



THE REPUBLIC OF THE GAMBIA

**AN
EDUCATION SECTOR POLICY ON HIV/AIDS**

MARCH 2007

DEPARTMENT OF STATE FOR BASIC AND SECONDARY EDUCATION

FOREWARD

This policy bears witness to the urgency and importance the Department of State for Basic and Secondary Education accords to HIV/AIDS and its continued concern since the creation of the HIV/AIDS unit in 2002. The policy takes cognizant of experiences and lessons learned from countries in Sub-Saharan Africa where the Education Sector is the hardest hit by this pandemic.

Furthermore, the policy constitutes a holistic approach not only towards prevention, care and support of sector personnel but also the management of the sector response. In addition it addresses the aspect of non-discrimination or stigmatization, as well as confidentiality as a right, which is regarded as a defence wall for the sector personnel.

HIV/AIDS can pose a severe challenge on the education system, which could change the lives of teachers and children thereby preventing the attainment of MDG and EFA goals, as well as reversing the much-desired universal education.

It is with great pleasure that I report the active participation of the policy team whose response has been immeasurable and commendable. It would be remiss of me not to mention the effective collaboration of our development partners in the formulation of this much-awaited document; the Life Skills Unit of DOSBSE, the World Bank/Inter Agency Task Team on Education, National Aids Secretariat and the United Nations Children's Fund (UNICEF).

The Department of State for Basic and Secondary Education (DOSBSE) has made gigantic strides in creating awareness of the pandemic in the education sector throughout the length and breadth of The Gambia.

It is my fervent and honest wish for the education sector to be HIV/AIDS free. I therefore implore all, particularly the education sector personnel and the learners to practice positive healthy behaviours and put a halt to unwholesome, unwanted negative life styles.

I hope the policy will reap the fruits of its labour for our aims and aspirations be transformed into reality.

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Hon. Fatou Lamin Faye
Secretary of State for Basic and Secondary Education

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EXECUTIVE SUMMARY

Sub-Saharan Africa is by far the worst affected by the AIDS epidemic. In 2006, around 530,000 children aged 14 and below became infected with HIV. Over 90% of these newly infected children are babies born to HIV-positive women, who acquire the virus during pregnancy, labour or delivery, or through their mother's breast milk. Almost nine out of ten of such transmissions occur in sub-Saharan Africa. .

By the end of 2005, the epidemic had left behind 15.2 million AIDS orphans, defined as those aged under 18 who have lost one or both parents to AIDS. These orphans are vulnerable to poverty, exploitation and becoming infected with HIV. They are often forced to leave the education system and find work, and sometimes to care for younger siblings or head a family.

In The Gambia HIV/AIDS is regarded as a major development issue even though its prevalence rate has remained relatively low. Prevalence rates in The Gambia were estimated in 2000 and 2001 at 1.2% for HIV-1 and 0.9% for HIV-2, the rate of increase since earlier sero-prevalence surveys has been exponential. Increases in HIV-1 continued after 2001 reaching a peak level of 2.1% in 2004 while the prevalence rate for HIV-2 began to decline, reaching 1% in 2004. The most current data (2005) show, for the first time since 2000, a drop in the HIV-1 prevalence rate from 2.1% in 2004 to 1.1%, a 47.6% drop. A continuing decline was also recorded for HIV-2 from 1% in 2004 to 0.8% in 2005. Future projections of the extent of the HIV/AIDS epidemic will depend on what action is taken by societies and the government of The Gambia including the education sector.

The formal education system of the Gambia consists of nine years of uninterrupted basic education, followed by three years of secondary schooling. The first nine years of education are gradually being universalised to achieve nine years of basic education for all Gambian children. Pre-school education is provided privately although efforts are being intensified to create access to Early Child Development particularly in very deprived communities.

Taking premise of the continued commitment of the Government of The Gambia to developing its human resource base with priority given to free basic education for all, pronouncement of the Education Policy 2004 – 2015, and the need for the realisation of the MDGs, and the EFA targets, the Department of State for Basic and Secondary Education is committed to minimize the social, economic and developmental consequences of HIV/AIDS to the education system. This therefore induced the need to formulate an educational policy on HIV/AIDS to carve out a clear direction for the promotion of effective prevention, care and support within the context of the public education system.

