



Liberia NATIONAL EDUCATION SECTOR

# HIV&AIDS POLICY

2010-2014

MINISTRY OF EDUCATION

Republic of Liberia

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## PREFACE

Liberia has launched the national response to HIV through a multi-sector approach with emphasis on greater and strategic involvement of all sectors in the national response. A multi-sector approach to HIV response because HIV affects all sectors, and it has the potential to undermine the social and economic development of the nation.

The Ministry of Education has demonstrated a strong sector leadership by developing the education sector HIV and AIDS policy and strategic plan. This clearly manifests the Ministry of Education's commitment to the multi-sectoral national response to HIV to prevent the spread of HIV in our country. The education sector has a key role to play in the nation response.

To pursue the National AIDS Commission's coordinating role in the multi-sector response, several initiatives have been undertaken jointly by the Commission and UNAIDS to build capacity of line ministries and agencies of government. These efforts are intended to ensuring that ministries and government agencies mainstream HIV in their mandates, policies, annual work plans and budgets.

The Commission, therefore, recognizes the special advantages of the education sector inherent in its educational structures and system which span the entire country. The education system comprising of students, teachers and parents constitutes the key beneficiaries of the HIV response. The sector HIV and AIDS Policy will serve as a policy instruments that will guide in setting sector priorities and actions, as well as, broaden the understanding of roles among education sector partners. A sector strategy which targets young people is imperative in the prevention of HIV among future Liberians. I am happy to note that the education sector policy on HIV and AIDS is in harmony with the core principles of the 2010-2014 National Strategic Frameworks II that places emphasis on prevention and charts the way forward for the Multi-sectoral response to HIV in the Country.

Although HIV prevalence appears low, estimated at 1.5 (2007 LDHS), the epidemic is likely to spread widely and threaten the social and economic development of county. The epidemic is already present in all counties, and quite high among pregnant women, and if all key sectors are not fully involved in the national response, the HIV epidemic is likely to spread among the susceptible population, especially the youth. We should not lose sight of the fact that there are vulnerable populations of youths and adolescents, and let us be aware that about 80% of young girls experience first sex by age 18 years. Studies show that there is a clear link between early sex and HIV.

Liberia has a challenge to respond effectively to the HIV epidemic; we should mobilize all sectors and partners to prevent the spread of HIV; if we are to protect our people from HIV,

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all line ministries and agencies are to develop strategic plans that implement the HIV National Strategic Framework within their internal and external domains.

The National AIDS Commission recognizes the support of UNICEF, UNESCO, and other UN agencies in the development of the education sector's HIV strategy and policy framework which are essential for accelerating the response to HIV in Liberia.

Ivan F Camanor, MD, MPH&TM, FWACP  
Executive Director  
National AIDS Commission Secretariat

## Foreword

The launch of this Education Sector HIV and AIDS Policy is a manifestation of the Ministry of Education's commitment to fighting the HIV and AIDS scourge in the education sector as its contribution toward the national multi-sectoral response as well as the Poverty Reduction Strategy (PRS).

The availability of HIV and AIDS Policy for the Education Sector will better help to strengthen greater partnerships with stakeholders and broaden the understanding of roles between education service providers in the fight against the scourge. This HIV/AIDS Policy of the Education sector, which is aligned with the National Strategic Framework(NSF 2010-2014), also formalize the rights and responsibilities of every stakeholder involved, directly and indirectly, in the education sector with regard to HIV/AIDS: the learners, their parents and caregivers, educators, managers, administrators, support staff and civil society.

However, the 2007 Liberia Demographic Health Survey (LDHS) reveals that the prevalence among the general population is less than two percent (2%), but this does not mean that HIV is not a threat to the survival of the Liberian society. The disease is present in all counties and districts, and given the post-conflict scenario, the epidemic is likely to spread if effective prevention measures are not taken by all sectors. There are still unhealthy sexual practices occurring among the general population that have the propensity to fuel the current status to a crisis proportion. Therefore, in our view as education sector, the fight against HIV in Liberia must be won; otherwise, the impact of the pandemic will inevitably slow down Liberia's educational attainment. It is, however, becoming increasingly important for the sector to urgently respond to the changing needs of its teachers, students, and school communities, not only to protect the basic functioning of the education system, but also as part of the wider responsibility to respond to the pandemic and utilize every available opportunity at its disposal to reduce the effects of HIV and AIDS on both the education sector and society at large.

Moreover, the **Education Sector HIV and AIDS Policy** shall act as a guideline for effective prevention, care and support within the education sector where HIV and AIDS programs are being implemented. We see this as an opportunity to call upon all education service providers to join the Ministry in “Accelerating the education sector response to HIV in Liberia.”

Therefore, on behalf of the Ministry of Education, I wish to express gratitude to all stakeholders who have participated in this venture for their invaluable contribution. I also wish to express my sincere thanks to UNICEF-Liberia (whose funding support sought the realization of such policy for the education sector), and members of the UNAIDS Interagency Task Team (IATT) for education comprising UNESCO, UNAIDS, UNFPA in Liberia and World Bank, Washington DC, USA, whose moral and technical contributions have come a long way to ensure that the document receives the technical support it deserves.

Dr. Joseph D. Z. Korto  
Minister of Education

## Acknowledgement

The development of HIV and AIDS policy for the education sector comes at no better time than now, considering the fact that many education service delivery stakeholders have been involved in one form of HIV/AIDS PROGRAM or another. However, these interventions have been done haphazardly as a result of the lack of policy to guide their activities. Therefore, the development of this policy is a step in the right direction. This process began with the relentless effort of Dr. Ahmed K. Ferej, who was then serving as Education officer of UNESCO in Liberia from 2004 to 2008 with moral support from Honorable Peter N. Ben, the then Deputy Planning Minister of Education. It was through his initiative that series of consultative meetings were held among education stakeholders, UN Agencies, and Government. These meetings culminated into the holding of education sector National Conference on HIV and AIDS, which subsequently led to the development of this policy.

