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HIV and AIDS POLICY



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Cover photo: Students and staff in a Peer Counselling Training Course

Highridge Teachers College

A large, light grey ribbon graphic is centered behind the title text.

HIV and AIDS POLICY

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Highridge Teachers College—HIV and AIDS Policy

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Abbreviations

AIDS	-	Acquired Immune Deficiency Syndrome
ADEA	-	Association for the Development of Education in Africa
BOG	-	Board of Governors
CBO	-	Community Based Organizations
FKE	-	Federation of Kenya Employers
GOK	-	Government of Kenya
GP	-	General Practitioner
HAART	-	Highly Active Anti Retroviral Therapy
HASP	-	Highridge HIV and AIDS Sensitization Programme
HBC	-	Home Based Care
HIV	-	Human Immuno- Deficiency Virus
ILO	-	International Labour Organization
KIE	-	Kenya Institute of Education
KNUT	-	Kenya National Union of Teachers
MIS	-	Management Information Systems
MOH	-	Ministry of Health
NACC	-	National AIDS Control Council
NASCOP	-	National AIDS and STD Control Programme
NGO	-	Non-Governmental Organizations
NPEP	-	National Poverty Eradication Plan
PLWA	-	People Living With AIDS
PSI	-	Population Service International
STD	-	Sexually Transmitted Diseases
STI	-	Sexually Transmitted Infection
TB	-	Tuberculosis
TSC	-	Teachers Service Commission
UN	-	United Nations
VCT	-	Voluntary Counseling and Testing
WGHE	-	Working Group on Higher Education

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Foreword

While declaring HIV and AIDS a national disaster in Kenya in 1999, the former President, Daniel Arap Moi noted that:

“AIDS is not just a serious threat to our social and economic development, it is a real threat to our very existence... AIDS has reduced many families to the status of beggars...no family in Kenya remains untouched by the suffering and death caused by AIDS.... The real solution to the spread of AIDS lies within each and every one of us”.

According to the 2001 reports by National AIDS and STD Control Council (NAS COP), 2.2 million Kenyans are living with HIV infection and 200,000 have AIDS. Of these, only a few know that they are infected or that they are living with HIV. Since the beginning of the epidemic in 1984, 1.5 million people have died of AIDS related illnesses. Approximately 300,000 are likely to be infected with the virus each year while 80,000 will die annually of AIDS related diseases. The sentinel surveillance system indicates that 20% of pregnant women and girls are living with the virus with the figure as high as 35% in areas like Kisumu. The prevalence rate for the age bracket of 15-49 years in the rural areas is 35.5% while that in urban areas is estimated at 17-18%. It is therefore clear that no sector alone can make significant inroad in the fight against the epidemic, hence the need for a multi sectoral approach involving the government, the private sector and communities, to join forces in tackling the problem.

In Kenya, the education sector is the largest employer of those with higher levels of education and professional skills, over and above the functions of imparting knowledge and skills and supporting large numbers of dependants. High death rates among teachers therefore affect institutional performance as it disrupts school activities. HIV and AIDS has affected many students as thousands are forced out of school due to poverty and the need to take care of ailing parents.

In the year 2000 Highridge recognized the magnitude of the HIV and AIDS threat and immediately established its HIV and AIDS Sensitization Programme (HASP) to reach out to students and staff infected and affected by AIDS. The HASP helped the College to confront the problem of absenteeism by staff and students as a result of illness and financial difficulties. Over 89% of the college students are in the age bracket of 18-25 considered vulnerable group to HIV and AIDS infection. The college felt challenged as a tertiary institution admitting young teacher trainees from all the districts in Kenya, to openly start debating HIV and AIDS and attempt

to find effective responses to the threat posed by the pandemic on the supply of trained teachers to the primary schools and their retention in the system's teaching service. It recognized the leading roles being played by the government, Non-Governmental Organizations (NGOs) and the private sector, and believed that it equally had a role to play in influencing behavioural change among the students, the teachers and the college community to achieve a greater impact of mitigating the threat posed by pandemic.

In January 2002, the Association for the Development of Education in Africa (ADEA)/Working Group on Higher Education (WGHE) challenged Highridge to submit a funding request for US\$ 10,000 to support the development of an institutional policy on HIV and AIDS. In July 2002 Highridge Teachers College received the good news that they were successful in the application and immediately embarked on developing this policy.

As part of the process of developing the policy, Highridge undertook a baseline survey targeting students and staff, to establish the extent of the HIV and AIDS problem in the College, assess their knowledge, attitude and practices as regards the HIV and AIDS and gauge management commitment to the process. The survey results formed the basis for the development of the policy. In addition, the policy making process and the stakeholders forum held at the end to review the draft policy provided fora for collecting and sharing of additional information and knowledge about the problem.