The education policy on HIV/AIDS sets out the agenda as the priorities for the education sector response to HIV/AIDS through Prevention, Care and Support and Non-discrimination. The policy document seeks to: Prevent the spread of HIV/AIDS amongst education sector personnel and learners; provide and ensure the availability of care,

support and voluntary counselling and testing (VCT) services to the education sector personnel and learners; and Provide protection from stigmatization and discrimination in both the workplace and educational institutions to sector personnel and learners respectively

The Department of State for Basic and Secondary Education (DOSBSE) will endeavour to provide information on HIV transmission and prevention for all its personnel and partners as well as school children. The Goal of prevention will be to create an environment in which learners and education personnel acquire knowledge and skills to protect themselves against HIV infection. The Department has the core responsibility to promote Safe School and Institution Environment; prevent transmission through play and sports and provide information to address HIV/AIDS through Education by developing skills, values and attitudes to promote positive behaviours that would prevent the transmission of HIV/AIDS. Strategies to achieve this include the following:

- Implement universal precautions to eliminate the risk of transmission of all blood-borne pathogens including HIV effectively in the educational institution environment.
- Provide the means for learners and education personnel to dispose sanitary wear.
- Providing the necessary materials instruments including First Aid kits and protective materials to eliminate the risk of HIV transmission effectively.
- Developing appropriate teaching and learning materials and make them available to education institutions and structures.
- Promoting the principles of abstinence, being faithful and the use of condoms although will focus efforts on abstinence and delayed sex for learners.
- Facilitating access to preventive services including prevention of parent –to- child transmission (PPTCT) and voluntary counselling and testing (VCT) services
- Promoting peer Education and related activities

Providing appropriate care and support for people living with HIV/AIDS (PLWHA) is an important part of caring at all stages of the diseases. Meeting the immediate food and nutrition, psychosocial, spiritual and physical support is essential if HIV/AIDS-affected households are to live with dignity and security. Good nutrition cannot cure AIDS or prevent HIV infection but can help maintain and improve the nutritional status of a person with HIV/AIDS and delay the progression from HIV to AIDS–related diseases. Promoting care and support has been shown to be effective strategy in the mitigation of the effects of HIV/AIDS.

The Department of State for Basic and Secondary Education will conduct the following:

- Facilitating nutritional support and care for people living with and affected with HIV/AIDS.
- Raising public awareness and knowledge on the nutritional, spiritual, psychosocial and health care and support for people infected or affected by HIV/AIDS including Orphans and Vulnerable children (OVC)
- Facilitating access to voluntary counselling and testing (VCT) for learners and

- personnel of the education sector.
- Encouraging learners and personnel of the education sector Living with HIV/AIDS to register with care centres.
 - Facilitating access to spiritual, psychosocial and physical care and support for learners and personnel of the education sector.

Persons infected or affected by HIV/AIDS are part of the society and there should be no discrimination against them on the basis of a real or perceived HIV Status. Direct or indirect speculation, gossip, discrimination or stigmatization of persons suspected of having or living with HIV/AIDS is a barrier to the prevention of the spread of the disease. To ensure a non-discriminatory environment and promote disclosure and confidentiality, the following strategies will be pursued:

- Encouraging that no learner or educational personnel is denied admission to or continued attendance at a school or an institution on account of his or her HIV/AIDS status or perceived HIV/AIDS status once they meet the required acceptance criteria. In the same vein no staff member or worker should be discriminated against promotion or any other entitlement as a result of his/her HIV status.
- Ensuring that No learner or education personnel with HIV/AIDS should be unfairly discriminated against directly or indirectly. Educators should be alert to unfair accusation against any person suspected to have HIV/AIDS.
- Ensuring that Education personnel living with HIV/AIDS will not be discriminated against in access to or continued employment as well as in access to training, promotion and employers benefits on the basis of their HIV/AIDS status and shall be protected against.
- Promoting disclosure of one's HIV status and ensuring that confidentiality is observed at all times and all forms of discrimination is prohibited.

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AIDS/HIV	Acquired Immune Deficiency Syndrome/ Human Immuno-deficiency Virus
ART	Anti-retroviral Therapy
BSS	Behavioural Surveillance Survey
DFID	Development for International Development
BSED	Basic and Secondary Education Directorate
DOBSE	Department of State for Basic and Secondary Education
DOSH	Department of State for Health
ECD	Early Child Development
EFA	Education For All
GER	Growth Enrolment Rate
GTTI	Gambia Technical Training Institution
MDI	Management Development Institution
MDG	Millennium Development Goals
HIV	Human Immuno-deficiency Virus
IEC/BCC	Information Education and Communication/ Behavioural Change Communication
M&E	Monitoring and Evaluation
NACP	National AIDS Control Programme
NAS	National Aids Secretariat
OVCs	Orphans and Vulnerable Children
PLWHA	People Living With HIV/AIDS
PS	Permanent Secretary
PTA	Parent –Teachers’ Association
PTA/SMC	Parent –Teachers’ Association/ School Management Committee
PTCT	Parent To Child Transmission
TOR	Terms of Reference
SOS	Secretary of State
SMC	School Management Committee
SMT	Senior Management Team
STI	Sexually Transmissible Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children Education Fund
VCT	Voluntary Counselling and Testing
WFP	World Food Programme
WHO	World Health Organisation

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A participatory approach was adopted through regional and national workshops to validate the content of the policy. We therefore gratefully acknowledge the valuable contributions of the many stakeholders including departments/units of the DOBSE, other government departments, civil society organisations, United Nations system, World Bank and the National Aids Secretariat.

