading cause of death in Namibia, Africa and the fourth common cause of death worldwide. The HIV/AIDS crisis continues to expand in numbers and extent, without immediate medical solutions in view. HIV/AIDS is not only a health issue, it has socio-economic implications too. Namibia's development depends, to a large extent, on the development of its human capital. Namibia's human resources are being eroded by HIV/AIDS. As a consequence, the Ministries of Education have recognised the centrality of the prevention of HIV/AIDS, the support of people infected and affected with HIV/AIDS and the mitigation of the effects of HIV/AIDS. Interventions in education should provide the knowledge, and encourage the development of attitudes and skills, with which the spread and impact of the epidemic could be alleviated.

The development of this policy was a collaborative effort. The education sector, through the Policy Working Group of the Joint HIV/AIDS Committee for Education, and under the leadership of the Legal Assistance Centre, conducted focus group discussions at all levels of the education sector, regional consultations, forum meetings and a national conference. In May this year the Cabinet approved the policy. The HIV/AIDS policy provides the foundation for the National Strategic Plan on HIV/AIDS-Medium Term Plan II 1999-2004. The policy reflects the human rights provisions contained in the Constitution of the Republic of Namibia, the Namibian HIV/AIDS Charter of Rights and the international conventions ratified by Namibia.

This policy formalises the rights and responsibilities of every person involved, directly or indirectly, in the education sector with regard to HIV/AIDS: the learners, their parents and caretakers, teachers, administrators, ancillary staff, planners, in fact the whole of civil society. It underscores the dignity of all affected and infected by the disease and the respect that is their due. The policy provides guidelines to ensure that all in the education sector are fully informed about the disease, the way it is transmitted, the consequences and living positively with it.

Policies should not remain on bookshelves. We should all read and internalise this policy, and most importantly implement it in its entirety. We call on a concerted effort within the education sector to implement the HIV/AIDS policy.

On behalf of both the Ministries of Education, we express our gratitude to UNESCO and UNAIDS for the contribution and support towards the development of the National Policy on HIV/AIDS for the Education Sector. We also extend our sincere appreciation to Advocate Michaela Figuera and members of the AIDS Law Unit of the Legal Assistance Centre and the HIV/AIDS Policy Working Group who guided and co-ordinated the consultative process. Last, but not least, we would like to thank the Academy for Educational Development for funding the printing of this document through its BES II Project.


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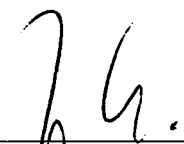

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1. Introduction

Namibia ranks as one of the five countries in the world most affected by HIV/AIDS, with an overall rate of 22,5%¹ among sexually active adults. AIDS has already caused life expectancy at birth in Namibia to fall from 58.8 years in 1995 to 43 years in 2000.² Costs of the epidemic are staggering. They include the increasing expense of medical care and the loss of workers, parents and children.

The number of reported deaths in the age group 15-49 years continues to increase. By 2000, this group accounted for more than 50% of all deaths in hospitals.³ Young people (10 to 24 years) are estimated to account for up to 60% of all new HIV infections. Women and girls are particularly vulnerable.

It is evident from the latest statistics that HIV infections and deaths are increasing in the economically active age group of 15-49 years. HIV/AIDS will continue to impact both the education system and human development in Namibia.

If HIV/AIDS is not prevented among youth, there will be a massive loss of life and investment in education with negative effects on development.

There is increasing recognition that the education sector has an important role to play in the prevention of HIV infection, in the support of infected and affected people, and in maintaining service delivery despite the impact of AIDS. The sector's roles have begun to expand from its earlier role as a partner of other organisations in HIV prevention activities.

Both Ministries of Education developed a groundbreaking strategic and operational plan on HIV/AIDS in 2001 and its implementation has been started. The plan lays out ways to refine and implement strategy in particular areas that are consistent with, but go beyond, objectives laid out for the sector in the National Strategic Plan on HIV/AIDS for 1999-2004. Though prevention is the primary focus of the plan, it also covers aspects of care, support, and reducing impacts on both employees and learners.⁴

Young people can be reached fairly easily through HIV/AIDS information, prevention, care and health promotion programmes in educational institutions. Educational institutions are well placed to implement these programmes.

HIV/AIDS should therefore be considered core business for every educational institution and professional.

The Ministry of Basic Education, Sport and Culture and the Ministry of Higher Education, Training and Employment Creation (hereinafter called "the Ministries") are committed to minimising the consequences of HIV/AIDS to the education system, learners, students and educators, and to provide leadership for the implementation of this HIV/AIDS policy.

