



REPUBLIC OF KENYA

MINISTRY OF EDUCATION

GUIDELINES FOR STRENGTHENING HIV AND AIDS COORDINATION AT THE DISTRICT LEVEL



2010

A publication of the Ministry of Education

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2010



United Nations
Educational, Scientific and
Cultural Organization
Organisation
des Nations Unies
pour l'éducation,
la science et la culture

Table of contents

FOREWORD	3
ACKNOWLEDGEMENT	4
MESSAGE FROM UNESCO	5
ACRONYMS AND ABBREVIATIONS	6
1. BACKGROUND INFORMATION	7
1.1 Decentralization of Education Services	7
1.2 Purpose of the Guidelines	7
1.3 Justification for the Guidelines	8
2. ORGANIZATION AND MANAGEMENT	9
2.1 Organizational Structure	9
2.2 District Education Board (DEB)	10
2.3 Director City Education/District Education Officer/Municipal Education Officer	10
2.4 District HIV and AIDS Education Committee (DHAEC)	11
2.5 District Education Stakeholders Forum on HIV and AIDS (DESF)	11
2.6 The Divisional Advisor/Area Education Officer (AEO)	13
2.7 The Zonal Quality Assurance & Standards Officer (ZQASO)	13
2.8 The Head-teacher	14
3. GOVERNANCE AND ACCOUNTABILITY	15
3.1 Conduct of Business	15
3.2 Discipline	15
3.3 Election/Selection of DHAEC Members	15
3.4 Induction of New Members	16
4. MONITORING AND EVALUATION	17

Foreword

HIV and AIDS is increasingly recognized as one of the most serious threats to global stability and progress. The pandemic is also among the key factors exerting pressure on the education systems in Kenya and threatens the achievement of Education for All (EFA), Vision 2030 and the millennium development goals among others. It has generally been agreed that Education has a key role to play in both preventing transmission of HIV and in mitigating its effects in the institutions of learning, families and communities.

In response to the challenges posed by the pandemic to the sector, the MOE developed **The Education Sector Policy on HIV and AIDS** which provides guidance for effective HIV and AIDS prevention, care and support as well as management of the response and workplace concern. The Ministry aims to prevent new infections and to protect the education infrastructure against negative impact of HIV and AIDS. The Ministry adopted the Sector Wide Support programme (SWAP) through which all stakeholders are engaged in order to align the objectives, harmonize the procedures, approaches and develop a coherent financing arrangement. Through the SWAP process the government and development partners developed the Kenya Education Sector Support Programme (KESSP) which fit within the Sessional Paper No. 1 of 2005 on Policy Framework for Education, Training and Research. HIV and AIDS is one of the 23 Investment Programmes (IP) outlined in KESSP. The overall goal of HIV and AIDS IP is to strengthen the MoE's Capacity to provide HIV and AIDS Prevention, Care and Support to the infected and affected in the sector.

Although MOE has set out guidelines for effective implementation of HIV and AIDS response within the education sector, there are some stakeholders who implement their HIV and AIDS related activities within the districts outside KESSP. This calls for the need to strengthen coordination, alignment and harmonization of interventions amongst various stakeholders starting at the district level and up to the national level.

In this regard, the MOE welcomes partnership with UNESCO in the development of HIV and AIDS coordination guidelines under the framework of EDUCAIDS. This coordination framework sets out the mechanism for mapping out targeted interventions as well as sharing information for effective programming of HIV and AIDS. It is expected that in the long run this will culminate in the development of guidelines for HIV and AIDS coordination at all levels.

On behalf of the Ministry of Education I wish to express gratitude to UNESCO as well as other development partners and look forward to the successful engagement that will form future direction in the fight against HIV and AIDS within the education sector.



*PROF. KAREGA MUTAHI, CBS.
PERMANENT SECRETARY*

Acknowledgement

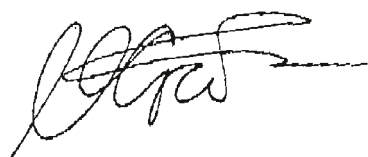
HIV and AIDS effects to learners and the teaching fraternity impact negatively to the gains made towards the realization of EFA and MDG. These Guidelines for HIV and AIDS coordination is a very essential tool towards enhancement and scaling up of the interventions being undertaken within the education sector.

MoE would therefore like to recognize the various stakeholders involved in the development of the District HIV and AIDS coordination Guidelines. First and foremost I would like to appreciate the support given by MoE Permanent Secretary Prof Karega Mutahi during development of these guidelines. I would also like to appreciate the efforts of the Director Policy and Planning Mr Kimathi M' n Kanata, Deputy Director Policy and Planning Mr Onesmus Kiminza and the Head AIDS Control Unit Mrs Elizabeth Kaloki for their technical support.

I wish to thank Prof Joseph Massaquoi, Director UNESCO Nairobi office for the provision of both technical and financial support through his team Yayoi Segi-Vltchek Programme Specialist Education, Jane Kamau EDUCAIDS Coordinator and Arne Willems UNESCO Regional Advisor HIV and AIDS East and Southern Africa. I am also indebted to the Provincial Education Officers in Eastern, Rift Valley and Coast Provinces for their support.

The development of the draft HIV and AIDS coordination guidelines could not have materialized were it not for the District Education Officers (DEOS) in Malindi, Nakuru, Machakos, Mombasa, Kilifi and Taita for galvanizing key stakeholders in HIV and AIDS in their respective districts during the piloting phase. Last but not the least; I would like to appreciate the inputs of all the stakeholders involved in the consultative forums that gave inputs into these guidelines.

It is my expectation and conviction that the District Education Officers will implement the co-ordination framework and at the same time play the lead role in harmonizing and coordinating HIV and AIDS activities within learning institutions in their jurisdictions.



*PROF. GEORGE I. GODIA, CBS.
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Message from UNESCO

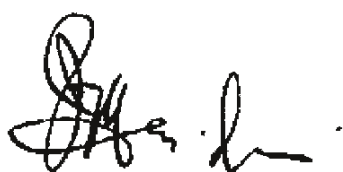
The HIV and AIDS pandemic is one of the major factors threatening the education sectors' efforts to attain national and international goals such as the Millennium Development Goals (MDGs) and Education for All (EFA). In recognition of this reality the UNAIDS launched in 2004 the EDUCAIDS framework and entrusted UNESCO with the role of lead agency for the programme. The purpose of EDUCAIDS Framework is to enhance a comprehensive sector response to HIV and AIDS and currently it is being implemented in 51 countries. The UNESCO Cluster Office in Nairobi has successfully rolled out the EDUCAIDS Framework in Kenya, Uganda and Rwanda. In Kenya the EDUCAIDS framework is particularly important for the achievement of the Vision 2030 goals. It addresses the issue of HIV and AIDS and its effects on the education sector which is the source of human capital in the country. Furthermore, at the global level, the role of education sectors' response in the fight against HIV and AIDS is acknowledged in view of the fact that majority of those at risk of infection are aged between 15-24 years and they are in institutions of learning.

One of the key goals of the UN member states Declaration of Commitment in 2006 was to ensure that by 2010, 95% of young people aged 15-24 would have comprehensive knowledge on ways of avoiding transmission of HIV. The year 2010 is already here and although there is no data available yet on the current level of awareness among the youth, we can use the previous years' statistics as indicators of what to expect. For instance, the figures in 2007 showed only 40% of males and 38% of females in the 15-24 years age group possessed the desired levels of knowledge. Hence we can safely conclude that when the 2010 data are available they will confirm that the 95 percent target was not attained.

It has been 25 years into the pandemic, yet HIV and AIDS continues to challenge all our efforts. The pandemic has remained a step ahead of our interventions. It is disheartening to note that for every two people put on antiretroviral drugs each day, another five become newly infected. This calls for greater efforts towards working together if we are to achieve the Millennium Development Goal of reversing the spread of the virus by 2015 (MDG Goal 6). Taking into consideration this global scenario, I therefore commend the efforts undertaken by the MoE in forging this partnership with UNESCO to strengthen the coordination of HIV and AIDS interventions at the district level in order to enhance alignment, harmonization, synergy, optimization of resources, sharing of best practices and learning from failed initiatives to ensure the national response become more effective. .

Finally, let me reiterate that UNESCO is happy to be associated with the development of the Guidelines for Strengthening HIV and AIDS Coordination at the District Level that aims at strengthening coordination of interventions by various stakeholders. I hope that a similar framework for coordinating stakeholders at the national level will also be developed.