This policy document provides an overview of Kenya's HIV and AIDS situation, the policies put in place by the Kenya Government to contain the scourge and Highridge response to the epidemic. The document also highlights the college's principles and values, the legal issues on HIV and AIDS, the rights and responsibilities of the infected and the affected, the integration of HIV and AIDS curriculum into teaching and service activities, strategies for intervention, implementation and reviews.

By developing this policy, Highridge has increased the awareness and knowledge of HIV and AIDS and the possible impact of the epidemic in the institution. The policy demonstrates the college's position, concern and commitment in taking active steps to manage, prevent and contain the scourge. Highridge is already integrating the outputs of the policy into its ongoing programmes and its implementation has enabled the college to strengthen many activities that it was already undertaking.

This Policy will not only serve the staff and students of Highridge Teachers College community and stakeholders, but indeed all tertiary institutions, donor governments as well as all stakeholders in the public and private sectors. The issues raised in the Policy deserve attention and implementation by all of us if the HIV and AIDS pandemic is to be contained.

Margaret Ojuando

Chief Principal

Secretary–Board of Governors

Executive Summary

This policy is the result of Highridge Teachers' Colleges' staff and students' commitment to actively participate as a tertiary institution in the fight against the HIV and AIDS pandemic firstly within our institution and secondly in our country Kenya. In September 2000, the college felt challenged to openly start discussing HIV and AIDS and attempt to find effective responses to the threat posed by the pandemic within the education sector.

The policy aims at providing strength and giving legitimacy to all activities related to HIV and AIDS programmes within and outside the college at present and in the future. It can also be used as a basis for building consensus with other institutions to support the government's multi-sectoral approach to the fight against HIV and AIDS. It is informed by our own baseline survey data and experiences garnered from a cross section of stakeholders in the field.

The issues presented in this policy constitute a concrete set of ideas which can be implemented at institutional level so that the government and donor partners' efforts to enhance the response in confronting the menace of HIV and AIDS in Kenya is supported.

The policy is organized in five chapters. The first chapter is a brief introduction covering the background of the HIV and AIDS pandemic in Kenya. It defines HIV and AIDS and gives details on modes of transmission. It also describes the National Policy and Strategic Plan from which the institution would draw its framework of action and policy objectives.

Chapter two presents the mission, principles and values of the college. Apart from imparting academic knowledge, the college is responsible for creating an environment conducive, supportive and responsive to students and employees with HIV and AIDS.

Chapter three highlights legal issues on HIV and AIDS pertaining to the workplace, the rights and responsibilities of staff and students within the institution. It addresses the code of conduct on HIV and AIDS and the rationale for the code. The issues of access to information and education programmes on HIV and AIDS, counseling, prevention, care, support and management of opportunistic infections are given prominence.

In chapter four, the policy specifies strategies and interventions for mitigating the impact of the pandemic, recognizing the importance of medical treatment and home-based care for the infected as well as care and support for both the infected and affected. The final chapter covers the implementation, monitoring and review of the policy.

1.0

Introduction

1.1 The Context

Kenya has a total land area of 569,259 sq. km, with a population estimated at 30 million (2000). The annual population growth rate is 3.2% p.a. one of the highest in the world. Average life expectancy is around 57 years (1999) but this is falling drastically with the spread of HIV and AIDS. Since 1984 when the first AIDS patient was diagnosed in Kenya, the country has experienced the devastating impact of the epidemic. The prevalence of HIV positive cases ranges from 11% in the low risk to 35% in the high-risk communities. AIDS related deaths have contributed to rapid loss of life and reduction in life expectancy. The Kenya National AIDS Control Council (NACC) estimates that 500-700 people die daily from HIV and AIDS related conditions and that patients with HIV and AIDS occupy 50-70% of hospital beds. Nairobi, Kenya's capital city, where this project is based, has an infection rate of 17%. The Kenya National HIV and AIDS Strategic Plan for 2000 had focused the infection rate amongst the adults at 14%. This translates to about 2 million people between the age bracket of 15-49 years and about 126,000 children. It has therefore been estimated that by 2005, 2.7 million people will have died from the scourge.

The HIV and AIDS infection rate is not the same throughout the country. Data from sentinel surveillance coordinated by the National AIDS and STI Control Programme (NAS COP) indicate that HIV prevalence is alarmingly high in many parts of the country. Prevalence rates of 20-35% have been reported in Kisumu, Nakuru, Thika and Busia districts and 10-20% in Nyeri, Kakamega, and Mombasa districts (about 6% of the students in Highridge come from these districts). Since AIDS has no cure, the only way to mitigate the impact is to help change sexual behaviour, provide care and support to people living with HIV and AIDS (PLWA) and assistance to AIDS orphans.

1.2 Definition of HIV and AIDS and Mode of Transmission

HIV stands for Human Immuno-Deficiency Virus, found to be the cause of the Acquired Immune Deficiency Syndrome (AIDS). HIV attacks and slowly destroys the immune system by entering and destroying cells that control and support the immune response. After a long period of infection, usually 3-7 years, many of the immune cells are destroyed leading to immune deficiency at which point the body has difficulty in defending itself against infections. Certain diseases like pneumonia and other opportunistic infections, then take the opportunity to invade the body due to the weakened immune system. It is at this point that a person is said to have

AIDS. One can monitor the development and degree of immune deficiency through diagnostic and treatment measures.