The Ministries recognise the importance of effectively addressing stigma and discrimination related to HIV/AIDS and the need to promote a human rights based response to HIV/AIDS.

In keeping with international standards, the Constitution of the Republic of Namibia, national law, the National Strategic Plan on HIV/AIDS (Medium Term Plan II), and the best interests of the child, the following shall constitute the national policy on HIV/AIDS in the education sector.

2. Guiding Principals

- 2.1 Although HIV may be transmitted through HIV infected blood or from mother to child in the course of pregnancy, delivery or breastfeeding, the main way is through unprotected sexual intercourse. Large numbers of learners, students and education sector employees are sexually active. Thus, large numbers of individuals in the education sector are at risk of HIV infection.
- 2.2 There are learners, students and education sector employees living with HIV or AIDS or at risk of contracting HIV. Because of the national increase in infection rates, learners, students and education sector employees living with HIV or AIDS will increase. Since many young people are sexually active, increasing numbers are at risk of being infected with HIV. Moreover, there is a risk of HIV transmission as a result of sexual abuse of children in Namibia. Because of the increase of HIV/AIDS at educational institutions, it is important that each institution have a strategy to cope with and reduce the impact of the epidemic.
- 2.3 HIV cannot be transmitted through day-to-day social contact. The virus is transmitted only through blood, semen, vaginal fluids and breast milk. The virus cannot be transmitted through unbroken skin. Although small amounts of the virus occur in other body fluids such as saliva and urine, no scientific evidence exists to show that these fluids can cause

¹ Report on the Global HIV/AIDS Epidemic, UNAIDS, 2002 at 190

² Namibia Human Development Report 2000, United Nations Development Programme

³ Epidemiological Report on HIV/AIDS for the Year 2000, op cit at 1

⁴ Impact of HIV/AIDS on Education in Namibia: Abt Associates, March 2002

transmission of HIV. As a result, there is no risk of transmission from saliva, sweat, tears, urine, respiratory droplets, handshaking, swimming-pool water, communal bath water, toilets, food or drinking water.

- 2.4 The HIV test now used will not show a positive result for a period (known as the window period) of up to twelve weeks after infection with the HIV virus. Therefore, a single HIV test is not an absolute indicator of HIV status. The possibility also exists that a person may become infected with HIV after having tested negative for HIV. In addition, there is a delay of a number of years between infection with HIV and the beginning of clear symptoms. It is thus impossible to know with certainty who has HIV and who does not.
- 2.5 Compulsory disclosure of a learner, student's, or education sector employee's HIV status to educational institution authorities is not recommended, as this would serve no meaningful purpose. Voluntary disclosure of HIV status is however encouraged. In the case of voluntary disclosure of HIV status, educational institution authorities and employees should be prepared to handle such disclosures and be given support to treat this information confidentially. This means that such information may not be made known to or shared with any other person without the written consent of the person who made the disclosure.
- 2.6 Learners and students living with HIV or AIDS should lead as full a life as possible. They should not be denied the opportunity to receive an education to the maximum of their ability. Likewise, education sector employees living with HIV or AIDS should lead as full a professional life as possible. They should have the same rights and opportunities as other education sector employees, with no unfair discrimination being practised against them only on the basis of their HIV status.
- 2.7 When injuries occur at educational institutions, the risk of transmission of HIV can be effectively eliminated by following good hygiene practices and the universal precautions set out in Annexure "A" of this policy. When dealing with injuries and other possible exposure to HIV, all persons should be considered as possibly infected and their blood and body fluids treated as such.
- 2.8 Current scientific evidence suggests that as long as universal precautions are practiced, the risk of HIV transmission during teaching, sport and play activities is insignificant. Therefore, the universal precautions

set out in Annexure "A" must be adhered to and applied in all educational institutions.

