



REPUBLIC OF KENYA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

EDUCATION SECTOR POLICY ON HIV AND AIDS



Second Edition

2013



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Revision supported by:



United Nations
Educational, Scientific and
Cultural Organization

Nairobi Office



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FOREWORD

There is consensus that HIV and AIDS is a serious threat to the global and national developmental goals. In the education sector, the pandemic depletes financial and human resources meant for educational development. The Education Sector Policy on HIV and AIDS, 2004 and its subsequent implementation has raised issues and concerns that need to be addressed. The concerns include the unique needs of learners living with HIV and AIDS and the need for age appropriate comprehensive sexuality education to enable learners make informed decisions. The Ministry of Education, Science & Technology has therefore, revised the Education Sector Policy on HIV and AIDS in response to these emerging issues. The Revised policy has been aligned to international commitments such as Education for All (EFA), the Millennium Development Goals (MDGs); and national legal and policy documents including Kenya Vision 2030, the Constitution of Kenya, 2010 and Sessional Paper No. 14 of 2012 on Reforming Education and Training Sectors. The policy also takes into consideration the requirements of the HIV and AIDS Prevention and Control Act, 2006, National AIDS Control Council, Act 2006, Teachers Service Commission, Act, 2012 and Kenya Institute of Curriculum Development Act No. 4 of 2013.

The Education Sector is committed to ensuring that the HIV and AIDS policy guides the development and implementation of interventions for promotion of positive behavior among learner and education personnel. The Ministry of Education, Science & Technology (MoEST) in partnership with United Nations Educational, Scientific and Cultural Organization (UNESCO) and International Institute for Educational Planning (IIEP) undertook a survey on the impact of HIV and AIDS on the Education Sector in 2011. The study revealed that the pandemic affects access, retention, transition and completion of schooling. The quality of education is also, likely to be compromised if the growing needs of learners living with HIV are not addressed.

The Education Sector Policy on HIV and AIDS, 2013 provides a framework for prevention, treatment, care and support as well as the management of response within the education sector at all levels. The policy also proposes a strengthened coordination mechanism to improve implementation of HIV and AIDS programmes by various stakeholders.



Prof. Jacob T. Kaimenyi PhD, FICD, EBS
Cabinet Secretary for Education, Science & Technology

PREFACE


The overall goal of the Ministry of Education, Science & Technology is to provide quality education to all learners irrespective of their Socio-economic status. This predisposes the need to address the challenges that undermine this effort. HIV and AIDS is one of the key threats to educational achievements, depleting the resources meant for promotion of education among individuals, families, communities and society as a whole. HIV and AIDS has continued to affect learners and education sector personnel. This negatively impacts on the gains made towards realization of education commitments that include Education for All (EFA), the Millennium Development Goals (MDGs) and Kenya Vision 2030.

Education plays a critical role in reducing the impact of HIV and AIDS in the society. The Ministry of Education, Science & Technology in collaboration with its partners has developed the Revised Education Sector Policy on HIV and AIDS, 2013 to address emerging issues in education at the global and national levels. The policy is in line with the Kenya Vision 2030, Constitution of Kenya, 2010, the Public Sector Workplace Policy on HIV and AIDS, 2010. The HIV and AIDS Prevention and Control Act, 2006, National Aids Control Council Act, 2006, the Kenya National HIV and AIDS Strategic Plan II of 2009/2010, TSC Act, 2012 Sessional Paper No. 14 of 2012 on Reforming Education and Training Sectors in Kenya in Kenya, as well as Kenya Institute of Curriculum Development Act No. 4 of 2013 are the key reference documents. The Education Sector Policy on HIV and AIDS, 2013 has referred to.

This policy document is organized in four thematic areas. The first theme discusses the prevention of new HIV infections among learners and education staff at all levels. The second theme deals with comprehensive treatment, care and support for learners, OVC and youth below 24 years and education staff living with HIV. The third theme is on the HIV and AIDS at the work place with focus on stigma and discrimination. The fourth component deals with managing the HIV and AIDS Response with reference to the management and leadership structures and programmes at all levels within the education sector. Each theme spells out the policy statement and strategies for implementation of the HIV and Aids programme.

Finally, the policy formalizes the rights and responsibilities of every person involved directly or indirectly, in the education sector with regard to HIV and AIDS – the learners, parents/guardians, care givers, educators, managers, administrators, support staff and civil society. The policy strategies will be mainstreamed in activities at all levels across the sector with prioritized interventions.

I wish to call upon all institutions under the Ministry of Education, Science and Technology to ensure that activities and programmes within their mandate embrace the guidelines of this policy.



Dr. Belio R. Kipsang
Principal Secretary, Department of Education

ACKNOWLEDGEMENT

The revision of the Education Sector Policy on HIV and AIDS, 2004 has been intensive and inclusive, leading to the Education Sector Policy on HIV and AIDS, 2013. Towards this end, The Ministry of Education, Science & Technology (MoEST) recognizes the inputs of various stakeholders for their critical inputs and tireless efforts.

The focused leadership of the Minister for Education, Hon Mutula Kilonzo, EGH, EBS, MCI Arb, SC, MP, together with the two Assistant Ministers Hon Calist Andrew Mwatela, MP and Hon Prof Patrick Ayiecho Olweny, MP is highly appreciated. I also wish to appreciate the support provided by the Permanent Secretary, Prof. George I. Godia, CBS during the policy revision process.

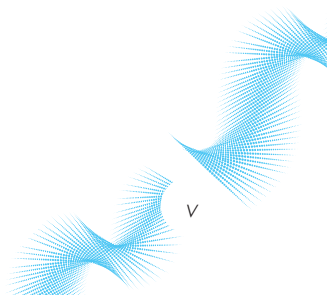
I would also like to commend the efforts of the Director of Policy and Partnerships and East African Community Affairs, Kiragu Wa Magochi, MBS, Senior Deputy Directors in the Directorate Onesmus Kiminza and Margaret Murage and the AIDS Control Unit team for their valuable involvement in the revision exercise. I also recognize the contributions of all Directorates of MoEST and SAGAs including KICD, TSC, KEMI and KISE for their efforts in this process. The Technical Working Committee (TWC) constituted by MoEST vigorously steered the development of the new policy and for this, the members are commended.

