EDUCATION & SPORTS SECTOR
NATIONAL POLICY GUIDELINES
ON HIV/AIDS

December 2006
Acronyms and Definitions

**ABC**  Abstinence, Being Faithful and Condom Use

**AIC**  Aids Information Centre

**AIDS**  Acquired Immune Deficiency Syndrome, a disease where the body’s ability to resist infection and other conditions, for example cancer, is impaired

**ANC Services**  Ante Natal Care Services

**ART**  Anit-retroviral Treatment

**ARV**  Anti-retroviral

**Confidential**  Information known only to the individual concerned and the persons with whom s/he chooses to share

**Counseling**  Formalized system for advice relating to the decision to take an HIV test and the follow up of the result

**CSO**  Civil Society Organization

**EFA**  Education for All

**EMIS**  Education Management Information System

**ESSP**  Education Sector Strategic Plan

**GIPA**  Greater Involvement of Persons with AIDS

**GOU**  Government of Uganda

**HBC**  Home Based Care

**HCT**  HIV Counseling and Testing

**HIV**  Human Immunodeficiency virus, causes AIDS

**HIV Test**  Test to directly or indirectly show HIV infection

**ILO**  International Labour Organization

**MACA**  Multisectoral HIV/AIDS Control Approach

**Mandatory**  Where an individual has no say in whether or not a test is to be performed

**MDG**  Millennium Development Goal
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FOREWORD

HIV/AIDS continues to be a major development challenge the world over. The impact of the pandemic continues to threaten the achievement of the Millenium Development Goals (MDGs) and of specific concern, attained of Education For All Goals (EFA).

The pandemic has worsened the already existing challenges within the education sectors and therefore compromised the ability to provide desirable levels of quality education. The systematic and management challenges experienced relate to mortality and morbidity of sector employees, sportsmen and women. The Sector is experiencing an increase in staff attrition partly due to HIV/AIDS relate factors, low morale, stigma and discrimination in the Education Sector workplaces especially in schools and other learning institutions. Absenteeism and lateness, occasioned by ill health or caring for the sick have resulted into an increase in workload for the available teachers and staff.

The Ministry of Education and Sports, in response to the above challenges; and in embracing the defined role within the multi sectoral; approach, developed the Education Sector HIV/AIDS Workplace Policy. This policy aims to reduce the spread and mitigate the impact of HIV/AIDS among Ugandan teachers, sportsmen and women as well as all other
sector employees and their families. The policy promotes a consequent and equitable approach to prevention of HIV transmission among employees as well as comprehensive management of effects of HIV/AIDS including improved access to care, support and treatment of teachers and staff living with HIV and AIDS.

The policy objectives promote the adoption of behaviour change practices, increased access to quality HIV and AIDS prevention, care, support and treatment services, empowerment of schools and other education workplaces to sustainably play their role in ensuring a healthy and efficient workforce.

Finally, I take this opportunity to extend gratitude of the Ministry of Education and Sports to all partners in this effort. Particular appreciation to the Uganda AIDS Commission, the Uganda HIV/AIDS Control Project (UACP), Irish Aid, GTZ and USAID for the technical and financial assistance extended to my Ministry in the development and implementation of this policy.

To all teachers, sportsmen/women and sector employees at all levels in Uganda, the Ministry expresses solidarity with all persons living with HIV and AIDS and is committed to the urgent implementation of this policy.
I wish to reiterate the call for collective responsibility among stakeholders through the multi sectoral response, in this effort. This Policy should cause positive change at individual level for the realization of quality Education For All.

Hon. Geraldine Namirembe Bitamazire (MP)
MINISTER OF EDUCATION AND SPORTS
EDUCATION AND SPORTS SECTOR NATIONAL POLICY GUIDELINES ON HIV/AIDS

1. SITUATION ANALYSIS

1.1 HIV/AIDS IN UGANDA
Uganda was one of the first countries in the world to experience a generalised HIV/AIDS pandemic. Since 1982 when the pandemic became known in Rakai district, the Government of Uganda has mounted a determined effort to reduce the spread of infection, protect the human and social rights of those affected and infected and mitigate the impacts of the pandemic on Ugandan society and the economy. At the height of the pandemic in the 1980s, prevalence data indicated an average 15% prevalence. Currently, the national sero-survey has reported that the overall level of prevalence in Uganda has declined to 6.4%.

This policy and guidelines document on HIV/AIDS is a response to a Government of Uganda (GOU) initiative which requires that each sector should develop a sector specific policy that is consistent with and responds to the National Overarching Policy on HIV/AIDS and the National Strategic Plan.

This document has two components: policy and guidelines. The policy section outlines an approach to HIV/AIDS in the education and sports sector, the institutions and stakeholders which the policy targets and the principles which underlie the policy. The policy treats addresses issues of HIV/AIDS among learners and students as well as teachers, educators, education and sports managers and other sector employees.
and their families. The guidelines section provides specific roles and responsibilities for various stakeholders in the Ministry of Education and Sports, different sub sectors as well as other government and non-government agencies at different levels.