HIV is transmitted in three main ways in Kenya i.e., by sexual contact with an infected person (90%); when infected blood is passed directly into the body through an open wound or blood transfusion and from an infected mother to her child during pregnancy, child birth or breastfeeding (10%). Though there is little chance of HIV being transmitted in the workplace or learning institutions, there are many circumstances, related to these places, which represent increased risk of transmission, particularly as they make it difficult for people to take control of their lives. Some of these include: overcrowded housing, poor access to health care services, lack of accurate information, exploitation of women, poverty and tuberculosis. Understanding the modes of transmission of HIV and AIDS and taking responsibility for ones and others protection is the key to the containment and defeat of HIV and AIDS.

1.3 Kenya National Policies on HIV and AIDS

Kenya adopted a National Policy on HIV and AIDS in 1997, following the adoption by Parliament of Sessional Paper No. 4 of 1997 on AIDS in Kenya. The Paper provides a policy framework within which AIDS prevention and control efforts are being undertaken. On November 25, 1999, the government declared HIV and AIDS a national disaster and immediately thereafter, established the National AIDS Control Council (NACC) to co-ordinate a multi-sectoral response to HIV and AIDS management, monitor and direct the implementation of AIDS activities.

The Council developed and launched a Strategic Plan for the National HIV and AIDS Control Programme (2000-2005) in December 2000. The Strategic Plan, which provides a sound policy and institutional framework, addresses priority areas for the control of HIV and AIDS as well as mechanisms for the mitigation of the socio-economic impact at the individual, family, community, sectoral, and national levels. The principal objective of the plan is to reduce the prevalence of HIV and AIDS in Kenya by 20-30% among the age bracket of 15-24 years by 2005; increase access to care and support for people infected with HIV and AIDS in Kenya and strengthen the response capacity and coordination at all levels geared towards reversing the trend.

The Government has also spearheaded the negotiation to reduce the cost of anti-retroviral drugs for persons living with AIDS and has incorporated HIV and AIDS education in the syllabus and curriculum for schools, colleges and universities, in an effort aimed at containing the disease. Highridge Teachers College would like to complement these efforts.

1.4 HIV and AIDS and the Education Sector

It has been argued that the HIV and AIDS pandemic affects the education sector in the following five main areas:

- Reduction in the supply of experienced teachers as a result of HIV and AIDS related illness and death;
- Withdrawal of children from school in order to care for the sick family members at home or to work in the fields;
- Drop out of children from school as their families cannot afford school fees due to reduced household income as a result of HIV and AIDS deaths;
- There are reported cases of refusal of admission in schools of HIV infected children; and
- The high literacy rate of 76% for males and 67% for females already achieved in the education sector is threatened by the AIDS pandemic which is likely to reverse school enrolment and completion rates.

Kenya has 240,000 teachers in public schools and 60,000 in private schools educating some 8 million children. The national goals of education identified and described in the AIDS Education Syllabus for schools and colleges recognize that the education sector should aim at:

- fostering national unity
- serving the needs of national development
- providing opportunities for the fullest development of individual talents and personalities
- promoting social equality, equipping learners with knowledge, skills and expertise for self reliance
- preserving and developing Kenya's rich and varied cultures
- instilling a sense of social justice and morality
- recognizing the fact that the world is now a global village.

The Kenya National HIV and AIDS Strategic Plan (2000-2005) and the Sessional Paper No. 4 of 1997 on AIDS in Kenya, provides a clear Government Policy on the teaching of HIV and AIDS as subjects in our schools and colleges. According to Sessional Paper No. 4 of 1997, the goal of AIDS education is to facilitate and sustain responsible behaviour for continued HIV prevention. While the Strategic Plan notes the importance of the education sector with its potential to influence behaviour formation and behaviour change among 50% of the country's youthful population.

In pursuance of the declared policy, the strategic plan identifies the interventions as among others:

- prevention and advocacy
- enhanced community care for PLWAs to avoid keeping children out of school to take care of the sick relatives
- affirmative action to increase girl-child education

- using teachers as role models to sensitize school going children and the sensitization of teaching fraternity
- introduction of family life education in schools
- research and development of information, education and communication (IEC)
- teaching of HIV and AIDS in schools and colleges. The relevant syllabus prepared by the Kenya Institute of Education (KIE) has integrated HIV and AIDS education into the school curriculum.

1.5 The College Response

Highridge Teachers College, located in the city of Nairobi, is a public institution under the Ministry of Education, Science and Technology and a tertiary institution offering residential training to primary school teachers. It offers a two-year certificate programme for students from all over Kenya who range from 21 to 41 years of age. Currently, Highridge has an enrolment of 250 students in first and second year respectively; 50 lecturers and an equal number of non-teaching staff.