Finally, the Department of State for Basic and Secondary Education is indebted to the National AIDS Secretariat (NAS) and the United Nations Children and Education Fund (UNICEF) for funding the process of formulating this important document.

I. BACKGROUND

Global HIV/AIDS Status¹

Around half of the people who acquire HIV become infected before they turn 25 and typically die of the life-threatening illnesses called AIDS before their 35th birthday. By the end of 2005, the epidemic had left behind 15.2 million AIDS orphans, defined as those aged under 18 who have lost one or both parents to AIDS. These orphans are vulnerable to poverty, exploitation and becoming infected with HIV. They are often forced to leave the education system and find work, and sometimes to care for younger siblings or head a family.

In 2006, around 530,000 children aged 14 and below became infected with HIV. Over 90% of these newly infected children are babies born to HIV-positive women, who acquire the virus during pregnancy, labour or delivery, or through their mother's breast milk. Almost nine out of ten of such transmissions occur in sub-Saharan Africa. Africa's lead in mother-to-child transmission of HIV is firmer than ever despite the evidence that HIV ultimately impairs women's fertility; once infected, a woman can be expected to bear 20% fewer children than she otherwise would. Although drugs are available to minimise the dangers of mother-to-child HIV transmission, they often do not reach the places where they are most needed.

Sub-Saharan Africa is by far the worst-affected by the AIDS epidemic. The region has just over 10% of the world's population, but is home to over 60% of all people living with HIV. An estimated 2.8 million adults and children became infected with HIV during 2006. This brought the total number of people living with HIV/AIDS in the region to 24.7 million by the end of the year. HIV prevalence varies considerably across this region - ranging from less than 1% in Madagascar to over 30% in Swaziland.

HIV prevalence (the proportion of people living with HIV) appears to have stabilised in this region because the number of new infections is roughly equal to the number of deaths each year. However, the total number of people living with HIV is still rising because of overall population growth.

In sub-Saharan Africa, AIDS killed approximately 2.1 million people in 2006. Average survival in the absence of treatment is around 10 years after infection. Anti-Retro Viral (ARV) drugs can significantly extend survival, allowing many years of healthy life, but these remain unavailable to most Africans.

Unlike women in most other regions in the world, African women are considerably more likely - at least 1.4 times - to be infected with HIV than men. There are a number of reasons why female prevalence is higher than male in this region, including the greater efficiency of male-to-female HIV transmission through sex and the younger age at initial infection for women.

¹ Source:<http://www.avert.org>

An estimated 24.5 million adults and children were living with HIV in sub-Saharan Africa at the end of 2005. During the same year, an estimated 2 million people died from AIDS. The epidemic has left behind some 12 million orphaned African children.

Future projections of the extent of the HIV/AIDS epidemic cannot be made with any precision; what happens next will depend on what action is taken. In some scenarios, governments and societies mount a very vigorous and wide-ranging response, which recognises AIDS as much more than just a health issue, and so HIV prevalence eventually decreases. However in others, good intentions fail to deliver anything more than short-term and fractured responses in the worst-affected countries, and the number of people living with HIV soars.

National HIV/AIDS Status

HIV/AIDS is a major development issue in The Gambia but this is not because the prevalence rate is high. Prevalence rates in The Gambia have remained relatively low, estimated in 2000 and 2001 at 1.2% for HIV-1 and 0.9% for HIV-2, the rate of increase since earlier zero-prevalence surveys has been exponential. In a survey conducted in 1988 among the sexually active age group –defined as 15 years and above - by the National Aids Control Programme (NACP), rates of 0.1% for HIV-1 and 1.7% for HIV-2 were recorded, while a similar survey only three years later (1991), showed that the rate for HIV-1 had increased to 0.5 with HIV-2 remaining at 1.7%. Increases in HIV-1 continued after 2001 reaching a peak level of 2.1% in 2004 while the prevalence rate for HIV-2 began to decline, reaching 1% in 2004. The most current data (2005) show, for the first time since 2000, a drop in the HIV-1 prevalence rate from 2.1% in 2004 to 1.1%, a 47.6% drop. A continuing decline was also recorded for HIV-2 from 1% in 2004 to 0.8% in 2005. These prevalence figures are based on sentinel surveillance data collected from different parts of the country, using blood from pregnant women attending antenatal clinics.

According to The Gambia's National Policy Guidelines on HIV/AIDS (2006-2010), there is an estimate of 16,800 people in The Gambia infected with HIV-1 and 500 people die annually of AIDS.

Based on data obtained from the 2005 HIV Sentinel Survey (HSS), the prevalence of HIV-1 rose from 0.7 percent to 1.5 percent whilst HIV-2 was relatively stable at 0.9 percent after declining slightly from 1.1 percent. The predominant mode of HIV transmission is heterosexual contact with 54 percent of people living with AIDS (PLWA) being women.