We would also like to thank the various national and international non-governmental organizations as well as institutions that participated in the exercise from its inception to the final. Those organizations and institutions are Concern Worldwide, Creative Associates, Save the Children-UK, MPCHS, AIDSCORPS, Lutheran Church School System, Merlin, Samaritan Purse, LOAF, LIGHT Association, WRTTI, NACP/MOH, NAC, etc.

We also like to extend special thanks to all those who took part in the validation exercises held in Nimba, Bong, and Montserrado counties for their immense inputs.

Finally, none of this work would have been possible without the financial support of UNICEF-Liberia, therefore we thank UNICEF-Liberia for its support to this worthy cause.

Olivia Marse-Kendrix  
Director, Division of School Health/MOE

## Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CBOs	Community Based Organizations
CESAC	Corporative Education and Adaptive Centre
CSOs	Civil Society Organizations
ECCCs	Early Child-Care Centers
EFA	Education for All
FBOs	Faith Based Organizations
HCU	HIV and AIDS Control Unit within the Sector
HIV	Human Immune-deficiency Virus
IDPs	International Development Partners
IEC	Information Education and Communication
MDGs	Millennium Development Goals
NAC	National AIDS Commission
PTA	Parents-Teachers Association
UBE	Universal Basic Education
UNESCO	United Nations Educational Scientific and Cultural Organization
UNICEF	United Nations Children Fund
WHO	World Health Organization

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## CHAPTER ONE-BACKGROUND

### 1.1 Introduction

**“HIV/AIDS affects the education system just as it affects the body: for years the effects of the sickness remain unnoticed, business as usual. There are slightly more teachers absent, leaving the educational system, or dying but the causes are so manifold that it seems unnecessary to really talk about it. And then suddenly the statistics come out on the proportion of skilled and highly educated manpower infected-much higher than for the rest of the population, on the number of teachers infected and dying, and on the decline in the number of pupils and students. It is no longer possible to speak about it.”<sup>1</sup>**

With HIV&AIDS posing a significant threat to education system in terms of demand, supply and quality of education, it is not only the right time to ‘talk the talk’ but the right time to ‘walk the walk’ by matching words with concrete actions that will save the sector from the daunting challenge of a sector- ravaged pandemic. Since the latter part of the 1970s and the early part of the 1980s when HIV&AIDS phenomenally reared its ugly head, the world has never been the same again with virtually all countries of the world affected by the pandemic to varying degrees. As at the end of 2007, about 33.2 million people are now living with HIV the world over. The majority of those infected are in their productive and reproductive age, and this has serious impact on productivity and sustainability of societies and economics, particularly in Sub-Saharan Africa which carries the greatest burden of HIV with the largest number of HIV&AIDS cases and highest adult prevalence rates.

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<sup>1</sup> Planning for Education in the Context of AIDS, UNESCO, 2000

Liberia has a population of a little over 3.5 million people with over 50% being youths under the age of 18. The 2007 LDHS puts the country's HIV prevalence at 1.7% with increased vulnerability among ages 15 – 49 particularly the female segment of the population. Although, the results of 2006 and 2007 ANC surveys indicated that those with no education have an HIV prevalence rate of 5.4%, while those with elementary, junior secondary, senior secondary and college education have 5.3%, 5.2%, 7.1%, and 3.2% respectively. The burden of the epidemic also reflects regional/county differentials. For example, there are pockets of high HIV prevalence in the Eastern Region comprising Grand Gedeh and Maryland with HIV prevalence of 7.4 percent; South East and North West comprising Grand Kru and Sinoe and Bong, Lofa and Nimba with 4.5 percent HIV prevalence; Western comprising Gbarpolu and Cape Mount with 6.3 percent HIV prevalence. The prevalence is also relatively high outside of major urban area of Monrovia, 5.6 percent and 4.9 percent in Monrovia (ANC 2006 & 2007).

The impact of the epidemic entails high increase of stigma and discrimination against the infected and the affected leading to gross violations of their basic human rights. It also places serious burdens on existing yet inadequate health facilities. Apart from that, it has negatively affected the nations' productivity due to sickness and death as a result of AIDS, growing numbers of OVC, as well as increased economic burden on households particularly women and youths, who suddenly become bread winners to take care of the sick or the dependents left behind by some spouses and parents. Indeed the impact of HIV&AIDS is seriously felt in all facets of the socio-economic and political spheres of Liberia.

The impact of HIVAIDS is not yet very much felt in the education sector due to absence of data and this might have contributed to seeming complacency in confronting the challenges of HIV&AIDS by key

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stakeholders in the sector. However, the devastating impact that the pandemic has wreaked upon other strata of the nation's population provides us with ample evidence of what could happen to the education sector if responsive measures are not taken. It could lead to a situation whereby the supply, demand and quality of education are seriously threatened. This therefore calls for appropriate policy guideline as well as strategic and evidence based intervention in accelerating the education sector response to the AIDS scourge in Liberia. Despite the low-prevalence in the sector, it is expedient for the Education Ministry to recognize the fact that complacency can quickly lead to crisis within the sector. Quick and proactive intervention will provide the Liberian people with the opportunity of saving their lives as well as limited available resources.

However, in an attempt to respond to these challenges, the Ministry of Education through its HIV/AIDS Control Unit, School Health Division has succeeded in integrating life skills-based education into the National School Curriculum with specific focus on Science, Biology, Social Studies and Mathematics syllabi and has developed teacher guides and Resource Book to facilitate the use of the above syllabi by teachers and students. What remains as a challenge to the Ministry's intervention are the development of

life skills HIV and AIDS education student modules, Mass training of teachers and students, and printing and dissemination of the life skills instructional materials.

