GENERAL NOTICE

NOTICE 395 OF 2015

DEPARTMENT OF BASIC EDUCATION

NATIONAL EDUCATION POLICY ACT, 1996 (ACT NO 27 OF 1996)

CALL FOR WRITTEN SUBMISSIONS FROM STAKEHOLDER BODIES AND MEMBERS OF THE PUBLIC ON DEPARTMENT OF BASIC EDUCATION DRAFT NATIONAL POLICY ON HIV, STIS AND TB

I, Angelina Matsie Motshekga, Minister of Basic Education, hereby, in terms of section 3(4)(o) of the National Education Policy Act, 1996 (Act No. 27 of 1996), and after consultation with the Council of Education Ministers, give my intention to approve the Department of Basic Education Draft National Policy on HIV, STIs and TB. In view of this, I invite stakeholder bodies and members of the public to comment on the Draft Policy as set out in paragraph 2 below.

All interested persons and organisations are invited to comment on the policy, in writing, and to direct their comments to:

The Acting Director-General, Private Bag X895, Pretoria, 0001, for attention: Ms A Dano, Acting Director: Health Promotion, Department of Basic Education, Private Bag X895, PRETORIA, 0001 Or Fax: 012 328 8401 Or E-mail: dano.a@dbe.gov.za.

Kindly provide the name, address, telephone number, fax number and e-mail address of the person or organisation submitting the comment.

CLOSING DATE

The comments must reach the Department within 21 days after publication of this Notice.

AVAILABILITY OF THE POLICY DOCUMENT

The policy document referred to herein is available on the Departmental website: www.education.gov.za.

It would greatly assist the Department of Basic Education if all submissions could be prepared under the headings listed in the policy document, Draft Department of Basic Education National Policy on HIV, STIs and TB. If you do not wish to comment under a particular heading, please indicate "No comment".

MRS AM MOTSHEKGA, MP
MINISTER OF BASIC EDUCATION
DATE: 1st February 2015

basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

DRAFT DEPARTMENT OF BASIC EDUCATION NATIONAL POLICY on HIV, STIs and TB

2015

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DBE SCHEDULE AND REGULATORY REQUIREMENTS

To be provided by DBE Legal Services: Example of 1999 Policy:

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Vol. XXX, No. XXXXX, 15 October 2013
GENERAL NOTICE Notice XXXX of 2013
Department of Basic Education
National Education Policy Act, 1996 (No.27 of 1996)

NATIONAL POLICY ON HIV and TB FOR LEARNERS, EDUCATORS, SCHOOL SUPPORT STAFF AND OFFICIALS IN ALL PRIMARY AND SECONDARY SCHOOLS IN THE BASIC EDUCATION SECTOR

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
cART	Combination Antiretroviral Therapy
CPTD	Continuing Professional Teacher Development
CSTL	Care and Support for Teaching and Learning
DBE	Department of Basic Education
DOE	Department of Education
DOH	Department of Health
DPSA	Department of Public Service and Administration
DSD	Department of Social Development
EAP	Employee Assistance Programme
EFA	Education for All
EHW	Employee Health and Wellness
ELRC	Education Labour Relations Council
XDR-TB	Extensively Drug-Resistant Tuberculosis
GET	General Education and Training
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HPS	Health Promoting Schools
INP	Integrated Nutrition Programme
IPET	Initial Professional Education of Teachers
ISHP	Integrated School Health Policy
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex
LO	Life Orientation
LS	Life Skills
LTSM	Learner Teacher Support Material
MDG	Millennium Development Goals
MDR-TB	Multi-Drug Resistant Tuberculosis
M&E	Monitoring and Evaluation
MMC	Medical Male Circumcision
NCS	National Curriculum Statement
NGOs	Non-Governmental Organisations
NSNP	National School Nutrition Programme
NSP	HIV and AIDS and STI National Strategic Plan 2007-2011
OHS	Occupational Health and Safety
OVC	Orphans and Vulnerable Children
PILIR	Policy on Incapacity Leave and Ill-Health Retirement
PLHIV	People Living with HIV
PLHIV/TB	People Living with HIV and TB
PSS	Psychological Support Services
SADC	Southern African Development Community
SANAC	South African National AIDS Council
SGBs	School Governing Bodies
SHERQ	Safety, Health, Environment, Risk and Quality

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SRH(S)	Sexual and Reproductive Health (Services)
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV&AIDS
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary HIV Counselling and Testing

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GLOSSARY OF TERMINOLOGY

Combination HIV prevention: The combination prevention approach seeks to achieve maximum impact on HIV prevention by combining behavioural, biomedical and structural strategies that are rights-based and evidence-informed, in the context of a well-researched and understood local epidemic.

Community Sectors strengthening: This refers to initiatives that contribute to the development and/or strengthening of community-based organisations in order to increase knowledge of and access to improved health service delivery.

Counselling: A confidential dialogue between a client and trained counsellor intended to enable the client to cope with stress and take personal decisions related, for example, to HIV and TB. Counselling may be provided by a professional or lay counsellor.

Contact Investigation: This involves the screening of persons who are known to have been in close contact with patients with active TB. In most cases the screening is symptomatic and seek to establish if the learner, educator or support staff member concerned is coughing, losing weight or having unexplained fever. Those who are symptomatic would then require further testing at the local health facility to exclude TB disease.

Discrimination: Discrimination refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, usually but not only by virtue of an inherent personal characteristic or perceived belonging to a particular group - in the case of AIDS, a person's confirmed or suspected HIV-positive status - irrespective of whether or not there is any justification for these measures. The term 'stigmatisation and discrimination' has been accepted in everyday speech and writing and may be treated as plural.