1.2 THE EDUCATION AND SPORTS SECTOR IN UGANDA

The Education sector in Uganda is guided by the Millennium Development Goals (MDGs) and the Education for All goals (EFA). The most relevant MDG to the Education and Sports Sector is to ensure that by 2015 boys and girls will be able to complete a full course of primary schooling and that gender disparities will be eliminated at primary school and all levels by 2015. The Education for All goals set in 1990 and reaffirmed in Dakar in 2000, include completion of free and compulsory primary education of good quality, equitable access by all children, elimination of gender disparities, and achievement of measurable learning outcomes, especially in literacy, numeracy and life skills.

The Education and sports sector in Uganda therefore has a comparative advantage of a captive audience of about 33% of Uganda’s population in schools for most of the year as well as being the largest public sector employer. The education and sports sector further provides a unique opportunity for HIV/AIDS mainstreaming within the established structures for teaching and learning at various levels.

1.3 HIV/AIDS AND EDUCATION

There is increasing evidence that, HIV/AIDS has negatively
affected the demand and supply of education in Uganda. Learner’s access, retention, performance, transition and completion rates at various levels have been affected by, among others the HIV/AIDS pandemic.

Teacher attrition is currently reported to be as high as 33% in Uganda, one of the key factors being, death due to long illness or simply getting out of the teaching profession to less taxing employment due to intermittent long illness, a situation perpetuated by enacted or self stigma and discrimination due to HIV/AIDS. Absenteeism of both learners and teachers is reportedly high in a number of schools. This to a large extent is also attributed to HIV/AIDS related factors. Furthermore, the learning environment is engulfed with HIV/AIDS stigma and discrimination as well as trauma resulting from loss of relatives as well as staff and learners. Skills transfer from teacher to teacher is threatened as mentorship cannot be guaranteed any more due to high attrition levels.

Out of the estimated 2 million orphans in Uganda, about 87% are said to be within the education system as a result of UPE (Situation Analysis of Orphans in Uganda, 2002). The burden of orphans and vulnerable children within the sector impinges on the ability to provide quality education because orphans and vulnerable children often lack scholastic materials, are frequently ill and growing up without parental care.

In the absence of a cure, education provides a “social vaccine”. The majority of learners entering the school system are free of HIV and have not adopted risky patterns of behaviour. The strategy to influence future behaviour while children are still young provides a Window of Hope for Uganda.
The potential multiplier effect that the education provides to minimize new infections cannot therefore be under rated.

In view of the above, the Education and Sports sector embarked on the development of a comprehensive policy that can guide the overall response to HIV/AIDS by the sector. This policy fosters commitment to address prevention education through learning institutions, advocacy for treatment and care for sector employees and learners, as well as mitigation of current and potential impact of the epidemic on the education system in order to significantly contribute to the national multi sectoral response to HIV/AIDS.
2. POLICY VISION, MISSION, GOAL AND OBJECTIVES

2.1 VISION, MISSION AND OBJECTIVES

Policy Vision
An Education and Sports Sector free of HIV/AIDS, its risks and negative impacts.

Mission
The Mission of the policy is to provide a framework for responding to HIV/AIDS in the Education and Sports Sector

Objectives: The specific objectives of the policy are:
♦ To raise the knowledge base of learners, students, education managers and other sector employees on HIV/AIDS
♦ To ensure that learners, students, education managers, educators and other sector employees access HIV/AIDS prevention, treatment, care and support services.
♦ To eliminate all forms of stigma and discrimination in the Education and Sports sector
♦ To mitigate the impacts of HIV/AIDS which impede access to and provision of quality education
♦ To strengthen the education and sports sector capacity for effectively responding to HIV/AIDS
♦ To contribute to the knowledge base on HIV/AIDS through research

2.2 PRINCIPLES AND SCOPE

The principles of the policy are the critical factors on which the policy is premised. These principles are:
i) **Openness**: The principle of openness and recognizing HIV/AIDS as a serious chronic and life threatening disease that poses a significant security threat shall continue to be encouraged and pursued.

ii) **Universal Access**: The Education and Sports sector shall ensure that access to information, communication and education on HIV/AIDS is universal and appropriate taking cognizance of the age, gender, culture and religion of beneficiaries of the sector.

iii) **Ethics**: The ethic of equity, non-discrimination or non-denial of HIV/AIDS related information or services to anyone on the basis of gender, rank, HIV status, sexual orientation or practice, shall be enforced and promoted at all times and mechanisms established to ensure that everybody in the Education and Sports sector is protected from all forms of discrimination and stigmatization.

iv) **GIPA**: In accordance with the principles of Greater Involvement of Persons with AIDS (GIPA), Persons Living with HIV/AIDS shall be involved at all stages and levels of the Education and Sports sector response to HIV/AIDS epidemic.

