

**GN 777 of 4 August 2017: National Policy on HIV, STIs and TB for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in the Basic Education Sector (Government Gazette No. 41024)**

DEPARTMENT OF BASIC EDUCATION

I, Angelina Matsie Motshekga, Minister of Basic Education, after consultation with the Council of Education Ministers, hereby publish the Department of Basic Education National Policy on HIV, STIs and TB, in terms of section 3 (4) (o) of the National Education Policy Act, 1996 (Act No. 27 of 1996), as set out in the Schedule.

(Signed)

**MRS AM MOTSHEKGA, MP**  
**MINISTER OF BASIC EDUCATION**

**DATE: 28/6/2017**



**basic education**  
Department:  
Basic Education  
REPUBLIC OF SOUTH AFRICA

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**DBE NATIONAL  
POLICY on HIV, STIs and TB**

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**June 2017**

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**ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASRH&R	Adolescent Sexual and Reproductive Health and Rights
ASRHR FS	National Adolescent Sexual and Reproductive Health and Rights Framework Strategy
CAPS	Curriculum Assessment Policy Statements
CART	Combination Antiretroviral Therapy
CPTD	Continuing Professional Teacher Development
CSE	Comprehensive Sexuality Education
CSW	Commission on the Status of Women (of the United Nations)
CSTL	Care and Support for Teaching and Learning
DBE	Department of Basic Education
DHET	Department of Higher Education and Training
DOE	Department of Education
DOH	Department of Health
DoW	Department of Women
DPSA	Department of Public Service and Administration
DSD	Department of Social Development
DWCPD	Department of Women, Children and People with Disabilities
EAP	Employee Assistance Programme
EFA	Education for All
EHW	Employee Health and Wellness
eMTCT	Elimination of Mother to Child Transmission (of HIV)

ELRC	Education Labour Relations Council
XDR-TB	Extensively Drug-Resistant Tuberculosis
GET	General Education and Training
GBV	Gender-Based Violence
HCT	HIV Counselling and Testing
HEDCOM	Heads of Education Departments Committee
HIV	Human Immunodeficiency Virus
HPS	Health Promoting Schools
HSRC	Human Sciences Research Council
HTS	HIV Testing Services
INP	Integrated Nutrition Programme
IPET	Initial Professional Education of Teachers
ISHP	Integrated School Health Policy
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex and Asexual
LO	Life Orientation
LS	Life Skills
LTSM	Learner Teacher Support Material
MDR-TB	Multi-Drug Resistant Tuberculosis
M&E	Monitoring and Evaluation
MMC	Medical Male Circumcision
MSM	Men who have Sex with Men
MTSF	Medium Term Strategic Framework
NCS	National Curriculum Statement
NGO(s)	Non-Governmental Organisation(s)
NSNP	National School Nutrition Programme
NSP	National Strategic Plan on HIV, STIs and TB (2012-2016) and/or (2017-2022)
OHS	Occupational Health and Safety
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PILIR	Policy on Incapacity Leave and Ill-Health Retirement
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PrEP	Pre-Exposure Prophylaxis
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
SRH	Sexual and Reproductive Health
SRH(S)	Sexual and Reproductive Health (Services)
STI(s)	Sexually Transmitted Infection(s)
SDGs	Sustainable Development Goals, formerly Millennium Development Goals
TB	Tuberculosis
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNAIDS	Joint United Nations Programme on HIV&AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VCT	Voluntary HIV Counselling and Testing
WB	World Bank
WHO	World Health Organization

## GLOSSARY OF TERMINOLOGY

**Access to Contraception and HIV Testing:** In terms of the Children’s Act of 2005 (Act No. 38 of 2005) and the Sexual Offences and Related Matters Amendment Act, 2007, adolescents above the age of 12 can have access to contraceptives and HIV testing without the need for parental approval. The Act stipulates that every person of reproductive age should have such access and recognises that children may be sexually active at a very young age.

**Basic Education Sector:** Although Basic Education is not defined in the Constitution of the Republic of South Africa

1996, the Constitution provides for the *right* to it. Unlike other rights, this right to education is not subject to any limitation. Nor is it defined in most constitutions elsewhere in the world although the World Declaration on Education for All (World Declaration) states that it refers to the sector responsible for basic learning needs. The Basic Education Sector is defined here as being responsible for providing access to public and private education from Grade R to Grade 12, as well as adult literacy programmes. It stops short of higher or further education. In other words, it covers the period from first entry to education (Grade R) to matriculation (Grade 12).