Extensively drug-resistant tuberculosis (XDR-TB): In addition to resistance to isoniazid and rifampicin (the most powerful drugs used to treat TB) XDR-TB is also resistant to fluoroquinolones and at least one injectable second-line drug.

Extrapulmonary TB: TB disease in any part of the body other than the lungs, for example, the kidneys or lymph nodes.

Gender: This refers to the economic, social, political and cultural attributes and opportunities associated with being women or men. Gender is a sociocultural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality, and should include information on sexual orientation including lesbian, gay, bisexual, transgender, queer, questioning and intersex people (LGBTQI).

Gender-based violence: Any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to girls or women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.

Gender equality: Gender equality between women and men means that all human beings are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles and prejudices. Gender equality means that the different behaviours, aspirations and needs of women and men are considered, valued and favoured equally. It signifies that there is no discrimination on the grounds of a person's gender in the allocation of resources or benefits, access to services or in gender roles and the influence of power in male/female relations.

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Gender equity: This is the process of being fair to women and men. To ensure this, measures must be taken to compensate for historical and social disadvantages that prevent women and men from operating on a level playing field.

HIV prevalence: HIV prevalence measures the proportion of people who are living with HIV in a given population at a particular point in time.

HIV incidence: HIV incidence is the number of new HIV infections that occur in a given population over a given period of time and is usually expressed as a number or percentage of infections within this population over a given period.

Index case: The *first* case of TB in the classroom, school or workplace which then necessitates contact investigation to ensure other learners, educators, school support staff or officials have not become infected and developed TB.

Lay Counsellor: Lay counsellors have been introduced in South Africa as a means of reducing the strain on nursing staff to plan and implement HIV&AIDS initiatives. Like nurses, lay counsellors have to deal with complex social, gender, emotional and economic issues in which patients desperately need support. Lay counsellors are permitted to carry out HIV tests, increasing human resource capacity and making their role Government's HCT campaign even more important.

Key populations at higher risk of HIV exposure: Refers to those most likely to be exposed to HIV or to transmit it – their engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients, and sero-negative partners in sero-discordant couples are at higher risk of exposure to HIV than other people. There is a strong link between various kinds of mobility and heightened risk of HIV exposure, depending on the reason for mobility and the extent to which people are outside their social context and norms.

Medical male circumcision: Medical Male circumcision is the (surgical) removal of the foreskin (prepuce) from the penis. WHO recommends considering circumcision as part of a comprehensive HIV programme in areas with high endemic rates of HIV, such as South Africa, where studies show it may be a cost-effective prevention strategy. (A 2009 Cochrane meta-analysis amongst sexually-active heterosexual men in Africa found that circumcision reduces HIV infection rates by 38–66% over a period of 24 months).

Mainstreaming: The integration of effective and systemic response to HIV and TB into the routine management and administration of departmental (e.g. DBE) portfolios, which suggests that every unit impacted by HIV and/or TB at national, provincial, district and school levels, will be responsible for *mainstreaming* the key components of a comprehensive response into their routine operations and functions.

Morbidity: The state of being ill or having a disease, or a complication of the disease.

Multidrug-resistant tuberculosis (MDR-TB): MDR-TB is a specific form of drug-resistant tuberculosis, due to a bacillus that is resistant to at least isoniazid and rifampicin, the two most powerful anti-tuberculosis drugs.

Orphans and Vulnerable Children: An orphan is defined as a child under the age of 15 who has lost a mother (maternal orphan), father (paternal orphan) or both parents (double orphan) for any reason, including HIV and/or TB. Vulnerability is more difficult to define and may include one or more of the following conditions amongst others: orphaning; poverty; lack of access to shelter, nutrition and education; physical disability, disease; displacement; sexual or physical

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abuse; lack of psychosocial, emotional support and love. Taken together, these conditions may stigmatise the child and may disadvantage his/her progress through the education system and the world of work.

Peer education: The use of members of the same societal group (for example, learners of similar age, grade or status) to effect change at the individual level by attempting to modify another person's knowledge, attitudes, beliefs, or behaviours.

PILIR: Policy on Incapacity Leave and Ill-Health Retirement applies to all employees appointed in terms of the Public Service Act, 1994, as amended. Where persons employed in the services of state educational institutions are not excluded from the provisions of PILIR, those provisions apply only insofar as they are not contrary to the laws governing their employment.

Post-exposure prophylaxis (PEP): PEP refers to antiretroviral medicines that are taken after exposure or possible exposure to HIV. The exposure may be occupational, as in a needle stick injury, or non-occupational, as in unprotected sex with a person living with HIV.

Pre-exposure prophylaxis (PrEP): PrEP refers to antiretroviral medicines prescribed before exposure or possible exposure to HIV. PrEP strategies under evaluation increasingly involve the addition of a post-exposure dosage.

'Positive health, dignity, and prevention': Previously referred to as 'positive prevention', it encompasses strategies to protect sexual and reproductive health and delay HIV disease progression in individuals infected with HIV. It includes individual health promotion, access to HIV and sexual and reproductive health services, community participation, advocacy and policy change.

Reasonable accommodation: According to DPSA guidelines (2012), an employee with an HIV-related illness, like any other illness, may continue to work for as long as s/he is medically fit in an available, appropriate post. The department must however accommodate an employee in other posts if necessary.

Sexual and reproductive health services: This includes services for family planning; infertility services; prevention of unsafe abortion and post-abortion care; diagnosis and treatment of sexually transmitted infections, including HIV infection, reproductive tract infections, cervical cancer and other gynaecological morbidities; and the promotion of sexual health, including sexuality counselling.

Sexually transmitted infection (STI): STIs are spread by the transfer of organisms from person to person during sexual contact. In addition to the traditional STIs (syphilis and gonorrhoea), the spectrum of STIs also includes: HIV, which causes AIDS; chlamydia trachomatis; human papilloma virus (HPV), which can cause cervical, penile or anal cancer; genital herpes; and cancroid. More than 20 disease-causing organisms and syndromes are now recognised as belonging in this category.