Among the partners, I wish to sincerely thank Mohammed Djelid Director, UNESCO Nairobi Office, Dr. Dwaine Lee, USAID Director of Education and Youth, Kimberly Tilock, CHF Country Director and Prof. Alloys Orago, Director NACC for the provision of both technical and financial support throughout the entire review task. The immense efforts put in by Mrs. Irene Nkwanga as a resource person in the consultative process of revising the policy are also highly appreciated.

It is hoped that this policy will reduce new HIV infections among the youth and the impact it has on the education sector. MoEST will play the lead role in harmonizing and coordinating HIV and AIDS activities in line with the policy framework.



Kiragu Wa Magochi, MBS
Ag. Education Secretary



DEFINITION OF TERMS

In the context of this policy, the following terms have been defined:

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

Advocacy: the act of pleading or arguing in favour of a cause, idea or policy

Adult and continuing education: the education provided to adults and youth out of school outside the framework of the formal school system

Affected: a person who experiences the impact of HIV and AIDS through loss or sickness of family members

Age appropriate: a developmental concept whereby certain information may be passed on based on the child's level of development

Alternative provision of basic education and training: the implementation of education intervention following both formal and accelerated curriculum using flexible modes of learning

Anti-Retroviral Therapy (ART): a combination of medical drugs, accompanied by other support services, taken by a person living with HIV for their whole lifetime to minimize the level of virus in the blood, improve health and extend life

Comprehensive care: a range of services offered to persons infected by HIV including treatment, clinical, physical, nutritional and psycho-social support

Comprehensive sexuality education: the provision of accurate information on human sexuality and HIV; provides opportunities to explore values, attitudes and norms regarding sexuality and gender; promotes the acquisition of interpersonal and relationship skills and encourages learners to assume responsibilities for their own sexual behaviours.

Confidentiality: the right of every learner, employee or job applicant to have his/her medical or other information, including HIV status, kept secret as enshrined in the HIV and AIDS Prevention and Control Act, (2006)

Counselling: a session where a person with personal psycho-social related challenges is taken through a process that enables the individual to find a possible solution

Education Sector: both public and private players in the educational institutions at all levels

Educator: any person who imparts knowledge and skills within the education sector at any level

Education Sector Personnel: any person engaged in the education sector to perform a certain task for the purpose of earning a wage or salary in both educational public and private institutions

Employer: an institution or individual who engages others to perform certain tasks for payment of a wage or salary within the education sector

Headteacher: the lead educator or administrator in an educational institution appointed and responsible for the implementation of education policy guidelines and professional practices

Holistic care, treatment and support: the redress of physical, psychological, emotional and other needs of HIV-infected and affected individuals

Human Immunodeficiency Virus (HIV): the virus that causes AIDS

Infected: a person living with HIV

Learner: a person who seeks to gain knowledge, information, and skill by studying, practicing or being taught in a learning institution or programme

Learning institution: a place where formal, non-formal or alternative education programmes are provided

Learner with special needs: a learner within the education sector who is challenged due to various reasons and circumstances

Learner Living with HIV: a learner willing to gain knowledge, information, understanding and skill by studying, practicing or being taught in a learning institution or program and is living with HIV

Minor: a child under the age of 18 years

Orphan: a person under 24 years who has lost one or both parents.

Pandemic: an epidemic outbreak of an infectious disease spreading through the human population over a large geographic region

Post Exposure Prophylaxis (PEP): medical treatment given to a person who has been exposed to HIV infection through rape or injury within 72 hours to prevent them from contracting the virus

Re-infection: the second infection by the same agent or a new infection with a different agent or strain of HIV

Sero-status: the presence or absence of HIV in the body

Tertiary institutions: educational institutions that provide education beyond secondary level

Treatment literacy on ART: information provided to enable an individual to understand and adhere to the requirements for ART services

Vision 2030: Kenya's development blueprint covering the period 2008 to 2030

Vulnerable learner: a child or youth below the age of 24 years receiving education or training from a learning institution or program who is at risk of HIV infection

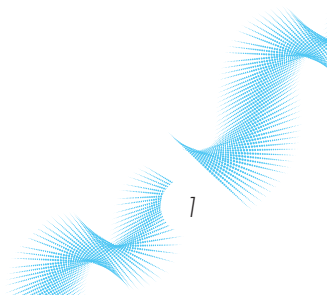
Workplace: occupational settings, stations and places where workers spend time for gainful employment within the education sector

Youth friendly health services: information and services that is responsive to sexual and reproductive health needs of young people

ACRONYMS

ACU -	AIDS Control Unit
AIDS -	Acquired Immune Deficiency Syndrome
ART -	Anti-Retroviral Therapy
CHF -	Cooperative Housing Foundation
EFA -	Education for All
EMIS -	Education Management Information System
HELB -	Higher Education Loans Board
HCT-	HIV Counselling and Testing
HIV -	Human Immunodeficiency Virus
FBOs -	Faith Based Organizations
ICT -	Information and Communication Technology
IEC -	Information, Education and Communication
IGA-	Income-Generating Activities
IIEP-	International Institute of Educational Planning
ILO -	International Labour Organization
KAIS -	Kenya AIDS Indicator Survey
KDHS -	Kenya Health Demographic Survey
KENEPOTE -	Kenya Network of Positive Teachers
KICD -	Kenya Institute of Curriculum Development
KNALS -	Kenya National Adult Literacy Survey
KNASP -	Kenya National AIDS Strategic Plan
M & E -	Monitoring and Evaluation
MDGs -	Millennium Development Goals
MoEST -	Ministry of Education, Science and Technology
MoH -	Ministry of Health
NACADA -	National Authority for Campaign against Alcohol and Drug Abuse
NACC -	National AIDS Control Council
OVC-	Orphans and Vulnerable Children
PEP -	Post Exposure Prophylaxis