- 2.9 Parents and caregivers must be encouraged and assisted by educational institutions to provide their children with sexual health (including sexuality) education and guidance regarding sexual abstinence until marriage and faithfulness to their partners. Such education and guidance should be provided in addition to sexual health and life skills education being provided by education sector employees. Sexually active learners and students must be counselled both at home and at educational institutions to practise safe sex and to use condoms. Learners and students must be educated both at home and at educational institutions about their rights concerning their own bodies, to protect themselves against rape, violence, risky sexual behaviour and contracting HIV.
- 2.10 The constitutional rights of all learners, students and education sector employees must be protected on an equal basis. If a suitably qualified person determines that a learner, student or education sector employee poses a significant health risk to others, appropriate measures should be taken to eliminate that risk. A significant health risk in the context of HIV/AIDS could include the presence of untreatable contagious (highly communicable) diseases, uncontrollable bleeding, unmanageable wounds, or sexual or physically aggressive behaviour, which may create the risk of HIV transmission. In particular, sexually aggressive behaviour creates the highest risk of transmission. Educational institutions must take measures to eliminate this risk as far as possible.
- 2.11 Furthermore, learners, students and education sector employees with infectious illnesses such as tuberculosis (TB), measles, German measles, chicken pox, whooping cough and mumps should be kept away from the educational institution to protect others at the institution, especially those whose immune systems may be impaired by HIV/AIDS.
- 2.12 Educational institutions should inform parents or caregivers about vaccination/inoculation programmes and their possible significance for the well-being of learners and students living with HIV or AIDS.
- 2.13 Learners and students must receive education about HIV/AIDS on an ongoing basis in the context of sexual health and life-skills education. Stand alone life-skills, sexual health and HIV/AIDS education programmes should be reinforced through the inclusion of these topics in the whole curriculum.

Information should be presented in a scientific but understandable way. Appropriate course content should be included in the pre-service and in-service training of educators to enable them to adequately respond to HIV/AIDS in schools.

2.14 The purpose of education about HIV/AIDS is to prevent the spread of HIV infection, to reduce excessive fears about the epidemic, to reduce the stigma and discrimination associated with HIV/AIDS, and to foster non-discriminatory attitudes towards persons with HIV/AIDS. Educators should ensure that learners and students acquire age- and context-appropriate knowledge and skills in order that they may adopt and maintain behaviour that will protect them from HIV infection.

2.15 All educational institutions should identify the most appropriate staff and/or external facilitators and systems to ensure that sexual health, HIV/AIDS and life skills education are effectively delivered to all learners and students. Life skills and sexual health programmes such as “My Future My Choice” offered by non-governmental and civil society organisations may be used to supplement life skills and sexual health education offered in educational institutions. Because of the sensitive nature of the learning content, the persons selected to offer this education should be specifically trained and supported by the support staff responsible for life-skills, sexual health and HIV/AIDS education in the particular educational institution. The persons responsible for this education should feel at ease with the content, should be role models with whom learners and students can easily identify, and should facilitate the participation of learners and students during their education on life-skills, sexual health and HIV/AIDS. All educators should also be informed by principals and educator unions of courses for educators to improve their knowledge of, and skills to deal with, HIV/AIDS. All educators should also be given reasonable opportunities to attend such courses.

2.16 All educational institutions should identify the most appropriate staff and /or external facilitators and systems to ensure that support and counselling services are rendered to learners and students infected, affected or orphaned by HIV/AIDS and other vulnerable children.

2.17 All educators should be trained to give guidance on sexuality, sexual health and HIV/AIDS. Educators should respect their position of trust and the rights of all learners and students in the context of HIV/AIDS.

2.18 This national policy is intended as a broad framework on which individual educational institutions may build. It has been kept broad in order to meet the wide variety of circumstances that exist in Namibia and in recognition of the importance of governing bodies, parents and caregivers in the education partnership. Heads of educational institutions are responsible for giving operational effect to this policy by developing an HIV implementation plan in consultation with governing bodies and parents or caregivers. Within the framework of the national policy, such plans should reflect the needs and values of their specific educational institution and its community.

3. Scope of application

This national policy shall be applicable to all government and private education institutions in Namibia.

4. Non-discrimination and equality with regard to learners and students living with HIV/AIDS

4.1 The promotion and protection of human rights plays an important role in the impact of HIV/AIDS on society and on the vulnerability of people to HIV infection. People living with HIV or AIDS in Namibia face discrimination and stigma on a daily basis. In the home environment they face rejection by family, friends and partners. In the work environment they face rejection by co-workers and even dismissal. They face daily violations of their fundamental right to freedom from discrimination and equality before the law. This violation of their rights increases the negative impact of the epidemic on individuals, because people have to worry about stigma and discrimination in addition to their health and HIV status.

The violation of the right of those living with HIV or AIDS to freedom from discrimination also affects the health of the general population. The fear of stigma and discrimination is one of the biggest deterrents to a voluntary HIV test. Possible stigma and discrimination stop many people from finding out about their HIV status. Affected people also avoid detection and contact with health and social services. The result is that those most needing information, education and counselling do not receive those services.

Safeguarding human rights in the context of HIV/AIDS thus has a public health benefit. People are more likely to go for counselling and testing and to access information and education on HIV prevention if their right to freedom from discrimination is protected and upheld.