**Basic Education System:** This refers to the managed system of delivering basic education nationally – a Constitutional obligation for the Department of Basic Education – including the provision of personnel, administration, support, monitoring, examinations, reporting, infrastructure, materials and other requirements necessary to teach and educate learners from Grade R to Grade 12.

**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 Sector 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.

**Comprehensive Sexuality Education:** Age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Comprehensive Sexuality Education (CSE) provides opportunities to explore one's own values and attitudes, and to build decision-making, communication and risk reduction skills about many aspects of sexuality, CSE emphasises an approach that encompasses the full range of information, skills and values to enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality (UNESCO 2009).

**Contact investigation/Tracing:** This involves the identification and 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 seeks to establish if the learner, educator, support staff member or official concerned is coughing, losing weight or has an unexplained fever. Those who *are* symptomatic would then require further testing at a health facility to exclude TB disease.

**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, STIs and TB. Counselling may be provided by a health professional or trained lay counsellor.

**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.

**Education and/or Learning Institutions:** Used interchangeably with the term 'school' where appropriate and should not be confused with more traditional referral to Institutions of Higher Learning. The term 'institutional' is often used to refer to policy, teaching or structural arrangements within a school, for example.

**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.

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

**Gender:** Gender is a socio-cultural 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, intersex and asexual people (LGBTQIA). Gender is associated with economic, social, political and cultural attributes and opportunities that accrue through being a woman or a man.

**Gender-Based Violence:** Violence based on biological sex, gender identity or socially-defined norms of femininity or masculinity. This includes any act of violence that results in, or is likely to result in, physical, sexual or psychological harm, 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.

**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.

**Key Populations at Higher Risk of HIV Exposure:** According to the Human Sciences Research Council (HSRC) population surveys, South Africa's HIV epidemic is generalised among the population, with a subset of groups at higher risk for HIV transmission. These are defined as those groups with higher than average HIV prevalence when compared to the general population and are among the most marginalised and stigmatised. The definition of these key populations in South Africa includes, but is not limited to—

- African females aged 20-34
- Men who have sex with men (MSM)
- High-risk drinkers
- People who use drugs for recreational purposes and intravenous drug users
- People with disabilities
- Sex workers and their clients and partners

These groups are more vulnerable to HIV infection due to factors such as: involvement in risky behaviours, potentially weak family and social support systems, marginalisation, lack of resources, and inadequate access to services.

**Lay Counsellor:** Lay counsellors have been introduced in South Africa as a component of the health team, more commonly in HIV programmes, working with and under the guidance of professional nurses. Like nurses, lay counsellors have to deal with complex social, gender, emotional and economic issues in which patients desperately need support. Lay counsellors are trained and permitted to provide pre- and post-test counselling for HIV testing, increasing human resource capacity and making a valuable contribution towards Government's HIV counselling and testing (HCT) campaign.

**LGBTQIA:** The term 'queer' includes, but is not exclusive to lesbians, gay men, bisexuals, transgender, queer, questioning, intersex and asexual persons. Traditionally this term was derogatory and hurtful, but many people who do not adhere to sexual and/or gender norms use it to self-identify in a positive way.

**Life Skills:** HIV Life Skills education's main objective is the integration of HIV and relevant life skills into the school curriculum as a strategy to prevent and mitigate the spread of HIV infection and provide care and support for learners that are infected and affected. In this regard, a cross-curricular approach is located in the Life Orientation learning area as well as integration into other learning areas. HIV and AIDS Life Skills education focuses on curricular activities such as—

- Training of educators to implement Comprehensive Sexuality Education and TB programmes for learners throughout the curriculum;
- Procurement and distribution of the age-appropriate National Curriculum Statement and Curriculum Assessment Policy Statements (CAPS) compliant Learner Teacher Support Materials (LTSM) on HIV and TB;
- Co-curricular activities on ASRH&R and TB;
- Facilitating access to ASRH services;
- Advocacy with learners, educators and school communities on ASRH&R and TB; and
- Care and support activities for learners and educators.

**Medical Male Circumcision:** Medical Male Circumcision is the surgical removal of the foreskin (prepuce) from the penis. WHO recommends circumcision as part of a comprehensive HIV prevention programme in areas with high endemic rates of HIV, such as South Africa. (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). See traditional male circumcision below.