Stigma: Stigma can be described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others. Within particular cultures or settings, certain attributes are seized upon and defined by others as discreditable or unworthy. When stigma is acted upon, the result is discrimination that may take the form of actions or omissions. The term 'stigmatisation and discrimination' has been accepted in everyday speech and writing and may be treated as plural.

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1. FOREWORD (Minister of Basic Education)

(To be provided)

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2. PREAMBLE AND PURPOSE

Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) are chronic diseases that have reached epidemic proportions in South Africa. Taken together, they constitute a major management challenge for the country in general and the Basic Education Sector in particular. If it is not diagnosed early and treated, HIV leads to Acquired Immune Deficiency Syndrome (AIDS).

While TB is curable, it may sometimes be complicated by strains of Multi-Drug Resistant Tuberculosis (MDR-TB) which results in uncertain treatment outcomes, especially in people co-infected with HIV. No cure for HIV has been found to date, but access to modern Anti-Retroviral Therapy (ART) means that people living with HIV can continue to lead normal and productive lives.

Given the high level of HIV and TB co-infection in South Africa and the extent of shared vulnerability to these diseases, their potential to threaten the systemic function of different sectors is profound. HIV and TB have the effect of making existing systemic problems worse and must be dealt with as an integrated part of routine systemic management, and as a cornerstone of national multi-sectoral response. In the context of the Basic Education Sector, these diseases impact the efficiency, quality and output of the sector by temporarily or permanently depleting its human capital, weakening its systems and structures, and diverting its resources away from its core mandate of improving teaching and learning. HIV and TB should therefore be seen as a management issue and the business of every educator, manager and official in the Basic Education Sector.

In addition to eroding the Basic Education Sector's capacity, how HIV and TB affect whole communities within which schools and educational institutions function also needs to be taken into account. Growing numbers of children and learners are orphaned and made more vulnerable by the combined direct and indirect effects of these diseases, placing additional stress on learning and teaching in the classroom. No-one is untouched or unaffected, which makes comprehensive response to these diseases *everyone's* business.

Prevention and management of HIV and TB in the Basic Education Sector is the shared responsibility of the Social Sector, principally the Departments of Basic Education, Health and Social Development. This response is guided by the National Strategic Plan on HIV, STIs and TB (2012-2016); the Education White Paper 6; the DPSA Strategic Framework for Public Service HIV&AIDS Response (2012); Schooling 2025 and the Action Plan to 2014: *Towards the realisation of Schooling 2025*; the Care and Support for Teaching and Learning (CSTL) framework; the DBE Integrated Strategy on HIV, STIs and TB (2012-2016); and the Integrated School Health Policy and Programme (ISHP, 2011). As a signatory to the United Nations Convention on the Rights of the Child, the South African Government has also pledged to 'put children first' by according children special recognition in the Bill of Rights of the South African Constitution.

This position is further informed by a number of international and regional obligations, commitments and targets, including the Millennium Development Goals (MDGs), which commit South Africa to several education and health targets for 2015. This rights-based

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Policy therefore recognises and is consistent with these and other instruments and agreements on HIV and TB, including those related to Gender Equality; Sexual and Reproductive Health and Rights; Labour Rights; and the Rights of Persons with Special Needs and Disabilities.

The impact of HIV and TB can be prevented, managed, contained and finally reversed in the Basic Education Sector, with the support of its partners in Health and Social Development. To help achieve this, every person directly or indirectly involved in the Basic Education Sector must recognise that they have a responsibility to protect themselves and a moral and legal responsibility to protect others from HIV and TB infection. Acceptance of this shared responsibility will underpin the successful implementation of the DBE's linked Integrated Strategy on HIV and TB (2012-2016) and facilitate the attainment of the Basic Education Sector's Policy Goals. It must also be recognised that the response to HIV and TB must be consistent with, and supportive of, education system efficiency, output and quality.

Children, particularly those living with, affected or made more vulnerable by these diseases, lie at the heart of this Policy and its intent. This affirms that the growth and development of South Africa's abundant human capital must be grounded in an effective and efficient Basic Education Sector, providing precisely the functionality required to successfully counter the threat of HIV and TB. While the Basic Education Sector is one of many sectors involved in the national response to these threats, it is strategically placed to play a central role.

By definition, the Basic Education Sector contains almost all the nation's children at any one time, in 12-year cycles that bridge the most vulnerable years of their lives. Consequently, it is uniquely able to support and guide the development and welfare of these learners, and monitor and report their status to its Social Sector partners. With this role comes great responsibility. For this reason, this Policy is promulgated to guide the strategies required to realise its Goals and confirm that systematic and sustained response to HIV and TB is the business of *everyone* in the Basic Education Sector.

3. POLICY GOALS

3.1 Improved coordination and mainstreaming of the Basic Education Sector's response to HIV and TB, to accelerate implementation of a comprehensive strategy for prevention, treatment, care and support.

3.2 Increased knowledge, cognitive skills and information about life skills in general and HIV, STIs and TB in particular, to inform the life choices of all learners, educators, school support staff and officials and protect them from infection and disease.

3.3 Improved access to HIV, STI and TB prevention, diagnosis, treatment and care and support services to reduce the incidence and impact of HIV and TB amongst learners, educators, school support staff and officials.

3.4 Increased retention of learners, educators, school support staff and officials in a safe and protective education environment, to improve system efficiency, quality and output.

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4. SCOPE OF APPLICATION

The Department of Basic Education HIV, STIs and TB Policy applies to all learners, educators, school support staff and officials in the Basic Education Sector at all public and independent primary and secondary schools in the Republic of South Africa.