v) **Human Rights**: This HIV/AIDS policy for the Education and Sports sector shall, within its mandate, recognize and uphold the rights and dignity of all people including PLWA, internally displaced persons, marginalized and vulnerable groups and those with special needs within the sector as stipulated in; The Constitution of Uganda; Laws, Statues and Policies of the Government of Uganda; other existing national and international HIV/AIDS policies and International Conventions like ILO and UN. There shall be no compulsory HIV testing and unauthorised
divulgence of HIV test results to third parties.

vi) Gender: Ensuring that vulnerabilities and susceptibilities are analysed in the context of men and women as well as promoting sensitivity to unique challenges experienced by both sexes in the sector as a result of their differences and the existing social expectations. In particular, the unique factors affecting women and the girl child in context of HIV/AIDS will be given special focus.

vii) ‘3 Ones’: The policy shall be implemented and monitored in accordance with the ‘3 Ones’ policy and in consonance with the MOES Education and Sports Sector Strategic Plan (ESSP), PEAP and MDG.

viii) Mainstreaming: Ensuring that HIV/AIDS is an integral part of every policy, procedure, practice and programme in the Education and Sports sector, consistent with principles of the PEAP.

ix) Zero Tolerance: Observing zero tolerance for behaviours such as sexual harassment, rape and defilement that perpetuate the spread of HIV/AIDS within Education and Sports sector institutions.

x) Partnerships based on comparative advantage: The sector shall establish partnerships with service providers and other public and private sector institutions with skills in relevant fields.

xi) Collective Responsibility: HIV prevention and mitigating its impacts on the sector is the responsibility of all employees and their families, students, learners and other stakeholders.

xii) Leadership commitment: That management, employee representatives and student leaders shall take the lead in promoting HIV/AIDS prevention in the Education and Sports sector as well as ensuring
the dissemination and implementation of this policy.

xiii) **Affirmative action:** The sector shall have special focus on marginalized, vulnerable and susceptible groups within its mandate. Such groups include: IDPs, infected and affected learners, the girl child, OVCs and learners with special needs.

**Scope Of Application:** The scope of application of this HIV/AIDS policy for the Education and Sports sector shall include all learners, sports persons, educators and other employees, managers, employers, administrators and other providers of Education and Sports services in all public and private, formal and non-formal learning institutions and sports organisations at all levels in the Republic of Uganda.
3. POLICY MEASURES FOR STUDENTS AND LEARNERS

3.1 PREVENTION OF HIV INFECTION

Objectives
♦ To improve knowledge on HIV/AIDS and promote positive behaviour change
♦ To promote access to relevant and age appropriate HIV prevention services
♦ To equip students and learners with life skills that reduce their vulnerability to HIV infection

Policy measures:
Information, Education and Communication on HIV/AIDS

3.1.1 All learners including those with special needs and those in non-formal education settings and conflict-affected areas shall be provided with age appropriate, current, accurate, complete, and scientifically factual information, education and communication on HIV/AIDS.

3.1.2 Partnerships shall be established with local and foreign government and non government institutions in the development, production and dissemination to learners of Information, Education and Communication materials on HIV/AIDS.

3.1.3 All learners including those with special needs and those in non-formal education settings and conflict affected areas, shall be equipped with life skills. Life skills and HIV education shall be mainstreamed into the curricula and co-curricular activities at all levels.
3.1.4 The formation of Health/HIV/AIDS Clubs, Abstinence clubs and similar organisations in education institutions shall be promoted and supported as an avenue for sharing information, mentoring and promoting behaviour change.

3.1.5 Peer education shall be supported in all educational institutions as an important avenue for HIV/AIDS education, information and communication. The training of peer educators shall be promoted and supported.

3.1.6 The WHOLE SCHOOL approach model and the PIASCY Framework shall be the mechanism for delivery of the prevention education programmes in Primary and PPET institutions. The mechanisms shall be adapted to address the unique situations in tertiary and other institutions of Higher learning.

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3.1.7 Primary abstinence from sex shall be promoted among learners and students in primary and secondary educational institutions as the main strategy for preventing HIV infection. Values such as self-respect and respect for others, on which being faithful in future rests shall however, be promoted at all levels.

3.1.8 Students and learners who are sexually active shall be supported to adopt secondary abstinence through life skills and other appropriate interventions.

3.1.9 In tertiary institutions, correct and consistent
condom use shall be promoted as a strategy for HIV prevention in addition to abstinence and being faith full. Condom use education shall be carried out and condoms shall be made available through partnerships with other service providers such as Ministry of Health.

3.1.9 Students in tertiary institutions shall be equipped with knowledge, skills and values that promote faithfullness as a strategy for safe transition into marriage. Special programmes to promote faithfulness as a value shall be promoted for married students.

3.1.10 Identification and referral of learners who need HIV prevention services beyond available capacity shall be done at all levels.

HIV Counselling and Testing

4.1.1 HIV/AIDS Counselling and Testing shall be promoted among learners as a strategy for strengthening prevention behaviour for those who test HIV negative and as an entry point into treatment, care and support for those who test HIV positive.

3.1.11 The testing of learners or students for HIV as a requirement for admission to, or continued attendance at an educational institution, is prohibited and no learner or student may be denied admission to or continued attendance at an educational institution as a result of his or her HIV/AIDS status or perceived HIV/AIDS status.