Demography

The Gambia is located on the west coast of Africa, a tiny strip of land straddling the River Gambia and bordered by Senegal on all but its coastal side. With a population of about 1.4 million, it is one of the least populous countries on the African continent. The highest levels of poverty are prevalent in rural areas (PRSP, 2002), and preliminary results from the most recent household survey (2003) show large disparities in poverty prevalence rates between the regions and between urban and rural populations. With an annual population growth of 2.8% and with strong rural-urban migration, The Gambia's population is growing, and increasingly becoming concentrated in urban areas. It is a young population: 40 percent are under 15 years

of age, 20 percent are between 15 to 24, while the economically active population (15 to 64) constitute 33 percent. There is an estimated 50.4 percent dependency rate and literacy levels in the population are relatively low at 40 percent, with lower levels of 2.7 percent in females as compared with 55 percent in males. Life expectancy is 58 years for men and 59.3 years for women.

Education Characteristics

The education sector is responsible for the provision of both formal and non-formal education. The formal system consists of six years of lower basic, three years of upper basic, and three years of senior secondary schooling.

The formal education system consists of nine years of uninterrupted basic education, followed by three years of secondary schooling. The first nine years of education are gradually being universalised to achieve nine years of basic education for all Gambian children. Pre-school education is provided privately although efforts are being intensified to create access to ECD in very deprived communities.

At the level of the lower basic, enrolments for the period 2001/2002 – 2004/2005 increased from **157,544** to **180,417** registering a GER increase from **72% to 76%**. This represents an average annual growth rate of **2%** falling short of the target of **8%**. This, however, does not take into account the enrolment of the madrassa, which forms **15%** of total enrolment.

Enrolments at the senior secondary level increased from **15,336** to **27,160** between the year 2002 and 2005 with a resultant effect of an increase in GER from **17% to 26%**. This significant growth in enrolment represents an annual growth rate of **15%**. In terms gender dis-aggregation, the GER for boys during the same period increased from **21% to 24%** while the female GER rose from **13% to 28%**. There are now 49 senior secondary schools, 8 are funded directly through the government budget, and 17 are sub-vented through grant-in aid while the rest are private schools. The transition rate from basic education to senior secondary is **52%**.

Within the framework of providing life-long learning to upgrade and update the knowledge and skills of people at work, there are at present three institutions in The Gambia that together provide a variety of programmes at the post-secondary level; the Gambia College in education, the Gambia Technical Training Institute (GTTI) in technical and vocational education and the Management Development Institute (MDI) in the area of management studies provide the trained and skilled manpower at the middle levels of services and industry. All these institutions are being strengthened and expanded to offer better opportunities to the people of The Gambia in their respective fields.

Guiding Principles

The Government of The Gambia remains highly committed to developing its human resource base with priority given to free basic education for all. It is for this reason that the Education Policy 2004 – 2015 is being used as a means for the attainment of a

high level of economic growth to alleviate poverty with emphasis on the critical areas for the realisation of the MDGs, and the EFA targets. By extension, all issue-specific policies on education will be premised on the following guiding principles:

- i. Non-discriminatory and all-inclusive provision of education underlining in particular, gender equity and targeting of the poor and the disadvantaged groups;
- ii. Respect for the rights of the individual, cultural diversity, indigenous languages and knowledge;
- iii. Promotion of ethical norms and values and a culture of peace;
- iv. Appreciation of the value of a healthy mind in response to life threatening diseases like HIV/AIDS, malaria and tuberculosis;

These guiding principles are in conformity with the national development agenda of The Gambia as articulated in Vision 2020 statement:

“to transform The Gambia into a financial centre, a tourist paradise, a trading, export-oriented, agricultural and manufacturing nation, thriving on free market policies and a vibrant private sector, sustained by a well-educated, trained, skilled, healthy, self-reliant and enterprising population, and guaranteeing a well-balanced ecosystem and a decent standard of living for one and all, under a system of government based on the consent of the citizenry.”

Justification

It is quite evident that HIV/AIDS is becoming more of a development problem rather than an exclusive health issue and consequently, children, youth, teachers and education sector personnel are part of the vulnerable groups in this country. Hence, the HIV/AIDS pandemic is a real threat to the attainment of the EFA targets and the education-related Millennium Development Goals to which the Government of The Gambia is very much committed.

Given that the Department of State for Basic and Secondary Education acknowledges the seriousness of the pandemic based on empirical evidence both local and international, coupled with the commitment of the sector to minimize the social, economic and developmental consequences of HIV/AIDS to the education system, there is the need to formulate this policy so that a clear direction is carved out for the promotion of effective prevention, care and support within the context of the public education system.