5. GUIDING PRINCIPLES

The Principles that guide this policy are in accordance with international and regional conventions, national laws, policies, guidelines and regulations. These Principles take into consideration the Constitution of South Africa; the National Strategic Plan for HIV, STIs and TB (2012-2016); the Education White Paper 6; the DPSA Strategic Framework for Public Service HIV&AIDS Response (2012); Schooling 2025 and the Action Plan to 2014: *Towards the realisation of Schooling 2025*; and the Integrated Schools Health Policy (2012-2016).

In particular, they take into account the goals, objectives and focus areas of the DBE Integrated Strategy on HIV, STIs and TB (2012-2016), which focuses on addressing the challenges of HIV, STIs and TB in support of the NSP and is designed to have simultaneous positive effects on the goals attached to the Delivery Agreement for Outcome 1 – specifically, increased learner and educator retention within the education system, and the broad strategic areas of the *Action Plan to 2014: Towards the Realisation of Schooling 2025.*

- Interventions will be evidence-based and will rigorously scale-up proven responses, build on existing programmes and services and never duplicate or waste resources.
- Partnerships with key stakeholders within the Education, Health and Social Sector fraternities are critical to the successful implementation, monitoring and evaluation of the Strategy. These include all Directorates and Units within the national, provincial and district Education Departments; other government departments such as the Department of Health (DOH) and Department of Social Development (DSD); teacher unions; school governing bodies (SGBs) and the parent community at large; learner organisations; non-governmental organisations including community-based and faith-based organisations; development partners; as well as academic and research institutions.

The Principles of this Policy are cross-cutting and should serve as absolute points of reference in the interpretation and application of this Policy and include:

5.1 Access to Education

Every person of school age has the right to Basic Education. No learner will be denied access to Basic Education on the basis of his or her actual or perceived HIV or TB status.

5.2 Access to Counselling, Treatment, Care and Support

All learners, educators, school support staff and officials who are living with or affected by HIV, STIs and/or TB in the Basic Education Sector have the right to access an essential package of health and social services which will be provided in schools, educational

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institutions and offices, and will include information on counselling, treatment, care and support or referral to providers of these services.

5.3 Access to Information

Every person in the Basic Education Sector has the right to relevant and factual HIV, STI and TB information, knowledge and skills appropriate to their age, gender, culture, language and context, in order that they can make informed decisions about their personal health and safety.

5.4 Equity and Protection from Stigma and Discrimination

Every person in the Basic Education Sector has equal rights and responsibilities and should have equal opportunities. Learners, educators, school support staff and officials in the Basic Education Sector who are living with or affected by HIV and/or TB, or are vulnerable in any other way, will be dealt with fairly and impartially and will be protected from all forms of stigma and discrimination based on their actual, known or perceived health status.

5.5 Fair Labour Practices

Every educator, manager or employee in the Basic Education Sector has the right to fair and equitable labour practices. HIV or TB testing as a prerequisite for recruitment, appointment, continued employment, promotion, training and benefits will not be allowed.

5.6 Gender Equality, Sensitivity and Responsiveness

HIV and TB may affect women and men, girls and boys differently due to their biological, socio-cultural and economic circumstances and opportunities. Application of all aspects of this Policy will be sensitive and responsive to these different needs and will recognise the vulnerabilities of learners, particularly those of the girl-child, to gender-based violence and abuse.

5.7 Privacy and Confidentiality

Every person in the Basic Education Sector has the right to privacy and confidentiality regarding their health, including information related to their HIV or STI status. No person will disclose such information relating to another person, without his or her written consent or the written consent of the guardians of younger children. TB is a notifiable disease. This requires the DOH to implement contact tracing if the patient is infectious. Persons with TB should be encouraged to report their infection to the school principal or supervisor so that suitable precautions may be taken to prevent further infection amongst other learners, educators, officials and support staff at the school.

5.8 Reasonable Accommodation

Learners, educators, school support staff and officials diagnosed with TB should not attend school or Basic Education workplaces during the period they are deemed to be infectious by a health provider or health facility and their regular access to treatment over this period must be reasonably accommodated. Such accommodation will be aligned with the DPSA's Policy

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on Incapacity Leave and Ill-Health Retirement (PILIR) guidelines for educators, school support staff and officials. Learners hospitalized for extended periods of time continue to have the right to Basic Education and the school concerned will take steps to accommodate their learning needs appropriately until they are able to return to the classroom.

5.9 Safety, Security and Health in Workplaces and Learning Institutions

Learners, educators, school support staff and officials in all Basic Education workplaces and learning institutions have the right to be safe, secure, healthy and free from sexual harassment, abuse or exploitation, and will be entitled to adequate protection from HIV and TB transmission or any other threat to their personal health and welfare.

6 POLICY THEMES

The Policy focuses on 6 Themes which cluster key issues for ease of understanding and implementation, and correlate to international practice. These are designed to guide comprehensive responses to HIV and TB, and detailed in the Index of Key Policy Issues (Addendum A, page 18). These include:

- Enabling Environment (page 6)
- Prevention (page 7)
- Treatment, Care, Counselling and Support (page 10)
- Impact Mitigation (page 12)
- Workplace Issues (page 13)
- Management of Policy Response (page 15)

6.1 ENABLING ENVIRONMENT

6.1.1 Policy Objective

The Basic Education System provides an enabling and supportive environment in which a comprehensive and sustainable response to HIV, STIs and TB is publicly endorsed and supported by leadership at the national, provincial, district and institutional level.

6.1.2 Advocacy and Leadership

6.1.2.1 Leaders and managers at every level of the Basic Education System will publicly support and advocate this Policy and its implementation Strategy, and act at all times as positive role models to create awareness and share information about this Policy and its response to HIV, STIs and TB.