3.1.12 Learners at all levels shall be given age appropriate
information on HCT; information given shall include benefits of HCT and approved providers of HCT services.

3.1.13 Post primary education and training institutions as well as tertiary institutions shall encourage students and learners to seek HCT services. HCT outreaches by approved providers are encouraged and may be organised by these institutions.

3.1.14 Learners, students or their parents and guardians are under no obligation to disclose their HIV sero-status to an educational institution and no educational institution shall be permitted to enquire about the sero-status of a learner or student either verbally or in writing.

3.1.15 An educational institution shall encourage voluntary disclosure of learners’ or students’ HIV sero-status by parents or guardians in the best interest of learners or students. Schools and educational institutions must ensure a supportive environment in which the confidentiality of this information is protected and in which unfair discrimination on the basis of HIV or AIDS is not tolerated.

3.1.16 As provided for in the Uganda National Policy guidelines for HIV/AIDS Counselling and Testing, any child aged 12 and above may receive HIV testing services without knowledge or consent of parents, guardians or teachers provided they have capacity to understand the implications of the results of the HIV test.
Prevention of Mother to Child Transmission of HIV (PMTCT)

3.1.17 The Education and Sports sector shall through relevant partnerships provide information and knowledge on PMTCT, to learners at the appropriate education levels to ensure that basic information regarding the availability of PMTCT services is passed on to their families to enhance awareness.

3.1.18 Learners, particularly those in tertiary education institutions who may need this service, shall be referred to or encouraged to seek this service from accredited health facilities.

Prevention of HIV Infection through Contaminated Needles and other Sharp Objects

3.1.19 Learners shall be educated on the likelihood of being infected or infecting others with the HIV virus through sharing contaminated sharp objects. Sharing of razor blades and any other skin piercing objects shall be discouraged. Such items will be included on the list of requirements every learner must take to school.

Prevention and Management of other STDs

3.1.20 Learners shall be given age appropriate information on other STDs and their relationship with HIV/AIDS. Prevention of STD infection and early treatment of STDs shall be promoted as good health
practices and as HIV/AIDS prevention strategies particularly among the sexually active learners.

3.1.21 School health facilities shall be equipped to treat common STDs or encouraged to refer such cases to facilities with appropriate capacity.

Prevention of HIV Infection through Blood and other Body Fluids

3.1.22 Learners of the appropriate age shall be encouraged to contribute to the availability of safe blood through donating blood.

3.1.23 The Education and Sports sector will ensure that the universal precautions to eliminate the risk of HIV transmission through exposure to HIV infected blood or other bodily fluids are enforced throughout the sector and at all times.

3.1.24 Any student or learner, who accidentally gets in contact with blood or body fluids, shall be advised and facilitated to immediately seek post-exposure prophylaxis (PEP) and follow-up.

3.1.25 Adequate trauma, injury and wound management shall be enforced in order to minimize HIV transmission through open wounds, sores, breaks in the skin, grazes or open skin lesions during sports, accidents etc. Learners or students should be trained to safely manage their own bleeding or injuries and to assist others to do so.

3.1.26 The Education and Sports sector will provide training in first aid for students and ensure the
availability and maintenance of first-aid kits (including rubber gloves and resuscitation masks) in all educational institutions, events, outings and tours. Such a kit should be kept in each vehicle used for the transport of students or learners to such events.

**Zero Tolerance for Sexual Offences**

3.1.27 Sexual harassment, abuse, exploitation, or assault of fellow students or learners are prohibited and shall be severely punished.

**Establishment of Youth Friendly health services**

3.1.28 All schools and learning institutions will be encouraged and supported to put in place youth friendly health services.

3.1.29 Learning institutions shall establish appropriate networks and linkages to support the provision of youth friendly health services and/or establish youth friendly health facilities at all levels of education. Adolescent Sexual Reproductive Health will constitute an integral part of HIV/AIDS education targeting young people in education institutions.

**3.2 MITIGATING THE IMPACT OF HIV/AIDS ON STUDENTS AND LEARNERS**

**Objectives:**

- To ensure that learners who are infected or affected by HIV/AIDS access treatment, care and support services
- To ensure that learners who are infected or affected by HIV/AIDS attain quality education
Policy Measures:

Treatment and Care

3.2.1 All learners shall be provided with Information on HIV treatment, care and support including the providers of such services.

3.2.2 All education institutions shall put in place measures for supporting learners, who may be HIV positive including referral for ART and management OIs.

3.2.3 The Education and Sports sector shall establish linkages and networks with relevant government institutions, accredited civil society organizations and other partners in order to facilitate access to HIV/AIDS treatment including ART, treatment of opportunistic infections and other related services.

3.2.4 The capacity of health facilities within education institutions shall be strengthened to either provide some or all the above treatment or to work hand in hand with the providers of such treatment to, for example, ensure adherence to treatment through follow up or ensure that treatment is administered under supervision of a qualified health worker, while learners are at school.