I would also like to assure MoE of UNESCO's continued technical support in strengthening the response to HIV and AIDS in the education sector.



JOSEPH G. M. MASSAQUOI, PhD
Director, UNESCO Regional Office for Science and Technology in Africa
UNESCO Nairobi Office

Acronyms and abbreviations

ACU	AIDS Control Unit
AEO	Area Education Officer
AIDS	Acquired Immune deficiency Syndrome
ARVs	Anti-retroviral Drugs
BOG	Board of Governors
CACC	Constituency AIDS Control Committee
CBOs	Community Based Organizations
DCE	Director City Education
DHAEC	District HIV and AIDS Education Committee
DEB	District Education Board
DEMIS	District Education Management Information System
DEO	District Education Officer
DESF	District Education Stakeholders Forum
DQASO	District Quality Assurance and Standards Officer
DTC	District Technical Committee on HIV and AIDS
EDUCAIDS	Global Initiative on Education and HIV and AIDS
EFA	Education For All
EMIS	Education Management Information System
FBOs	Faith Based Organizations
GoK	Government of Kenya
HIV	Human Immuno Deficiency Virus
KESSP	Kenya Education Sector Support Programme
KNUT	Kenya National Union of Teachers
KNEC	Kenya National Examination Council
M&E	Monitoring and Evaluation
MEO	Municipal Education Officer
MDGs	Millennium Development Goals
MoE	Ministry of Education
MVC	Most Vulnerable Children
NACC	National AIDS Control Council
NGOs	Non-Governmental Organizations
SMC	School Management Committee
TAC	Teacher Advisory Centre
TSC	Teachers Service Commission
UNESCO	United Nations Educational, Scientific and cultural Organization
ZQASO	Zonal Quality Assurance & Standards Officer

1 Background Information

1.1 Decentralization of Education Services

The Government of Kenya (GOK) through the Ministry of Education (MoE) is committed to improving the delivery of education services through decentralization of educational management and financing at district and school level. This is stipulated in the Sessional paper No 1 of 2005 on Policy Framework for Education Training and Research, as well as in the Kenya Education Sector Support Programme (KESSP I: 2005-2010). MoE recognizes that HIV and AIDS is one of the key factors exerting pressure on the education system in Kenya which threatens the attainment of National, Education For All (EFA) as well as Millennium Development Goals (MDGs) among others. In addition, MoE embraces the fact that the education sector has a critical role to play in preventing new HIV infections especially among the young people.

MoE developed the Education Sector Policy on HIV and AIDS in 2004 as the benchmark for interventions in the sector. In addition, MoE incorporated HIV and AIDS Investment Programme within the KESSP I. Furthermore, HIV and AIDS has been integrated and infused in subjects across the school curriculum from primary to tertiary level as well as in Life Skills curriculum. The Education Sector policy on HIV and AIDS will be revised during the implementation of KESSP II.

MoE initiated coordination efforts at the district level through a circular Ref No.G.12/4/Vol. 10 dated 25-07-2007 that mandates all the DEOs in the country to constitute a 9 member District HIV and AIDS Education Committee (DHAEC). This should comprise of Teacher Service Commission (TSC) Human Resource Officer (1), Kenya National Union of Teachers trainer (KNUT 1), Ministry of Health trainer (1), Kenya National Examination Council-KNEC trainers (1) and District HIV and AIDS Coordinators (2), Quality Assurance and Standards (1), Teachers Advisory Centre Tutor (1) and In-Service Education and Training Unit (1).

The main responsibility of the committee is to work with the DEOs and other stakeholders at the district level in order to coordinate interventions on HIV and AIDS in the education sector. However, during KESSP reviews of 2008 and 2009, it emerged that the proposed committees are not operational, hence the need to rejuvenate them and to review their composition so that it is in tandem with the reality on the ground. Therefore, the purpose of the following guidelines is to reinforce the MoE circular and to strengthen coordination of HIV and AIDS interventions in the education sector at the district level

1.2 Purpose of the Guidelines

The purposes of these guidelines are:

- i. To define and strengthen the role of DEOs in the implementation of HIV and AIDS interventions at the district level

- ii. To provide mechanisms for establishing District Education Stakeholders forum on HIV and AIDS as a platform for information sharing as well as joint planning.
- iii. Define roles and responsibilities of different HIV and AIDS educational stakeholders within the district coordination mechanism in order to reduce duplication of efforts and conflict of interests.
- iv. To ensure that there is harmonization and alignment of interventions to key National AIDS Control Council and MoE HIV and AIDS policy documents and guidelines.

1.3 Justification for the Guidelines

HIV and AIDS Stakeholders in the Education Sector at the district level tend to work in isolation with little systematic joint planning, implementation, reporting, monitoring and evaluation as evidenced by KESSP annual joint reviews of 2008 and 2009. This has resulted in duplication of efforts and uneven distribution of resources thereby impeding efficiency and effectiveness. The KESSP joint review also found that many of the stakeholders in the districts initiate their HIV and AIDS activities in the education sector by going directly to schools or through other line ministries with minimal involvement of the MoE's focal points at the district level. Through strengthened coordination at all levels, MoE will enhance alignment and harmonization of HIV and AIDS interventions.

Coordination is necessary for efficient implementation of programmes and it ensures even coverage of the district and avoids unnecessary duplication of efforts. Strengthened coordination at the district level will require that:

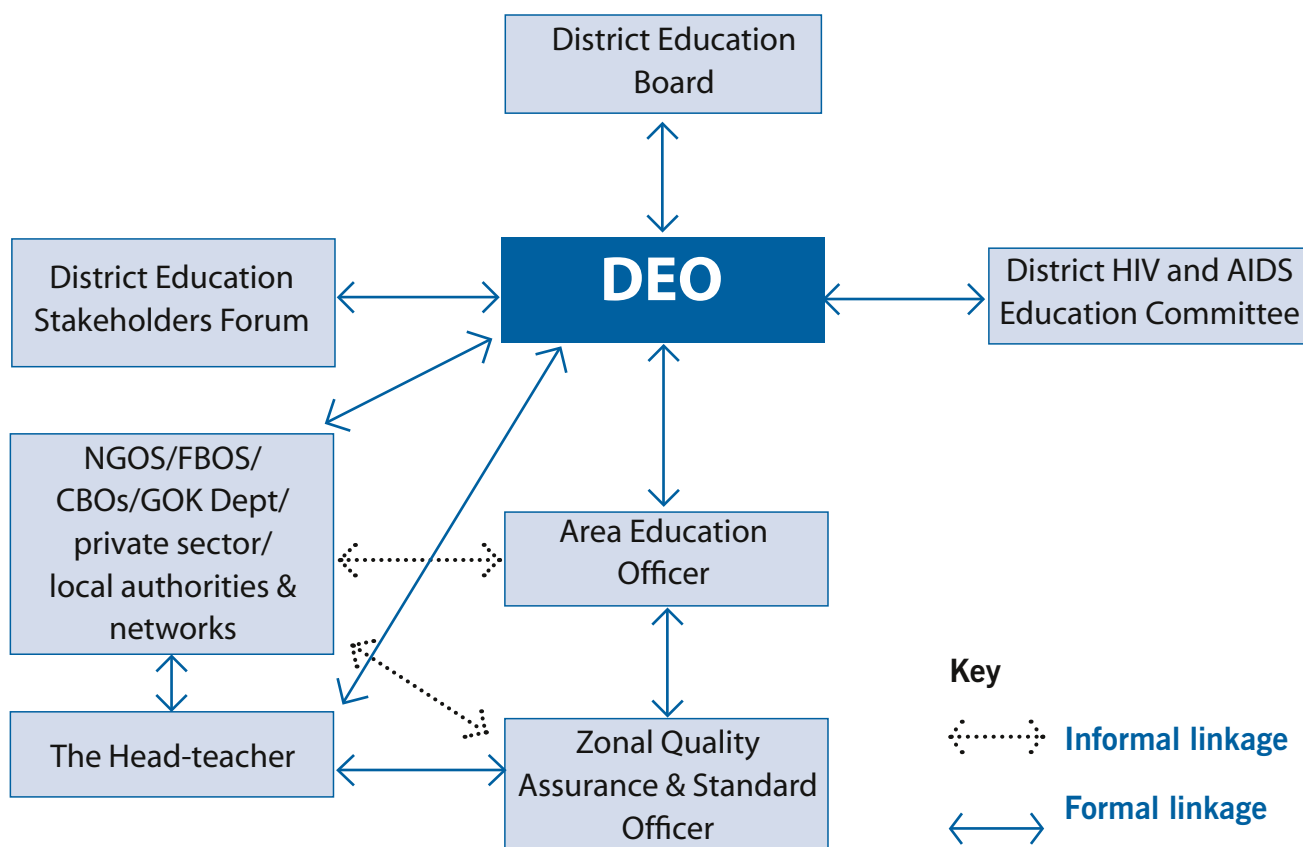
- All parties involved remain autonomous in relation to each other, but remain open to resolutions and consensus of HIV and AIDS stakeholders' proposals especially on joint activities and prioritized areas of focus at a particular time.
- All parties are united in responding to agreed HIV and AIDS priorities in the education sector at the district level.
- The District Education Stakeholders Forum on HIV and AIDS remains a platform for joint planning and sharing experiences and innovations, but does not become a new entity conflicting with existing structures such as MoH District HIV and AIDS committee.