- PLHIV - People Living With HIV
- PTAs - Parents Teachers Associations
- SACMEQ - Southern African Consortium for the Measurement of Educational Quality
- SAGAs - Semi-Autonomous Government Agencies
- SIDA - Swedish International Development Agency
- STI - Sexually Transmitted Infection
- STD - Sexually Transmitted Disease
- TSC - Teachers Service Commission
- TWC - Technical Working Committee
- UNESCO - United Nation Educational, Scientific and Cultural Organization
- UNGASS - United Nations General Assembly Special Session
- USAID - United States Agency for International Development



CHAPTER ONE

Introduction

1.1 Background

Education is recognized as the key to national and individual development. The key themes of the education sector are access, equity and quality across all levels. The Kenya Government is a signatory to international commitments on the provision of education including Education for All (EFA) and the Millennium Development Goals (MDGs). At the national level, the Government through the Kenya Vision 2030, the Constitution of Kenya, 2010 and Sessional Paper No. 14 on Reforming Education and Training Sectors emphasizes basic education as a human right. Towards this end, investment in education is allocated more than 30% of the national budget every financial year. Specific intervention programmes introduced by the Government to provide education include Free Primary Education, Free Day Secondary Education, School Feeding programme for ASAL areas, infrastructure development and bursary allocation in secondary schools for children from poor backgrounds.

However, HIV and AIDs remains an impediment to the achievements made in the education sector over time. The pandemic continues to impact negatively on the learners, education sector personnel and community. The capacity of the education sector personnel to deliver quality education is reduced due to the increased number of infected staff, absenteeism and attrition. Most of the HIV infections among young people are between the age of 15 to 24 with girls and women being disproportionately affected. Stigma and discrimination of learners living with HIV have a negative impact on their performance. As a result, national and international commitments to the provision of equitable and quality education for all and lifelong learning are threatened.

The Education Sector Policy on HIV and AIDS, 2004 was developed to address the mentioned challenges. This was in line with the national and international efforts to avert the effects of HIV and AIDS such as: United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV and AIDS (July 2002); the Declaration of AIDS as a national disaster by the Government of Kenya (1999); and the Kenya National AIDS Strategic Plan on HIV and AIDS (KNASP, 2000 - 2005).

A study undertaken in 2011/2012 by the MoE in partnership with UNESCO and IIEP on the impact of HIV and AIDS on the education sector and the status of implementation of the Education Sector Policy on HIV and AIDS (2004) identified gaps in policy content, dissemination and coordination of programmes. In addition, behaviour change to reduce new HIV infections especially among young people had not been realized.

There is a strong link between alcohol and substance abuse and high-risk sexual behaviour among young people, even when they have the knowledge of safe health practices. Alcohol and substance abuse among learners is on the rise thus posing great danger to the health of young people and the nation as a whole. Alcohol and substance abuse is generally associated with a myriad of negative consequences including injury and risky sexual behavior.

The purpose of this policy is to provide mechanisms for effective implementation of HIV and AIDS programmes at all levels in the education sector.

1.2 Legal and Policy Context

The Kenyan Government is committed to provide quality education to all its citizens as underlined in various national and international legal and policy documents such as Universal Declaration on Human Rights(1948), Beijing Platform for Action (1995), Jomtien World Conference (1990) on Education for All and Millenium Development Goals (MDGs). At the nation platform the counrty implements the education agenda through the Kenya Vision 2030, the Constitution of Kenya, 2010 and the current Basic Education Act, 2013 and Sessional Paper No. 14 of 2012 on Reforming Education and Training Sectors in Kenya. These documents reiterate the need to enhance the right to education and also set the specific objectives to be achieved by the varous providers of education services.

The overall goal for the Education Sector Policy on HIV and AIDS, 2013 is to develop programmes that will enhance HIV prevention, care and support interventions for learners and other education personnel.While doing so, the Ministry will ensure that all strategies are gender sensitive and responsive, bearing in mind that girls and women continue to be disproportionately affected by HIV and AIDS.

The policy seeks to address the following provisions in the Constitution:

Article 53 (1) (b) on provision of free and compulsory basic education;

- (c) on basic nutrition, shelter and health care; and
- (d) on protection from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labor; and
- (2) makes child’s best interests paramount in every matter concerning the child.

Article 54 (1) (b) entitles persons with disabilities to access educational institutions and facilities that are integrated into society to the extent compatible with the interests of the person; and

- (d) use of sign language, braille or other appropriate means of communication.

Article 55 requires the State to take measures, including initiating affirmative action programs, to ensure that the youth

- (a) have access to relevant education and training and
- (d) are protected from harmful cultural practices and exploitation.

Article 57 (b): requires that the State shall take measures to ensure the rights of older persons are protected to enable them pursue their personal development.

1.3 Status of HIV and AIDS in the Education Sector

The Kenya Demographic Health Survey(KDHS), carried out in 2008/2009 estimated that 1.49 million Kenyan adult and children were infected with HIV out of which 110,000 were children aged 0-14 years. The evidence further shows that sexual debut for young people nationally has declined to about 15 years old and youth aged 15 to 24 years are more vulnerable, with an HIV prevalence rate of 3.8% (KAIS 2007).

In addition, the report revealed that young women are four times more likely to be infected with HIV virus compared to young men. This is cause for concern since 46% of female and 58% of male under 18 years who had sex, only 20% used protection, leaving many at risk of STIs and HIV infections as well as early pregnancies (KDHS 2008/2009). Other studies on the prevalence of HIV and AIDS show that knowledge on HIV and AIDS, sexual and reproductive health among learners remain inadequate (SACMEQ, 2007). Some cultural beliefs and practices worsen fear, stigma and discrimination and contribute to the spread of HIV virus. High levels of sexual violence and rape also lead to increase in unplanned pregnancy and HIV transmission, in addition to being an abuse of human rights.