- 4.2 No learner or student living with HIV or AIDS may be unfairly discriminated against directly or indirectly only on the basis of his or her HIV status.
- 4.3 No learner or student may be stopped from attending an educational institution or from participating in sports or play activities, only on the basis of his or her HIV status.
- 4.4 Learners and students living with HIV/AIDS should be treated in a just, humane and life-affirming way and provided with support and counselling.
- 4.5 Consultative mechanisms must be put in place in educational institutions to ensure that learners and students can effectively participate in the decision-making and solution-seeking process concerning HIV/AIDS in those institutions.
- 4.6 Any special measures put in place concerning a learner or student living with HIV or AIDS should be fair and justifiable in the light of current medical facts and knowledge and established legal, ethical and human rights principles.
- 4.7 All learners and students should be educated about the fundamental human rights and freedoms contained in the Constitution of the Republic of Namibia. In particular, they should learn about the basic rights and freedoms of learners, students and education sector employees living with HIV/AIDS and the need for a human rights based response to HIV/AIDS.

5. HIV testing, admission and continued attendance at School and Institutions

- 5.1 There is no medical justification for routine HIV testing of learners or students. The testing of learners or students for HIV as a requirement for admission to, or continued attendance at an educational institution, is prohibited.
- 5.2 No learner or student may be denied admission to or continued attendance at an educational institution as a result of his or her HIV/AIDS status or perceived HIV/AIDS status.
- 5.3 Learners and students living with HIV or AIDS have the same right as all other learners and students to attend any school or other educational institution. The needs of learners and students living with HIV/AIDS with regard to their right to basic education should be accommodated in the educational institution as far as is reasonably practicable.
- 5.4 Learners and students living with HIV/AIDS are expected to attend classes in accordance with legal requirements for as long as they are able to do so effectively.
- 5.5 Learners of compulsory school-going age living with HIV/AIDS, who are unable to benefit from attendance at school or home education, may be granted exemption from attendance by the Regional Director, after consultation with the principal, the parent and a medical practitioner.
- 5.6 If learners and students with HIV/AIDS become incapacitated by any illness, the Ministries should support continued learning where possible and must ensure that work is made available to them for study at home. Parents or caregivers should be allowed to educate their children at home or provide older learners with distance education, where practically possible.
- 5.7 Learners and students who cannot be accommodated in this way or who develop HIV/AIDS-related behavioural problems or physical or mental disabilities, should be accommodated within the education system, as far as is practically possible. Educators must be empowered to take care of and support HIV-positive learners, to safeguard their rights, and to ensure the best possible environment for living positively with HIV/AIDS.

6. Confidentiality and disclosure of HIV/AIDS-Related information

- 6.1 The stigma and discrimination experienced by people living with HIV or AIDS in Namibia make it difficult for many people to be open about their HIV status. As a result, HIV and AIDS are surrounded by secrecy. This secrecy results in silence and denial about HIV/AIDS, which in turn reinforces stigma and undermines efforts to control the spread of HIV. In a climate such as this, the principle of confidentiality is not only essential to respect human rights but is also an integral part of prevention and control. If the silence around HIV is to be broken, confidentiality must be assured. People will not seek HIV-related counselling, testing or treatment if they are not assured that information about their HIV status will be treated confidentially. Therefore, confidentiality must be kept at all times.
- 6.2 No learner or student (or parent, caregiver or guardian on behalf of a learner or student) shall be required to disclose his or her HIV status to an educational institution. No educational institution shall be permitted to enquire about a learner or student's HIV status during enrolment either verbally or by way of the registration form.
- 6.3 Voluntary disclosure of a learner or student's HIV status to the educational institution attended by him or her should be encouraged. An enabling environment should be developed in which the confidentiality of such information is ensured and in which unfair discrimination on the basis of HIV or AIDS is not tolerated.
- 6.4 Any person who knows about the HIV status or medical condition of a learner or student with HIV/AIDS must keep this information confidential. He or she may not disclose this information to anyone without the express written permission of the learner or student and his or her parent, caregiver or guardian. Failure on the part of an education sector employee to keep such information confidential will constitute misconduct. Appropriate disciplinary measures will be taken against any education sector employee found guilty of such misconduct.