6.1.3 Policy Implementation and Review

6.1.3.1 This Policy will be implemented across the national, provincial, district and institutional levels of the Basic Education System and progress against its stated

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goals and objectives will be reviewed annually for the life of the Policy to ensure it remains relevant to sectoral and national needs.

6.1.4 Alignment

6.1.4.1 This Policy will be fully aligned with the National Strategic Plan on HIV, STIs and TB (2012 - 2016), ensuring that the DBE acts as the lead agency in implementing interventions in the Basic Education Sector crucial to the achievement of the goals of the NSP.

6.1.5 Mainstreaming

6.1.5.1 Every affected unit of the DBE, at national, provincial, district and school levels, will be responsible for mainstreaming effective response to HIV and TB as an integral part of the routine management of their diverse portfolios.

6.1.6 Management and Coordination

6.1.6.1 The DBE will establish a HEDCOM sub-committee to align and coordinate HIV, STIs and TB policy, operational activities, budgetary priorities, staffing and other norms and standards between the DBE and the nine provincial Departments of Education, strengthen the work of affected units and monitor this.

6.1.7 Roles and Responsibilities

6.1.7.1 The DBE will recognise the roles, responsibilities and contributions of its sectoral and development partners, encourage them to participate in the implementation of this Policy and work closely with SANAC, the DOH and DSD to realise the educational and health rights of all children, including those who are most vulnerable.

6.2 PREVENTION

6.2.1 Policy Objective

Learners, educators, school support staff and officials in the Basic Education Sector have age-appropriate cognitive skills, knowledge, materials and information about life skills in general and HIV, STIs and TB in particular, to make informed life choices and protect themselves from infection.

6.2.2 Information, Awareness and Access

6.2.2.1 Accurate, age-appropriate and comprehensive information and materials on HIV and STIs, in the context of Sexual and Reproductive Health Services (SRHS), as well as TB, will be made available and accessible to all learners, educators, school support staff and officials in the Basic Education Sector.

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6.2.2.2 To support the provision of information and awareness for learners at every level, educators, the capacity of school-based support teams and other identified partners and personnel will be developed for this purpose.

6.2.2.3 Putting up measures for early identification, risk assessment and implementation of effective controls to prevent causes and mitigate possible consequences.

6.2.2.4 Access to male and female condoms (barrier methods of contraception and sexually-transmitted disease control) and information on their use will be made available to all learners in the Basic Education Sector, as well as all educators, school support staff and officials.

6.2.3 Combination Prevention Approaches

6.2.3.1 This Policy will promote a multi-sectoral approach that employs a combination of biomedical, behavioural, social and structural interventions to reduce transmission and mitigate susceptibility and vulnerability to HIV, STIs and/or TB in the Basic Education Sector.

6.2.4 Integrated School Health Policy and Programming

6.2.4.1 Strengthening of School Health Services has been identified as a key component of the Primary Health Care restructuring process in the DOH as well as the Care and Support for Teaching and Learning (CSTL) programme within the DBE.

6.2.4.2 Barriers to education for vulnerable learners, especially those living with or affected by HIV and/or TB, will be addressed within the overarching framework of the CSTL.

6.2.4.3 In terms of this CSTL framework, the DBE, DOH and DSD will commit themselves to the improvement of the general health of learners; environmental conditions in schools; the removal of health barriers to learning; and will utilise the implementation mechanism of the ISHP to focus on priority areas.

6.2.5 Voluntary Counselling, Screening and Testing

6.2.5.1 Through the mechanism of the ISHP, in the short-term, counselling on sexual and reproductive health issues and services via mobile health units will be offered to all senior and FET phase learners – as well as to intermediate learners, where required. This should include the offer of provision of dual protection contraception and HIV counselling and testing (HCT), as well as screening for STIs, an exacerbating factor in the spread of HIV.

6.2.5.2 Services on sexual and reproductive health will only be provided by a professional nurse or other trained health professional in a manner that protects the privacy and confidentiality of learners. Where this cannot be guaranteed, learners must be referred to a health facility to receive the services. Participation is voluntary.

6.2.5.3 Access to male and female condoms (barrier protection) and information on their use will be available to all learners.

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6.2.5.4 The DBE, in association with the DOH, will develop protocols for the voluntary counselling, screening, testing and/or referral of anyone in the Basic Education Sector who has symptoms indicating the probability of TB.

6.2.5.5 These protocols will educate and inform learners, educators, school support staff and officials in the Basic Education Sector about the signs and symptoms of TB and encourage anyone with these symptoms to attend a clinic for screening and testing. The DBE will also publish and make available a Field Guide to TB, its symptoms and treatment.

6.2.5.6 These protocols will include the provision of medication to reduce the risk of developing TB in people living with HIV, as well as for those receiving combination antiretroviral treatment (cART).

6.2.5.7 Where learners, educators, school support staff or officials have active TB there is a possibility that TB could be spread in the classroom, school or education workplace. To minimise this risk, the school health team and/or local health clinic will institute a contact investigation to determine if other learners, educators, school support staff or officials who have been in close contact with the infected person have been infected and developed active TB.

6.2.5.8 In terms of TB prevention protocols, the OHS provider and/or local Clinic will determine if such contact investigation is necessary. The DBE will create an enabling environment to ensure that effective contact investigations can take place at the school, workplace or health clinic. The DBE will put measures in place to ensure that the confidentiality of the index case, and/or that of infected learners, educators, school support staff or officials, is maintained.

6.2.6 Curriculum Development

6.2.6.1 Age-appropriate Life Skills, including issues of sexuality, reproductive health, relationships and responsibilities, focusing on HIV, STIs and TB prevention in particular, will be a compulsory and timetabled subject area in the curriculum, supported by appropriate LTSM. The effective delivery of Life Skills education in this connection will be the responsibility of the School Management Team.