2 Organization and Management

2.1 Organizational Structure

This section deals with the roles and functions of various actors at the district level who will enhance coordination of HIV and AIDS activities down to the school level namely District Education Board, District Education Officer, stakeholders, District HIV and AIDS Committee, Area Education Officer, Zonal Quality Assurance and school communities. The organizational structure is illustrated in Figure 2.1 with the DEO playing a key role of linking the education sector with other district bodies involved in HIV and AIDS interventions in the district.

Figure 2.1 Organizational Structure for Coordination of HIV and AIDS Interventions at the District Level by MoE



2.2 District Education Board (DEB)

The DEB was established by the Education Act of 1968 to govern the management of education services at the district level. To ensure the coordination of HIV and AIDS activities in the education sector, these guidelines recommend the roles and responsibilities of the DEB as follows:

1. Approve HIV and AIDS planning process in the education sector at the district level.
2. Approves programmes for different stakeholders on HIV and AIDS.
3. To mobilize resources for joint stakeholders' interventions at the district level eg World AIDS Day.
4. Receive various stakeholders' progress reports on HIV and AIDS activities through the DCE/DEO/MEO and identify the gaps in implementation and suggest corrective measures.
5. Making policy recommendations on HIV and AIDS issues in the education sector through the DCE/DEO/MEO.

2.3 Director City Education/District Education Officer/Municipal Education Officer

The DCE/DEO/MEO is mandated to oversee the implementation of education programmes at the district level in order to enhance access, retention and transition. To strengthen coordination of the HIV and AIDS interventions at the district level, the following are the roles and responsibilities of the DCE/MEO/DEO:

6. Develop HIV and AIDS work-plans based on District Strategic plans and other policy documents.
7. Harmonize and approve HIV and AIDS activities in the district in the education sector.
8. Provide linkages with Constituency AIDS Control Committees, District Technical Committees, District stakeholders on HIV and AIDS, Provincial Education office and MoE
9. Ensure equitable distribution of HIV and AIDS interventions in the education sector in the district to reduce disparities in access, retention, equity, completion, transition and quality education.
10. Mobilization of resources for joint HIV and AIDS activities in the district.
11. Grant clearance for stakeholders to undertake HIV and AIDS activities in the school set up based on MoE HIV and AIDS manuals and guidelines (Education Sector Policy on HIV and AIDS, MVC support grant manual, HIV and AIDS prevention and Life Skills Manual).
12. Interpret and disseminate relevant policy guidelines and any other relevant information on HIV and AIDS to the education stakeholders in the district.
13. Ensure the collection, analysis, utilization and dissemination of information generated through DEMIS/EMIS on HIV and AIDS.
14. Convene quarterly meetings for the District Education Stakeholders Forum on HIV and AIDS to enhance mapping of interventions, co-funding and sharing of experiences.
15. Ensure efficient utilization of education sector HIV and AIDS resources in the District.
16. Monitor and evaluate HIV and AIDS activities within the educational institutions in the district.
17. Ensure that the DEB is kept abreast with all HIV and AIDS related activities in the education sector
18. Maintain and update district database of stakeholders, Most Vulnerable Children, teachers and other employees trained on HIV and AIDS including those with special needs.
19. Ensure that DHAEC is functional and its capacity is built

2.4 District HIV and AIDS Education Committee (DHAEC)

The DHAEC is established through a MoE circular Ref No. G.12/4/Vol. 10 dated 25-07-2007 that mandates all the DEOs in the country to constitute a 9 member committee to coordinate HIV and AIDS activities in the district. During the piloting phase of this guidelines the stakeholders recommended a review of this committee to accommodate other key stakeholders and proposed the following composition:

- i) DCE/MEO/DEO – 1
- ii) DQASO/District AIDS Coordinator 1
- iii) Teachers Service Commission -1
- iv Teachers Union - 1
- v) Ministry of Health - 1
- vi) Children’s department - 1
- vii) Constituency Aids Control Council - 1
- viii) Parents association - 1
- ix) Heads Asociations for teachers - 1
- x) FBOs, NGOs, private sector and CBOs - 3
- xi) Positive teachers networks – 1

The members representing groups/organizations should be co-opted during the formation of the District Education Stakeholders Forum for HIV and AIDS. The re-constituted committee should have a membership of not more than 13 members with the DCE/MEO/ DEO being the chair and should meet on quarterly basis to review progress. The DHAEC is accountable to the DCE/MEO/DEO. The following are the roles and functions of the DHAEC:

- Steering the process of convening the District Education Stakeholders Forums on HIV and AIDS in the education sector.
- Developing standardized reporting and monitoring formats for district HIV and AIDS stakeholders in the education sector.
- Synthesizing reports from different stakeholders on a quarterly basis for sharing
- Ensuring that policies and other guidelines on HIV and AIDS from MoE are disseminated to the stakeholders.
- Identifying gaps and challenges and suggesting corrective measures.

2.5 District Education Stakeholders Forum on HIV and AIDS (DESF)

2.5.1 The Process of Establishing DESF

The establishment of the DESF on HIV and AIDS is very critical in ensuring that coordination of activities is strengthened at the district level. The DCE/DEO/MEO should facilitate the formation of the DESF on HIV and AIDS which should include all organizations involved in interventions on prevention, care and support as well as mitigating the response of HIV and AIDS in the education sector. The DESF on HIV and AIDS should incorporate line ministries, NGOs, FBOs, CBOs, networks of positive teachers, teachers unions, teachers association groups, parents associations, local authorities, media and private sector.

The following procedures should guide the establishment of the DESF on HIV and AIDS:

- The DHAEC identifies all the stakeholders responding to HIV and AIDS in the education sector at the district level using the mapping criteria provided in these guidelines.
- The DHAEC initiates the first DESF on HIV and AIDS in order to sensitize the stakeholders on the importance of establishing the forum.
- The DHAEC maintains an updated database of all the stakeholders responding to HIV and AIDS in the education sector.
- Members are co-opted in the DHAEC during the first stakeholders' forum.
- The co-opted members serve one year after which the chairperson (DCE/DEO/MEO) convenes a general meeting for election of new members. The serving co-opted members are eligible for elections for one more term only.

2.5.2 Roles and responsibility for DESF on HIV and AIDS

The following are the roles and responsibilities of the DESF on HIV and AIDS:

1. Provide a platform for communication, sharing of experience on HIV and AIDS activities and advocating for policy formulation and revision in the education sector.
2. Advocate for HIV and AIDS policies formulation/review and their implementation.
3. Ensure equitable distribution of HIV and AIDS interventions in the education sector at the district level in order to reduce disparities in access, retention, equity, completion, transition and quality education.
4. Identify gaps and prioritize HIV and AIDS interventions in the education sector at the district level.
5. Contribute resources for HIV and AIDS joint activities within the education sector at the district level eg World AIDS Day and DESF on HIV and AIDS.
6. Promote participatory planning, harmonization and implementation of interventions to achieve the district education targets in HIV and AIDS.

2.5.5 Rules and Regulations for the DESF on HIV and AIDS

To ensure smooth functioning of DESF in regulating the members' relations and operations which will contribute to the attainment of laid down objectives, the DEO/MEO in consultation with the stakeholders will agree on rules and regulations as suggested in Annex 1. In addition, the DCE/DEO/MEO through the DHAEC will ensure that:

- The forum meets its objectives.
- There is a clear and open decision making process which is participatory.
- There is an effective communication plan.
- There are strategies for resolving conflict of ideas and interests among the stakeholders.
- There is public recognition of achievements by various stakeholders.