7. Orphans and vulnerable children

- 7.1 All heads of government education institutions, parents and caregivers shall be provided with information about allowable exemptions for the payment of school and hostel fees by learners of compulsory school going age who are unable to pay such fees.
- 7.2 No learner shall be excluded from a government school only as a result of their inability to pay school fees or to afford a school uniform. No learner shall be excluded from examinations conducted at a government school as result of their inability to pay examination fees.
- 7.3 All education sector employees should be sensitised about the special needs of learners and students infected, affected or orphaned by HIV/AIDS and other vulnerable children. Heads of educational institutions should facilitate the access of such learners and students to support and counselling services and, where necessary, to school feeding schemes. Heads of educational institutions are responsible for establishing, the functioning, supporting and monitoring of effective support and counselling services at their institutions.
- 7.4 Heads of educational institutions should ensure effective inter-school referral systems to minimize disruption and to provide support to learners when they have to be transferred after a parent or caregiver dies.
- 7.5 Heads of educational institutions should ensure adequate flexibility in scheduling and rules, including school hours, responses to being late or erratic attendance, age norms and facilitation of homework by learners and students orphaned or otherwise affected by HIV/AIDS.
- 7.6 Heads of educational institutions and heads of hostels should ensure that allocation of accommodation in hostels should favour the most vulnerable learners and students. In areas where there are limited or no hostel facilities, heads should facilitate community-boarding alternatives for learners and students.
- 7.7 In consultation with the institution's HIV/AIDS Advisory Committee, Heads of educational institutions should work to develop networks of support for orphans and vulnerable children at each educational institution. Such networks should use available resources both in the institution and outside of it. Support provided should respond to the wide range of needs that exist.

8. A safe school and Educational Institution Environment

- 8.1 An important issue is sexual harassment, abuse, exploitation, and assault of students or learners by educators or peers or other adults at educational institutions that may place students or learners at risk of exposure to HIV.
- 8.2 All educational institutions should ensure that appropriate systems and safeguards are in place and enforced to prevent such sexual harassment, abuse, exploitation, or assault of students or learners. A policy of zero tolerance should be adopted in this regard.
- 8.3 No education sector employee who acts in loco parentis in respect of learners or students may engage in sexual relations with learners or students. Should any education sector employee engage in sexual relations with a learner or student, such behaviour on the part of the education sector employee will constitute misconduct. Appropriate disciplinary measures will be taken against any education sector employee who is found guilty of such misconduct. All educational institutions should ensure that appropriate systems and safeguards are in place to enable learners and students to lodge complaints concerning such misconduct. Such systems should ensure that learners do not face fear of retribution and are not subject to undue pressure by education sector employees to withdraw such complaints.
- 8.4 Educational institutions should also ensure that security and supervision in hostels is adequate to ensure that learners and students accommodated are not at risk of sexual harassment or abuse that puts them at risk of HIV infection. Hostels should be used as a venue for providing information and education on sexual health and HIV/AIDS to hostel dwellers and to provide care, counselling and support to those accommodated who are living with HIV or AIDS.
- 8.5 To reduce the risk of HIV transmission through exposure to HIV infected blood or other bodily fluids, all educational institutions should implement the universal precautions set out in Annexure "A". In situations of potential exposure to HIV, all persons should be dealt with as if they are potentially infected and all blood should be treated as such. All blood, open wounds, sores, breaks in the skin, grazes and open skin lesions, as well as all body fluids and excretions which could be stained or contaminated with blood (for example tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) should be treated as potentially infectious.
- 8.6 All learners, students and education sector employees, including sports instructors and coaches, should be given appropriate information and training on HIV transmission, the handling and use of first-aid kits, and the application and the importance of adherence to the universal precautions.
- 8.7 All educational institutions must have available and maintain an adequate number of first-aid kits for the size of the institution. All education sector employees, learners and students should be made aware of the location of these kits. These first aid kits should be equipped with the items referred to in Annexure "A" as the recommended content of first aid boxes.
- 8.8 A fully equipped first-aid kit should be available at all educational institution events, outings and tours. Such a kit should be kept in each vehicle used for the transport of students or learners to such events.
- 8.9 The contents of the first-aid kits should be checked each week against a contents list by a designated staff member of the educational institution. Expired and depleted items should be replaced immediately.
- 8.10 Learners, students and education sector employees should be trained to safely manage their own bleeding or injuries and to assist others to do so.
- 8.11 Learners, especially those in pre-primary and primary schools, and students should be educated never to touch the blood, open wounds, sores, breaks in the skin, grazes and open skin lesions of others, nor to handle injuries on their own such as nosebleeds, cuts and scrapes of friends. They should be taught to call for the help of an education sector employee immediately.

9. Prevention of HIV Transmission during play and sport

- 9.1 The risk of HIV transmission as a result of play and sport activities is generally insignificant. Therefore, no student or learner should be stopped from participating in sport or play activities only on the basis of his or her real or perceived HIV status.
- 9.2 Adequate wound management is essential to contain the risk of HIV transmission during play and sport.