Evidence reveals that alcohol and substance abuse among learners is on the rise thus posing great danger to the health of young people and increased risks of HIV infection among them. 50% of alcohol and substance abusers in Kenya are aged between 10 – 19 years (NACADA, 2007). This represents the age group with the highest new HIV infection rates in Kenya (NACC, 2007). Overall, the education sector is in a unique position to provide learners of all ages with comprehensive Sexuality Life Skills Education that imparts knowledge on HIV and AIDS, alcohol and substance abuse and enhances positive attitude for desired behaviour.

1.4 Rationale for Education Sector Policy on HIV and AIDS

HIV and AIDS poses a serious threat to global efforts in development. In Kenya, the pandemic was declared a national disaster in 1999 after which the government embarked on a number of strategies to control the spread of the pandemic. The Ministry of Education (MoE) developed the Education Sector Policy on HIV and AIDS in 2004 in order to provide a framework of implementation of mitigating programmes on HIV and AIDS in the sector.

HIV and AIDS infections among the youth are high between the ages of 15 to 24 years with girls and women being disproportionately affected (KAIS, 2007). Most learners fall in this age bracket. A study undertaken in 2011/2012 on the impact of HIV and AIDS on the education sector as well as the implementation of the Education Sector Policy on HIV and AIDS, 2004 by MoE in partnership with International Institute of Educational Planning (IIEP), UNESCO identified gaps on content, dissemination and coordination of programmes. A study by KDHS in 2008 revealed that sexual debut for young people nationally has declined to 15 years.

In strengthening response to HIV and AIDS in the education sector, MoEST intends to:

- i) Build a database on HIV and AIDS related information that includes statistics and research reports;
- ii) Review the Life Skills Education curriculum and other subjects to enhance provision of age appropriate comprehensive sexuality education and reinforce the capacity to implement, monitor and evaluate;
- iii) Address the needs of the growing population of OVC including learners living with HIV;
- iv) Safeguard the health and well-being of learners and education sector personnel;
- v) Provide a safe non-discriminatory workplace and learning environment;
- vi) Strengthen coordination of all education related HIV and AIDS programmes in the sector;

- vii) Ensure HIV and AIDS education is mainstreamed at all levels including alternative, adult and continuing education;
- viii) Develop capacity at all levels for data gathering, processing, planning and program management;
- ix) Ensure adequate resource mobilization and provision of HIV and AIDS programmes;
- x) Develop an implementation strategy for the Education Sector Policy on HIV and AIDS, 2013; and
- xi) Monitor and evaluate regularly the status of implementation of the Education Sector Policy on HIV and AIDS, 2013.

1.5 Objectives

The objectives of the Education Sector Policy on HIV and AIDS, 2013 are to:

1. Enhance knowledge on HIV and AIDs at all levels of education with a view to reducing new infection, stigma and discrimination in the education sector;
2. Provide information on comprehensive treatment, care and support to learners living with HIV, OVC and youth below 24 years;
3. Mainstream HIV and AIDS education in the curricula at all levels of education;
4. Strengthen management and leadership structures and programs at all levels to sustain quality education in the context of HIV and AIDS;
5. Ensure the work place environment is free from stigma and discrimination arising from HIV and AIDS status;
6. Institutionalize capacity building on HIV and AIDS for personnel in the education sector;
7. Develop a comprehensive communication and advocacy strategy to facilitate the response to HIV and AIDs in the education sector;
8. Promote and strengthen partnerships and linkages for the various providers of HIV and AIDS services;
9. Strengthen coordination mechanism for harmonious implementation of HIV and AIDS programmes;
10. Ensure efficient resource utilization for effective implementation of HIV programmes in the education sector. ;
11. Facilitate resource mobilization to implement this policy.

1.6 Scope of Application

The Education Sector Policy on HIV and AIDS, 2013 applies to: learners, educators, employees, managers/administrators, employers, parents/caregivers, public and private training and learning institutions, alternative, adult and continuing education programmes and other educational institutions in the sector at all levels within the Republic of Kenya. By definition, this includes the following levels and sub-sectors:

- i) Early childhood development and education
- ii) Primary education
- iii) Special needs education
- iv) Secondary education
- v) Technical, Industrial, Vocational Education and Training (TIVET)
- vi) Adult and continuing education
- vii) University Education
- viii) Informal education
- ix) Non formal Education
- x) Skills training for out-of-school youth

It will also apply to the Semi-Autonomous Government Agencies (SAGAs) and all other stakeholders in the provision of education and training including the Teachers Service Commission (TSC).

1.7 Principles

The principles that guide this policy are in accordance with international conventions, national laws, policies, guidelines and regulations (listed in Annex 2). In particular, the principles take into consideration gender concerns, learners with special needs, learners living with HIV and recognize universal human rights. These principles are:

1.7.1 Access to Education

Every person has the right to education. A learner will not be denied access to education on the basis of his or her actual or perceived HIV status. In particular, access to education will be facilitated for learners living with HIV, orphans and vulnerable children.

1.7.2 Access to Information

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.

1.7.3 Equality

In education HIV infected persons have equal rights, opportunities and responsibilities and will be protected from all forms of stigma and discrimination.

1.7.4 Privacy and Confidentiality

Every person has the right to privacy and confidentiality in relation to their HIV status. No institution or workplace is permitted to require a learner or employee to undergo a mandatory HIV test. Individuals have a moral responsibility to protect themselves and others from HIV infection.