## **1.2 Impact on Demand, supply and quality of Education**

**“For a long time, HIV/AIDS was considered to be essentially a medical problem. However, it has become clear that prevention is essential and that education might potentially be the single most powerful weapon against HIV transmission”<sup>2</sup>.**

The impact of HIV&AIDS on the sector has far-reaching implications for even growth and development of the country, the attainment of the 6 Education for All (EFA) goals as well as the Millennium Development Goal 2,3, and 6. Apart from that, it also has serious implications for national planning, nation building and sustainable development. It can contribute significantly to

- A drastic reduction in learners and staff populations
- An increase number of learners orphaned by HIV & AIDS
- Closure of schools due to decline in enrolments and or staff loss.
- Reduction in number of people who have access to quality higher education at tertiary level
- Reduction in productivity and efficiency in the sector as a result of teachers, education officers, inspectors, finance officers, building officers, planning officers, management personnel and school administrators illnesses

### **1.3 Justification for the Policy**

The National conference on accelerating the Education Sector’s Response to HIV&AIDS conducted in 2007 provided ample opportunity for stakeholders in the sector to recognize the urgent need for the development of a sector-specific policy that will guide the sectors response to HIV&AIDS in line with the Liberian HIV&AIDS National Strategic Framework (NSF) which will provide guideline for priority

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<sup>2</sup> Planning for Education in the Context of AIDS, UNESCO, 2000

interventions to be carried out in the sector to prevent the spread of HIV among staff, learners, school administrators and the communities.

Apart from that, government at the highest level in the ministry has not been adequately informed with necessary information for decision making that would have propelled serious political will and leadership commitment to treat HIV&AIDS as a priority issue. Administrative bottlenecks delay HIV&AIDS program planning and implementation processes and limit the capacity of the ministry to access available resources for HIV&AIDS.

Since the vulnerability of young people is increasingly recognized as a priority, there is strong need to focus on the school as a prevention setting since it is unarguably the most efficient means of reaching a large number of youths who made up the majority of the population. Notwithstanding, the HIV and AIDS response is a new factor in education delivery and must be appropriately incorporated within the education sector policy and implementation plans.

The potential effectiveness of the education sector HIV prevention, treatment, care and support services for learners and staff is affected by a number of factors which need to be addressed in sector planning via a comprehensive HIV policy framework. These include coordination of sectors' response, financing of the sectors' response, facilitating access of infected and affected to needed services, quality of HIV prevention and stigma reduction information being passed across, safety of the school and workplace setting; and mitigation of the impact of AIDS on the school/sector.

Although, some education workplaces and institutions are conducting activities on HIV & AIDS, there is no standard practice to guide their

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actions. The interventions are neither coordinated nor evaluated. There is widespread ignorance and inaccurate knowledge about HIV & AIDS. Access to HIV Counseling and Testing (HCT), care, treatment and support as well as HIV/AIDS specific legislation on HIV & AIDS is limited. Thus, the development of this comprehensive policy will provide the government through the Ministry of Education an opportunity to create a safe, fair, and compassionate environment that will be AIDS-free and have zero tolerance for stigma and discrimination at workplace and learning institutions.

## 1.4 HIV&AIDS Definitions

### 1.4.1 What is HIV?

HIV is Human Immune-deficiency Virus. It usually attacks the human defense system and renders it incompetent to defend the body against illnesses and diseases. Once this is achieved, the body could be subjected to various illnesses since it can no longer defend itself.

### 1.4.2 What is AIDS?

AIDS is Acquired Immune Deficiency Syndrome. It is a condition in which the body defense system has completely broken down and can no longer protect the individual against various life-threatening infections which ordinarily would have been taken care of if the immune system were functioning optimally. These life-threatening infections are called opportunistic infections because they take advantage of the weakened immune system to attack the body.

### 1.4.3 Progression form HIV to AIDS

There are six different stages between the progressions of HIV into full blown AIDS. These stages are the following:

Stage 1-**Initial infection** with HIV whereby the virus enters the body either through the blood or other body fluids.

Stage 2- **The Window period** which is a period during which the virus is already in the system but the anti-bodies which determines their presence have not yet been formulated for detection

Stage 3- **Sero-Conversion** which is a period when a person's sero-status changed from HIV negative to HIV positive. Although such person may look well and healthy, he or she may infect others knowingly or unknowingly during this period.

Stage 4- The **Asymptomatic Stage** which is a period during which a person has been diagnosed to be HIV positive but has shown no sign of sickness or illnesses. Like the sero-conversion stage, the person could also knowingly or otherwise infect others.

Stage 5- **Symptomatic stage** which is a stage during which the person is manifesting certain symptoms that are persistent and take a longer period of time to cure.

Stage 6- **Full blown AIDS** which is a period when the person immune system has finally collapsed and he or she develops several ailments that are very difficult to control or cure and might be the cause of death. Survival at this point depends largely on availability of appropriate treatment services to manage the illnesses.

#### **1.4.4 Modes of Transmission of HIV**

- Through unprotected sexual intercourse
- Through transfusion of infected blood
- Through sharing of infected skin-piercing instruments
- Through an infected pregnant mother to her unborn child during pregnancy, delivery or breast feeding period

### **1.5 The Policy Development Process**

The process of development of HIV&AIDS Policy for the education sector in Liberia was very participatory and involved series of dialogues and consultations with relevant stakeholders. Advocacy was also conducted with key policy makers in the sector. Technical and financial support for this process was provided by UNICEF, with additional technical input by The Liberian Education Sector HIV and AIDS workplace Policy



UNESCO and UNAIDS. The process evolved from the National Conference to Accelerate Education Sectors response to HIV&AIDS conducted in 2007, supported by the World Bank and its partners, and built upon lessons learnt from the conference to develop a framework that would form the basis for the National Education Sector HIV&AIDS Policy.

The original process started with document review and consultation meetings with key stakeholders to ensure active participation of all and facilitate consensus building on the identification of major policy issues as well as major interventions needed to improve the sectors' response. This is in view of the urgent need to facilitate drastic reduction in the rate of new incidence of HIV and mitigate the impact of AIDS on the infected and the affected staff and learners as well as the community members within the context of the education sector. This is necessary for sustainable and well developed human resources for the country.