**Mainstreaming:** According to UNAIDS, UNDP and the World Bank, mainstreaming HIV and AIDS is defined as '*a process that enables development actors to address the causes and effects of AIDS in an effective and sustained manner, both through their usual work and within their workplace*'. This addresses both the direct and indirect aspects of HIV and AIDS within the context of the normal functions of, for example, the education sector. It is a process in which the education sector analyses how HIV and AIDS can impact it now and in the future, and considers how policies, decisions and actions might influence the longer-term development of the epidemic and the sector.

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

**Occupational Health and Safety (Act No. 85 of 1993):** The Occupational Health and Safety Act aims to provide for the health and safety of persons at work and for the health and safety of persons in connection with the activities of persons at work and to establish an advisory council for occupational health and safety.

**Orphans and Vulnerable Children:** According to the University of Cape Town an orphan is defined as a child under the age of 18 years whose mother, father or both biological parents have died (including those whose living status

is reported as unknown, but excluding those whose living status is unspecified). Orphans may be classified as—

- A child whose mother has died but whose father is alive;
- A child whose father has died but whose mother is alive;
- A double orphan whose mother and father have both died.

According to the Department of Social Development and the DBE Care and Support for Teaching and Learning Framework, vulnerability (in this context) refers to a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance which prevents the fulfilment of his or her rights. Taken together, these conditions may stigmatise the child and disadvantage his/her progress through the education system, the world of work and in society.

**Peer Education:** An approach or strategy that typically involves the training and support of members of a given group to effect change among members of the same group (UN 2003). A peer is defined as an individual who belongs to the same social group as another person. This means that they share at least one characteristic such as age, gender, socio-economic status or educational level. Peer education is built on the premise that people in similar situations have similar experiences, understand one another and can influence one another positively.

**PILIR:** Policy on Incapacity Leave and Ill-Health Retirement applies to all employees appointed in terms of the Public Service Act, 1994. 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.

**Pregnancy (unintended):** While (unintended) pregnancy is not specifically an element of this HIV, STIs and TB Policy, it is associated insofar as its prevention relies on the same means, including the correct and consistent use of the barrier protection of male or female condoms. For this reason, and the fact that condoms can prevent both infection and pregnancy, the latter is mentioned in the Policy wherever appropriate. The effect of this intervention should decrease the incidence of unintended learner pregnancy in schools.

**'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 the Department of Public Service and Administration (DPPSA) guidelines (2012) for the Integrated Employee Health and Wellness Strategic Framework, 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.

**School Governing Body:** The governance of every public school is vested in its School Governing Body (SGB) which may perform only such functions and obligations and exercise only such rights as prescribed by the Act. Implementation of the HIV, STI and TB Policy does not fall within the governance function of the governing body. An SGB is akin to a legislative authority within the public-school setting, being responsible for the formulation of certain policies and regulations in order to guide the daily management of the school and ensure an appropriate environment for the realisation of the right to education. By contrast, a principal's authority is more executive and administrative in nature, being responsible (under the authority of the Head of Department) for the implementation of applicable policies (whether promulgated by governing bodies or the Minister, as the case may be) and the running of the school on a day-to-day basis.

Education has always been a partnership between teachers, learners and parents. School Governing Bodies, as legal representatives of parents in schools, formalise this partnership. The involvement of governing bodies in the education system in the country is the beginning of making education truly a societal issue.

**School Management Team:** A School Management Team is a group of educators that exercise the management responsibility of a school and assist the principal with the execution of the professional management function, which also includes implementation of policy.

**School Support Staff:** All school staff, including the Principal, who are not trained to teach but provide a support role in the school and may include secretaries, administrators, facility-managers and tea, cleaning or security personnel amongst others.

**Sexual Consent:** The age of consent in South Africa for all sexual acts is 16 years, as specified by sections 15 and 16 of the Criminal Law (Sexual Offences and Related Matters Amendment Act, 2007. Section 15 (statutory rape) prohibits *an act of sexual penetration with a child who is 12 years of age or older but under the age of 16 years*, while section 16 (statutory sexual assault) prohibits *an act of sexual violation with a child who is 12 years of age or older but under the age of 16 years*. However sexual acts between two children where both are between 12 and 16, or where one is under 16 and the other is less than two years older, do not constitute a criminal act. (See access to contraception and HIV testing above).