Every person has the right and responsibility to know their HIV status. Disclosure is encouraged within a safe, supportive and acceptable environment but is not mandatory in an educational setting. No person may disclose information related to the HIV status of

another person, without his or her consent. In the case of a minor, the best interest of the child will guide decisions concerning disclosure as required by the AIDS Act (2006) and Article 53 of the Constitution of Kenya, 2010.

1.7.5 Access to Treatment, Care and Support

All infected and affected learners and personnel in the education sector have the right to access holistic treatment, care and support in line with available resources. To enhance access, the education sector will work in partnership with agencies offering care, treatment and support including institutions, communities, private and public health care providers at all levels.

1.7.6 Safety in Workplace and Learning Institutions

All workplaces 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 Annex).

1.7.7 Safe Workplace and Learning Institutions

There will be zero tolerance to sexual harassment, abuse and exploitation within workplaces and learning institutions.

1.7.8 Fair Labour Practices

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

1.7.9 Gender Responsiveness

HIV and AIDS affects and impacts on women and men differently due to their biological, socio-cultural and economic circumstances. Application of all aspects of this policy will be responsive to the needs of men, women, boys and girls in relation to HIV and AIDS.

1.7.10 Involvement of People Living with HIV (PLHIV)

The involvement of PLHIV will be promoted in the education sector at all levels.

1.7.11 Partnerships and Coordination

MoE will be responsible and accountable for effective implementation of the Revised Education Sector Policy on HIV and AIDS, 2013 in partnership with government departments, agencies and other stakeholders.

CHAPTER TWO

Prevention

Goal: Prevention of New HIV Infections among Learners at all Levels

2.1 Background

HIV and AIDS prevalence in Kenya is high standing at 1.49 million out of which 110,000 are children aged 0 to 14 years (KDHS, 2008/2009). Evidence further shows that sexual debut for young people nationally has declined to about 15 years old and youth aged 15 to 24 years. Young women are four times more likely to be infected with HIV virus compared to young men (KAIS 2007).

Society expects young people to abstain from sexual activity whereas the reality is that many of them are already sexually active. However, the young people may lack the knowledge and skills necessary for safe and healthy choices in relation to their sexuality. SACMEQ, 2007 indicates that knowledge on HIV and AIDS, sexual and reproductive health among learners remains inadequate. Some cultural beliefs and practices worsen fear, stigma and discrimination and contribute to the spread of HIV.

On the average, 38.5% of the Kenya adult population is illiterate (KNALS, 2007) making it difficult for them to make use of communication materials and uptake of services available. High levels of sexual violence and rape also lead to increase in unplanned pregnancy and HIV transmission, in addition to being an abuse of human rights. Improvement of knowledge on sexual and reproductive health among learners requires provision of comprehensive information in the formal curriculum and pedagogical skills among teachers.

2.2 Policies and Strategies

To enhance prevention of new HIV infections, MoEST will implement the following policies and strategies:

Policy Statement

2.2.1 Facilitate access to relevant and age-appropriate information on HIV and AIDS, alcohol and substance abuse for learners at all levels

Strategies

To implement this policy, MoEST will use the following strategies:

- i) Provide age appropriate information on comprehensive sexuality education that is accurate and current to all learners including those with special needs and/or living with HIV in order to delay sexual debut and reduce the risks of infections, re-infections and early or unplanned pregnancies;
- ii) Develop guidelines for age appropriate comprehensive sexuality education for all levels through domestication of relevant materials;

- iii) Ensure all Information, Education and Communication (IEC) materials produced on HIV and AIDS are gender sensitive and responsive, in braille and other forms of communication and accessible to learners at all levels;
- iv) Ensure all learning institutions create conducive environments to enable learners to access and utilize information on HIV and AIDS;
- v) Create awareness for learners, education sector personnel, learning institutions and institutional communities on HIV prevention, sexuality education, alcohol and substance abuse;
- vi) Utilize multiple channels of communication to disseminate information on age appropriate comprehensive sexuality education and discourage socio-cultural practices and attitudes that increase young people's vulnerability to STDs, HIV infection and early pregnancies;
- vii) Create awareness on rape and sexual harassment through sensitization among all learners to ensure safety, protection and prompt action on PEP treatment in all education institutions and programmes;
- viii) Facilitate access to PEP treatment for learners at all levels and establish mechanisms for referral to health and legal services in case of sexual abuse;
- ix) Facilitate access to relevant HIV prevention services through linkages and referrals
- x) Develop linkages with relevant government departments/bodies for enforcement of the relevant Acts and guidelines governing child rights and abuse including rape, alcohol, drugs and substance abuse; and
- xi) Mainstream HIV and AIDS and sexuality education in all adult and continuing education programs.

Policy Statement

2.2.2 Create an enabling environment in the education sector to ensure acquisition of age appropriate knowledge and information on HIV that leads to desired behaviour change.

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Integrate age appropriate comprehensive sexuality education into the Life Skills Education and other subjects that are gender sensitive and responsive to learners at all levels;
- ii) Develop age appropriate comprehensive curriculum on sexuality education for educators (pre-service and in-service) to prepare them for effective mainstreaming of HIV and AIDS issues into lessons and programs at all levels;
- iii) Build capacity of educators to effectively implement the age appropriate comprehensive curriculum on sexuality education at all levels;
- iv) Develop age-appropriate sexuality education comprehensive teaching and learning support materials for HIV and AIDS for use by educators in all learning institutions including alternative, adult and continuing education;
- v) Develop guidelines to be used in empowering parents and care givers on how to address sexual and reproductive health issues and HIV disclosure with children and young people;

- vi) Enforce the teaching of Life Skills Education in learning institutions at all levels;
- vii) Mainstream HIV and AIDS into curricular and co-curricular activities at all levels;
- viii) Develop and implement peer education programmes to support the Life Skills education, functional adult literacy and education programs in all formal learning institutions and non-formal continuing education institutions respectively;
- ix) Promote behaviour change through age-appropriate information on sexuality, risks associated with sexual activity and protective measures while promoting abstinence. Ministry of Health (MoH) will remain responsible for the provision of protective health services;
- x) Provide learners living with HIV with the appropriate information on how to deal with their sexuality and reproductive health needs as well as prevention of re-infection;
- xi) Establish forums for sharing and disseminating information on young people's sexuality to key stakeholders at all levels;
- xii) Mobilize education stakeholders to support and ensure effective implementation of HIV and AIDS programmes within the learning institutions at all levels; and
- xiii) Empower the school heads associations, representatives of tertiary institutions and student leadership councils to enhance advocacy on HIV and AIDS in learning institutions.