- **DTC on HIV and AIDS**

Provide technical support and advice to the DEO on HIV and AIDS in the education sector

Participate in the District Education Stakeholders forum and disseminate policies, guidelines and other relevant information from NACC

2.5.4 Mapping of the Stakeholders

In order to establish the HIV and AIDS activities being undertaken by different organizations within the district/municipality in the education sector the DEO/MEO should maintain an updated database using the following format:

1. Name of the organization
2. Contact Details
3. Type of the organization
4. Registration status
5. Administrative/Operational area
6. Duration in the district
7. HIV and AIDS strategies/activities/achievement/challenges
8. Target beneficiaries
9. Resources committed for HIV and AIDS activities in the education sector in the district

2.6 The Divisional Advisor/Area Education Officer (AEO)

The DA/AEO plays a significant role at the divisional level in the delivery of educational services. In regard to HIV and AIDS interventions at the divisional level, the AEO is expected to:

1. Monitor and supervise the implementation of HIV and AIDS activities
2. Organize and mobilize stakeholders meetings at the divisional level
3. Facilitate identification of gaps related to HIV and AIDS interventions and communicates to the DEO/MEO
4. Include HIV and AIDS activities in the divisional work-plans based on the district strategic plans
5. Facilitate and support the implementation of HIV and AIDS activities by various stakeholders in the educational institutions at the divisional level
6. Disseminate relevant policy guidelines and any other relevant information on HIV and AIDS to the stakeholders
7. Facilitate the collection of key information/data on HIV and AIDS such as nutritional status of children on ARVs, number of orphans.
8. Ensure efficient utilization of education sector HIV and AIDS resources within the division
9. Provide feedback to the DCE/MEO/DEO on all HIV and AIDS activities in the division including submission of reports
10. Maintain and update divisional database of stakeholders, Most Vulnerable Children, teachers and other employees trained on HIV and AIDS including those with special needs.
11. Represent DCE/DEO/MEO at the divisional CACC meetings

2.7 The Zonal Quality Assurance & Standards Officer (ZQASO)

The ZQASO is the actual link between the school and DEO and is expected to undertake the following roles and functions in order to strengthen coordination at this level:

1. Form a link between the AEO and the school communities.
2. To mobilize and organize HIV and AIDS stakeholders meetings within the education sector at the zonal level
3. Receive, compile and forward reports from schools on HIV and AIDS to the AEO/DEO.
4. Facilitate and support implementation of HIV and AIDS activities in collaboration with stakeholders
5. Guide the school communities on HIV and AIDS policies and guidelines in the education sector.
6. Monitor and evaluate the implementation of HIV and AIDS activities in schools.
7. Ensure efficient utilization of HIV and AIDS resources in the schools
8. Oversee the constitution of HIV and AIDS committees in schools.

2.8 The Head-teacher

The head-teacher is the link between the school community and the DEO. The school community in these guidelines comprises of teachers, pupils, parents, support staff and BOG/SMC members. The role of the head-teacher is to:

- Coordinate HIV and AIDS activities within the school.
- Liaise with the community on issues of mobilization related to HIV and AIDS in the school.
- Facilitate dissemination of HIV and AIDS information to teachers, pupils and parents.
- Submit reports/feedback on HIV and AIDS activities undertaken at school level to ZQASO/AEO/DEO/MEO.
- Ensure HIV and AIDS guidelines targeting social support for various groups in educational institutions are adhered to.
- Cultivate a conducive environment that prevents stigma and discrimination for the infected and affected in the school.

3 Governance and Accountability

3.1 Conduct of Business

The District Education Officer's office should provide essential support to ensure smooth coordination such as secretarial, communication, records management and database. The DESF members on HIV and AIDS can volunteer supplementary office equipment as well as other back up services.

3.2 Discipline

For the coordination to be strengthened, a collaborative and supportive relationship between different organizational structures proposed in these guidelines is very critical. Therefore, the DEO through the DHAEC should promote mutual understanding, respect for resources, person or opinion and willingness to work together. At the same time, the DEO should discourage unethical conduct that is likely to result in strained relations for example, disrespect, dishonesty, conflict of interests and slander among members. During the first DESF, the stakeholders should be guided by the DEO to come up with rules and regulations to govern them. These rules and regulations which should be endorsed by all participating partners. The rules and regulations will stipulate the appropriate action on members who fail to adhere to them. The committee shall handle cases such as non-submission of reports and non-attendance of meetings while the DEO will deal with professional misconduct in regard to HIV and AIDS interventions in the education sector.

3.3 Election/Selection of DHAEC Members

The DHAEC was established based on the MoE circular Ref No. G.12/4/Vol.10. However, during the piloting phase of these guidelines, it was recommended that the committee should co-opt members from among the various stakeholders groups to make it more representative as proposed in 2.4. The DHAEC is selected/co-opted to enhance transparency and accountability in the management of the coordination structure. Selection/election should be carried out annually but are open in cases of death, illness or withdrawal. Membership to the committee should be based on organization as opposed to specific individuals to enhance ownership and continuity in case focal person is incapacitated in anyway. In case a position becomes vacant replacement should be done within 14 working days to ensure continuity. On the other hand a committee member who fails to deliver can only be removed at the end of the term through elections. A committee member can also resign voluntarily upon which the chairperson calls for elections within 14 working days. In addition any member(s) withdrawing from the committee/district must provide an advance notice of at least 2 months to DHAEC.

- Once the first committee is constituted, the DEO together with the outgoing representatives should oversee the election by ensuring that a credible process is upheld. The candidatures for the positions in the DHAEC apart from chairmanship and secretary which are reserved for the DEO's office is open. The method of voting is decided upon by the members but must uphold democratic principles. The process should be repeated after at least two weeks in case more than 50% of the members express in writing dissatisfactions with the results. The DEO shall be the chair of the committee by virtue of his/her office.

3.4 Induction of New Members

Induction of new organizations on the need for harmonized coordination is critical. This is to ensure that interventions on HIV and AIDS remain aligned to key MoE policies and other related policies/guidelines. The

4 Monitoring and Evaluation

DEO through DHAEC shall induct new organizations through formal meetings. As for the new committee members this should be done during the handover within a period of two weeks.

The stakeholders should develop and have consensus on the monitoring tool in line with existing reporting tools and targets set by MoE and NACC. The DHAEC compiles the report on M&E and shares it with other stakeholders. The coordination of HIV and AIDS in the education sector at the district level will be evaluated nationally during the Annual Joint Review of KESSP.

The DEO through the DQASO shall conduct regular monitoring and evaluation to:

- Establish how the coordination of HIV and AIDS interventions in the education sector is functioning
 - Strengthen interventions by ensuring corrective measures are taken to address any emerging issues/challenges
 - Determine the best/worst practices for the purpose of sharing in the district.
- The DEO through the MoE ACU should submit reports to NACC on quarterly basis

Annex 1



REPUBLIC OF KENYA

EDUCATION SECTOR POLICY ON HIV AND AIDS



Table of contents

1. FOREWORD	21
2. PREAMBLE	22
3. DEFINITION OF TERMS	22
4. SCOPE OF APPLICATION	23
5. PRINCIPLES	23
6. GOALS	25
7. PREVENTION	25
7.1 Education on HIV and AIDS	25
7.2 Access to information on HIV and AIDS	26
7.3 Peer Education	26
7.4 Duties and responsibilities	26
8. CARE AND SUPPORT	27
8.1 Scope	27
8.2 Access to health services	27
8.3 Psycho-social support	27
8.4 Community mobilization	27
8.5 (OVC)	28
8.6 Financial Support	28
9. HIV AND AIDS AND THE WORKPLACE	29
9.1 Non-discrimination	29
9.2 HIV testing and confidentiality	29
9.3 HIV and AIDS information, prevention and support programmes for employees.	29
9.4 Refusal to study or work with, teach or be taught by persons living with HIV and AIDS, or other discriminatory and disruptive practices.	30
9.5 Ill-health and absenteeism	30
9.6 Recruitment, deployment and staff balance	31
9.7 Exposure at the workplace	31
9.7 Responsibility and accountability	31
10. MANAGING THE RESPONSE	31
10.1 Role of the ACUs and other leadership	31
10.2 Planning	32
10.3 Human resource training and development	32
10.4 Partnerships	33
10.5 Research	33
10.6 Monitoring and evaluation	34
10.7 Advocacy	34
10.8 Further Policy Development and Review	35
11. Annexures	36

1. FOREWORD

The launch of this Education Sector Policy on HIV and AIDS is a reflection of the Ministry of Education's commitment to fighting the HIV/AIDS scourge in the education sector.