The college is managed by a Board of Governors, in which the College Principal is an ex-official member. The Board employs support staff and follows government policies and labour laws. It also acts as an agent of the Teacher's Service Commission (the teachers' employer); manages the teaching staff and is responsible for the college's policy formulation. The Principal administers and coordinates the College programmes and as the executive officer, is responsible for the implementation of the Board policies and is answerable to the Board. The Dean of Students is responsible for all the welfare issues affecting the students and coordinates student activities while the Dean of Curriculum is responsible for all academic programmes and is the technical and professional advisor to the Principal. The institution also has Departmental Heads who ensure that tutors implement the laid down curriculum.

The College therefore, has a management and administrative structure capable of responding to the HIV and AIDS challenges. The existence of departmental support structures and a college clinic enhances development, coordination and follow up of essential interventions required. Accounting and auditing of project funds is being done as per the normal college procedure, on a regular basis, with the narrative and financial reports to donors prepared and submitted on an agreed schedule. The HIV and AIDS committee will oversee the project activities, provide guidance and help integrate the project into routine college activities.

The Highridge HIV and AIDS Sensitization Programme (HASP), a non-profit college based programme, was founded in September 2000 by the College Administration to deal with the AIDS scourge. It aims at giving the teacher trainees credentials that will allow them to authoritatively teach about HIV and AIDS in schools and the entire community. The programme provides a forum to tutors to share ideas, its aim being to cause behaviour change among the youthful teacher trainees by strongly campaigning against the moral vices that are a fertile ground for STI and HIV and AIDS by creating an open forum for the young people to discuss

sexuality, HIV and AIDS and drug abuse and setting up a HIV and AIDS resource center for the college and neighbouring schools. HASP project aims at recruiting all the 600 members of the College community including students, teaching and non-teaching staff to its membership. The Principal is the Coordinator while the Dean of Students is the Assistant Coordinator.

Although the level of HIV infection in Highridge is not known as no specific study has been undertaken to establish this level, the College undertook a Baseline Survey in July/August 2002 to assess knowledge, attitude and practices of students and staff on HIV and AIDS. The findings of this study, which have been very useful in the preparation of this Policy, has indicated an urgent need for more information and education on HIV and AIDS among students and staff, to contain the high STI infections being reported (fifty cases per month), to improve the services and facilities at our clinic and to change the negative attitude towards people living with AIDS. The Baseline has also provided indicators to be used in monitoring and evaluating future project performance.

1.6 The Policy Objectives

Highridge HIV and AIDS Policy defines the institution's position and establishes consistency of practice for the way it relates to employees and students with HIV infection and is the foundation for the entire College HIV and AIDS programme. The Policy sets the standard of behaviour expected of employees and/or students; establishes compliance with the relevant Kenyan laws and lets employees and students know where to go for assistance.

This Policy provides a framework of information and action that will guide the College in developing an appropriate response to HIV and AIDS. Students, teachers and employees in general are the target groups for this policy as they play an important role in forming opinions and influencing the behaviour of their subordinates. Backed by commitment from the Ministry of Education, the policy will:

- (i) Offer an example to the community in general on how to manage HIV and AIDS
- (ii) Show how the institution would like to promote policies that are fair and supportive of HIV positive individuals to foster a greater awareness and understanding of HIV related issues through the institution's education programme. The core message will be that, AIDS should be considered the same as any other serious illness and anyone suffering from it will be treated accordingly.
- (iii) Provide informed direction, development and implementation of strategies that can enhance behaviour change and provide care and support for those infected and affected by HIV and AIDS.

The Policy has six components that include: Institution Principles and Values; the Legal Issues; Rights and Responsibilities of Infected and Affected; Integration of HIV and AIDS Curriculum into the College Teaching and Service Activities; Other Policy Issues; Policy Implementation and Review.

The Mission of Highridge Teachers' College is to provide a suitable environment for the training of an all round competent and professional teacher, who is also of exemplary conduct in society. The teacher should be able to impart academic and general knowledge effectively; improve students' performance; be innovative and easily adjust to their work environment on completion of their training.

By putting together this Policy document, the College wishes to create an environment that is conducive, supportive and responsive to employees, students and dependants with HIV and AIDS by promoting awareness and education activities. Provide care and support to PLWA; avoid discrimination on the access to education, accommodation, employment of teachers and the admission of students and provision of equal protection under the law.