**Sexual and Reproductive Health Services:** This includes services for family planning; infertility services; prevention of unsafe abortion, termination of pregnancy and post-abortion care; prevention, 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 Chancroid. More than 20 disease-causing organisms and syndromes *are* now recognised as belonging in this category.

**Stigma:** Stigma (both internal and external) 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.

**Support Staff:** This covers all staff of the DBE other than principals, educators and officials in permanent or temporary employment within the system.

**Traditional Male Circumcision:** Traditional male circumcision is carried out for cultural reasons, particularly as a component of an initiation ritual and/or rite of passage into manhood. The procedure is usually performed on adolescents or young men in a non-clinical setting by a traditional provider with no formal medical training.

### Foreword by the Minister



The dual pandemics of the Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) have fundamentally changed the burden of disease in South Africa by depleting human resources and placing the country's social support systems under extraordinary strain. HIV and AIDS is no longer simply a health concern, but a developmental problem that affects the social, cultural, political and economic fabric of the nation. It therefore must be tackled within the context of the behavioural, economic, socio-cultural and environmental factors driving the epidemic.

For the Department of Basic Education (DBE), HIV and TB pose a significant management challenge. Together they erode the basic education sector's capacity to retain learners, educators and officials in the system. Equally, these diseases pose a significant risk to the attainment of quality basic education as they impact the efficiency, quality and output of the sector. In addition, a large number of children 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.

We know the protective role that education could play in reducing young people's vulnerability to HIV, TB, unintended early pregnancy and harmful behaviour in general, and call on society to support every child of school-going age to stay in school until completion.

South Africa currently has an estimated 2 000 new HIV infections each week in adolescent girls and young women aged 15 to 24 years. This is a situation we cannot allow to continue.

This National Policy on HIV, STIs and TB presents the sector's vision and contribution to the national efforts in responding to HIV, STIs and TB, based on the best available evidence coupled with wide and robust consultation with all our stakeholders over a number of years. We are indebted to each and every person who took the time and effort to provide us with comments and input through various means.

For the first time, the schooling sector will address Tuberculosis integrally. We are pleased to be the first country in the world to have a policy on HIV *and* TB emanating from the education sector.

Collectively, South Africa has committed to prioritise prevention, especially among the most at-risk groups, while we continue to provide access to treatment, care and support to those infected and/or affected. We must also ensure that our valuable teachers have the means to protect themselves from these diseases, and are supported to lead healthy lifestyles through improved Employee Health and Wellness Programmes.

However, we cannot do it alone. We rely heavily on the continued cooperation and support of all learners, officials, stakeholders and partners for the full implementation of the policy.

The work ahead requires courage, commitment and leadership from every one of us. Let us join hands and work together for an AIDS- and TB-free generation!

(Signed)

**MRS AM MOTSHEKGA, MP**

## 2 PURPOSE OF THE POLICY

The Department of Basic Education National Policy on HIV, Sexually Transmitted Infections and Tuberculosis 2017 was developed through a participatory consultative process with stakeholders inside and outside the Basic Education sector. The Policy presents a bold new vision for the sector, to drive the response on HIV, Sexually Transmitted Infections (STIs) as well as Tuberculosis. It is aligned to, and presents the sector's contribution towards the National Strategic Plan on HIV, STIs and TB for South Africa, 2017-2022 (the NSP). The Policy replaces the 1999 Department of Education National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions. As South Africa strives to realise quality basic education and an HIV-free generation among the under-20 age group by 2030, this Policy will guide the strategies required to realise a systematic and sustained response to HIV and TB and ensure that it is the business of everyone in the sector to prevent disease and promote the health and well-being of learners, educators and officials in all our schools.

### 2.1 BACKGROUND AND CONTEXT

Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) are regarded as chronic diseases that have reached epidemic proportions in South Africa. It is estimated that currently 7 million people are HIV positive with an approximate 270 000 new HIV infections and 450 000 new TB infections annually. Although long assumed to be primarily a public health issue, TB and HIV also constitute a major *management* challenge for the country in general, and the Basic Education Sector in particular. 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 and better understanding of Anti-Retroviral Therapy (ART) means that people living with HIV, including educators, learners, officials and their families, can continue to lead normal and productive lives.