The consultation and dialogue with stakeholders at the national level was followed with another series of regional consultative workshops. The regional workshop provided the opportunity for stakeholders at that level to contribute to the development process. A key outcome of this meeting was the formation of 5 Technical Working Groups based on the identified thematic areas (Coordination and Program Management; Prevention and Stigma reduction; Treatment, Care and support; Impact Mitigation and OVC; and Monitoring and Evaluation (M&E)). Each technical team worked in a thematic group and produced an initial draft based on the inputs generated by stakeholders on agreed thematic areas. These inputs made up the policy document. The draft policy document was reviewed and adopted at a subsequent National Stakeholders meeting held in Monrovia in February 2009.

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## **CHAPTER TWO-THE POLICY FRAMEWORK**

This Policy aspires to provide a framework for recognizing the existence of HIV & AIDS issues in the Sector. It also provides strategies for prevention, treatment, care and support for the infected and affected, as well as impact mitigation in the Sector.

### **2.1 Guiding Principles**

The Sector is fully committed to offering a broad range of HIV & AIDS prevention, treatment, care and support measures and interventions.

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Since the aim of this policy is to guide the Sector in the design of HIV & AIDS program, the following are the guidelines, on which the policy is based.

- Recognition of HIV & AIDS as a development and workplace issue
- Recognition that HIV counseling and testing should be voluntary and encouraged and not made compulsory
- Non-stigma and non-discrimination in recruitment, employment, admission and termination
- Confidentiality of all HIV & AIDS related information
- Recognition of the multi-ethnic and socio-cultural diversity of Liberia
- Gender sensitivity
- Respect of constitutional and fundamental human rights of all peoples
- Greater involvement of People Living with HIV & AIDS particularly the staff and learners
- Partnerships and involvement of CSOs, FBOs, development partners and the private sector.

## **2.2 Goal of the Policy**

To have a framework that guides interventions which prevent the spread of HIV & AIDS and other sexually transmitted infections (STIs) and protect, support and mitigate the social and economic impacts of HIV & AIDS on staff and learners, in the Education sector by 2013.

## **2.3 Specific Objectives**

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The objectives of this Policy are to:

- i) Promote awareness, knowledge and positive behavior change necessary for reduction of HIV & AIDS and other sexually transmitted infections among staff and learners;
- ii) Mobilize care and support services for infected staff and OVC and mitigate the impact of HIV&AIDS on them
- iii) Create a supportive work and learning environment devoid of stigma and discrimination on the basis of real or perceived HIV status, or vulnerability to HIV infection for staff and learners.

## **2.4 Scope of Application**

This Policy will be applicable to all public and private education institutions and workplaces in Liberia and will also provide guidelines for the involvement of major stakeholders like the civil society, development partners and the faith based communities in HIV&AIDS response in the sector. Also, it shall be applied equally to all employees and learners, regardless of sex, ethnicity or religion.

## **2.5 Commitments**

The Honorable Minister of Education and all other stakeholders (private and public) within the Sector affirm that:

- i. This Policy recognizes HIV & AIDS as an issue in the workplace, schools and institutions. It is complementary to the Liberian Constitution, the National Education Sector Policy, the National Workplace Policy on HIV & AIDS, as well as the international and local labor laws and based on the principles of justice, equity and fair play.

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ii. The HIV & AIDS workplace and medical benefits policies are developed on the premise that one does not knowingly put oneself at risk, and that one will seek appropriate care treatment and support of acceptable quality.

iii. The Sector shall ensure that this Policy and other ministerial responses to HIV & AIDS are key components of other developmental and poverty reduction strategies and programs

### **CHAPTER THREE-POLICY THEMATIC AREAS**

To achieve the above stated objectives the policy will focus on the following themes:

1. Coordination and Program Management
2. Prevention of HIV&AIDS
3. Treatment, care and support services for infected staff and OVC
4. Impact Mitigation
5. Monitoring, Evaluation and Research

### 3.1 Coordination and Program Management

The sector believes that an effective response to HIV&AIDS can only be achieved if and when there is proper coordination of interventions of all major stakeholders in the sector. The major stakeholders which this policy document envisage will contribute to the sector response including the ministry itself at the national, county and district levels; international development partners and international NGOs, civil society organizations in Liberia consisting of NGOs, CBOs and FBOs, the school community consisting of teachers, learners, and the PTAs. For effective coordination to take place there should be both vertical and horizontal interactions among all of these entities.

To achieve this, the HIV/AIDS unit of the Ministry will map all stakeholders and identify their areas of intervention, provide guidelines with regards to the sector's priority and ensure that all stakeholders respond only to the sector's priority. The unit will also ensure that resources are mobilized, capacities are built and access of infected staff and OVC to care, support and impact mitigation related service is facilitated. Apart from the HIV/AIDS unit at the national level, there will also be HIV/AIDS unit at the County and District levels with appropriate skills and technical competencies in areas that will be identified by this policy. The response will be government led in the areas of coordination, capacity building, monitoring and evaluation while the actual implementation of prevention, stigma reduction, treatment, care and support and impact mitigation activities will be carried out by the school community and civil societies.

### 3.2 Prevention of HIV

In line with the UNAIDS position that *"A comprehensive approach to HIV prevention must address not only risk but also deep-seated causes of vulnerability which reduce the ability of individuals and communities to*

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*protect themselves and others against infections*<sup>3</sup>, the sector will adopt a comprehensive approach that will facilitate not only awareness creation and HIV prevention knowledge improvement but will also address attitudes and behavior practices to reduce the level of fatalism and increase personal risk perception that can facilitate positive behavior change. This comprehensive approach will target reduction in risky behavior of staff, learners, their families and communities. It will also take into consideration the gender dimension of the HIV&AIDS situation in the country at large and the sector in particular.