3.2.5 Relevant care givers within education institutions must ensure that stigma is addressed in order to promote adherence to treatment

Social Support

3.2.6 Education institutions shall provide ongoing counselling, psychosocial and spiritual support to
learners including orphans, vulnerable children and all other students infected or affected by HIV/AIDS.

3.2.7 The Ministry of Education and Sports will ensure that measures are put in place to assist students and learners including OVCs who, due to HIV/AIDS, are not able to attend school regularly and or learn effectively. Such measures shall include but are not limited to remedial classes.

3.2.8 Schools and other education institutions will also be encouraged to keep regular contact with parents, guardians and local community leaders to ensure, psychosocial support, social protection and a supportive environment for such learners.

3.2.9 Positive living as a coping mechanism shall be promoted among OVCs and learners infected and affected by HIV/AIDS at all levels.

3.2.10 Formation of Peer groups and Post test clubs among students and learners will be encouraged and supported in the Education and Sports sector as a means of information sharing, guidance and counselling, providing social support and promoting behaviour change and positive living.

3.2.11 The Ministry of Education and Sports shall encourage and support school-based innovations for assisting OVC to access scholastic materials and other basic needs.

3.2.12 Schools and other education institutions shall be encouraged to establish partnerships with civil society and other relevant organisations that can
assist OVCs access basic services and necessities for education.

3.2.13 Schools are required to collect, maintain and regularly update data regarding the numbers and status of OVCs in the schools.

**Students and Learners Living with HIV/AIDS**

3.2.14 A learner or student living with HIV/AIDS shall be equipped with skills to avoid re-infection or spreading HIV infection to other persons. A learner or student living with HIV/AIDS shall be expected to behave in a manner that does not pose any threat of infection to others and re-infection of oneself.

3.2.15 Where a student or learner wilfully, knowingly and maliciously poses a threat of HIV infection to others, school authorities in consultation with other stakeholders shall take appropriate action to protect other members of the school community.

3.2.16 The formation of networks of learners and students Living with HIV/AIDS as a social support mechanism will be supported and encouraged at all levels.

**Zero Tolerance For Stigma And Discrimination**

3.2.17 No learner or student living with HIV/AIDS or perceived to be living with HIV/AIDS may be discriminated against directly or indirectly in any educational activity including learning, sports and other co-curricular activities on the basis of their HIV/AIDS status. Disciplinary action shall be taken for any violation of this provision.
3.2.18 Educators and other Education and Sports sector employees shall not refuse to teach, interact with or attend to learners or students living with or perceived to be living with HIV/AIDS. Disciplinary action shall be taken for any violation of this provision.

3.2.19 Learners and students living with HIV/AIDS shall attend classes and participate in all other school activities in as long as their health permits.

3.2.20 Parents and guardians shall be encouraged, in the interest of the learner, to regularly discuss the health status of their children with school authorities.

3.2.21 Learners and students may not refuse to study with fellow learners or students or to be taught or attended to by an Education and Sports sector employee living with or perceived to be living with HIV/AIDS.

3.2.22 No learner, student, educator, education manager or any other Education and Sports sector employee shall through utterances, gestures or attitude demean or degrade a learner living or perceived to be living with HIV/AIDS.

3.2.23 Relevant care givers within learning institutions must ensure that stigma is addressed to promote adherence to treatment.
3.3 SPORTS AND HIV/AIDS

Policy Objective
♦ To utilise opportunities provided by sports at all levels for HIV/AIDS Prevention

Policy measures:
3.3.1 All schools, education institutions, and sports organisations/clubs shall be encouraged and supported to include HIV/AIDS education and other interventions in all their sports activities.

3.3.2 No individual will be denied the right or forced to participate in sports activities on the basis of their actual or perceived HIV status in as long as their health permits.

3.3.3 All leaders of sports activities shall ensure that knowledge on PEP is adequately disseminated to all sports persons. A list of all health facilities within proximity of sports events providing PEP services will be kept within reach of sports events.

3.3.4 All sports persons who accidentally get exposed to blood shall be immediately referred by responsible authorities to the nearest health facility that provides PEP services.

3.3.5 All sports persons with open and or bleeding wounds shall ensure that such wounds are properly covered in the course of engagement in the sport activity.
4. HIV/AIDS AND THE WORKPLACE

4.1 PREVENTION OF HIV INFECTION AMONG SECTOR WORKERS AND THEIR FAMILIES

Policy objective

♦ To ensure Education and Sports sector employees and their families are knowledgeable on HIV/AIDS and access HIV prevention services.

Policy Measures

Infection, Education and communication

4.1.2 All sector employees and their families shall be provided with current, accurate, complete, and scientifically factual information, education and communication on HIV/AIDS and related issues.

4.1.3 The HIV/AIDS Information, education and communication programme shall be designed in such a way that it promotes utilisation of HIV/AIDS prevention, treatment, care and support services.

4.1.4 Information, education and communication on HIV/AIDS shall be included on the agenda or programme for all staff meetings, trainings, seminars, workshops orientations and all other interactions with sector workers.