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, STIs 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. Children are in the education system for 12 years, at a time which bridges 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 a systematic and sustained response to HIV, STIs and TB is the business of *everyone* in the Basic Education Sector. The Policy is also intended to simultaneously contribute to the Medium Term Strategic Framework (MTSF) and Delivery Agreement for Outcome 1: Quality Basic Education.

Given the high level of HIV and TB co-infection in South Africa and the extent of the shared vulnerability to these diseases, their potential to threaten the systemic functioning of Education is profound. In combination, these diseases impact the efficiency, quality and output of the Basic Education 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 have the effect of making existing systemic problems worse and must be dealt with as an integrated part of routine education system management, and as a cornerstone of a national multi-sectoral response. HIV and TB, as well as learner pregnancy, 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, HIV, and TB affect whole communities within which schools and educational institutions function. Large 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 the comprehensive response to these diseases everyone's business.

The Department of Basic Education (DBE) has, since 2000, been implementing the HIV and AIDS Life Skills programme. However, with the evolution of the HIV epidemic over the decades, and based on global evidence on effective HIV programmes in education, the Department has expanded its programmes beyond curriculum interventions. HIV Programmes have been extended to address the drivers of the epidemic, by providing care and support for orphaned and vulnerable learners, as well as integrating the prevention of unplanned early pregnancy and Tuberculosis.

Prevention and management of HIV, STIs, TB and unintended early pregnancy in the Basic Education Sector is the shared responsibility of the Social Sector, principally the Departments of Basic Education (whose core business is education), Health and Social Development. This response is guided by the South African National Development Plan (Vision 2030); the National Strategic Plan on HIV, STIs and TB (2017-2022); the National Youth Policy 2015-2020 (the Presidency 2015); the National Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Framework Strategy (DSD 2015); the Department of Public Service and Administration (DPSA) Strategic Framework for Public Service HIV&AIDS Response

(DPSA 2012). In the Department of Basic Education, the Policy is guided by the Education White Paper 6 (DOE 2001); the Action Plan to 2019: *Towards the Realisation of Schooling 2030*; the DBE's Care and Support for Teaching and Learning (CSTL) Framework (2008); and the Integrated School Health Policy and Programme (DBE and DOH, 2012).

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 affording children special recognition in the Bill of Rights of the South African Constitution. This position is further informed by a number of international, continental and regional obligations, commitments and targets on education, health and gender equality. These include the Sustainable Development Goals (SDG) 3 (healthy lives and wellbeing for all at all ages); SDG 4 (inclusive and equitable quality education and lifelong learning opportunities for all); SDG 5 (gender equality and empower all women and girls); and contributing to SDG 8 (sustained inclusive and sustainable economic growth, full and productive employment and decent work for all) and SDG 1 (end poverty in all its forms everywhere); the UN Commission on the Status of Women Resolutions on Women, the Girl Child and HIV and AIDS; the UN Convention on the Rights of the Child; the Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern African (ESA) (2012).

This rights-based Policy therefore recognises and is consistent with these and other instruments and agreements on HIV, STIs and TB, including those related to Gender Sensitivity and Equality; Sexual and Reproductive Health and Rights (in terms of the Children's Act of 2005 (Act No. 38 of 2005 as amended) and the Criminal Law Amendment Bill (Sexual Offences and Related Matters)); Labour Rights; and the Rights of Persons with Special Needs and Disabilities.

The Department of Basic Education played an integral role in the development of the National Strategic Plan (NSP) 2017-2022, and served on the Steering Committee which provided oversight and guidance to the process of development and content of the new NSP. This Policy is therefore aligned and responds to the NSP 2017-2022. In particular, the fundamental need for a multi-sectoral response, the prioritisation of young people in general and adolescent girls and young women in particular, as well as the intense focus on combination prevention (biomedical, behavioural, social and structural interventions) all place the role of the Basic Education Sector at the forefront of the country's prevention programme. The NSP will not succeed without the active involvement of the Basic Education Sector. The provision of quality Comprehensive Sexuality Education has been identified as a game changer to accelerating prevention.