### **3.3 Treatment, Care and Support Services for Infected Staff and OVC**

A comprehensive treatment, care and support approach that will facilitate access of infected staff and learners to anti-retroviral drugs, drugs for opportunistic infections and appropriate counseling services through a strengthened partnership and linkages with the Ministry of Health and other health institutions at various levels. Selected staff in schools will also have their capacity built on HIV counseling and referral while their efforts will also be complemented by comprehensive mobile health clinics that will offer HIV&AIDS related treatment services by the Ministry of Health and its partners. Apart from that, the Ministry will also work with the civil society groups to ensure that the physical, nutritional, financial, medical, spiritual, counseling, and psychosocial support needs of the infected staff and learners on one hand and OVC on the other hand are adequately met. This effort will be geared towards creating a supportive workplace and lessening the burden of the disease on the infected and the affected.

### **3.4 Impact Mitigation**

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<sup>3</sup> UNAIDS Policy Position Paper 2005

The burden of HIV&AIDS on the infected and the affected cannot be over-emphasized. Thus, in a bid to alleviate this burden within the sector, the ministry will facilitate protection of the rights of both the infected and affected staff and learners and make the workplace and the school environment stigma and discrimination free. The sector shall also strive to empower the infected staff economically through established measures and appropriate linkages with existing poverty reduction and socio-economic empowerment programs

### 3.5 Monitoring, Evaluation and Research

Monitoring and evaluation assist us to *identify priorities so as to set achievable, realistic goals, maximize*

*Use of limited resources, ensure quality of programs, ensure that gender and other cross cutting issues are appropriately mainstreamed*

*into programming, promote accountability, fuel advocacy and promote an integrated response<sup>4</sup>*

It is in the light of this that the sector will ensure that an appropriate M&E mechanism is put in place to constantly review progress made and conduct assessment of the result and impact of interventions carried out through harmonization of information from all stakeholders into a single sector -specific monitoring and evaluation and ensure that it is integrated into the Education Sector Monitoring Information System (EMIS) and fed into the NAC Country Response Information system (CRIS)

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<sup>4</sup> Nigerian National Response Review 2001-2004 (Final Draft)



## **CHAPTER FOUR- POLICY GUIDELINES**

### **4.1 Coordination and Program Management**

- i. Institutional Strengthening and capacity building
- ii. Partnership, collaboration and linkages between MOE and other stakeholders
- iii. Advocacy for effective policy implementation
- iv. Resource mobilization

### **4.2. Prevention**

- (I) HIV prevention Capacity building
- (II) Behavior Change communication materials
- (III) HIV Counseling and Testing
- (IV) STI/HIV prevention and treatment services
- (V) Occupational Safety

### **4.3 Treatment, Care and Support**

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- (I) Treatment, care and support for infected staff
- (II) OVC

#### **4.4 Impact Mitigation**

- (I) Mitigating the impact of HIV&AIDS on infected and affected staff and learners
- (II) Mitigating the impact of HIV&AIDS on the Education sector
- (III) Reduction of stigma and discrimination

#### **4.5 Monitoring, Evaluation and Research**

- (I) Monitoring and evaluation
- (II) Research

### **4.1 Coordination and Program Management**

#### **4.1.1 Institutional Strengthening and Capacity Building**

- 1) Because of the exigency of HIV&AIDS, the priority that the sector places on it, the need to accelerate the sector's response, reduce administrative bottleneck, and increase its resource absorption capacity, the HIV&AIDS unit shall be the hub of the sectors' response. It shall be in the School Health division and report directly to the Honorable Minister through the Director of School Health.
- 2) The Sector shall assess the capacity building needs of the HIV&AIDS units at the national, County and District levels and recruit additional staff particularly in the technical areas of capacity building, M&E and coordination to make the units effective and more functional. Appropriate Terms of Reference shall be developed for the staff so recruited. Equally, the units shall be equipped with all identified equipment necessary for the units to play its coordination, monitoring and evaluation as well as capacity building roles.

- 3) In order to increase the level of knowledge on HIV&AIDS, Capacity building programs shall be conducted for the following groups: Education planners and administrators, supervisors, staff and learners. Such Staff training on HIV & AIDS shall take place during paid working hours and attendance by all including senior staff shall be considered as part of work obligations.
- 4) The sector shall provide logistical support in terms of transport, equipment and supplies for the HIV&AIDS unit at all levels to be able to carry out its duties effectively.
- 5) The sector shall develop both the sector policy on HIV&AIDS as well as the strategic plan to guide implementation of its priority interventions
- 6) While the overall coordination of the sectors' response to HIV&AIDS shall be the responsibility of the HIV&AIDS unit, the unit shall in turn regularly furnish other units of the ministry with information regarding stakeholders contribution and achievement in the area of HIV&AIDS response for effective program planning for the ministry through the statutory quarterly Inter-departmental Steering committee meetings to be chaired by the Honorable Minister of Education.

#### **4.1.2 Partnership, Collaboration and Institutional Linkages**

- 1) This policy shall be implemented with a spirit of collective ownership, responsibility, and collaboration. In order to promote this policy, all stakeholders shall work in harmony while implementing their areas of responsibility. Partnerships with Ministry of Health and social welfare, ministry of Labour as well as Ministry of Gender shall be encouraged to facilitate access to services and sustain the Programme.

- 2) The sector shall conduct mapping of all partners, both local and international, to identify their areas of operation and ensure that they are working in line with the sector's priority
- 3) All stakeholders working on HIV&AIDS in the sector shall derive their annual operational plan from the National Education Sector strategic plan
- 4) The sector shall meet with all the stakeholders twice every year preferably during the first and third quarter of the year to keep track of intervention being carried out and ensure compliance with the sector strategic plan
- 5) The sector shall also establish linkage with existing poverty reduction strategies and programs as well as other economic empowerment programs to be able to mitigate the impact of HIV on the infected and affected staff and learners.