Recognizing that HIV and AIDS are major human tragedies in this country, that stigma, denial, discrimination, segregation are a handicap in addressing the HIV and AIDS problem and the fact that 60% of the students at Highridge fall within the age bracket with the highest prevalence rate, the college will be guided by the following norms and values that will form the basis of this policy:

- People with HIV and AIDS are entitled to the same rights, benefits, and opportunities as people with other serious or life-threatening illnesses.
- Discrimination against individuals with HIV and AIDS violates their human rights and hampers prevention efforts by discouraging people from learning their HIV status. All forms of discrimination against PLWAs will be outlawed in the College.
- Staff and students infected with the virus will be encouraged to seek information on their status so that they can access proper medical care. HIV testing will be voluntary and only be conducted with the specific permission and informed consent of the person tested with pre and post counseling and a guarantee of confidentiality.
- A student or employee is under no moral or legal obligation to inform the College Management of his/her sero-status except in very rare and exceptional circumstances where the nature of the engagement of the employee might expose co-workers or other students to demonstrable risk of infection or where the persons health might be adversely affected.
- The College is committed to providing a healthy and safe learning and working environment supportive of employees and students with HIV and AIDS. The HIV and AIDS Policy emphasizes the fact that everyone can learn how to prevent the spread of HIV and be confident about their health and safety.

3.0

Highridge HIV/AIDS Policy

3.1 The Legal Issues

According to the Report of the Task Force on Legal Issues on HIV and AIDS (2002), the question of HIV and AIDS at the workplace has always presented competing claims and rights. Other than the question of mandatory testing as a precondition for employment, the issue of disclosure of test results to the prospective employer raises the question of privacy and confidentiality.

Through *Legal Notice No. 3539 of 31st July 1987*, the Minister of Health declared that Acquired Immune Deficiency Syndrome (AIDS) is a modifiable infectious disease under the *Public Health Act (Cap 242)*. A number of employers have interpreted this gazette notice to describe AIDS as a communicable disease and by virtue of section 47 of the *Public Health Act* some have adopted a policy to test current and prospective employees in the hotel industry for HIV. Some of those who have tested HIV positive have as a result been barred or dismissed from employment. The Ministry of Health, on the other hand indicates that the gazette notice does not make AIDS a communicable disease and that the notification was for epidemiological and statistical purposes. The Federation of Kenyan Employers contends that this notice has caused confusion and some employers feel that it prohibits them from employing HIV positive people.

The Task Force Report proposes the drafting of a Kenyan Code on HIV and AIDS in employment to stop discrimination against PLWA in the course of their employment, as this will help ensure that sero-positive staff are not isolated and where necessary are transferred and given lighter duties in the interest of their health and that promotion is based on the employee's ability to perform. The Report also recommends that the *Workman's Compensation Act (Cap 236)* be amended to provide compensation for health workers who become infected with HIV and AIDS in the workplace and that the laws, regulations and collective agreements be enacted to guarantee the following rights:

- (i) Freedom from HIV screening for employment, promotion, training and benefits.
- (ii) Confidentiality regarding all medical information including HIV status.
- (iii) Employment and early retirement for workers living with HIV and AIDS until they are no longer able to work, including reasonable alternative management.
- (iv) Protection of social security and other benefits for workers living with HIV and AIDS including pension, health insurance and employment benefits.
- (v) Adequate information on preventive measures and facilities.

- (vi) Adequate health care in or near the workplace.
- (vii) Workers' participation in decision making in workplace issues related to HIV and AIDS.
- (viii) Access to information and education programmes, counseling and referral.
- (ix) Protection from stigmatization and discrimination by colleagues, unions, employers and clients.
- (x) Appropriate inclusion in workers' compensation legislation of the occupational transmission of HIV, testing, counseling and confidentiality.

3.2 Rights and Responsibilities of Infected and Affected

3.2.1 Rights of Staff

(a) HIV and AIDS Test

Every person has a right to work, just and favourable conditions of employment. The right to work entails the right to access employment without discrimination except the necessary occupational qualifications and abilities. This right applies to people with HIV and AIDS, like every other citizen. As AIDS poses no danger to colleagues at the college, Highridge Teachers College will not require current or prospective employees to undergo testing for HIV infection or to submit to any specific test other than may be required as part of an examination to determine medical fitness for employment.

(b) Employment Termination

No employee will be dismissed merely on the basis of his/her sero-status, nor shall HIV and AIDS influence retrenchment procedures.

(c) Disclosure of HIV and AIDS Status

An employee who contracts HIV will be under no obligation to inform management of his/her status but if he/she informs his/her supervisor or the personnel department of his/her situation, all reasonable precautions will be taken to ensure confidentiality and the employees' right to disclosure. A prospective employee is similarly, under no moral or legal obligation to inform the college of his/her sero-status except in very rare and exceptional circumstances where the nature of engagement might expose co-workers to a demonstrable risk of infection.

(d) Confidentiality

Save as may be prescribed under legislation, the right to privacy and confidentiality regarding all medical information including HIV status shall be maintained. The College health care providers will be asked to ensure the information is kept in the greatest confidence. PLWA will be encouraged to share information about their sero-status with their sexual partners and those demonstrably at risk of infection by them.