Policy Statement

2.2.3 Establish and sustain Peer Education programs to promote positive values and behaviour

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Develop and implement peer education programs to complement the Life Skills education curriculum in all learning institutions;
- ii) Identify and train peer educators to deliver age appropriate HIV and AIDS messages using various innovative approaches in consultation with other stakeholders; and
- iii) Establish linkages with relevant government institutions and stakeholders to promote peer education and the provision of preventive services.

Policy Statement

2.2.4 Encourage and facilitate HIV Counseling and Testing (HTC)

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Establish linkages with the MoH and other relevant service providers at all devolved levels to ensure learners, youth, adults and personnel in the education sector have access to HIV counselling and testing services;

- ii) Provide training to increase the number of HTC professional counsellors and to strengthen the capacity of the existing ones;
- iii) Liaise with relevant government agencies to facilitate HIV testing among young people by invoking HIV and AIDS Control Act 2006, Part 4, Section 14 (b) stipulating that any child who is pregnant, married, a parent or is engaged in behaviour which puts him or her at risk of contracting HIV may, in writing, directly consent to an HIV test;
- iv) Ensure that organisations undertaking HIV Counselling and Testing in educational institutions are accredited by MoH and have approval from the respective education sector institutions; and
- v) Establish linkages with MoH to enhance the capacity of the existing health facilities in tertiary institutions to provide comprehensive services on HIV.

CHAPTER THREE

Treatment, Care and Support

Goal: Treatment, Care and Support services accessible to education sector personnel, learners living with HIV and OVCs, including children with special needs

3.1 Background

HIV and AIDS has contributed to Kenya's estimated 2.4 million OVC, some of whom are living with the virus. The country has an estimated 180,000 HIV infected children of whom 45,000 children aged 0 to 14 years require Anti-Retroviral Therapy (ART). However, only 2% have access to ART (MoEST, 2012). Most of the OVC and learners living with HIV, some of who have special needs, come from poor households and may be malnourished, psychologically traumatized, suffer stigma and discrimination and are unable to afford the indirect costs of education. On the other hand, the education sector personnel are affected by HIV and AIDS thereby threatening the delivery of quality. Absenteeism from school, poor concentration, weak academic performance are the common features of the HIV phenomenon in schools.

The sector has not established adequate psycho-social support, care and access to treatment services for the infected and/or affected personnel. In view of this, MoE needs to facilitate the strengthening and/or formation of support mechanisms to provide psychosocial care for the personnel infected and/or affected.

To enhance access to Treatment, Care and Support, MoEST will implement the following policies:

3.2 Policies and Strategies

Policy Statement

3.2.1 Establish linkages with MoH and other service providers to enhance access to treatment, care and support services for the HIV infected and affected in the education sector at all levels

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Enhance access to information on available HIV and AIDS treatment, care and support services in order to enhance uptake;
- ii) Facilitate referral services to health service providers to enhance access to treatment for learners living with HIV;
- iii) Enhance educators' capacity to support learners living with HIV through treatment literacy on ART in partnership with other service providers;
- iv) Ensure educational institutions have adequate first aid kits and institutional personnel and learners are trained on application of universal precautions to avert infections in case of injury and bleedings;

- v) Establish clear protocols and practical guidelines on confidentiality and disclosure of HIV status to avoid forced, intentional or accidental disclosure for learners in the education sector at all levels;
- vi) Ensure that no guidelines or practices require disclosure of HIV status for learners to access education at all levels; and
- vii) Create an enabling environment that supports safe disclosure of HIV status among learners at all levels in the education sector in order to improve their educational experience.

Policy Statement

3.2.2 Ensure adequate psycho-social support for HIV infected and affected learners

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Create an enabling and non-discriminatory environment in all learning institutions to enable learners living with HIV to attend school without fear of stigma or discrimination, and for learners at risk to feel confident to undertake HIV counseling and testing;
- ii) Strengthen guidance and counseling units in education institutions on HIV and AIDS management to promote psycho-social support;
- iii) Liaise with relevant government departments for provision of nutritional supplements to those in need within education institutions to enhance among others adherence to ART uptake and continued education;
- iv) Encourage education institutions to initiate and manage Income Generating Activities (IGAs) to support the needy learners with a focus on those infected and/or affected by HIV;
- v) Establish mechanisms for confidentially identifying learners living with HIV including those with special needs for appropriate support at all levels;
- vi) Provide psycho-social support to OVC and learners living with HIV including formation of support networks to enable them complete their education; and
- vii) Establish mechanisms for monitoring education performance of learners living with HIV including those with special needs and OVC to ensure they exploit their potential.

Policy Statement

3.3.3 Mobilize communities to support HIV infected and/or affected learners and address stigma and discrimination.

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Collaborate with community leaders, Faith Based Organizations (FBOs), Parents Teachers Associations (PTAs), development partners, civil society, private sector and other stakeholders to address the needs of OVC and learners living with HIV to enhance completion of their education;

- ii) Establish mechanisms to ensure that learners and educators at all levels do not stigmatize or discriminate against learners living with HIV; and
- iii) Sensitize learners on the needs and rights of learners living with HIV to ensure that they do not refuse to study, be served or interact with fellow learners on the basis of their actual or perceived HIV status.