In developing the education sector policy, the Ministry intends to facilitate broader understanding and strengthen partnerships between education service providers in the fight against the scourge. In our view, the fight against HIV and AIDS must be won; otherwise, educational attainment will inevitably be slowed down by the impact of the pandemic. Currently, the scourge is placing increased pressures on learners and educators by taking the lives of key actors. As such, the Ministry acknowledges the potential threat from HIV and AIDS and will do everything possible to minimize its effects on both the education sector and society.

The Education Sector Policy on HIV and AIDS acts as a guideline for effective prevention, care and support within the public sector where HIV/AIDS programmes are being implemented. We wish to call upon all education service providers to join in this fight against HIV and AIDS.

On behalf of the Ministry of Education, I wish to express gratitude to all the stakeholders who have participated in this endeavor for their contribution. I wish to extend sincere appreciation to the United States Agency for International Development (USAID) and its Mobile Task Team and to the United Nations Educational, Scientific and Cultural Organisation (UNESCO) for supporting the consultative process that has led to the preparation of this policy.



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PERMANENT SECRETARY*

Republic of Kenya: Education Sector Policy on HIV and AIDS

2. PREAMBLE

Education has a key role to play both in preventing HIV and AIDS and in mitigating its effects on individuals, families, communities and society. Children and young people have been disproportionately affected by epidemic. Levels of infection peak in the 15 to 24 age group, and the impact on families, households and communities is often even harder on young people within them.

The Dakar Framework for Action for Education for All (EFA), adopted by the international education community during the World Education Forum (Dakar, Senegal-April 2000), draws attention to the urgent need to combat HIV and AIDS if EFA goals are to be achieved. Gains made by governments in terms of access, quality and retention are seriously threatened by the HIV/AIDS epidemic and its impact on the demand for, and supply of, education. EFA goals and the Millennium Development Goal (MDG) for education cannot be achieved without urgent attention to HIV and AIDS.

EFA goals and the MDG for education cannot be achieved without urgent attention to HIV and AIDS.

The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Declaration of Commitment on HIV/AIDS (July 2002) sets the target of reducing HIV infection among 15 to 24 years- olds by 25 per cent by 2010 globally and calls upon governments to develop by 2003, and implement by 2005 national strategies to provide a supportive environment for orphans and children affected and infected by HIV/AIDS. The UNGASS Declaration calls for vastly expanded access to information and education, especially youth-specific HIV/AIDS education necessary to develop the life skills required to reduce risk and vulnerability to HIV infection.

In Kenya, the HIV and AIDS pandemic is a major challenge and in 1999 it was declared a national disaster. The pandemic impacts adversely on the education sector as a whole and its affects quality, access equity, supply and demand for education services.

At present there is no cure or vaccine for HIV and AIDS and the only way to stop its spread is through attitudinal and behavioural changes as well as management that can be secured effectively through education.

For the education sector to respond effectively to the challenges of this pandemic there is need to develop a policy for addressing HIV and AIDS issues as they affect the entire education and training system.

The **Education Sector Policy on HIV and AIDS** formalizes the rights and responsibilities of every person involved, directly or indirectly, in the education sector with regard to HIV and AIDS: the learners, their parents and care givers, educators, managers, administrators, support staff and the civil society. (See Annexure A).

3. DEFINITION OF TERMS

ACU Refers to AIDS Control Units

Affected Refers to a person who experiences the impact of HIV and AIDS through loss or sickness of family members, friends or colleagues.

AIDS Acquired Immune Deficiency Syndrome (AIDS) is the final phase of HIV infection and is a condition characterized by a combination of signs and symptoms caused by HIV which attacks and weakens the body's immune system making the affected person susceptible to other life-threatening diseases.

Education Sector Refers to all the programmes, activities and players in the field of education.

- Educator** Means any person who imparts knowledge and skills within the education sector.
- Employee** Any person engaged in the education sector to perform a certain task for the purpose of earning a wage or salary.
- Employer** A person who engages others to perform certain tasks for payment of a wage or salary.
- HIV** Means the Human Immunodeficiency Virus – the virus that causes AIDS.
- Holistic care, treatment and support** Means that address physical, psychological, emotional and other needs of affected and infected individuals.
- Infected** Refers to a person who is living with the human immunodeficiency virus that causes AIDS.
- Learner** A learner is a person receiving education and training from a learning institution or programme.
- Learning Institution** A place where formal or informal instruction is carried out following a prescribed programme.
- Learners with special needs** Any learner within the education sector who is challenged by virtue of a diversity.
- Minor** A person under the age of 18 years.
- Orphan** An orphan is a person under the age of 18 years who has lost one or both parents.
- OVC** Refers to orphans and vulnerable children.
- PLWA** Refers to People Living With AIDS.
- Post exposure prophylaxis** Refers to measures and treatment given to a person who has recently been exposed to disease causing organisms, to prevent them from developing the disease.
- Sero-status** The presence (HIV Positive) or absence (HIV negative) of HIV in the body.
- Teacher** A person who is registered to teach under the terms of the Teachers Service Commission Act.
- VCT** Voluntary Counselling and Testing is voluntary HIV testing that involves a process of pre- and post-test counselling, that helps people to know their sero-status and make informed decisions.
- Vulnerable learner** Any person receiving education and training from a learning institution who is susceptible to circumstances that infringe upon the fulfillment of their fundamental human rights.
- Workplace** Refers to occupational settings, stations and places where workers spend time for gainful employment.

4. SCOPE OF APPLICATION

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

5. PRINCIPLES

The principles that guide this policy are in accordance with international conventions, national laws, policies, guidelines and regulations (listed in Annexure B). In particular, the principles take into consideration gender issues, learners with special needs and recognize the universality of human rights.

These principles are:

Access to education

Every person has the right to education. NO learner will be denied access to education on the basis of his or her actual or perceived HIV status. In particular access to education shall be facilitated for orphans and vulnerable learners.

Access to information

No learner will be denied access to education on the basis of his or her actual or perceived HIV status.

Every person has the right to relevant and factual HIV and AIDS information, knowledge and skills that are appropriate to their age, gender, culture, language and context.

Equality

Every person has the same rights, opportunities and responsibilities and shall be protected from all forms of discrimination, including discrimination based on actual, known or perceived HIV status.

Privacy and confidentiality

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

No institution or workplace is permitted to require a learner or employee to undergo an HIV test.

No person may disclose information relating to the HIV status of another person, without his or her consent.

In the case of a minor the best interest of the child shall guide decisions concerning disclosure. Every person has a moral responsibility to protect themselves and others from HIV infection. Every person has the right to know their HIV status and openness and disclosure are encouraged within a safe, supportive and accepting environment.

Access to care, treatment and support

Every person has a moral responsibility to protect themselves and others from HIV infection

All infected and affected learners, educators and other personnel in the education sector have the right to access holistic care, treatment and support in line with available resources. The education sector will work in partnership with agencies offering support and care including institutions, communities and private and public health care systems.

Safety in workplace and learning institutions

All workplace and learning institutions have a responsibility to minimize the risk of HIV transmission by taking the appropriate first aid and universal infection control precautions (See Annexure C).

Safe workplace and learning institutions

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

Fair labour practices

Every person, whether infected or affected, has the right to fair labour practices in terms of recruitment, appointment and HIV testing as a continued enjoyment of employment, promotion, training and benefits.

HIV testing as a requirement for any of the above is prohibited.

Gender responsiveness

Every person has the right to fair labour practices in terms of recruitment, appointment and continued enjoyment of employment, promotion, training and benefits.

HIV and AIDS affect and impact on women and men differently due to their biological, socio-cultural and economic circumstances. Application of all aspects of this policy should be responsive to the different needs of men and women, boys and girls.

Involvement of People Living with AIDS (PLWA)

The involvement of PLWA to educate and inform shall be promoted at all levels of the education sector.

Partnerships

While the education sector will be responsible and accountable for implementation of this policy it will at all times seek to develop effective partnerships to enhance the success of its implementation.

6. GOALS

Prevention

An environment in which all learners and education sector personnel are free from HIV infection.

Care and support

An education sector in which care and support is available for all, particularly, orphans, vulnerable children (OVC) and those with special needs.

HIV and AIDS and the workplace

Non-discriminatory labour practices, terms and conditions of service frameworks are in place that are sensitive and responsive to the impact of HIV and AIDS.