6.2.6.2 The limited time available for Life Skills in the curriculum will be addressed and supplemented through the innovative development and introduction of co-curricula, evidence-based learning modules, which will be regularly assessed from Grade 1 to Grade 12.

6.2.6.3

6.2.6.4 Within this context, prevention of HIV and TB will feature strongly in classroom presentations to address the air-borne threat of TB in the educational environment.

6.2.6.5 Delivery of scheduled modules and materials will be monitored and evaluated to ensure the comprehensive delivery of prevention messaging.

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6.2.7 Educator Training and Support

6.2.7.1 The curriculum and pedagogy for the Initial Professional Education of Teachers (IPET) in personal, sexual and reproductive health decision-making and the teaching of sexual and reproductive health education to learners will be enhanced in association with the Department of Higher Education and Training (DHET).

6.2.7.2 IPET will be supplemented by recurrent Continuing Professional Teacher Development (CPTD) provided by the DBE to cover sexuality, adolescent and reproductive health (ARH) education and promotion activities.

6.2.7.3 Curricula and co-curricula Life Skills programmes will be supplemented by additional health education sessions provided by ISHP health promotion staff. These sessions will focus on providing information on sexual, reproductive and mental health in a progressive manner for all learners at least once per phase.

6.2.8 Safe Educational Environment

6.2.8.1 Learners, educators, school support staff and officials should be accommodated in a safe, health-promoting teaching and learning environment adapted to prevent the spread of TB.

6.2.8.2 Learners and educators will be encouraged to work together to create an environment free of discrimination, exploitation, sexual harassment, bullying, abuse and/or any form of gender-based or other violence.

6.2.8.3 Learners, educators, school support staff and officials will be trained in universal precautions for HIV as well as universal airborne infection control precautions to prevent the spread of TB and other airborne diseases.

6.2.8.4 People being treated for TB should not return to an educational environment while they are still infectious. The infectious period is normally 14 days from the initiation of treatment. In the case of complications or multi-drug resistant TB the infectious period may be longer. No-one having undergone treatment for TB should return before they are declared non-infectious by a health provider or health facility (usually within 2 weeks of starting effective TB treatment).

6.3 TREATMENT, CARE, COUNSELLING AND SUPPORT

6.3.1 Policy Objective

Schools, educational institutions and workplaces in the Basic Education Sector provide a positive and supportive environment where all learners, educators, school support staff and officials living with or affected by HIV and/or TB can access information, treatment, care, counselling and support.

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6.3.2 Information and Awareness

6.3.2.1 Schools and other education workplaces will provide comprehensive information and guidance on HIV and/or TB treatment, care, counselling and support for learners, educators, school support staff and officials.

6.3.2.2 In terms of the CSTL framework, White Paper 6 and the ISHP mechanism, school-based support teams, counsellors and trained educators will provide this support but will provide referrals to clinics or other medical or social service professionals when necessary.

6.3.3 Treatment, Care, Counselling and Support for Learners and Employees

6.3.3.1 Schools will become health promoting institutions and act as inclusive centres of learning, care and support in which school health teams will provide a comprehensive range of services, including referrals for the treatment of HIV, STIs and/or TB.

6.3.3.2 Psychological Support Services (PSS) and other public and private professional services will be mobilised to help identify and refer learners, educators, school support staff and officials living with or affected by HIV and/or TB, personal trauma and abuse.

6.3.3.3 Educators and designated school personnel will also be trained to provide an inclusive and supportive environment offering a holistic package of care and support, particularly for the most vulnerable learners.

6.3.3.4 Basic first aid kits will be maintained in every school, institution and office in the Basic Education Sector, and selected educators, school support staff and officials will be trained in universal precautions, including standard procedures for handling sharp objects contaminated with bodily fluids.

6.3.3.5 In terms of the CSTL framework, the DSD, in association with the DBE, will be responsible for assisting learners to access services, particularly where financial barriers to these exist.

6.3.4 Reasonable Accommodation

6.3.4.1 Reasonable provision will be made to support the teaching and learning of learners living with or affected by HIV and/or TB at every level of the Basic Education Sector.

6.3.4.2 Schools will accommodate any reasonable absence required for treatment, care; counselling and/or support linked to HIV and TB and will be flexible in implementing learning arrangements for learners unable to attend on a regular basis due to their need for treatment, care, counselling and support linked to HIV and TB.

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6.3.4.3 The length of absence due to treatment for TB may vary depending on individual circumstance but in principle should be 14 days after starting treatment. Such absence must be regulated and confirmed by an OHS provider or Clinic and communicated to the school.

6.3.5 Gender

6.3.5.1 Implementation of the Policy will take into account the different biological, social and cultural needs of male and female learners, educators, school support staff and officials.

6.3.5.2 Policy implementation strategies will recognise that girls and young women are in a particularly vulnerable position, especially in relation to HIV and STIs.

6.3.5.3 Schools and institutions with hostel facilities will make additional provision for the protection of female and male learners and ensure access to such provision and institutional regulations.

6.3.5.4 Through the provisions of the curriculum and associated learning materials, schools will teach learners about gender roles and orientation, the influence of power in male-female relationships and the need for responsible and protective behaviours.

6.3.6 Referral and Strategic Partnerships

6.3.6.1 In terms of the CSTL framework, partnerships will be established through the mechanism of the ISHP to facilitate access to appropriate support and referral services. These services will include:

- Information on sexual and reproductive health (SRH);
- Management of sexual harassment;
- Post exposure prophylaxis (PEP) for HIV;
- Voluntary counselling, testing and treatment for HIV and TB;
- Medical treatment including antiretroviral therapy (ART);
- Screening and testing for STIs and TB;
- Care and treatment for TB and for opportunistic infections;
- Information on and referral for Male Medical Circumcision (MMC);
- Grief and bereavement counselling; and
- Counselling for positive living.