#### **4.1.3 Advocacy for Effective Policy Implementation**

- 1) The HIV&AIDS unit of the MOE at national, county and district levels shall be responsible for conducting advocacy activities aimed at mobilizing support of policy makers, development partners and other stakeholders on effective implementation of the policy. Appropriate advocacy tools shall be developed for this purpose.
  - 2) The leadership of the Ministry at both the national, county and district levels shall be at the fore front of advocating for effective implementation of this policy.
  - 3) In order to be able to effectively carry out this advocacy task, the HIV&AIDS unit at both the national, county and district levels shall
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furnish the leadership at those levels with necessary information and statistics needed to carry out such advocacy initiatives.

- 4) The HIV&AIDS Inter-departmental Steering Committee to be headed by the Minister of Education shall have statutory quarterly meetings where planning, progress report and review of the sectors intervention will be carried out. The HIV&AIDS unit shall be saddled with the responsibility of organizing this quarterly meeting.
- 5) The inter-departmental Steering Committee shall advocate with the Ministry of Planning and Economic Affairs to ensure that all development partners coming to work on HIV&AIDS in the education sector register with the ministry of Education and carry out only the sectors' agenda.

#### **4.1.4 Resource mobilization**

- 1) The sector through the Inter-departmental Steering Committee shall ensure that any development partners or International Non-Governmental Organization bringing resources to Liberia to work on HIV&AIDS in the sector are deriving their action plan from the Ministry's' Strategic Plan. This can be achieved through advocacy with the Ministry of Planning and Economic Affairs.
- 2) The Ministry shall facilitate access of, and compliment the civil society organizations' resource mobilization efforts.
- 3) The management shall ensure that the Ministry allocates and also release on time, 5-10% of its annual budgetary allocation to HIV&AIDS programs at various levels in conformity with best

practices elsewhere in the world. The proration of the percentage will largely depend on the Ministry's annual budgetary allotment.

## **4.2 Prevention of HIV**

### **4.2.1 Capacity Building for HIV prevention**

- 1) All staff within the Sector as well as the PTAs shall be equipped with appropriate HIV prevention knowledge and skills through HIV&AIDS prevention Education Capacity building Programs.
- 2) The sector shall facilitate provision of Peer educator trainings on HIV prevention for staff and learners within the sector
- 3) The sector shall build the capacity of School Guidance counselors to be able to effectively provide HIV prevention education to staff and learners
- 4) The Life Skills and HIV & AIDS Education curriculum shall be produced, distributed and implemented at all levels of the Sector nationwide.
- 5) The sector shall provide a protocol for the harmonization of health related clubs in schools to ensure that learners at all levels in both the formal and non-formal sector have access to comprehensive information that addresses their developmental, sexual, reproductive and HIV/AIDS information needs and make it mandatory for all stakeholders including development partners to comply with this provision in their areas of intervention.

### **4.2.2 Behavior Change Communication Materials**

- 1) The sector shall facilitate capacity building on media message development process for civil society organizations working on HIV&AIDS in the sector to ensure that appropriate information that is knowledge- based gets to the stakeholders
- 2) The materials to be so produced shall provide staff, learners and their families with relevant, accurate and up-to-date information that promote safer sex practices, stigma reduction, self risk perception and reduction in high risky behavior, and fatalism.
- 3) All BCC media materials to be produced for the consumption of staff and learners in the sector shall be target specific and meet specific knowledge needs of the target beneficiary

### 4.2.3 HIV Counseling and Testing

- 1) HIV counseling and testing shall be encouraged and made voluntary, no staff or learners shall face persecution, isolation, rejection or termination of appointment or studentship because of their refusal to either go for HIV test or disclose the result of such staff on demand
- 2) The sensitivity and technicality of HIV counseling and testing demands that a trained personnel conducts it, thus, the sector shall facilitate access to HCT services by linkages and referral with existing health facilities nearest to staff and learners.
- 3) Disclosure of the status can only be voluntary with written consent by the concerned staff and learners after counseling on the potential consequences of such disclosure
- 4) Female; both staff and learners will be specially protected against being coerced or forced to declare their HIV status before they can enjoy one benefit or the other or to avoid official sanction.

- 5) In schools with clinics or health facility, appropriate trainings will be conducted for personnel working on HIV counseling and testing to ensure strict compliance with standard procedure on HIV counseling and testing

#### **4.2.4 STIs/HIV Prevention Services**

- 1) The sector shall ensure that a holistic approach is adopted for STIs treatment of staff and learners through a referral mechanism. This shall include condom promotion, contact tracing, counseling and patient education as well as follow-up to ensure completion of treatment.
- 2) The sector shall make STI diagnosis and treatment available to staff and learners through referral and linkages with available reproductive health clinics and facilities. The cost of such diagnosis and treatment shall be borne by the ministry's and or private institutions' medical benefits policy.
- 3) Condom (both male and female) shall be made available to staff and grown-up learners that are already sexually active to prevent STIs including HIV. Such condom shall either be distributed freely or highly subsidized by donors and government.
- 4) All education service delivery civil society organizations shall be encouraged to provide comprehensive STI, HIV prevention information to staff and grown-up learners to reduce the rate of STI and HIV infection
- 5) Youth friendly service centers shall be established or upgraded subject to availability of funds, to provide STIs and HIV prevention, diagnosis and treatment. The sector shall also collaborate with partners that have youth friendly centers for community outreach purposes to ensure its sustainability.