This policy therefore sets out the agenda for the education sector response to HIV/AIDS through the following interventions:

- Prevention;
- Care and Support;
- Non-discrimination

II. Policy Objectives

In keeping with the overall aims of education, this policy seeks to achieve the following objectives based on the intended intervening strategies:

Prevention: Prevent the spread of HIV/AIDS amongst education sector personnel and learners;

Care and Support: provide and ensure the availability of care, support and voluntary counselling and testing (VCT) services to education sector personnel and learners;

Non-discrimination: Provide protection from stigmatization and discrimination in both the workplace and educational institutions to sector personnel and learners respectively

III. Priority Areas

1. Prevention

The Department of State for Basic and Secondary Education (DOSBSE) will endeavour to provide information on HIV transmission and prevention for all its personnel and partners as well as school children. The Goal of prevention will be to create an environment in which learners and education personnel acquire knowledge and skills to protect themselves against HIV infection.

The DOSBSE has the core responsibility to address HIV/AIDS through Education by developing skills, values and attitudes to promote positive behaviours that would prevent the transmission of HIV/AIDS.

1.1 Safe School and Institution Environment

- 1.1.1 Institutions of the Education Sector will implement universal precautions to eliminate the risk of transmission of all blood-borne pathogens including HIV effectively in the educational institution environment.
- 1.1.2 Education institutions will endeavour to provide the means for learners and education personnel to dispose sanitary wear.
- 1.1.3 Persons attending to blood spills, or blood related wounds must wear a protective material to eliminate the risk of HIV transmission effectively.
- 1.1.4 Education institutions will ensure that the wounds of all learners and education personnel are at all times covered completely and securely so that there is no risk of exposure.
- 1.1.5 Education institutions will ensure that instruments, which become contaminated with blood or other body fluid, are properly washed and placed in strong household bleach for at least one hour before drying and re-using again.
- 1.1.6 Education institutions will ensure that blood contaminated materials are properly sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissues and toilet papers can be flushed down a toilet. Where

there are no flush toilet facilities, other appropriate disposal methods could be used.

- 1.1.7 Education institutions will keep First-aid kits and appropriate cleaning equipment in one or more selected rooms within the institution and this should be accessible at all times.

1.2 Prevention of Transmission through play and sports

- 1.2.1 The risk of HIV transmission through contact play and contact sports is generally insignificant. However it is important for education institutions to note that the risk increases where learners and education personnel are exposed to infected blood.
- 1.2.2 Heads of institutions will ensure that Classrooms and other teaching areas will have at least one pair of latex or household rubber gloves and such materials will be made available by education institutions at every sports event.
- 1.2.3 Education institutions will put in place adequate mechanism for the management of wounds through the application of first aid treatment and precautions to contain the risk of HIV transmission during contact play and contact sports.
- 1.2.4 Where bleeding occurs during contact play or contact sports, the injured player should be removed from the playground or sports field immediately and treated appropriately and bloodstained clothes must be changed.
- 1.2.5 Education institutions will not allow learners and education personnel with an open wound, sore, break in the skin graze or open skin lesion participates in contact play or contact sports.
- 1.2.6 Education personnel and learners acting as sports administrators, managers and coaches will ensure the availability of first-aid kits and should at all times adhere to universal precautions in the event of bleeding during participation in sports.
- 1.2.7 Education personnel and learners acting as sports administrators have special opportunities for meaningful education of sports participants with respect to HIV/AIDS. They should encourage sports participants to seek medical and other counselling services where appropriate.

1.3 Provision of Information

- 1.3.1 All learners and education personnel will be entitled to have access to information on HIV/AIDS that is current, accurate, complete, appropriate and scientifically factual.
- 1.3.2 Information will be provided to contribute to the reduction of the risk of HIV/AIDS transmission through risky behaviour and promote positive behaviour change.

- 1.3.3 Information will be provided in a manner that does not discriminate any individual or group.
- 1.3.4 Formation of health clubs will be encouraged in all education institutions to address HIV/AIDS issues among others.
- 1.3.5 The DOSBSE will provide professional training of counsellors on Guidance and counselling. Life skills education shall be integrated in pre-service and in-service teacher training programmes.
- 1.3.6 Educators at all level will be provided with HIV/AIDS information to enable them provide the necessary information to learners and colleagues.
- 1.3.7 HIV/AIDS will be integrated into the life-skills education programmes of all learning institutions
- 1.3.8 Education institutions will empower learners and education personnel to deal with drug and sexual abuse, violence and sexually transmitted infections (STIs) including HIV/AIDS.
- 1.3.9 Parents of learners will be informed about life-skills including those related to HIV/AIDS education offered at the education institution.

1.4 Provision of HIV/AIDS Preventive Services

- 1.4.1 The education sector will promote the principles of abstinence, being faithful and the use of condoms. However, condom promotion shall take due consideration of age appropriateness, culture and parental guidance and HIV status of the individuals at all times.
- 1.4.2 Education institutions of the Basic and Secondary Education sector will focus efforts on abstinence and delayed sex for learners.
- 1.4.3 The DOSBSE will encourage partnership to develop appropriate teaching and learning materials and make them available to education institutions and structures.
- 1.4.4 The DOSBSE will facilitate access to HIV/AIDS services, with emphasis on the specific needs of women and girls, orphans, people with special needs and other vulnerable groups. In particular, DOSBSE will facilitate access to preventive services including prevention of parent –to- child transmission (PPTCT) and voluntary counselling and testing (VCT) services
- 1.4.5 The DOSBSE will strive to establish linkages with partners to:
 - Develop and build on the capacity of learners and education personnel to utilise access and/or offer HIV/AIDS preventive service.