Management of response

Management structures and programmes are in place at all levels of the education sector to ensure and sustain quality education in the context of HIV and AIDS.

7. PREVENTION

7.1 Education on HIV and AIDS

- 7.1.1 All learning institutions have a responsibility to address HIV and AIDS through education by developing skills and values, and changing attitudes to promote positive behaviours that combat the scourge.
- 7.1.2 Curriculum that is sensitive to cultural and religious beliefs and is appropriate to age, gender, language, special needs and context on HIV and AIDS shall form part of the education for all learners at all levels. The content guidelines of this curriculum for primary, secondary and tertiary education are set out in the AIDS education syllabus for schools and colleges. Higher education institutions are encouraged to work towards a common framework.
- 7.1.3 Life Skills and HIV education shall be mainstreamed into the existing curriculum and co-curricular activities at all levels.
- 7.1.4 Local communities, religious groups and leaders, parents, caregivers and guardians shall be mobilized to support and ensure success of the HIV and AIDS prevention and control programme within learning institutions and in the home.
- 7.1.5 Teacher education curriculum (pre-service and in-service) must prepare educators to respond to HIV and AIDS within their own lives and as professionals to build positive attitudes and skills for HIV and AIDS prevention and control among all their learners.

Curriculum should be sensitive to cultural and religious beliefs and appropriate to age, gender, language, special needs and context.

- 7.1.6 Relevant and suitable teaching and learning materials for HIV prevention shall be developed for use by all institutions and workplaces.
- 7.1.7 Learning institutions will create rape and sexual harassment awareness through sensitisation among girls, boys, men and women to enhance safety, protection and prompt action on post-exposure prophylaxis where available.
- 7.1.8 Co-curricular activities such as clubs, drama groups and sports events are important opportunities for HIV and AIDS education and should be encouraged in learning institutions and education workplaces.

7.2 Access to information on HIV and AIDS

- 7.2.1 Information provided on HIV and AIDS must be current, accurate, factual and comprehensive and presented in a manner, language and terms that are understandable, acceptable and contribute to positive behaviour change.
- 7.2.2 Appropriate Information, Education and Communication (IEC) materials and programmes on HIV and AIDS shall be made available to all concerned in the education sector.

7.3 Peer Education

- 7.3.1 All institutions will encourage, support and recognise the role and importance of peer education in the education sector.
- 7.3.2 All educators and learners must be given the opportunity and be encouraged to develop peer education skills and have access to relevant and appropriate training and materials to support their commitment to peer education at every level.
- 7.3.3 Linkages shall be created with other governmental institutions, sectors and agencies to promote peer education and the provision of preventive services.

7.4 Duties and responsibilities

- 7.4.1 All education institutions shall ensure effective mainstreaming of teaching and learning about HIV and AIDS.
- 7.4.2 Heads of institutions will enforce existing codes and/or rules of conduct, institutional rules, professional ethics, regulations and disciplinary measures, with respect to protecting learners and staff from HIV infection and ensuring the rights of infected and affected persons.
- 7.4.3 Educators, sector managers, employers, employees, learners and parents have a responsibility to ensure that sexual abuse, violence, harassment, discrimination and stigmatization are not tolerated.
- 7.4.4 The ultimate responsibility for the behaviour of minor learners rests with their parents, guardians or care-givers in partnership with the education sector
- 7.4.5 Educators, sector managers employers, employees, learners and parents should take a active role in acquiring up-to-date, accurate knowledge and skills on HIV and AIDS.
- 7.4.6 All heads of education institutions will ensure that appropriate supervisory systems and measures are in place to ensure a safe teaching and learning environment, with particular attention to hostels and other accommodation.
- 7.4.7 The heads of higher education institutions and sector managers should encourage and promote the use of Voluntary Counselling and Testing (VCT) and other HIV and AIDS services.

All educators and learners must be given the opportunity and be encouraged to develop peer education skills.

8. CARE AND SUPPORT

8.1 Scope

- 8.1.1 **Care** and support in the educational setting will involve establishing mechanisms to address the psycho-social, physical, emotional, educational and spiritual needs of affected and infected individuals, especially orphans, vulnerable children (OVC) and learners with special needs.
- 8.1.2 **Educators**, managers, employers, employees, learners, parents and stakeholders have a particular duty to ensure that the rights and dignity of all affected or infected persons are respected.

8.2 Access to health services

- 8.2.1 The education sector will establish partnerships with other line ministries and service organisations to facilitate access to treatment and related services for employees and learners. Where health services are available within the learning institution, services will be provided to all learners and employees. Institutions will seek to mobilize additional resources to support of these services from the relevant line ministries.

Institutions will seek to mobilize additional resources in support of these services from the relevant line ministries.

- 8.2.2. All learning institutions and workplaces shall facilitate access to information on health, as well as when and where employees and learners should seek treatment promptly for sexually-transmitted infections, tuberculosis and other opportunistic infections.
- 8.2.3 All learning and training institutions and work places shall promote the role of nutrition and food security for positive living. When the need arises they will facilitate access to nutrition and feeding programmes, and promote feeding programmes, at the learning place, workplace and in the home.
- 8.2.4 All educational institutions must have adequate first aid kits available. Educators, other institutional employees and learners shall be trained to safely manage bleeding or injuries and apply the universal precautions (as set out in Annexure C).

8.3 Psycho-social support

- 8.3.1 Learning institutions and workplaces will create enabling environment free of stigma and discrimination. Where possible, the learning institution and workplace shall put in place an on-going professional counselling process for the infected and affected or referral to a professional service.
- 8.3.2 Heads of educational institutions and managers will facilitate access to support and counselling services. Where possible, the learning institution and workplace are encouraged to establish effective support and counselling services.

8.4 Community mobilization

- 8.4.1 Educational institutions are encouraged to mobilize communities for material and moral support, and to seek funds and technical support from development partners, civil society and private sector for the management of HIV and AIDS for the infected and affected.
- 8.4.2 Educational institutions are encouraged to create a regular forum to mobilize resources, monitor, evaluate the impacts of interventions and address the challenges, in collaboration with the ministry of education.

8.5 (OVC)

- 8.5.1 The sector and its institutions are expected, as much as possible, to assist OVC, learners who are ill, or with special needs so that they are able to continue with their education.

Learning institutions should have flexible programmes to accommodate children with special needs.

- 8.5.2 All learning institutions have the responsibility to identify and assess learners with special needs and to identify resources that can support them and develop mechanisms to address those needs.
- 8.5.3 Learning institutions should be flexible in their programmes, wherever possible to accommodate the needs of children who are infected, affected, vulnerable or with special needs.
- 8.5.4 It is important that learning institutions take the lead in creating an enabling and gender-responsive environment that caters for the physical and emotional needs of OVC so that they can perform and achieve to the best of their abilities.
- 8.5.5 Early childhood care and education should reach out to young OVC and those with special needs in the community and make special efforts to compensate for any lack of care and support they may experience in their home environment. Sensitisation and capacity building of communities should help to contribute to collective community support for the provision of early childhood care and education to OVC and those with special needs.

It is important that learning institutions take the lead in creating an enabling and gender responsive environment.

- 8.5.6 Primary schools shall give special attention to factors that affect the performance of OVC and learners with special needs, and find ways to assist them. They will also provide a means to track the transition of successful OVC primary school leavers to an appropriate next level of education or training. Heads of institutions and managers should ensure that girls are particularly encouraged to complete their education.
- 8.5.7 Non-formal programmes including those for out-of-school youth should address the educational needs of OVC and learners with special needs, including life skills and HIV and AIDS education.

8.6 Financial Support

- 8.6.1 Bursary schemes must incorporate provision to adequately cover the educational needs of deserving affected, infected and other vulnerable learners and those with special needs.
- 8.6.2 In collaboration with institutions, the Higher Education Loans Board (HELB) will put in place mechanisms to identify vulnerable students for prioritized financial support in the higher education sector. The Ministry of education will consider similar needs related to post-secondary and teacher training institutions.

Compulsory HIV testing for any bursary applicants in the education sector is prohibited.

- 8.6.3 All learning institutions are encouraged to mobilize resources from other sectors, civil society and the private sector to support bursaries for deserving learners.
- 8.6.4 Compulsory HIV testing for any bursary applicants in the education sector is prohibited.