#### **4.2.5 Occupational Safety**



- 1) The sector shall minimize staff and learners injury due to vehicular accidents. This mechanism shall include ensuring that all the sectors' vehicles are fitted with seat belts and that all occupants of such vehicles wear them regularly when traveling on duty, ensuring that all vehicles belonging to the sector regularly undergo routine service and maintenance and are also equipped with first AID kits
- 2) The sector shall provide Crash helmets for staff using motorcycle to carry out their official assignment and ensure that such staff wear the crash helmets anytime they are on the motor cycle
- 3) The sector shall encourage all schools to have fully equipped first Aid kits to address the emergency needs of students and staff.
- 4) The sector shall collaborate with the Ministry of Health and Social Welfare to ensure that all school clinics and other health facilities being used by its staff and learners comply with the universal safety precaution standards to minimize accidental exposure of staff and learners to HIV infection.
- 5) The Sector shall collaborate with the Ministry of Health and Social Welfare to develop standard procedures to be followed at all levels, for immediate referral for counseling, assessment and medical treatment of staff exposed to the risk of HIV infection (e.g. through accident or sexual assault), whether in the workplace or elsewhere. The sector shall also facilitate access of such staff to post-exposure prophylaxis.
- 6) The Sector shall develop code of conduct for learners and staff to ensure that work and learning environments are healthy and safe to prevent possible transmission of HIV.

#### **4.3.1 Treatment, Care and Support for Infected staff**

- 1) The sector shall ensure that infected staff remain healthy and are fit enough to work for as long as possible

- 2) The sector shall, to a reasonable extent accommodate the special needs of staff living with, or directly affected by HIV & AIDS. This accommodation shall include but not limited to flexible working hours and times -off for counseling and medical appointments, extended sick leave, transfer to lighter duties, part-time work, and return-to-work/resumption of school and provision for missed examinations.
- 3) The Sector shall ensure that staff living with HIV conduct prompt treatment of his or her opportunistic infections through facilitation of access to such facility with minimal discomfort
- 4) The Sector shall provide information on the availability of antiretroviral drugs/certified alternative medical treatment in designated healthcare centers.
- 5) The sector shall facilitate access of infected staff to counseling and other care and support services either on-site or through referral to existing support groups for PLWHA
- 6) The sector shall ensure that infected staff is not transferred to places with high risk of opportunistic infections including Tuberculosis and where health care resources are limited and access to ARVs difficult.
- 7) The sector shall support the National Teacher Association (NTAL) to facilitate access of their members to appropriate treatment, care and support services.

#### **4.3.2 Orphans and Vulnerable Children (OVC)**

- 1) The sector recognizes that Orphans due to HIV&AIDS as well as children made vulnerable as a result of other situations are at risk of poor educational attainment due to lack of affordable schooling; increased family responsibility; stigma and discrimination.

- 2) In the light of this, the sector shall conduct an assessment of basic needs of the OVC within the sector.
- 3) The sector shall facilitate easy access to quality education for OVC by mobilizing stakeholders support for the funding of holistic scholarship (schooling, feeding, uniforms, etc) for them.
- 4) The sector shall facilitate their access to adequate information and knowledge on HIV&AIDS and build their skills to be able to cope with the challenges of being an OVC.

#### **4.4.1 Mitigating the Impact of HIV&AIDS on the infected and affected Staff and Learners**

- 1) The sector shall conduct impact assessment to identify employees and units at high risk and to use such information to pragmatically reduce identified risks in order to sustain the supply and quality of education
- 2) The sector shall facilitate access of infected and affected staff and learners to essential foods and nutritional supplement through partnership and collaboration with organizations providing such services.
- 3) The sector shall protect the rights of the infected and affected within the sector and ensure that they are not exposed to any inhumane treatment as a result of their HIV&AIDS related situation
- 4) The sector shall ensure that employees living with HIV & AIDS shall have access to benefits from statutory social security and occupationally related schemes.

#### **4.4 2 Mitigating the Impact of HIV&AIDS on the Sector**

- 1) The sector shall ensure that its staff are retained and sustained by facilitating improved quality of life of the infected and affected staff to guarantee quality educational services

- 2) The sector shall integrate knowledge based information on HIV&AIDS in the teacher training programs to ensure that trainee teachers have access to adequate knowledge about HIV prevention, treatment, care and support services to ensure sustainability of information flow.
- 3) The sectors' human resource policy will take into account human resource gap as a result of HIV&AIDS and collect necessary data that can assist planning and replacement of terminally-ill staff as a result of HIV&AIDS to reduce the burden on the remaining staff
- 4) The sector shall promote any initiatives that will mitigate the impact of HIV&AIDS on the human resources and service provision aspects of the ministry's deliverables.

#### **4.4.3 Reduction of Stigma and Discrimination**

- 1) The sector shall ensure that staff and learners and other stakeholders within the school communities are adequately equipped with information and knowledge of transmission of HIV to reduce stigma and discrimination attached to being HIV positive.
- 2) The sector shall promote open, acceptable and supportive work and learning environment for staff and learners that choose to disclose their HIV status.
- 3) The sector shall protect staff and learners infected or affected by HIV&AIDS from stigma and discrimination associated with HIV&AIDS.
- 4) The sector shall not discriminate on the basis of actual or perceived HIV status or membership of a group at increased risk of HIV infection.
- 5) Staff living with HIV & AIDS, shall be treated no less favorably than staff with other serious illnesses.

### **4.5.1 Monitoring and Evaluation**

- 1) The sector shall strengthen the HIV&AIDS unit at all levels with technical competence personnel in monitoring and evaluation
- 2) The sector shall ensure that all activities outline within this policy Implementation framework is appropriately monitored and evaluated.
- 3) The sector shall develop a monitoring and evaluation plan that aligns with Education Management Information System (EMIS) and the NAC monitoring System and facilitate integrating HIV&AIDS related data into EMIS and the NAC through the Country Response Information System (CRIS).
- 4) There shall be annual Review and planning meeting of the sectors' HIV&AIDS response in which all stakeholders shall actively participate.
- 5) Periodic evaluation of the sectors' response shall be conducted and disseminated as often as the National Inter-departmental Steering Committee approves.
- 6) The HIV/AIDS Unit shall use information from its M&E database to produce annual Fact sheets on the sectors' response to HIV&AIDS in line with the sectors' strategic plan.

### **4.5.2 Research**

- 1) The sector shall facilitate the collection of basic baseline survey necessary to make HIV&AIDS intervention evidence based.
- 2) The sector shall conduct routine research to furnish decision makers with clear picture of what is obtaining in the sector.