6.4 IMPACT MITIGATION

6.4.1 Policy Objective

To mitigate the impact of HIV and TB on those individuals and groups not otherwise prioritised by the Basic Education System's prevention, treatment, care, support and workplace programmes through the provision of a structured and empowering environment.

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6.4.2 Orphans and Vulnerable Children

6.4.2.1 The DBE shares responsibility with the DOH, DSD and DCWPD for the monitoring and management of HIV and TB impact on orphans and vulnerable children (OVC) and other infected and affected learners, but is primarily responsible for access to and retention of OVC in the Basic Education System.

6.4.2.2 The DBE will be required to develop the capacity of all schools to identify and assess the needs of these learners and ensure that they are able to continue with and complete their education.

6.4.2.3 In this regard, schools will be required to monitor the number of OVC in the Basic Education System by school, age, gender and grade. The DBE will ensure the regular capture and reporting of these statistics provincially, nationally and inter-sectorally to support the development of a decentralised OVC Register to inform coordinated Social Sector support.

6.4.3 Special Needs Education and Disabilities

6.4.3.1 The DBE will address the needs of those learners living with or affected by HIV and/or TB with special learning needs or disabilities and ensure their inclusion in the provisions of teaching and learning in a barrier-free Basic Education Sector.

6.4.3.2 Learners with special learning needs and/or disabilities have a potentially heightened vulnerability to HIV, STIs and/or TB and require dedicated attention to safeguard their personal and educational interests, especially in terms of gender-based violence and abuse.

6.4.4 School Support and Flexibility

6.4.4.1 Schools will be flexible in the design and scheduling of their classes and programmes to accommodate the needs of learners who are orphaned, vulnerable, infected or affected.

6.4.4.2 Schools will provide nutritional supplementation through feeding in the country's most disadvantaged communities, for learners made vulnerable by poverty, orphaning, HIV, STIs, TB or any other condition affecting their capacity to learn or remain in the Basic Education System.

6.5 WORKPLACE ISSUES

6.5.1 Policy Objective

The Basic Education Sector workplace is characterized by non-discriminatory labour practice, sensitivity and responsiveness to the needs of those living with or affected by HIV and TB, and is free of risk and stigma for all educators, school support staff and officials.

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6.5.2 Information and Awareness

6.5.2.1 Educators, school support staff and officials will have access to comprehensive and accurate HIV and TB information, awareness, prevention, testing and counselling programmes in all workplaces in the Basic Education Sector.

6.5.2.2 Awareness programmes will be regularly conducted on sexual harassment and abuse in the workplace and relevant resource materials will be developed and distributed.

6.5.2.3 Partnerships will be established through the mechanisms of the Employee Health and Wellness (EHW) programme to facilitate access to appropriate support and referral services at every level for educators, school support staff and officials.

6.5.3 HIV and TB in the Workplace

6.5.3.1 All educators, school support staff and officials in the Basic Education Sector workplace have the right to personal dignity, confidentiality and fair labour practice.

6.5.3.2 No educators, school support staff, officials or other employees of the DBE, at any level, will be discriminated against on the basis of HIV, STIs and/or TB in terms of recruitment, appointment, deployment, employment, promotion, training or benefits, or be required to undergo HIV and/or TB testing as a condition of these arrangements.

6.5.3.3 Confidentiality and privacy of personal information will be maintained at all times and procedures will be in place to prevent and address discrimination and stigmatisation of employees living with or affected by HIV and/or TB.

6.5.3.4 The different needs and circumstances of female and male educators, schools support staff and officials in the workplace will be recognised and addressed.

6.5.3.5 The provision of male and female condoms in the workplace, together with information on their use, will be assured by the DBE in an appropriate and accessible manner.

6.5.4 Safe Workplace Practices

6.5.4.1 Safe, health promoting workplaces will be established at all levels of the Basic Education Sector to provide a safe and secure environment for teaching and learning.

6.5.4.2 Occupational Health and Safety (OHS) guidelines will incorporate HIV and TB prevention and care strategies.

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6.5.5 Employee Wellness

6.5.5.1 In terms of the EHW programme, counselling, treatment and psycho-social support will be available for employees living with or affected by HIV and/or TB through referral to appropriate services.

6.5.5.2 Disability and/or death resulting from HIV and TB will be reduced through universal access to HIV and TB screening, diagnosis, care and treatment.

6.5.5.3 The DBE will endeavour to ensure that employees living with HIV and/or TB remain within the reach of the Healthcare Sector and adhere to their treatment regimens to maintain optimal health.

6.5.6 Sexual Abuse and Harassment in the Workplace

6.5.6.1 There will be zero tolerance for any form of sexual abuse, including harassment, sexual molestation, sexual exploitation, gender-based violence and/or rape in the Basic Education workplace.

6.5.6.2 Anyone within the Basic Education workplace, who exploits their position or authority over other adults or learners, will be subject to disciplinary procedures determined by sector policies and regulations.

6.5.6.3 Employers and managers within the Basic Education Sector have a responsibility to inform all employees in the workplace of their rights, responsibilities and the sanctions applicable to sexually-related misconduct or harassment.

6.5.7 Reasonable Accommodation for Ill-Health and Absenteeism

6.5.7.1 The Basic Education Sector will take all reasonable steps to accommodate the needs of educators, school support staff and officials living with or affected by HIV and/or TB, including enforced absenteeism for treatment, counselling or the renewal of prescribed medication, in accordance with DPSA PILIR guidelines.

6.5.7.2 If employees are unable to continue their normal duties on medical grounds, the rules regarding incapacity will apply and relief-educators and other relief staff and officials will be engaged to ensure the continuity of teaching and learning.