(e) Non Discrimination of PLWAs

The College shall not accord negative exclusionary treatment to employees on the basis of their HIV status in terms of job status, promotion, transfer, work and pension benefits, health insurance or other form of social security, unless their productivity on that account has demonstrably diminished. Should it become known that an employee is HIV positive, teachers and students should offer emotional support to protect the individual from discrimination and stigmatization while maintaining confidentiality. Employees suffering from AIDS will be treated on the same basis as employees with serious illness not affecting performance of their duties.

(g) Access to Services

Employees will have access to information and educational programmes on HIV and AIDS as well as to relevant counseling and appropriate referral. Provision of information about HIV and AIDS and how it is transmitted will enhance understanding of personal risk and promote enabling strategies and practical preventive measures, which encourage and support behaviour change. Employees with HIV and AIDS will continue to receive medical treatment and care in the College facility or at Government Hospital, but will remain in employment while they are fit for work. If they develop full-blown AIDS, then following an established review process, the normal practice of release from employment on medical grounds will be considered.

(h) Right to Safe and Supportive Environment

Everyone has an individual responsibility to protect himself/herself against infection. Staff living with HIV and AIDS have a special obligation to ensure that they behave in such a way as to pose no threat of infection to any other person.

(i) Right to Possible Risk of Exposure to HIV

The College will ensure that in its medical facility, every precaution is taken to prevent the transmission or spread of the HIV virus to patients and its own staff. To enhance the protection of medical staff, all patients shall be deemed to be HIV positive as regards the application of precautionary measures.

3.2.2 Rights of Students

(a) HIV Test on Admission

No prospective or current student at the college shall be required to undergo a HIV and AIDS test or disclose his/her status prior to admission at the college nor shall a student's HIV and AIDS status determine admission to residence at the institution.

(b) Disclosure of HIV Status

HIV and AIDS status of a student shall not be disclosed without the informed consent of the person concerned. This means that the student must understand the implications of giving the consent and allowing the confidentiality to be broken.

c) Use of Status to grant Financial Assistance

The college shall not use HIV and AIDS status in considering opportunities for holiday work for fees or bursaries.

(d) Termination of Studies on the Basis of HIV and AIDS

The college registration shall not be terminated on the grounds of their HIV and AIDS status unless the student is no longer physically or mentally fit to continue his studies.

(e) Confidentiality of Results

The results of HIV tests conducted at the college clinic will remain confidential, between the student and the person authorized to give the results.

(f) Right to Safe Learning Environment

Students have a right to supportive and safe learning environment in which persons with AIDS are accepted and not stigmatized. The College will endeavour to provide an environment in which the occupational exposure to HIV is minimal and will provide the necessary protective equipment e.g. surgical gloves to be used in the college clinic.

(g) Non Discrimination of PLWAs

Discrimination on the basis of actual, perceived or suspected HIV status in the areas of schooling, health and social services is prohibited. The infected, like the uninfected, have a right to teaching, feeding and boarding facilities.

3.2.3 Responsibilities of Staff and Students

Since in normal circumstances, AIDS is not an infectious disease, staff are expected to co-operate and share the workplace with a colleague who is HIV positive. An employee or staff with AIDS or HIV infection is expected to meet the same performance requirements applicable to other employees, with reasonable accommodation, as with any other employee with a disability. This accommodation may include, but not limited to flexible or part-time work schedules, leave of absence, work restructuring or job assignment. Staff and students are expected to avoid infection with HIV by avoiding risky sexual behaviour and taking responsibility for their own health.

3.3 Integration of HIV and AIDS Curriculum into Teaching and Service Activities.

3.3.1 Teaching Activities

AIDS Education Curriculum focuses to a large extent on how the spread of HIV and AIDS especially among the young people can be controlled. The emphasis being to help young people change their behaviour patterns that make them vulnerable

to HIV and AIDS. After undergoing learning experience in AIDS Education, the learner is expected to acquire knowledge and develop skills and attitudes needed to choose a healthy life style and maintain behaviour change. Kenya Institute of Education (KIE), which is the technical department responsible for curriculum development, has over the years published curriculum support materials for school and post school institutions. The approach of handling AIDS Education in most countries, Kenya included, is through infusion and integration of HIV and AIDS Education into the existing curriculum through carefully selected carrier subjects to ensure that the content is covered within the allocated time without necessarily increasing the current workload in these carrier subjects.

In line with the above, the College HIV and AIDS curriculum will be effectively integrated into everyday activities of the College through:

- Induction programmes for staff that will include a model of HIV and AIDS and STI to raise awareness.
- Integration of and infusion of HIV and AIDS syllabus into all the subjects and activities.
- Creation of a College Health Club, which emphasizes personal hygiene and campaigns against HIV and AIDS and drug abuse.
- Introduction of HIV and AIDS information corners and notice boards.
- Commitment to the HIV and AIDS strategy through non-discrimination and support for people with HIV and AIDS; facilitating mutual trust between the college, employees and students.

Those responsible for facilitating or teaching AIDS Education will be required to show love to those infected and affected, be role models to their students and offer appropriate care and support counseling as well as provide accurate information that is educative and which can counter myths around HIV and AIDS.