- Support education personnel to utilise materials provided and develop their own materials and programmes to support HIV/AIDS education
- Support education sector national and institutional programmes on HIV/AIDS
- Promote inter- sectoral collaboration to Provide effective preventive services
- Promote peer Education and related activities

2. Care and Support

Providing appropriate care and support for people living with HIV/AIDS (PLWHA) is an important part of caring at all stages of the diseases. Meeting the immediate food and nutrition, psychosocial, spiritual and physical support are essential if HIV/AIDS-affected households are to live with dignity and security. Good nutrition cannot cure AIDS or prevent HIV infection but can help maintain and improve the nutritional status of a person with HIV/AIDS and delay the progression from HIV to AIDS-related diseases. Promoting care and support has been shown to be an effective strategy in the mitigation of the effects of HIV/AIDS.

In response to the conclusion of the workshop held on the education sector response to HIV/AIDS and the education policy 2004 –2015, an issue specific policy on HIV/AIDS for the education sector is being formulated to facilitate among others, the provision of care and support for people affected or infected with HIV/AIDS.

In the recent past anti-retroviral drugs have been introduced as part of the management of people living with HIV/AIDS in the health care delivery system. Currently there is no policy or guidelines on the nutritional care and support for PLWHA available in the country. Nutritional care and support should therefore be an integral component of HIV/AIDS comprehensive care package.

In order to improve the living quality of learners and education personnel living with HIV/AIDS and their families, the DOSBSE will endeavour to conduct the following:

- 2.1 Facilitating nutritional support and care for people living with and affected with HIV/AIDS.
- 2.2 Raising public awareness and knowledge on the nutritional, spiritual, psychosocial and health care and support for people infected or affected by HIV/AIDS including Orphans and Vulnerable children (OVC)
- 2.3 Facilitating access to voluntary counselling and testing (VCT) for learners and personnel of the education sector
- 2.4 Encouraging learners and personnel of the education sector living with HIV/AIDS to register with care centres.
- 2.5 Facilitating access to spiritual, psychosocial and physical care and support for learners and personnel of the education sector.

All these will be achieved through the following strategies:

- Developing training manual on nutritional care and support for PLWHA including recipes.
- Training of extension workers including teachers, health facility staff and community representatives on HIV/AIDS, care and support, including home-based care and nutrition support.
- Developing IEC/BCC materials on care and support
- Empowering educators to be able to care for and support learners and personnel of the education sector infected or affected by HIV/AIDS.
- Including life-skills HIV/AIDS education in the school curriculum
- Providing educational support and skills training for orphans and vulnerable children (OVC's)
- Providing psycho-social and spiritual support to People Living With HIV/AIDS and their families
- Establishing and strengthening counselling centres in schools and institutions within the education sector
- Promoting voluntary counselling and testing (VCT) among learners and personnel of the education sector
- Advocating for HIV/AIDS treatment (including ART and OI treatments) for educators and learners who need them.

3. Non-Discrimination

According to UNAIDS, “ discrimination occurs when a distinction made against a person results in him or her being treated unfairly and unjustly on the basis of their belonging or being perceived to belong to a particular group. Any action directed to elimination of stigma and discrimination is therefore considered the promotion of Human Rights and Fundamental freedom.

The right to inclusion and to participate is a fundamental human right. Persons infected or affected by HIV/AIDS are part of the society and there should be no discrimination against them on the basis of a real or perceived HIV Status. Direct or indirect speculation, gossip, discrimination or stigmatization of persons suspected of having or living with HIV/AIDS is a barrier to the prevention of the spread of the disease. It is therefore important to create conducive environment, which encourages people to disclose their HIV status to the relevant authority under strict confidentiality

3.1 Disclosures and Confidentiality

- 3.1.1 No learner or education sector personnel or employee will be compelled to disclose his or her status to the institution or the employer. Unauthorized disclosure of HIV/AIDS related information could give rise to legal liability. Students, staff members and workers should be alert to unfair accusations against any person suspected to have HIV/AIDS
- 3.1.2 No learner or education personnel with HIV/AIDS should be unfairly discriminated against directly or indirectly. Educators should be alert to unfair accusation against any person suspected to have HIV/AIDS.
- 3.1.3 Education personnel living with HIV/AIDS will not be discriminated against in access to or continued employment as a well as in access to training, promotion and employers benefits on the basis of their HIV/AIDS status and shall be protected against.
- 3.1.4 Learners. Students, educators and other staff with HIV/AIDS should be treated in a just, humane and life- affirming way.
- 3.1.5 Confidentiality must be ensured and observed at all times and any form of discrimination is prohibited.
- 3.1.6 Voluntary disclosure of a students or workers HIV/AIDS status to the appropriate authorities will be welcome and an enabling environment should be cultivated in order to facilitate this disclosure.
- 3.1.7 The testing of learners and education personnel for HIV/AIDS will not be a pre-requisite for admission to, appointment or continued attendance at school or institution.