The impact of HIV, STIs and TB can be prevented, managed, contained and finally reversed in the Basic Education Sector with the support of its partners in the Departments of Health, Social Development, as well as Civil Society. To help achieve this, every person directly or indirectly involved in the Basic Education Sector must recognise that they have a responsibility as role models to protect themselves and a moral and legal responsibility to protect others from HIV, STI and TB infection. Acceptance of this shared responsibility will underpin the successful implementation of the DBE's linked integrated Strategy on HIV, STIs and TB and facilitate the attainment of the Basic Education Sector's Policy Goals. It must also be recognised that the response to HIV, STIs and TB must be consistent with, and supportive of, education system efficiency, output and quality. The health and well-being of its staff (educators and officials) is thus of primary importance to the Department and in the success of the sector.

### **3 POLICY GOALS**

- 3.1 Improved coordination and mainstreaming of the Basic Education Sector response to HIV, STIs, TB and unintended pregnancy, to accelerate implementation of a comprehensive strategy for prevention, treatment, care and support
- 3.2 Increased knowledge, cognitive skills and information about safer sex, 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, STIs and TB prevention, diagnosis, treatment and care and support services to reduce the incidence and impact of HIV, STIs, TB and unintended pregnancy amongst learners, educators, school support staff and officials, and unintended pregnancy amongst learners.
- 3.4 Increased retention of learners, educators, school support staff and officials in a safe and protective education environment as well as improved reintegration of learners, to improve system efficiency, quality and output.

### **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 from Grade R to Grade 12 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 (2017-2022); the Education White Paper 6 (2001); the DPSA Strategic Framework for Public Service HIV&AIDS Response (2012); the National Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Framework Strategy (2014 - 2019); the Action Plan to 2019: *Towards*



In particular, they are intended to achieve simultaneous positive effects on the goals attached to the sector Medium Term Strategic Framework; and 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 2019: Towards the Realisation of Schooling 2030*.

Interventions will be evidence-based, quality-assured 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 Department of Basic Education (DBE); provincial education districts; other government departments such as the Departments of Health (DOH), Social Development (DSD), Women (DOW) and Public Service and Administration (DPSA); 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; the private sector; 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 and/or TB status, or as a result of pregnancy.

### **5.2 Access to Counselling, Testing, Treatment, Care and Support**

All learners, educators, school support staff and officials who are living with, or effected by HIV, STIs and/or TB in the Basic Education Sector have the right to access an essential and holistic package of health and social services. These will be made available in schools, educational institutions and offices by the DBE and its partners, and will include information on prevention, counselling, testing, treatment, care and support or active referral to providers of these services.

### **5.3 Access to Information**

Every person in the Basic Education Sector has the right to access relevant and factual comprehensive sexuality education including the prevention of HIV, STIs, TB and pregnancy, as well as the 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 Access to Protection**

Every person including learners, educators, school support staff and officials in the Basic Education Sector have the Constitutional Right to access the means to protect themselves from HIV, STIs, TB and unintended pregnancy.

### **5.5 Equity and Protection from Stigma and Discrimination**

Every person in the public and private 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, whether or not they are living with or are affected by HIV, STIs or TB, or are pregnant or 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. The sector will reflect a continued and deepened commitment to *equal treatment and social justice*, including protection of human rights, increased access to justice with the aim of reducing externalised and internalised stigma among people living with HIV and TB.

### **5.6 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.

### **5.7 Gender Equality, Sensitivity and Responsiveness**

HIV, STIs and TB may affect women and men, girls and boys and those from the LGBTQI community 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 and address the vulnerabilities of learners, particularly those of the girl-child, to gender-based violence, incest and any kind of abuse. The DBE (including provinces and districts, who are often first to be notified) will actively investigate and respond to allegations of sexual assault and/or rape by learners, educators, school support staff and officials in the Basic Education Sector as guided by the Protocol for the Management and Reporting of Sexual Violence in Schools

### **5.8 Privacy and Confidentiality**

Every person in the Basic Education Sector has the right to privacy and confidentiality regarding their health, gender identity or sexual orientation including information related to their HIV, STI or TB 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, which 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, school support staff and officials at the school.

## **5.9 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 (normally two weeks from commencement of treatment) and their regular access to treatment over this period must be reasonably accommodated. Such accommodation will be aligned with the DPSA's Policy on Incapacity Leave and Ill-Health Retirement (PILIR) guidelines for educators, school support staff and officials. Learners hospitalised for extended periods of time, whether for the treatment of HIV, STIs, or TB, 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.

## **5.10 Safety, Security and Health in Workplaces and Learning Institutions**

All 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, STI 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, STIs, TB and learner early and unintended pregnancy, as detailed in the index of Key Policy Issues (Addendum A, page 18).