3.3.2 Community Services

The teaching staff and their families are part of a bigger Highridge community. The HIV and AIDS education will therefore be expanded to include the communities in and around the College, as the community and home environment create structural pressures for transmission of HIV by creating a risky environment. The College interventions in this case will include information outreach to employees with families on HIV and AIDS, bringing families in for couples workshops covering teenage children, house help, out of school youth in the College residential areas and sharing information and resources with other organizations working on HIV and AIDS issues. The outreach work is not simply a social responsibility issue, but seen to be critical to the success of College based intervention. Students will be encouraged to be more involved in the community work.

3.4 Other Policy Issues

3.4.1 Resource Mobilization

The College will develop new strategies for resource mobilization for HIV and AIDS Prevention, Care and Support activities and integrate the funding of HIV and AIDS activities into the College Budgetary Circles.

3.4.2 Gender

Though HIV affects everyone irrespective of sex, women are more susceptible because they become sexually active at an early age increasing their chances of getting infected than men. Again, because of biological factors, STIs in women are not easily recognized and their presence facilitate HIV transmission. Spousal separation worsened by poverty, nature and conditions of work encourage high-risk sexual behaviour among men and women. The college will support advocacy of matters pertaining to empowerment of women to recognize their vulnerability to HIV infection through the provision of information on HIV and AIDS. Emphasis will be made on enhancing self-esteem among young teachers, decision making at all levels and assertiveness to enable them handle threatening situations.

3.4.3 Healthcare Provision

Provision of healthcare remains a big challenge due to shortage of drugs and patient care supplies and inadequate diagnostic capabilities at various levels. The HIV and AIDS epidemic increases the number and percentage of people seeking health care services and increases the cost of health care. The College will work together with Teachers Service Commission (TSC), the Ministry of Education and Kenya National Union of Teachers (KNUT) to mobilize funds to strengthen college capacity to handle AIDS related matters including treatment of opportunistic infections; provide facilities for the management, treatment and prevention of STIs, and ensure the safety of care providers in the health care clinic.

Health workers will be encouraged to educate their patients about HIV, safer sex and will be trained to counsel employees and students about HIV and AIDS or refer them to other appropriate counseling facilities. The STIs services will be integrated into basic health services to make them user friendly and confidential. Early diagnosis and effective complete treatment of STIs can reduce the risk of sexual transmission. The use of syndromic approach to STI diagnosis and treatment will be emphasized.

3.4.4 Youth and Sexuality

Data from NASCOP show that peak ages of AIDS occur at 20-25 years in females and 25-35 years for males. This is of great concern given that 60% of the total Kenyan population is under 20 years of age. Some of the challenges facing the youth include STI, drug abuse and the relationship between sex, AIDS and drugs. At the socio-cultural level, issues of peer pressure, beliefs, norms, values and

attitudes determine behaviour. Media exposure and erosion of traditional values plus the difficulty of teachers and parents to discuss sexuality have created a vacuum of knowledge. The college will endeavor to equip the teacher trainee with adequate knowledge on HIV and AIDS, strengthen the capacity of teachers to lead and encourage them to be role models for the youth under their care at the end of their course. Behaviour change activities targeting the youth will focus on promoting abstinence, delay the onset of sexuality, reduction in the number of partners, early life skills initiatives, encouraging the youth to be role models, peer educators and involving them in developing appropriate sex education materials.

3.4.5 Link with other programmes

Tuberculosis (TB) is the most common opportunistic infection and the biggest killer of those living with HIV and AIDS. However, it can be cured if treated promptly. TB like people living with HIV face similar problems of stigma, fear and discrimination and have shared needs for counseling, care and support. Employees and students will be taught the symptoms of TB and be encouraged to go to the clinics to have their sputum examined. HIV increases the risk of developing TB but not all HIV infected people have TB and not all people with TB are HIV infected. TB patients on correct TB treatment will not infect other people.

3.4.6 Collective bargaining with the Trade Unions

There is provision for a Memorandum of Agreement to be drawn between the Board of Governors and any union of choice which only binds non-teaching staff members of the union. In this memorandum, provisions are made for sick and compassionate leave and for medical privileges. A similar agreement exists between the Teachers Service Commission and Kenya National Union of Teachers covering teaching staff members. The College will liaise with the Unions to ensure that a process of consultation throughout the workplace takes place, and ask the Unions to encourage employees to be involved in the HIV and AIDS programme.

The Unions should be encouraged to come up with a policy on HIV and AIDS to be included in the Collective Agreements with the Teachers Service Commission to denounce all forms of discrimination of workers on the basis of their HIV status. The Federation of Kenya Employers (FKE), a union that represents 2,800 companies in Kenya, has already developed an FKE Code of Conduct on HIV and AIDS in the Workplace for its members. The Code of Conduct aims at protecting employees from stigmatization and discrimination by co-workers, trade union leaders, managers and clients and encourages employers to put aside funds to finance HIV and AIDS activities at their work place.