3.2 Attendance at school

- 3.2.2 No learner or education sector personnel will be denied admission to or continued attendance at a school or an institution on account of his or her HIV/AIDS status or perceived HIV/AIDS status once they meet the required acceptance criteria. In the same vein no staff member or worker should be discriminated against promotion or any other entitlement as a result of his/her HIV status.
- 3.2.3 Learners and education sector personnel are expected to attend classes in accordance with statutory requirement for as long as they are able to do so effectively.
- 3.2.4 Learners and/or education sector personnel affected with HIV/AIDS should attend regular classes and in the event that they

become incapacitated will be excused from attending classes/lectures. Efforts will be made by the school/institution to assist the student in his/her education during this period. For staff members and workers who are incapacitated, medical advice should be sought as to their health status

- 3.2.5 Students who developed neurological damage due to HIV/AIDS should continue their education in special needs schools.

4. OBLIGATION OF LEARNERS AND EDUCATION SECTOR PERSONNEL

Learners and/or education sector personnel living with HIV/AIDS do not present risk of transmission to others. However, in special circumstances where a risk is suspected, permission should be sought from the Permanent Secretary to seek medical advice as to the state of the person concerned. The school administrator should ensure that the necessary steps are taken to ensure the health and safety of all in the school.

To avoid situations of refusal to teach, study, work or associate with persons infected or perceived to have HIV/AIDS, schools and other educational institutions will provide accurate information on HIV/AIDS to all students, parents, staff members and

Under the criminal code, cap.10 volume 3 of the laws of The Gambia, there is a range of offences that can be proven. The relevant sections of this criminal code can be utilised for enforcement.. Particularly, this policy “does not support offences of wilful transmission of the HIV virus but proposes that the offences under the criminal code cap 10: vol.3 can be used if the prosecution can establish the requisite proof.”

5. INSTITUTIONAL FRAMEWORK

The DOSBSE, represented by the Permanent Secretary, has overall strategic responsibility to ensure the implementation of Government policies and strategies in the Education sector. The Permanent Secretary has a supervisory role over all projects within the sector. The Senior Management Team (SMT), comprising the Secretary of State, the Permanent Secretary, the Deputy Permanent Secretaries and Directors (both central and regional), are charged with overall policy direction as well as key implementation decisions regarding the sector. The HIV/AIDS programme is under the supervision of the Director of Basic and Secondary Education (BSED).

5.1 Coordination

Harnessing the capacity of potential partners will require planning and coordination, including the establishment of effective consultative committees, which meet regularly. As potential providers, partners will be expected to help to plan education's strategic response to HIV/AIDS, and to develop terms of reference for work to be done.

Contractual and funding procedures will need to be designed which are efficient, legally and financially correct, and appropriate to getting the job done.

Implementation of the HIV/AIDS policy will be guided and driven by DOSE. Partners within the sector will work within the context of the sector policy and operational plans. This is within the spirit of the Education Sector Strategic Plan (2006 – 2015), operational plans will be developed to guide programme implementation and ensuring that the HIV/AIDS programme is situated within the broader Basic Education programme area.

With regard to HIV/AIDS operational plan implementation therefore, DOSE anticipates it will be responsible for guiding policy, planning, coordination and resource mobilization, while working with educators in and out of Government to deliver HIV/AIDS prevention, social support and planning programmes.

5.2 Advisory Committee

The DOSE will constitute National Education HIV/AIDS Advisory Committee with the Programme Manager serving as Secretary. The composition of the committee will consist of the representatives from the Parents Teachers' Associations (PTA)/School Management Committee (SMC), students unions, teachers unions, social workers, medical and health care professionals, Directorates of Basic education and Human Resources and NAS.

Similar committees should be established at the Regional and School levels. At the school level the PTA/SMC mandates will be reinforced to include coordination of HIV related issues. Chairpersons and Secretaries will preferably be persons with knowledge in the fields of education and health care/HIV.

The National Education Advisory Committee will be responsible of advising decision-making bodies such as SMT, SOS and PS on HIV matters and health care related issues. They should also be consulted on the provisions relating to the prevention of HIV transmission in the code of conduct at the work place and school levels. They will also be responsible for developing and promoting a school plan of implementation on HIV/AIDS and reviewing of the plan from time to time.

There will be established a National Education Advisory Committee on HIV/AIDS education that will be supported by a Technical Committee. All six education administrative regions will be encouraged to establish Regional Advisory Committees, while schools/institutions will use the existing structures such as the Parent Teachers Association or School Management Committees to serve in this capacity. The Committee will:

- Elect it's own chairperson who should preferably be a person with knowledge in the field of health care;
- Advise the Permanent Secretary and Senior Management Team on all health matters, including HIV/AIDS;

- Approve and support the promotion of the operational plan on HIV/AIDS and review the plan from time to time, especially as new scientific and medical knowledge about HIV/AIDS becomes available; and
- Be consulted on the provisions relating to the prevention of HIV transmission.