Policy Statement

3.3.4 Identify and facilitate access to financial support for needy learners

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Promote and enforce mechanisms to target OVC and needy learners living with HIV to benefit from education bursaries, scholarships and other material support;
- ii) Collaborate with the Higher Education Loans Board (HELB) to put in place mechanisms of identifying OVC and needy learners living with HIV in tertiary institutions for prioritized financial support; and
- iii) Encourage all learning institutions to mobilize resources from the public sector, civil society, private sector, faith based and philanthropic organizations and other stakeholders to offer financial and material support to deserving OVC and learners living with HIV.

CHAPTER FOUR

HIV and AIDs at the Workplace

Goal: A workplace sensitive and responsive to HIV and AIDS, free from risks of infection and stigma, supported by non-discriminatory terms and conditions of service and labour practices for all education sector personnel.

4.1 Background

The impact of HIV and AIDS on the education sector personnel is profound. MoEST (2011/2012) Impact Assessment study on the impact of HIV and AIDS on the education sector (2012) estimated a prevalence rate of 14.7% among teachers against a national population prevalence of 7.8%.

Illnesses and subsequent deaths of the sector's personnel from HIV and AIDS have reduced performance, capacities, productivity and institutional memory. At any given time 1.5% of all Kenyan teachers are out of school due to HIV and AIDS related illnesses (MoE, 2011). This translates to 2.1% loss of contact hours in school.

Fundamental rights at the workplace are affected due to stigma and discrimination of people living with and affected by HIV. This, coupled with increased stress and escalating health costs, has inhibited the sector's efforts to achieve the national goals of access, equity and quality education for learners at all levels.

To address HIV and AIDS issues at the workplace, MoEST will implement the following policies:

4.2 Policies and Strategies

Policy Statement

4.2.1 Ensure that all education sector personnel living with HIV have equal rights and obligations like other personnel

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Develop and disseminate HIV and AIDS guidelines related to the rights and obligations for education sector personnel at the workplace;
- ii) Develop mechanisms to ensure that guidelines on HIV and AIDS are adhered to by education sector managers and administrators within the work place; and
- iii) Sensitize education sector personnel living with HIV at the workplace on their rights and obligations.

Policy Statement

4.2.2 Ensure that all education sector personnel have access to HIV and AIDS information, prevention mechanisms and support programs

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Establish linkages with other relevant government departments, partners and stakeholders to disseminate information on HIV and AIDS to all personnel within the education sector;
- ii) Establish and maintain appropriate communication channels and feedback mechanisms within the workplace to address personnel and employer concerns related to HIV and AIDS;
- iii) Ensure all IEC materials produced on HIV and AIDS are gender sensitive, in braille and other forms of communication and are easily accessible to education sector personnel at all levels; and
- iv) Facilitate access to PEP treatment for education sector personnel at all levels and establish mechanisms for referral to health and legal services in case of sexual abuse.

Policy Statement

4.2.3 Promote all feasible means to improve the health and performance of education sector personnel living with HIV

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Create awareness on available HIV and AIDS services provided by various accredited service providers;
- ii) Facilitate access to comprehensive treatment, care and support services for education sector personnel living with HIV; and
- iii) Monitor and review sick leave provisions and apply them on a case by case basis among education sector personnel living with and/or affected by HIV and AIDS.

Policy Statement

4.2.4 Ensure non-discriminatory practices against personnel living with HIV during recruitment, continued employment, training, promotion and other benefits apply to all within the education sector

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Develop guidelines to ensure protection of all education sector personnel living with HIV against stigma and discrimination by employers, fellow employees, parents and learners on the basis of their actual or perceived HIV status;
- ii) Ensure adherence to the existing guidelines on stigma, discrimination and disclosure of personnel's sero-status without consent;
- iii) Ensure that no compulsory HIV testing is conducted at the work place as a requirement for appointment, promotion and continued employment;

- iv) Encourage education sector personnel to know and/or disclose their HIV status;
- v) Facilitate the strengthening and/or formation of psycho-social support networks for HIV infected and/or affected education sector personnel;
- vi) Sensitize learners and education sector personnel on the needs and rights of HIV positive persons to ensure that they do not refuse to teach, be taught, served or to interact on the basis of their actual or perceived HIV status; and
- vii) Establish linkages with communities and other key stakeholders to address stigma and discrimination to enable infected education sector personnel continue offering their services in a safe and secure environment.

Policy Statement

4.2.5 Review and adopt relevant guidelines and codes on recruitment and deployment of personnel in the education sector to be responsive to HIV and AIDS

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Review existing policies on recruitment and deployment of personnel within the education sector to address issues related to HIV and AIDS;
- ii) Ensure succession planning take into consideration the impact of HIV and AIDS on the education sector; and
- iii) Consider re-deployment of those infected by HIV to enable them access family and/or medical care and discourage work related separation of partners and spouses where possible.

Policy Statement

4.2.6 Ensure that heads of all learning institutions and work place within the education sector are responsible and accountable for the implementation of the Revised Education Sector policy on HIV and AIDS 2013

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Ensure that all heads of learning institutions and workplaces within the education sector facilitate and support the implementation of the policy;
- ii) Ensure educational institutions develop and/or revise their respective HIV and AIDS policies in line with Education Sector Policy on HIV and AIDS, 2013;
- iii) Ensure all education sector personnel comply with the HIV and AIDS workplace policy; and
- iv) Facilitate access to HIV prevention services for education sector personnel and ensure availability of male and female condoms within the workplace in the education sector.

CHAPTER FIVE

Managing the HIV and AIDS Response

Goal: Dedicated management and leadership structures and programs in place at all levels within the education sector to ensure and sustain quality education in the context of HIV and AIDS

5.1 Background

Management of HIV and AIDS response within the education sector requires effective leadership, coordinated efforts and commitment of adequate resources at the devolved levels. UNGASS (2002) recognizes that the HIV and AIDS pandemic should be addressed from lessons learnt over time.