4.1.5 Adult peer education shall be supported as an important avenue for HIV/AIDS education, information communication and behaviour change.

4.1.6 Partnerships shall be established with local
and foreign government and non-government institutions in the development, production and dissemination to sector workers of Information, Education and Communication materials on HIV/AIDS.

4.1.7 The information, education and communication programme shall take into account gender aspects as they relate to HIV/AIDS

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4.1.8 Abstinence from sex particularly among unmarried sector employees shall be promoted as the most effective strategy for preventing HIV infection.

4.1.9 For married sector employees or those in sexual relationships, mutual faithfulness following negative HIV results for both spouses/partners, shall be promoted among sector employees as an effective strategy for preventing HIV infection. Where couples are discordant, referral to other providers of HIV/AIDS related services is recommended.

4.1.10 Correct and consistent condom use shall be promoted as an effective strategy for preventing HIV and other STDs among all sector employees.

4.1.11 Condom use education shall be carried out and condoms shall be made available to all sector employees who need them through partnerships with other service providers such as the Ministry of Health, TASO and AIC.

HIV Testing and Counseling

4.1.12 HIV/AIDS Counselling and Testing shall be
promoted as a strategy for strengthening prevention behaviour for those who test HIV negative and as an entry point into treatment, care and support for those who test HIV positive.

4.1.13 HIV Testing shall not be a prerequisite for recruitment, accessing training or promotion. However, the Education and Sports sector shall promote and facilitate access to voluntary, counselling and testing for all employees.

4.1.14 Voluntary testing shall be at the consent of an employee who shall retain the right to confidentiality. Voluntary disclosure of sero status to an appropriate authority shall be encouraged, and confidentiality of such information shall be ensured; while any form of discrimination thereof shall be prohibited.

4.1.15 All persons, including those with HIV or AIDS, shall have the legal right to privacy.

4.1.16 Disciplinary steps, consistent with relevant legislation and regulations, shall be taken against any Education and Sports sector personnel who disclose a fellow employee’s HIV sero status without consent or authority.

**Prevention of Mother to Child Transmission**

4.1.17 PMTCT shall be promoted as a core prevention strategy among employees and adult leaners within the sector.

**Blood and Blood Products**

4.1.18 The Education and Sports sector shall ensure that
the universal precautions to eliminate the risk of transmission of all blood-borne pathogens, including HIV, is enforced throughout the sector and at all times.

**Persons Living with HIV/AIDS**

4.1.19 People Living with HIV/AIDS shall be sensitized and trained to avoid reinfection with HIV.

4.1.20 People Living with HIV/AIDS shall be sensitized and trained to avoid acquisition of other STDs.

4.1.21 A person living HIV/AIDS shall be expected to behave in a manner that does not pose any threat of infection to others and oneself; should such a person wilfully pose a threat of infection to others, he/she shall be liable to disciplinary and/or legal action.

**Zero Tolerance for Sexual Offences**

4.1.22 Sexual harassment, abuse, exploitation, or assault of fellow employees, students or learners are prohibited and shall be severely punished. All institutions shall ensure that appropriate systems and safeguards are in place to enable employees; learners and students avoid and report sexual offences. Appropriate regulations governing sexual relations in Government employment shall be upheld.

4.1.23 Heads of institutions, Departments and all employees shall report all sexual offences to relevant authorities including the Police.
4.2 MITIGATING THE IMPACT OF HIV/AIDS ON SECTOR EMPLOYEES AND THEIR FAMILIES

Policy objective

♦ To ensure access to treatment, care and social support services (including ART and management of OIs) for all sector employees and their families.
♦ To ensure access to treatment and care literacy among all sector employee regardless of their HIV status.

Policy Measures

Treatment and Care

4.2.1 It is the policy of Government to provide free medical services to its employees and their immediate families.

4.2.2 Partnerships shall be established at all levels of the sector in the provision of treatment and care including ART for staff and their immediate families.

Social Support

4.2.3 For all sector employees living with HIV/AIDS, the sector shall ensure that all staff living with HIV/AIDS access education and acquire skills for positive living. The package on positive living shall include but not be limited to the following:

   a. Positive life style;
   b. Safer sexual practices.
   c. Nutrition education;
   d. Exercises;
   e. Regular medical check ups.

4.2.4 The MoES shall encourage education institutions
to network with relevant organisations to facilitate
access to legal advice for employees in safe guarding
dependant’s property and preparation of WILLS.

Networks of PLWHA and Post Test Clubs

4.2.5 The Education and Sports sector shall encourage
the establishment of fora of People Living with
HIV/AIDS for the purpose of promoting positive
living within the sector and upholding the GIPA
principle.

Stigma and Non-discrimination

4.3.1 The Education and Sports sector shall ensure ZERO
tolerance of stigma and discriminatory practices
against sector employees on account of their
perceived or actual HIV status.