- 3) The sector shall build capacity of staff in the areas of HIV&AIDS research with support of international development partners and foreign technical experts in this area.
- 4) The sector shall use research findings to review programs implementation issues.
- 5) The sector shall conduct a diagnostic study to determine the magnitude of vulnerability of OVCs, learners, teachers, and the education sector personnel to HIV infection.

## **CHAPTER FIVE**

### **RECRUITMENT, EMPLOYMENT, ADMISSION AND TERMINATION**

- 5.1 The sector recognizes the fact that HIV infection does not, in itself, constitute a lack of fitness to work.
- 5.2 The sector recognizes the fact that the only medical criterion for recruitment is physical and mental fitness to work and shall only employ this in any recruitment purpose irrespective of the HIV status of the applicant.
- 5.3 The sector shall not require HIV screening as condition for admission into schools, recruitment or retaining employment opportunity, or use HIV status as a basis for termination of employment. Staff with HIV-related illness shall continue in employment as long as they are fit for available and appropriate work. If fitness to work is impaired by HIV-related illnesses, reasonable alternative working arrangements shall be made by the employer.
- 5.4 Staff with HIV or AIDS shall enjoy health and social protection and be accorded the necessary care and support as applicable to other employees suffering from other serious illness.
- 5.5 The Sector shall impose appropriate sanctions on any school authority that sends out learners or staff on account of real or perceived status of the staff and learners, or those of his/her parents or guardian. The Sector shall impose sanctions on any employee who discriminates against or stigmatizes another employee.

## **CHAPTER SIX**

## **COUNSELING, GRIEVANCES AND DISCIPLINARY PROCEDURES**

- 6.1 The Sector shall strengthen the capacity of personnel with counseling background to be able to provide HIV&AIDS related counseling services for staff, learners and dependants
- 6.2 The sector shall also provide information to stakeholders on where such advice, counseling services and treatment, care and support referral services can be accessed.
- 6.3 The sector shall create awareness and understanding of grievances procedures and how staff can employ them through collaboration with the National Teacher Association and would be network of Teachers living with HIV/AIDS (TLWHA) within the sector.
- 6.4 The sector shall ensure that the rights of infected staff with regards HIV&AIDS and support as well as impact mitigation services available to them in the event of a breach of that right is integrated into existing grievances procedure
- 6.5 The sector shall ensure confidentiality of such complainants during such proceedings, including ensuring that such proceedings are held in private
- 6.6 The Policy implementation team at all levels shall ensure that all complaints from staff and learners regarding non-compliance to this policy shall be duly investigated and referred to the appropriate authority. Staff can use grievance procedures from the established personnel policies for work-related grievances, including failure by the Sector to implement any aspect of this policy or violation of any of its section by any individual.

## **CHAPTER SEVEN**



## **ROLES AND RESPONSIBILITIES FOR IMPLEMENTATION**

The policy will be reviewed and adapted regularly to changing circumstances.

This policy recognizes the significant roles to be played by the partners including the civil societies, the private sectors and all stakeholders in the sector and also notes the strategic roles to be played by the ministry for effective sector coordination. Thus, to guide successful implementation of the policy and the attendant response, both the steering committee and the HIV&AIDS unit shall perform the following functions.

### **(i) National education sector HIV and AIDS Inter-departmental Steering Committee**

- This is the highest decision making organ of the education sector with regards to HIV&AIDS response.
- It is chaired by the Honorable Minister of Education and have heads of various departments and education sector parastatals as members
- The HIV&AIDS Coordinator shall serve as Secretary to the National Steering committee. The functions of the National Education Sector HIV&AIDS Steering Committee shall include the following:
  - o Overall supervision of the program;
  - o Advocacy and resource mobilization for effective sector response;
  - o Utilization of information and data from HIV&AIDS related M&E and research to make critical decisions about the sectors' response;
- Establishment of multi-level structures and partnership responsible for coordination, M&E and capacity building of staff and other stakeholders within the sector;
- Develop and periodically review the HIV&AIDS policy;
- Review human resource policies and procedures within the context of HIV&AIDS; and
- Oversee and monitors departmental HIV&AIDS activities.

### **(ii) HIV and AIDS Units:**

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- This shall be established at the National County and district levels;
- It shall be responsible for overall coordination of the sectors' response at such level;
- The planning and Implementation of capacity building, program monitoring and evaluation as well as stakeholder participation in the sectors' response;
- Develop tool for the register of development partners, International NGOs, local NGOs, CBOs and FBOs as well as private sectors involved in HIV&AIDS response in the sector;
- Facilitate the statutory Inter-departmental Steering committees;
- Serve as technical and secretariat arm of the sectors' response;
- Provision of information necessary for the implementation of this policy;
- Production and dissemination of the policy and strategic plan documents; and
- Sharing of information on the sector's response to HIV&AIDS with all stakeholders.

### **(iii) Educational Institutions**

- Develop and adopt its own implementation plan on HIV & AIDS with involvement of all the stakeholders active in the sector to make this policy operational.
- The institution will mainstream the teaching about HIV&AIDS in an age- and sex-specific manner.
- The educational institution should not tolerate sexual abuse, violence, harassment, discrimination and stigmatization.
- The educational institution should encourage and promote the need for staff and learners to go for voluntary counseling and testing and use other HIV&AIDS services.

### **(iv) Pupils and Parents**

- Students should adopt conducts regarding the unacceptability of behavior that may create the risk of HIV transmission while in school.

- Students should respect the rights of other students and teachers.
- Parents should actively acquire any information or knowledge on HIV/AIDS that is supplied by the educational institutions and to attend any meetings called for the parents by the educational institutions.
- Parents should monitor the implementation of the Teacher code of conduct, which should ensure full implementation of zero-tolerance of in-school sexual abuse.

**(v) Counties**

- Each county should communicate this policy to all staff within its jurisdiction, implement, monitor and evaluate the HIV&AIDS program.