The education sector effort to effectively manage HIV and AIDS response should include various approaches. These are: well planned HIV and AIDS programs, capacity development at all levels and provision of an environment devoid of stigma and discrimination for both learners and education personnel.

To enhance the management of responses of HIV and AIDS, MoEST will implement the following policies:

Policy Statement

5.2.1 Ensure that education sector personnel and leadership at national, county and institutional levels are committed and supportive to the AIDS Control Units (ACUs).

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Strengthen the main ACU at MoEST headquarters with adequate qualified human and financial resources;
- ii) Establish mechanisms to ensure ACUs at all devolved levels have competent personnel to enhance coordination and management of HIV and AIDS interventions in the education sector;
- iii) Establish and/or strengthen well-staffed, adequately resourced and fully functional ACUs/resource centers in the education sector at all levels;
- iv) Establish forums for sharing information on HIV and AIDS among key government departments, partners, private sector and the media;
- v) Revise the District Coordination Guidelines on HIV and AIDS (2009) to strengthen coordination of HIV and AIDS programs within the education sector at all devolved levels; and
- vi) Establish mechanisms for coordination, resource planning, budgeting and linkages with NACC and other partners with the goal of preventing the spread of HIV and mitigating its impact on the education sector.

Policy Statement

5.2.2 Institutionalize and embed capacity building on HIV and AIDS for personnel in all capacity development programmes in the education sector.

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Conduct pre-service and in-service training of educators in order to impart appropriate knowledge and skills to prevent HIV infection;
- ii) Enhance mainstreaming of HIV and AIDS into the curriculum to address the effects of HIV and AIDS within the education sector;
- iii) Adopt innovative options such as use of distance learning, information and communication technology (ICT) and other modalities to improve the quality of HIV and AIDS education;
- iv) Ensure that HIV and AIDS related training for all education sector educators, managers, administrators and support personnel is conducted by accredited and recognized training institutions; and
- v) Acknowledge HIV and AIDS related training as an added advantage for career progression for the staff within the education sector.

Policy Statement

5.2.3 Review and enhance the existing Planning, Monitoring and Evaluation (M&E) system and data quality to improve the effectiveness and increase the efficacy of the response to HIV and AIDS within the education sector

Strategies

To implement this policy, MoEST shall employ the following strategies:

- i) Review and harmonize monitoring and evaluation tools used for HIV and AIDS data collection on infected learners and education sector personnel;
- ii) Institute monitoring and evaluation as a mandatory component of all HIV and AIDS programs;
- iii) Strengthen linkages between the ACU and (EMIS) to ensure data quality on HIV and AIDS is more comprehensive, accessible and efficient for planning and monitoring of activities at all levels;
- iv) Ensure that updated, reliable data on HIV and AIDS is collected regularly within the education sector at all levels;
- v) Build capacity of personnel within the education sector to effectively collect, analyze and utilize the HIV and AIDS data at all levels; and
- vi) Establish linkages with other government ministries, departments and other relevant stakeholders to access data on HIV and AIDS as applicable to the education sector.

Policy Statement

5.2.4 Promote continuous research that addresses emerging issues on HIV and AIDS within the education sector

Strategies

To implement this policy, MoEST will employ the following strategies:

- i) Encourage universities and other institutions to undertake research that takes into account critical and emerging issues on HIV and AIDS;
- ii) Establish mechanisms and partnerships for dissemination of HIV and AIDS research findings to decision makers and other stakeholders for implementation, strategic planning, monitoring and to inform policy development and review;
- iii) Link with other government departments/agencies for enforcement of regulations governing research on HIV and AIDS within the education sector; and
- iv) Establish a national database and directory for HIV and AIDS related research within the education sector that links with other relevant databases in Kenya.

Policy Statement

5.2.5 Develop a comprehensive communication, information and advocacy strategy to facilitate the response to HIV and AIDS in the education sector

To implement this policy, MoEST will employ the following strategies:

- i) Ensure that the Revised Education Sector Policy on HIV and AIDS (2013) is disseminated to all managers and stakeholders within the education sector at all levels;
- ii) Institutionalize the Education Sector Policy on HIV and AIDS, 2013 as part of the performance contract for education sector personnel at all levels to ensure compliance;
- iii) Develop information, communication and advocacy strategy and tools to support the education sector's efforts to respond to HIV and AIDS; and
- iv) Adopt a multi-sectoral approach and establish linkages with other government departments, development partners, civil society, and faith based organizations, private sector, media and other stakeholders to enhance efforts on advocacy on HIV and AIDS within the education sector.

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ANNEX: Some 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 be cleaned immediately with running water and/or antiseptics. If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleaned under running water, dried, treated with antiseptic and covered with a waterproof dressing. Blood splashes to the face (mucous, membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.
2. Learning institutions are encouraged to make timely referrals to relevant institutions that provide PEP services.
3. Disposable bags, bins or incinerators must be made available to dispose of used sanitary wear.
4. 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.
5. 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). This water can be kept fresh for a long period of time by adding disinfectant to it.
6. All persons should wear protective latex gloves or unbroken plastic bags on their hands when attending to blood spills, open wounds, sores, and breaks in the skin, grazes, open skin lesions, body fluids and excretion. 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.
7. If a surface has been contaminated with body fluids and excretion which could include some blood for instance, tears, saliva, mucus, phlegm, urine, vomit, faeces or 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.
8. Blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissue and toilet paper can be flushed down a toilet.
9. If instruments for instance, scissors become contaminated with blood or other body fluid, they should be washed and placed in household bleach for at least one hour before drying and re-using.
10. Used needles and syringes should be safely disposed off.

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 contact being made with blood or 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 may also be used, such as:

- Unbroken plastic bags on hands where latex or rubber gloves are unavailable
- Common household bleach for use as disinfectant diluted to one part bleach to 10 of water
- Spectacles instead of protective eye wear
- A clean scarf instead of a protective facemask



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