4.1 Preventive Services

Education and awareness programmes that can help staff and students adopt behaviour that protects them from HIV will be carried out through induction/open days for new staff/students, workshops or seminars, participation in World AIDS Day, theatre, and illustrations in comic books. The college will also provide counseling, training and sensitization of trainee teachers; develop and teach a curricula that includes education on family life, reproductive health and prevention of HIV and AIDS infection.

4.1.1 Education, Training and Clinical Services

Already, AIDS education has been integrated into the existing College curricula. However, there is need for a continuous review of the syllabus for adequacy. A family life programme in youth training through colleges has also been introduced. The college will emphasize abstinence from sex and delay of onset of sexuality for the unmarried youth and mutual faithfulness to one uninfected and/or infected partner for those who are married.

4.1.2 Promoting Voluntary Counseling and Testing

The National AIDS and STI Control Programme has already developed, disseminated and distributed a National Guideline for Voluntary Counseling and Testing in Kenya. The existing legal framework governing the operation of tertiary colleges remain vague in the handling of HIV and AIDS students and staff. Informed consent and confidentiality are very crucial in counseling. Counseling and support services help those infected and affected to cope with the social, emotional, psychological, and other concerns associated with HIV and AIDS and encourage them to sustain behaviour changes that reduce the risk of HIV and AIDS transmission. Confidential counseling may be requested by students and staff at the College Clinic, and from peer educators.

The college will promote Voluntary Counseling and Testing (VCT) that include informed consent of the person who is to be tested, confidential treatment of results and pre-and post-test counseling delivered by trained counselors who provide information, psychological and emotional support to the infected and affected people. HIV testing at the college will not be encouraged as confidentiality can easily be broken and the trust relationship between employees/students and management damaged. VCT has a role in preventing infection and provide an entry

point for care for people with the infection. Rapid whole-blood tests are now available that provide accurate results from a finger prick within the first 10-15 minutes.

4.2 Care and Support Services

4.2.1 Management of Opportunistic Infections

As the epidemic grows, many more employees and students will become infected and develop the clinical and symptomatic phase of the disease. Management of the disease will require frequent visits to the hospital, counseling, prevention and continuous education and care. As part of the effort to controlling other sexually transmitted diseases, diseases like syphilis and gonorrhea can be reduced after an improved STI prevention and treatment programme. Employees with repeated cases of STI will be counseled about the risks associated with unsafe sexual practices.

4.2.2 Antiretroviral Treatment

Highly Active Antiretroviral Therapy (HAART) using a combination of drugs can inhibit the spread of HIV within a persons' body and hence protect life. The Government of Kenya has published the guidelines for Antiretroviral Drug Therapy in Kenya. However, this form of treatment is difficult and expensive although a number of private companies e.g. Tetrapak, Standard Bank, Barclays Bank and Kenyatta National Hospital, have initiated programme that facilitate access to anti retroviral drugs to their employees. It is important to note that the drugs can have serious side effects thus require careful medical supervision and should be started when the immune function is low, hence the need for laboratory tests before use. The College will provide the necessary advise to students and staff that wish to use the HAART.

4.2.3 Home Based Care

This involves care of persons infected by HIV and AIDS, extended from the hospital or health facility to their homes through family participation and community involvement within the available resources in collaboration with health care workers. An effective HBC model provides physical and social support and includes medical and nursing care, counseling, nutritional and social support. NASCOP have published a Policy and Guidelines on Home Based Care in Kenya. The College will expose students and staff to the existing Guideline and facilitate (where possible), the training of students and/or staff as counselors and care givers.

5.0 Policy Implementation and Review

The implementation of the Policy will involve provision of information about HIV and AIDS and how it is transmitted and provision of education to enhance understanding of personal risks. Activities will focus on practical prevention measures that encourage and support behaviour change and measures targeted at care and support of infected and affected workers and students and preaching of the principle of zero tolerance for any form of stigmatization and discrimination. As part of the process, the College has already set up a HIV and AIDS Committee with representatives of administration, teachers, non-teaching staff and students.

The Committee will establish a plan of action, with a timetable and line of responsibility to implement the Policy, widely disseminate it through notice boards, mailings, pay slip inserts, special meetings, induction courses and training sessions. The Committee will also monitor the impact of the Policy and regularly review it in light of internal monitoring and external information about the virus and its implication on the college environment to take account of the progression of the epidemic, development in the medical care, experience in managing it and its impact on students and staff. Efforts will be made to sensitize the students and staff on the salient features of the Policy.

A project management information system will be set up to help in analyzing data collected from health workers and in networking and accessing the latest HIV and AIDS information. Selected indicators of project achievements identified from the baseline study that include the level of awareness; change in attitude against PLWA; number of employees volunteering to become peer educators; STI prevalence level and the number of employees/student participating in HIV and AIDS education will be used to assess performance.

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