5.3 Monitoring and Evaluation

The DOSH, NAS and other collaborating agencies have established HIV sentinel sites in the Gambia to establish as accurately as possible how HIV/AIDS is spreading in the Gambia. DOSBSE will improve its own information collection and monitoring capacity by collecting information from officials and schools, to enhance their understanding of how HIV/AIDS is affecting education. It will undertake periodic assessments of the impact of HIV/AIDS on education. These would be conducted within the existing DOSBSE monitoring framework using the cluster monitoring mechanism.

The Life Skills Unit (within BSED) overseeing HIV/AIDS related matters will be staffed by a Programme Manager/Coordinator and two Senior Education Officers. The tasks of individual members of the Unit are clearly defined (TORs) while additional administrative and technical support will be sought to improve the capacity of the Unit to deliver the national programme of action. Regular meetings within the Unit and consultation with the National Education Advisory Committee and the Technical Committee, will ensure a common vision of what can be achieved in the short- and medium-term, encourage evaluations of the Unit's performance, and serve as a basis for regular reporting on the DOSBSE and the Unit's activities. An HIV and education resource centre, using materials from a variety of sources both national and international, and making use of the internet, is expected to be in place and accessible to all stakeholders during the policy period.

At every stage and every level, progress will be regularly measured, by using an HIV and education baseline studies developed for the regions, as well as action-specific indicators. Monitoring will be the responsibility of the Education Planning Directorate, supported by research and professional advice as required. Benchmarks will be established by using the baseline findings.

The DOSBSE will establish consultative mechanisms through which government officials and partner agencies staff can be sensitized, informed and coordinated. Sensitization of parents, communities, and education sector personnel at national, regional and local levels must be conducted and effective/functional structures set in place.

DOSBSE will regularly convene inter-sectoral Committee meetings including key stakeholders in HIV/AIDS and education (DOSBSE, BSED (Life Skill Unit) and Planning Directorate, in country representatives of the World Bank, NAS, DFID, UNICEF, WFP, WHO, DOSH&SW etc), in order to promote policy implementation.

Regular reporting by the National Education Advisory Committee, Planning Directorate, BSED as well as DOSBSE SMT is essential to ensure synchronization of priorities, flow of funds, budgeting and mobilization of appropriate human and

financial resources as required. The Technical Committee may be required to meet from time to time, as circumstances require.

The DOSBSE will promote the establishment of an HIV and education Focal Point at the regional, school and university levels to provide research support to the sector. The Planning Directorate will undertake regular monitoring of progress in achieving strategic planning targets, working on terms of reference established by the National Advisory Committee. If a focal point is not established, monitoring will need to be undertaken regularly by an alternative designated authority. Regular evaluation of curriculum content, implementation and outcomes is essential, and the quality of work of cooperating training providers.

DOSBSE will review its capacity to plan, research, analyze and manage, to work inter-departmentally and in a decentralized manner in keeping with current policy, to manage and monitor the implementation of HIV/AIDS programmes, and to allocate resources appropriately.

Appendix

A. First Aids Kits

A well-stocked first-aid kit, kept within easy reach, is a necessity in every school or education institution. Choose containers for your kits that are sizeable, durable, easy to carry, and simple to open. Plastic tackle boxes or containers for storing art supplies are ideal, since they're lightweight, have handles, and offer an ample space.

First-aid kits will contain the following:

- First-aid manual
- Sterile gauze
- Adhesive tape
- Adhesive bandages in several sizes
- Elastic bandage
- Antiseptic wipes
- Soap
- Antibiotic cream (triple-antibiotic ointment)
- Antiseptic solution (like hydrogen peroxide)
- Hydrocortisone cream (1%)
- Acetaminophen and ibuprofen
- Extra prescription medications (if the family is going on vacation)
- Tweezers
- Sharp scissors
- Safety pins
- Disposable instant cold packs
- Calamine lotion
- Alcohol wipes or ethyl alcohol
- Thermometer
- Plastic gloves (at least 2 pairs)
- Flashlight and extra batteries
- Mouthpiece for administering CPR (can be obtained from your local Red Cross)
- List of emergency phone numbers
- Blanket (stored nearby)

B. Universal Precautions

This refers to the concept used worldwide in the context of HIV/AIDS to indicate standard infection control procedures or precautionary measures aimed at the prevention of HIV transmission from one person to another and includes procedures concerning basic hygiene and the wearing of protective clothing such as latex or rubber gloves or plastic bags when there is a risk of exposure to blood borne pathogens or blood-stained body fluids.

C. DOBSE Organogram

To be provided by Mohammed Jallow