- 9.3 No learner, student or education sector employee may participate in play or sport activities with others if they have an open wound, sore, break in the skin, graze or open skin lesion.
- 9.4 If bleeding occurs during play or sport activities with others, the injured player should be removed from the playground or sports field immediately. The bleeding wound shall be completely covered with a waterproof dressing or plaster. Only then may the player resume playing and only for as long as any open wound, sore, break in the skin, graze or open skin lesion remains completely and securely covered.
- 9.5 A first-aid kit equipped with the items recommended in Annexure "A" should be available wherever play or sport activities take place.
- 9.6 Education sector employees acting as sports administrators, instructors, managers and coaches should ensure the availability of first-aid kits during sporting events and practice. They should also ensure that the universal precautions are followed in the event of bleeding during participation in sport activities.
- 9.7 Education sector employees acting as sports administrators, instructors, managers and coaches have special opportunities for educating participants about HIV/AIDS transmission. They should make use of those opportunities. They should also encourage sports participants to seek medical and other appropriate counselling where appropriate.

10. Education and Information on HIV/AIDS

- 10.1 A continuing life-skills, sexual health and HIV/AIDS education, prevention and care programme must be implemented at all educational institutions for all learners, students and education sector employees. Such programmes must also be implemented at hostels.
- 10.2 Age- and ability-appropriate education on HIV/AIDS must form part of the curriculum for all learners and students. Such education should be integrated into the life-skills and sexual health education programme and all other subjects for pre-primary, primary and secondary school learners. The recommended content for such education is set out in Annexure "B".

- 10.3 Education and information regarding HIV/AIDS must be given in an accurate and scientific manner and in language and terms that are understandable. Such education shall take the form of stand-alone sexual health, HIV prevention skills, and HIV/AIDS education programmes that are reinforced by including these topics into all aspects of the curriculum. Such education and information should specifically address and dispel myths concerning HIV/AIDS (for example, having sex with a young girl will cure HIV/AIDS). They should also inform learners and students about particular factors in the education institution's local community that place learners and students at risk of HIV infection.
- 10.4 The Ministries shall appoint and train enough education sector employees as are needed to ensure that adequate attention is given to the teaching of life skills, sexual health and HIV/AIDS education at each educational institution.
- 10.5 Parents and caregivers of learners and students must be informed about all life skills, sexual health, HIV prevention skills, and HIV/AIDS education offered at the educational institution, including the learning content and methods to be used. Parents and caregivers should be invited to participate in parental guidance sessions and should be made aware of their role as sexuality and sexual health educators at home.

11. Duties and Responsibilities of learners, students, education sector employees, parents and caregivers

- 11.1 Each learner, student and education sector employee has the responsibility to protect him or herself against HIV infection or reinfection, as the case may be. This responsibility shall be recognized and supported by appropriate continuing life skills, sexual health and HIV/AIDS education programmes and the provision of condoms in educational institutions and hostels.
- 11.2 All learners, students and education sector employees should respect the rights of others regardless of their HIV status.
- 11.3 The Code of Conduct adopted for learners or students at an educational institution should include provisions about the unacceptability of behaviour that discriminates against others with HIV/AIDS or that may create the risk of HIV transmission.

11.4 Parents or caregivers of all learners and students are encouraged:

11.4.1 to require learners or students to observe all rules aimed at preventing behaviour which may discriminate against others living with HIV/AIDS or which may create a risk of HIV transmission; and

11.4.2 to take an active interest in acquiring information and knowledge about life-skills, sexual health and HIV/AIDS supplied by the educational institution, and to attend meetings convened for them in this regard by the educational institution or the school board.

11.5 Education sector employees have a particular duty to ensure that the rights and dignity of all learners, students and other education sector employees are respected and protected, regardless of their HIV status.

12. Refusal to study with, teach, or be taught by those living with HIV or AIDS

12.1 Learners and students may not refuse to study with a fellow learner or student or to be taught by an education sector employee living with or perceived to be living with HIV or AIDS. Similarly, education sector employees may not refuse to teach or interact with a learner or student living with or perceived to be living with HIV or AIDS.

12.2 Accurate and understandable information on HIV/AIDS should be provided to all education sector employees, learners, students and their parents or caregivers in order to avoid refusal to study with a learner or student, or be taught by an education sector employee living with, or perceived to living with HIV or AIDS.