9. HIV AND AIDS AND THE WORKPLACE

9.1 Non-discrimination

- 9.1.1 All education sector educators, managers, administrators, support staff and other employees living with HIV and AIDS have equal rights and obligations as all other non-infected education sector employees.
- 9.1.2 All education sector educators, managers, administrators, support staff, employees and job applicants living with HIV and AIDS shall not be discriminated against in access to or continued employment, training, promotion or employee benefits on the basis of their HIV status. They will be protected against discrimination as well as stigmatization by their employer, fellow employees, learners, parents, managers and communities.

9.2 HIV testing and confidentiality

- 9.2.1 There shall be no compulsory HIV testing in the workplace as a requirement for appointment or continued serves. Voluntary testing for HIV at the request of an employee should be done.
- By a suitably qualified person in a suitable facility;
 - With the employee's informed consent;
 - In accordance with normal medical ethical rules including confidentiality; and
 - With pre-and post-test counseling.
- 9.2.2 Employees living with HIV and AIDS have the right to confidentiality about their HIV status in any aspect of their employment. Disclosure of an employee's HIV status without his/her informed consent will constitute misconduct. Disciplinary steps, consistent with relevant legislation and regulations, will be taken against any education employee who discloses a fellow employees status without consent. An employee is under no obligation to disclose his/her HIV status to the employer.
- 9.2.3 Voluntary disclosure by education sector educators, managers, administrators, support staff and other employees of their HIV status will be encouraged, within a supportive environment in which the confidentiality of this information is protected and unfair discrimination on the basis of HIV and AIDS is not tolerated.
- 9.2.4 Education Institutions will encourage formation of PLWA clubs and post - test clubs as support groups for the affected and infected.

An employee is under no obligation to disclose his/her HIV status to their employer.

9.3 HIV and AIDS information, prevention and support programmes for employees.

- 9.3.1 Heads of all education sector workplaces will ensure that the contents of this policy are communicated to all employees and that they have access to copies of the policy.
- 9.3.2 Heads of all education sector workplaces will ensure that all categories of employees are provided with appropriate HIV and AIDS education and prevention programmes without delay. These programmes will be designated and implemented in consultation with all levels and categories of employees. Programme should include:
- Basic information about HIV and AIDS how it is spread and how it can be prevented.
 - Promotion of positive living by people with HIV and AIDS.
 - Promotion of non-discriminatory, supportive and sensitive attitudes towards people living with HIV and AIDS.

- Information on sexuality and safer sexual practices.
- Information on rights and services available in the workplace to employees living with HIV and AIDS, including employee benefits, counseling and other support.
- Adequate information and contacts with HIV and AIDS services and organizations that can provide further support to employees that are affected or infected.
- Information on universal precautions to prevent accidental HIV infection as well as provision of materials to implement these precautions.

9.3.3 Heads of all education institutions will establish and maintain communication channels to enable employees to raise concerns and grievances and access support concerning HIV and AIDS.

9.4 Refusal to study or work with, teach or be taught by persons living with HIV and AIDS, or other discriminatory and disruptive practices.

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

9.4.2 Accurate, relevant and understandable information on HIV and AIDS should be provided to all learners, parents, care-givers and employees to create positive attitudes towards persons living with HIV and AIDS and to avoid problems of refusal.

9.5 Ill-health and absenteeism

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

9.5.2 Employees with HIV and AIDS will continue with work as long as they are medically fit to perform their duties. If employees are unable to continue their normal duties on medical grounds the normal rules regarding incapacity will apply.

If employees are unable to continue their normal duties on medical grounds, the normal rules regarding incapacity will apply.

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

- take steps to improve access of staff to medical care;
- develop efficient systems for relief staff;
- take steps to improve retirement benefits and ensure more efficient processing of applications and
- monitor and assess sick leave provisions and adapt them, where necessary.

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

Where teaching time is lost due to funeral attendance, an institution must make arrangements for learners to catch up.

- 9.5.5 Different demands on women affected by HIV and AIDS shall be taken into account in policy and management decisions on compassionate leave.

9.6 Recruitment, deployment and staff balance

- 9.6.1 The education sector and institutions will review current policies, codes and practice for recruitment and deployment of staff. In particular, the Ministry of education and institutions will;
- ensure that partners and spouses are not separated unnecessarily;
 - promote effective succession and succession planning for managers and other staff;
 - assist the redeployment of staff who need access to family or medical care; and
 - improve teacher provisioning systems to avoid loss of teaching time.

9.7 Exposure at the workplace

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

9.7 Responsibility and accountability

- 9.8.1 All heads of education institutions and workplaces are responsible and accountable for
- a) implementing this policy;
 - b) appropriate HIV and AIDS programmes; and
 - c) practices in the workplaces under their control.

They will take immediate and appropriate corrective action when provisions of policy are violated.

Heads of institutions will take immediate and appropriate corrective action when provisions of policy are violated.

- 9.8.2 It will be the responsibility of all heads of workplaces to lend visible support to programmes and attend HIV and AIDS workplace activities.
- 9.8.3 All education sector employees will be held responsible and accountable for complying with the HIV and AIDS workplace policy and will be required to attend, lend support to and participate in HIV and AIDS activities.

10. MANAGING THE RESPONSE

10.1 Role of the ACUs and other leadership

- 10.1.1 HIV and AIDS is a serious problem in the education sector and requires an appropriately high level, full-time commitment of management resources, particularly at national level. The education sector commits itself to establishing well-staffed strong and sustainable ACUs at all levels of the education and training system.
- 10.1.2 Leadership is critical to the success of responses to HIV and AIDS. As the apex body in the education sector responsible for HIV and AIDS programmes, the ministry of education's ACU will be responsible for the coordination of the planning, management and implementation of policy and programmes at national level.
- 10.1.3 Other managers, administrators and leadership at national, provincial, district and institutional

levels will support the ministry of education's ACU and actively support responses in their area of responsibility.

Other managers, administrators and leadership at national, provincial, district and institutional levels will support the ACU.

- 10.1.4 Other ACUs at all levels of the system need to be accountable and responsive to the needs of learners, employees, employers, stakeholders and other staff in the sector.

10.2 Planning

- 10.2.1 The Education Sector Strategic Plan will encompass the activities of ACUs at all levels of the education sector.
- 10.2.2 The Ministry of education will be expected to plan for and mobilize resources from within the country and from external sources to support the HIV and AIDS within the education strategic plan.
- 10.2.3 The education sector will also mobilize and advocate for adequate resources in areas such as pensions, care, relief systems or other interventions that protect the ability to deliver quality, accessible education.
- 10.2.4 The Ministry of Education's ACU will coordinate resource planning and budgeting and liaise with other sectoral partners to develop a shared strategy aimed at preventing the spread of the epidemic and mitigating its impacts on the education sector.

The education sector will also mobilize and advocate for adequate resources.

- 10.2.5 Management structures at all levels must be capable of planning, developing and co-ordinating partnerships and interventions within and outside of government.
- 10.2.6 Resources utilization at all levels will be carefully prioritized to ensure that interventions in the sector have maximum impact and are sustainable.

10.3 Human resource training and development

- 10.3.1 As part of the HIV and AIDS response, the Ministry of Education will be expected to liaise with other Ministries and organizations in human resource planning across the sector to sustain education delivery.
- 10.3.2 Each education sub-sector will ensure adequate monitoring and planning so that there is an efficient, adequate supply of appropriately skilled teachers and lecturers to meet needs for education. This should consider attrition due to HIV and AIDS and other factors, and expected numbers of learners.
- 10.3.3 In-and pre-service training of teachers and other educators will be required to give them the skills to protect themselves from infection, to implement the HIV and AIDS curriculum, and to deal with the effects of HIV and AIDS in the sector in a positive, effective way.
- 10.3.4 The education sector will ensure adequate structures, staffing and continuity of staffing for HIV and AIDS- related functions.
- 10.3.5 Each education sub-sector will take the strongest measures to ensure appropriate recognition of HIV and AIDS-related training and develop career paths that encourage staff to work and remain in HIV and AIDS related fields.

The education sector will ensure adequate structures, staffing and continuity of staffing for HIV and AIDS related functions.