6.6 MANAGEMENT OF POLICY RESPONSE

6.6.1 Policy Objective

Sustainable management structures and strategies are in place at all levels of the Basic Education Sector to plan and implement this HIV, STIs and TB Policy and monitor and report its progress and success over the life of the Policy.

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6.6.2 Management and Coordination

6.6.2.1 The impact of HIV, STIs and TB on education makes existing systemic problems worse and strategic response must be mainstreamed into routine Education Sector management at every level.

6.6.2.2 The role of the DBE will be to create an enabling environment for the implementation of a new strategic framework for HIV, STIs and TB response in order to guide and coordinate planning and implementation by the nine provincial Departments of Education, down to the district and institutional level.

6.6.2.3 Field Guides for the application and use of this Policy will be developed for use at the provincial, district and school levels, designed to address key issues and questions at each of these levels.

6.6.3 Structural Arrangements

6.6.3.1 The emphasis on mainstreaming and accelerating HIV, STIs and TB response in the DBE's new strategic framework will require the establishment of a HEDCOM Sub-Committee, with an explicit mandate to coordinate and strengthen the work of units in the DBE, at national, provincial, district and school levels impacted by HIV and/or TB, and monitor implementation against the outcome indicators identified in the DBE's Integrated Strategy on HIV, STIs and TB (2012-2016).

6.6.3.2 The DBE's HEDCOM Sub-Committee will be responsible for aligning, delivering and coordinating policy, operational activities, budgetary priorities, staffing and other norms and standards between the DBE and the nine provincial Departments of Education, and will prioritise the national resourcing of programmes.

6.6.3.3 The HEDCOM Sub-Committee will establish an inclusive Coordinating Committee to ensure the involvement of key stakeholders and interest groups such as, but not limited to, representatives of SANAC, Educator Unions, SGBs, DHET, DOH and DSD.

6.6.3.4 These arrangements will be systematised to facilitate the regular flow of information up to the HEDCOM Sub-Committee, and down to the district and school level in all nine provincial Departments of Education.

6.6.4 Roles and Responsibilities

6.6.4.1 The DBE will be responsible for facilitating the resourcing of the Basic Education Sector response, in order to achieve the objectives and outcomes of this Policy and its linked Integrated Strategy on HIV, STIs and TB (2012-2016), in support of the country's NSP.

6.6.4.2 The successful implementation of the HIV and TB response strategy will be the responsibility of units impacted by HIV and/or TB at national, provincial, district and school levels, requiring them to mainstream HIV and TB response into their diverse portfolios.

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6.6.4.3 The nine provincial Departments of Education will be responsible for mainstreaming the implementation of HIV and TB Policy and strategy within their provincial, district and institutional structures, and the allocation and management of provincial resources for these programmes.

6.6.4.4 District offices and officials will play a critical support role in developing and implementing HIV and TB programmes at the school level and their capacity to do so will be enhanced through guidance and training.

6.6.4.5 At the institutional level, schools will be required to develop policy in response to HIV and TB, based on this National Policy and provincial and school Field Guides, taking account of the specific circumstances of the school concerned.

6.6.4.6 Parents and communities will be required to participate in the school response to HIV and TB and the implementation of programmes at the school level. Their support, resources and capacity will be harnessed to play a supporting role, and will be enhanced through guidance and training.

6.6.5 Strategic Partnerships

6.6.5.1 Strategic partnerships will be established at the national and provincial levels with key stakeholder groups and organisations, such as educator unions, academic and research institutions, parent bodies and faith-based, traditional and cultural organisations.

6.6.5.2 Such partnerships will be established with relevant community-based organisations and non-government organisations (NGOs) at the local, district and provincial levels to leverage support and provide information, prevention, counselling and other services for learners, educators, school support staff and officials.

6.6.5.3 Strategic partnerships will also be established with community-based organisations and youth groups to support access to information and peer-education.

6.6.6 Human Resource Training and Development

6.6.6.1 All the personnel identified, selected or employed to manage the HIV and TB response at every level will be appropriately orientated and trained to play their role in implementation, monitoring and reporting.

6.6.6.2 Such training will be repeated and recurrent and will develop the requisite professional and technical skills required to support the designated roles of the personnel involved.

6.6.6.3 The personnel involved will be regarded as senior education officers with a professional role in the mainstreaming of HIV and TB response and effective education system management.

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6.6.7 Strategy Outputs, Performance Measures and Activities

6.6.7.1 The DBE will review and utilise the monitoring and evaluation (M&E) framework set out in its linked Integrated Strategy on HIV, STIs and TB (2012-2016) to measure inputs, process, outputs, outcomes and impact to inform recurrent planning, resource allocation and strategy refinement, and ensure the reporting of these.

6.6.7.2 Adequate resources will be allocated nationally and provincially to support the monitoring, evaluation and reporting of Policy and Strategy implementation.

6.6.7.3 All levels of the Basic Education Sector will report on the implementation of the Policy and Strategy in their annual reports, against the performance measures identified in the linked Integrated Strategy on HIV, STIs and TB (2012-2016) log frame and M&E framework.

6.6.8 Research Agenda

6.6.8.1 A comprehensive and prioritised research agenda will be developed to support operational and behavioural research, epidemiological trials and other research for new technologies for prevention and care.

6.6.8.2 All strategy goals, objectives and outcomes will be transparently monitored and evaluated in line with Government's monitoring and evaluation (M&E) framework and to research all components of the strategy.

6.6.8.3 The DBE will coordinate all related HIV and TB research in the Basic Education Sector and collaborate with other stakeholders and research agencies to obviate duplication and focus resources, in order to share the results of research on a regular basis with national, regional and international researchers and stakeholders.

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