12.3 Should such refusal occur, the matter should be resolved by the principal and education sector employees concerned in accordance with the principles contained in this policy, the code of conduct for learners or students, or the code of professional ethics for education sector employees. Should the matter not be resolved through counselling and mediation, disciplinary steps may be taken.

13. HIV/AIDS as a workplace issue in the Education Sector

13.1 Education sector employees living with HIV or AIDS have the same rights and obligations as all other education sector employees.

13.2 In accordance with the Guidelines on HIV/AIDS promulgated in terms of the Labour Act of 1992:

13.2.1 education sector employees living with HIV or AIDS shall not be discriminated against in access to or continued employment, training, promotion and employee benefits on the basis of their HIV status. They shall be protected against such discrimination as well as stigmatisation by their employer, fellow education sector employees, learners and students alike.

13.2.2 there should be no compulsory testing for HIV in the workplace. The testing of education sector employees for HIV as a requirement for appointment or continued service is prohibited. Voluntary testing for HIV at the request of an education sector employee should be done:

- by a suitably qualified person in a health facility; and
- with the informed consent of the education sector employee; and
- in accordance with normal medical ethical rules including confidentiality; and
- with pre- and post-test counselling.

13.2.3 education sector employees living with HIV or AIDS have the legal right to confidentiality about their HIV status in any aspect of their employment. To disclose the HIV status of an employee without his or her informed consent shall constitute misconduct. Appropriate disciplinary measures shall be taken against any education employee found guilty of such misconduct. An education sector employee is under no obligation to inform his or her employer of his/her HIV status.

13.2.4 education sector employees living with HIV or AIDS should continue to work under normal conditions in their current employment for as long as they are medically fit to do so. When on medical grounds they

are unable to continue with normal employment, the normal rules regarding incapacity should apply.

followed when attending to injured and bleeding education sector employees, learners or students and the provision of materials for the implementation of the universal precautions;

13.2.5 where an education sector employee accidentally contracts HIV in the course and scope of his or her employment, he or she shall be entitled to employee's compensation in terms of the Employees Compensation Act.

13.3 Heads of schools and other educational institutions shall ensure that:

13.3.1 the contents of this policy are communicated to all education sector employees in their school or institution and that those employees are informed both verbally and in writing of HIV/AIDS and sexually transmitted disease (STD) programmes in the workplace;

13.3.2 appropriate HIV/AIDS and STD education and awareness programmes for the education sector employees in the workplace are designed and implemented, without delay. These programmes shall be designed in consultation with and aimed at all levels and categories of education sector employees. Such programmes shall include:

3.3.2.1 basic information about HIV/AIDS, how it is spread and how it can be prevented;

13.3.2.2 the promotion of non-discriminatory, supportive and sensitive attitudes towards people living with HIV or AIDS;

13.3.2.3 information on the rights and services available in the workplace to people living with or affected by HIV or AIDS. Such information will include counselling and support services, benefits available in terms of the applicable medical aid and pension schemes, and living positively with HIV;

13.3.2.4 information on condom use and other safer sexual practices and the provision of condoms in the workplace; and

13.3.2.5 information on first aid and on the universal precautions to be

13.3.3 HIV/AIDS and STD programmes in the workplace are monitored and evaluated, key personnel are trained about HIV/AIDS, and employees affected by the disease are properly managed;

13.3.4 sufficient resources are made available to deal with HIV/AIDS and STD issues in the workplace; and

13.3.5 there is contact with local AIDS service organisations and other resources in the community to explore means of making a broader range of services and support available to education sector employees living with or affected by HIV/AIDS.

13.4 All education sector employees will be held responsible and accountable for complying with this policy. HIV/AIDS programmes will take place during working hours where reasonably possible and education sector employees will be encouraged to attend and participate in such programmes.

13.5 All heads of schools and other educational institutions shall be responsible for the implementation of this policy. They shall ensure compliance with and knowledge of the policy's provisions and take immediate and appropriate corrective action when provisions of the policy are not complied with. Heads shall open and maintain appropriate communication channels to enable education sector employees to raise concerns and grievances concerning HIV/AIDS and STDs. Heads are also encouraged to attend HIV/AIDS programmes in the workplace and to lend visible support to these programmes.

13.6 The Ministries shall ensure that an adequate pool of substitute staff is made available so that education sector employees who are temporarily incapacitated due to illness are replaced without delay to ensure minimum disruption to the studies of learners and students.