4.3.2 In the event of fellow employees harassing
or refusing to work with an employee who
is HIV positive, he/she shall be subjected to
strong disciplinary action, which could result in
termination of services.

a. Harassment shall be defined as:
Engaging in unwanted verbal, non-
verbal or physical conduct that
denigrates, humiliates or shows
hostility or aversion towards an
individual or a group because of their
HIV status where such conduct has the
purpose or the effect of:
  i. Creating an intimidating, hostile
     or offensive environment;
  ii. Unreasonably affecting a
person’s opportunities and/or dignity.

4.3.4 Management shall not transfer or move an HIV positive person to an alternative position as a result of grievance, unless the transfer is a part of the grievance resolution.

4.3.5 Where fellow workers still refuse to work with an HIV positive employee, after proper education and training, the management shall have the right to discipline such workers for:

a. “Refusal to obey a lawful and reasonable instruction” and/or

b. “Disruption of the normal operations of MoES”

Recruitment and Promotions

4.3.6 MoES shall endeavour by all means possible to ensure that no prejudice or victimisation takes place against any employee on account of his/her HIV status. This means that no person with HIV/AIDS shall be treated unfairly in regard to:

a. Recruitment & appointment procedures, advertising and selection criteria;

b. Dismissal and forced retirement because of actual or perceived HIV/AIDS infection;

c. Job classification or grading;

d. Remuneration, employment benefits and terms and conditions of employment;

e. Job assignments;
f. The working environment and facilities;
g. Training and development;
h. Performance evaluation systems, transfer and demotion.

4.3.8 No employee shall be removed from his/her normal place of work or from his/her normal duties or isolated because of actual or perceived HIV status unless (a) for the purpose of reasonable accommodation or (b) he/she has contracted a contagious disease as a result of his/her HIV status (e.g. TB, whilst it is still in its contagious form).

4.3.9 Employees with HIV/AIDS shall be governed without discrimination by agreed sick leave procedures. HIV shall not prejudice such entitlement to leave.

4.3.10 An employee, who is HIV positive, shall continue to enjoy normal and equal employment benefits and opportunities as those employees who are not HIV positive.

Incapacity

4.3.11 HIV/AIDS shall be treated in the same way as other disabling or life threatening conditions and no special conditions or burden shall be placed on employees with HIV. HIV/AIDS status shall not be a reason for dismissal/compulsory retirement from any Education and Sports sector employment.

4.3.12 When an employee is not capable of performing the contractual obligations because of prolonged
absenteeism or physical incapability due to his/her HIV status, the following guidelines shall apply:

a. If it becomes clear that the employee is suffering from a chronic illness, the Manager/ Government Administration shall follow the standard procedure in the Public Service Human Resources Policy.

b. If it is clear that the employee is unable to fulfil his/her contractual obligations, the following options shall be considered:

i. Reduced workload or alternative suitable employment within the organization

ii. Early Retirement on Medical Grounds on recommendation Government Medical Board report.

4.3.13 Any Education and Sports sector employee who accidentally contracts HIV in the course of executing his/her duties shall be entitled to immediate post-exposure prophylaxis (PEP) and follow-up.
4.4 RESEARCH, MONITORING AND EVALUATION

Objectives

♦ To ensure that the Education and Sports sector has, at all levels, skills, systems, procedures, plans, budgets and logistics that are adequate for responding to HIV/AIDS.

♦ To minimize the impact of HIV/AIDS on the ability of the sector to deliver quality education.

Policy Measure

Capacity Building

4.4.1 In-service and pre service teachers shall undergo orientation/ training in relevant HIV/AIDS related issues including but not limited to counselling, psychosocial support, life skills and peer education.

4.4.2 Non-teaching sector staff within the sector will be trained through various channels in disciplines relevant to the sector response to HIV/AIDS.

4.4.3 Job descriptions of staff and staff performance evaluation systems will be reviewed to include HIV/AIDS related roles.

4.4.4 Mechanisms for coordinating partners in the response to HIV/AIDS in the sector will be put in place at all levels.

4.4.5 The Ministry will ensure that linkages are established and maintained with regional and international networks on HIV/AIDS and education
Mainstreaming HIV/AIDS

4.4.6 HIV/AIDS will be mainstreamed in sector plans and budgets at all levels.

4.4.7 The human resource planning system of the sector shall be adjusted to take into account AIDS related attrition, morbidity and mortality.

4.4.8 The Ministry of Education and Sports shall advocate for adjustments in teacher ceilings for schools to take into account teachers on pay roll who are unable to teach effectively as a result of HIV/AIDS.
5.0 ROLES AND RESPONSIBILITIES IN IMPLEMENTATION OF THE POLICY

National Level
♣ The Ministry of Education and Sports shall be responsible for ensuring that the Sector HIV/AIDS policy is implemented throughout the country. The Ministry will closely work with its affiliated bodies including the Education Service Commission, Education Standards Agency, National Curriculum Development Centre, National Council for Higher Education, Uganda National Examinations Board, National Council for Higher Education, Teachers’ Associations and related bodies including the Private sector.
♣ In the implementation of the policy, the Ministry of Education and Sports will liaise with the Uganda AIDS Commission as the overall coordinator of the National HIV/AIDS response
♣ Development partners will play a key role in supporting implementation of the policy
♣ The Ministry of Health, owing to its expertise in several aspects of HIV/AIDS, will provide technical support to the Ministry of Education and Sports in implementation of this policy.
♣ Partnerships and networks with other national level government ministries and agencies will be established in implementing several aspects of this policy.
♣ Partnerships and networks with CSOs including networks of People Living with HIV/AIDS and the private sector will also be established in implementing aspects of this policy.
♣ The Focal Point Person in the Ministry will be expected to effectively represent the Ministry in the Self
Coordinating Entity for Line Ministries and relevant technical committees at Uganda AIDS Commission, Ministry of Health, Ministry of Gender, Labour and Social Development etc.