- 10.3.6 The sector and its partner institutions will explore creative options, such as distance learning, information and communication technologies (ICT) and other techniques, to:
- Increase quality of HIV and AIDS education;
 - Maintain the quality of education when teachers and other educators are absent or suitable substitutes are not readily available; and
 - Increase efficiency of teacher and educator training.
- 10.3.7 All training in the sector shall be in line with the objectives of the Education Sector Policy on HIV and AIDS. This training must be accredited by a recognised education and training institution or based on standards set by Government of Kenya. Where this is not feasible or efficient, a nominated body of institutional heads, together with the ministry of education ACU, will be responsible for ensuring appropriate standards.
- 10.3.8 HIV and AIDS training will be appropriately adapted to the needs of all learners and staff in the sector. Cost-effective and flexible strategies, such as networking and peer education, should be enhanced and promoted as widely as possible.
- 10.3.9 The co-ordination of all the training programmes in the various sub-sectors will be the responsibility of the ministry of education ACU and must aim at more effective coverage of the sector and targeted at areas of highest need.

10.4 Partnerships

- 10.4.1 The Ministry of education will make a deliberate and systematic effort to form, manage and sustain partnerships for the benefit of the education and training sector from within and outside the sector, and develop a management information system to monitor and coordinate partnership agreements and activity.
- 10.4.2 In order to promote joint planning, the ministry of education will establish and convene a consultative forum that will meet on a regular basis to monitor implementation of partnership agreements, strengthen co-ordination and share information. Relevant ministries, the Public Service Commission, semi-autonomous government agencies, civil society, the private sector and development partners are expected to participate actively in the consultative forum.

Partnership resources will need to be carefully managed

- 10.4.3 The ministry of education will strive towards creating an environment and working practices that are transparent, accountable and efficient in the handling of partnership agreements. Partnership resources will need to be carefully managed to ensure that the sector is adequately covered and that the most vulnerable groups are targeted.

10.5 Research

- 10.5.1 Special attention will be given to research on levels of HIV prevalence, levels of orphan hood and vulnerability, access to education, the quality of education, the effectiveness of prevention programmes, impacts on the workplace and differential impacts on gender. Examples of good practice will be highlighted and replicated within the education and training sector.
- 10.5.2 Universities and other institutions of higher learning should be encouraged to undertake basic, preventive and curative research or enter into local or international consortiums or partnerships for this purpose.

Examples of good practice will be highlighted and replicated within the education and training sector

- 10.5.3 All education sub-sectors will be required to provide the data necessary for the development of a consolidated and accessible information system to support, inform and coordinate sector HIV and AIDS planning, resource allocation and management.
- 10.5.4 All external research and other organizations wishing to undertake HIV and AIDS related research in the sector will be encouraged to undertake authorized research and provide copies of their findings for incorporation into the central information system to reduce duplication and enhance sector knowledge.

10.6 Monitoring and evaluation

- 10.6.1 Management at all levels of the sector must integrate strategies and mechanisms for monitoring and evaluating the quality of programmes, the responses to interventions and the efficiency of resource utilisation in the sector, as well as using this information for planning and management.
- 10.6.2 The Ministry of education's ACU will plan and develop a monitoring and evaluation framework that is feasible and relevant in the education sector and consistent with international good practice. Special attention will be given to establishing and strengthening Education Management information System (EMIS) capacity within the ministry and at province, district, sub-sector and institutional levels, and to identifying HIV and AIDS-sensitive data and indicators.

Monitoring and evaluation will be used to identify vulnerabilities of the system and inform planning.

- 10.6.3 The Ministry of Education and sub-sectors will endeavour to have adequate resources to make monitoring and evaluation successful. Monitoring and evaluation systems will monitor impacts such as illness, absenteeism and deaths (of learners and staff), as well as effects in areas such as quality of learning and teacher balance. This will be used to identify vulnerabilities of the system and inform planning.
- 10.6.4 The Ministry of education and its sub-sectors will make resources available to ensure that monitoring and evaluation activities are successful.

10.7 Advocacy

- 10.7.1 The Ministry of education will ensure that managers and stakeholders in the education sector are knowledgeable and informed of the content of the Education Sector Policy on HIV and AIDS and committed to its dissemination.
- 10.7.2 The education sector and its sub-sectors will develop specific advocacy strategies to support implementation of this education policy.

Government departments, development partners, civil society and private sector are called upon to support the sector's efforts in advocacy and implementation of this education policy.

- 10.7.3 Government departments, development partners, civil society and the private sector are called upon to support the education sector's efforts in advocacy.

10.8 Further Policy Development and Review

- 10.8.1 This policy will be reviewed from time to time to ensure that it remains relevant to the needs of the sector.
- 10.8.2 All education sub-sectors are expected to develop their own specific policies on HIV and AIDS that are consistent with this sectoral policy.

Annexures

A. Details of Scope of the education sector

The **Education Sector Policy on HIV and AIDS** applies to learners, employees, managers, employers, and other providers of education and training in all public and private, formal and non-formal learning institutions at all levels of the education system in the Republic of Kenya. By definition, this includes the following levels, phases and sectors:

- Early Childhood care and education
- Primary education
- Special needs education
- Secondary education
- Technical and vocational education and training
- Adult and Continuing education
- Higher Education
- Non-formal education
- Skills training for out-of-school youth

It will also apply to the semi-autonomous government agencies and all other stakeholders in the provision of education, including Teacher Service Commission (TSC).

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

- Constitution of the Republic of Kenya
- Bill of Rights
- Education Act
- Teachers Service Commission Act and code of regulations
- Kenya National Examination Council Act
- Sessional Paper No. 4 on AIDS in Kenya (1997)
- National programme guidelines on orphans and other children made vulnerable by HIV/AIDS (2003)
- Report on the Taskforce on Legal issues relating to HIV/AIDS (2003)
- National Guidelines for Voluntary Counselling and Testing 2001, also on Home-based Care and Anti-retroviral (ARVs)
- National policy on condoms
- The Children's Act
- Kenya National HIV/AIDS Strategic Plan 2000-2005
- Mainstreaming gender into the Kenya National Strategic Plan 2000-2005, among others
- International conventions, including Convention on the Elimination of Discrimination Against Women (CEDAW)
- International Labour Organisation (ILO) Code of Practice on HIV/AIDS
- Federation of Kenya Employers policy documents

C. Universal infection control precautions

1. Blood especially in large spills such as from nosebleeds, and old blood or bloodstains, should be handled with extreme caution. Skin accidentally exposed to blood should be washed immediately with soap and running water. All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned immediately with running water and/or other antiseptics. If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleaned under running water, dried, treated with antiseptic and covered with a waterproof dressing. Blood splashes to the face (mucous membranes of eyes, or mouth) should be flushed with running water for at least three minutes.

All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned.

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

Bleeding can be managed by compression with material that will absorb the blood.

Recommended content of First Aid Kits:

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

Alternatives

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

- Unbroken plastic bags on hands where latex or rubber gloves are not available.
- Common household bleach for use as disinfectant (diluted one part bleach to ten parts water) (1:10 solution).
- Spectacles instead of a protective eye wear
- A Scarf instead of a protective face mask.

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

Annex II



REPUBLIC OF KENYA
MINISTRY OF EDUCATION

25th July, 2007

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Ref. G.12/4/Vol. 10

TO All District Education Officers

RE: FORMATION OF DISTRICT HIV AND AIDS EDUCATION COMMITTEES

As part of implementation of Kenya Education Sector Support Programme (KESSP), the Ministry of Education plans a HIV and AIDS mitigation initiative through training and awareness creation. This programme of activities can only be effectively implemented by building strong district training teams.

The main responsibilities of the Education committees will include, planning, organizing, sensitizing, monitoring and evaluation of HIV and AIDS training programmes within the district learning institutions.

The District Education committees will be constituted based on the following criteria;

One Human Resource Officer (TSC)

- One Kenya National Union of Teachers trainer
- One Ministry of Health trainer
- Four Education trainers drawn from;-
 - (i) Kenya National Examinations Council
 - (ii) Quality Assurance and Standards
 - (iii) Teachers Advisory Centres (Tutor)
 - (iv) Inset Unit
 - (v) Two district coordinators.

The team will work closely with any other that has been constituted by NACC among others.

The purpose of this letter is to ask you to constitute your district HIV and AIDS education committee following the criteria provided and forward the names to the Director, Policy and Planning to reach **on or before 17th August 2007.**

MIRIAM MWIROTSI (MRS), OGW.

For: PERMANENT SECRETARY

CC. All Provincial Directors of Education

Reference Materials

Ministry of Education 2005: Kenya Education Sector Support Programme

UNESCO 2004 :The EDUCAIDS framework

Ministry of Education 2005: The Sessional Paper No. 1 of 2005 on A Policy Framework for Education, Training and Research

Ministry of Health 2005: Guidelines for the Establishment and Operation of the District Health Stakeholder's Forum



REPUBLIC OF KENYA

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