14. HIV/AIDS Advisory Committee and Implementation plans

- 14.1 Each educational institution should establish its own HIV/AIDS Advisory Committee as a committee of the governing body.
- 14.2 The HIV/AIDS Advisory Committee should:
- 14.2.1 be set up by the governing body and consist of representatives of:
- education sector employees;
 - parents or caregivers of learners or students at the institution;
 - learners or students;
 - local medical, health care and social services practitioners;
 - traditional healers;
 - the local Regional Aids Committee for Education (RACE); and
 - the support and counselling services.
- 14.2.2 elect its own chairperson;
- 14.2.3 advise the governing body on all matters relating to HIV/AIDS;
- 14.2.4 be responsible for developing and promoting a plan for the implementation of this policy at the educational institution and monitor, evaluate and review the plan and its implementation from time to time, especially as new scientific and medical knowledge about HIV/AIDS becomes available; and
- 14.2.5 advise and be consulted on provisions relating to the prevention of HIV transmission in the Code of Conduct.

15. Implementation of this National Policy on HIV/AIDS

- 15.1 The regional Directors, Directors of divisions in the Ministries, Inspectors and school/institution Heads are responsible for the implementation of this policy. Every education region must designate and appoint an HIV/AIDS Programme Manager to communicate the policy to all education sector employees, to implement, monitor and evaluate the HIV/AIDS programme, to advise management regarding

programme implementation and progress, and to create a supportive and non-discriminatory environment in collaboration with RACE members.

- 15.2 The school or institution Head or the head of a hostel is responsible for the practical implementation of this policy at his or her institution or hostel.
- 15.3 The governing body of an educational institution should take all reasonable measures to supplement the resources supplied by the State in order to ensure the availability at the institution of adequate materials (even in the form of less sophisticated material) for the effective implementation of the universal precautions.

16. Planning

The Ministries commit themselves to integrating an understanding of the HIV/AIDS epidemic in all planning processes within the education sector.

17. Budget

The Ministries commit themselves to making adequate provision in their budgets for the effective implementation of all aspects of this policy.

18. Interaction with civil society and other Parastatals

The Ministries commit themselves to:

- 18.1 The establishment of effective partnerships with AIDS service and other community based organisations to co-ordinate and combine efforts in addressing all aspects of HIV/AIDS in the education sector.
- 18.2 Interacting with other sectors to:
- share experiences and knowledge in effectively and appropriately responding to HIV/AIDS in the education sector; and
 - ensure that the HIV/AIDS epidemic is dealt with in a co-ordinated and united fashion.

19. Regular Review

The HIV/AIDS epidemic is continually evolving. Various aspects of the epidemic may change from time to time as scientific and medical knowledge of the epidemic progresses. These changes may necessitate changes in this policy. The policy should accordingly be reviewed regularly and adapted to changed circumstances.

Annexure "A"

UNIVERSAL 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 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 a 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.

Annexure “B”

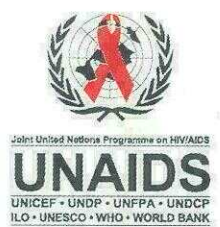
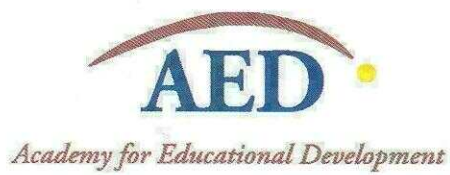
CONTENT OF HIV/AIDS EDUCATION PROGRAMMES

The content of HIV/AIDS education programmes should include the following:

1. providing information on HIV/AIDS and developing the life skills necessary, including decision making regarding sexual and social behaviour, for the prevention of HIV transmission;
2. teaching basic first-aid principles from an early age, including how to deal with bleeding and other necessary safety precautions;

3. emphasising the role of drugs, sexual abuse, violence, and sexually transmitted diseases (STDs) in the transmission of HIV, and empowering learners to deal with these situations;
4. encouraging learners and students to make use of health care, counselling and support services offered by the health clinics, educational institutions, community service organisations and other disciplines (including services related to reproductive health care and the prevention and treatment of sexually transmitted diseases);
5. teaching learners and students how to behave towards persons with HIV/AIDS, raising awareness about prejudice and stereotypes concerning HIV/AIDS;
6. cultivating an enabling environment and a culture of non-discrimination towards persons with HIV/AIDS;
7. providing information on appropriate prevention and avoidance measures. Such measures should include abstinence from sexual intercourse, the use of condoms, faithfulness to one’s partner, obtaining prompt medical treatment for sexually transmitted diseases and tuberculosis (TB), avoiding traumatic contact with blood, and the application of universal precautions; and
8. providing information on living positively with HIV and AIDS and on caring for family members who are living with HIV or AIDS.

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