♦ The Ministry HIV/AIDS Committee is also expected to coordinate all activities on HIV/AIDS within the sector
♦ The Ministry of Education and Sports will participate in key national coordinating mechanisms for HIV/AIDS like the Partnership Forum and Joint Annual AIDS Review.

District Level

♦ In accordance with the policy of decentralization, districts will play a key role in implementation of the policy under the overall guidance of the Ministry of Education and Sports.
♦ The decentralized coordination structure that includes the District AIDS Task Force (DAT), the District AIDS Committee (DAC) and the District Focal Person for HIV/AIDS will provide guidance to the district level implementation of the policy.
♦ District Education Officers, District Inspectors of Schools and Secretaries for Education will play leadership role in implementation of the policy.

Heads of Education Institutions

♦ University Vice Chancellors, Head teachers and Principals will be responsible for day-to-day implementation of the policy in Universities schools, Institutes and colleges. Universities and other tertiary institutions may, based on this policy, develop their own HIV/AIDS policies to address their unique challenges.
♦ All heads of Primary and Post Primary and Education Institutions shall ensure that the **WHOLE SCHOOL APPROACH MODEL** is implemented.

**Teachers and Educators at all Levels**

♦ Teachers and Educators at all Levels have the highest interaction with learners and therefore have the greatest opportunity and responsibility to equip learners with age appropriate HIV/AIDS knowledge and skills for preventing HIV infection and mitigating its impact.

♦ Teachers and Educators at all Levels shall be exemplary in their conduct and uphold the Teachers Code of Conduct.

♦ Teachers have the responsibility of enhancing their skills and competencies in HIV/AIDS prevention and mitigation.

♦ All teachers and educators shall respect the rights and uphold the dignity of fellow teachers, learners and other members of the school community living with or affected by HIV/AIDS.

**University Councils, Senates, Boards of Governors, School Management Committees and PTAs**

♦ All policy making organs of educational institutions shall ensure that HIV/ AIDS is prioritised and mainstreamed in all aspects relating to education institutions

♦ All bodies representing parents shall include HIV/AIDS concerns and related issues in their activities

♦ Parents and guardians shall acquire the necessary information/knowledge and skills for effectively communicating to learners issues related to HIV /AIDS.

♦ Parents and guardians should be supportive to the implementation of the policy, particularly at the school
based HIV/AIDS programme.

Private Sector providers of education services
- Proprietors of private schools and education institutions, publishers, private sector educators and education managers and other private sector partners shall be responsible for dissemination and implementation of this policy within their settings.
- Private providers of accommodation for students at all levels shall put in place measures to ensure an HIV risk free environment learners. As a minimum, HIV prevention education and services targeting learners and the surrounding community shall be put in place in all accommodation facilities and hostels for students and learners.
- Private providers of accommodation for students shall ensure that rules and regulations governing the conduct of learners, educators and other members of the society in and around their facilities should among others minimise the risk for HIV infection.

Community leaders
- Community leaders have a responsibility to ensure a conducive environment in the communities for preventing HIV/AIDS. For instance, (a) ensuring that sexual abusers of children and youth are apprehended and handed over to relevant authorities, (b) prostitution and engagement of young people in drugs and alcohol consumption are prevented and (c) protecting the rights of orphans and vulnerable children, people living with HIV/AIDS, widows and widowers.
- Community leaders shall also ensure that child labour is prohibited and all school age going children including
OVCs enrol and stay in school. Prevention of early marriages that are inconsistent with the law as well as addressing other causes of school drop out shall also be the responsibility of community leaders.

♦ Community leaders shall support school based HIV/AIDS activities including community outreach programmes.

**Students and Learners**

♦ All students and learners have the responsibility to ensure that they protect themselves and others from HIV infection.

♦ All students and learners living with HIV are expected to live positively, seek and adhere to treatment and care.

♦ All students and learners shall respect the rights and uphold the dignity of teachers and other members of the school community living with or affected by HIV/AIDS.

♦ All students and learners shall actively participate in school/institution based anti AIDS activities that focus on prevention, mitigation and capacity building.

♦ All student leaders shall include the responsibility of HIV/AIDS prevention education and mitigation including fighting stigma and discrimination in their work within learning institutions.

♦ All older students and learners shall be expected to act as positive behaviour role models for younger students and learners.

♦ Students and learners shall acquire knowledge and skills on HIV/AIDS.