The themes are—

- Creating an Enabling Environment;
- Prevention;
- Treatment, Care, Counselling and Support;
- Impact Mitigation;
- Workplace Issues; and
- Management of Policy Response.

### **6.1 CREATING AN 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, TB and unintended pregnancy 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 for this Policy and its implementation strategy, and act at all times as positive role models, advocates and change-agents, to create awareness and share information about this Policy and its approach to HIV, STIs and TB.

6.1.2.2 The South African National AIDS Council (SANAC) will assist in sustaining an enabling environment for DBE's HIV, STIs and TB Policy and will provide support for the integration of the most up-to-date approaches to HIV, STIs and TB prevention, treatment and mitigation.

#### **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. Progress against its stated 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**

This Policy is fully aligned with the South African National Development Plan (Vision 2030); the National Strategic Plan on HIV, STIs and TB (2017-2022); the National Youth Policy 2015-2020 (the Presidency 2015); the National Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Framework Strategy (DSD 2015); and the Department of Public Service and Administration (DPSA) Strategic Framework for Public Service HIV&AIDS Response (DPSA 2012). In the Department of Basic Education, the Policy is guided by the Education White Paper 6 (DOE 2001); the Action Plan to 2019: *Towards the Realisation of Schooling 2030*: the DBE's Care

and Support for Teaching and Learning (CSTL) framework (2008); and the Integrated School Health Policy and Programme (DBE and DOH, 2012).

At a global level, the policy is aligned with the United Nations Convention on the Rights of the Child; the Sustainable Development Goals – SDG 3: Ensure healthy lives and promote well-being for all at all ages; SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; SDG 5: Achieve gender equality and empower all women and girls; and contributing to SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; and SDG 1: End poverty in all its forms everywhere; the UN Commission on the Status of Women Resolutions on Women, the Girl Child and HIV and AIDS; as well as the Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for adolescents and young people in Eastern and Southern African (ESA Commitment) (2012), amongst others.

#### **6.1.5 Mainstreaming**

6.1.5.1 Every unit of the DBE at national, provincial, district and institutional level, will be responsible for mainstreaming the response to, and support services for, HIV, STIs, TB or unintended pregnancy, 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, to strengthen the work of affected units and monitor this policy and its implementation.

#### **6.1.7 Roles and Responsibilities**

6.1.7.1 The DBE will clarify and 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 Presidency, the DHET, the DOH, the DSD, the DPSA, the DoW, organised labour, civil society and all stakeholders to realise the educational and health rights of all learners, in particular those who are most vulnerable.

### **6.2 PREVENTION**

#### **6.2.1 Policy Objective**

*All learners, educators, school support staff and officials in the Basic Education Sector have the skills, knowledge, information, materials, services and commodities to empower them to make informed life choices to protect themselves from HIV, STIs and TB as well as unintended pregnancy.*

#### **6.2.2 Information, Awareness and Access**

6.2.2.1 Children above the age of 12 have the right of access health services including sexual and reproductive health services, without having to seek parental consent. Changes to the Criminal Law Amendment Bill (Sexual Offences and Related Matters) state that children between the ages of 12 and 16 may consent to sexual acts with one another. Children above the age of 16 are considered by the law to be capable and mature enough to consent to any sexual act, according to the Amendment Act 32 of 2007.

6.2.2.2 Age- and developmentally-appropriate Comprehensive Sexuality Education will be provided in schools. The curriculum will include comprehensive scientifically accurate, realistic, non-judgmental information on HIV, STIs, pregnancy and TB, including dual protection contraception, HIV testing, STI screening and treatment, and information on medical male circumcision. Information and awareness programmes will be made available and accessible to all learners, educators, school support staff and officials in the Basic Education Sector.

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

6.2.2.4 Holistic information on the use of male and female condoms (barrier methods of contraception to prevent HIV, STIs and unintended pregnancy). The DBE will facilitate access to these for learners over the age of 12 as well as all educators, school support staff and officials.

6.2.2.5 Discreet access to male and female condoms (barrier protection) and information on their use will be available to all learners, – dependent only on age of consent inquiry or need – by suitably persons in a supportive and friendly manner. Management of this distribution process and mechanisms for the storage and distribution of condoms will be informed by the local context of each institution. Detailed guidance will be provided in the supporting strategy and summarised in *School Field Guides*.

#### **6.2.3 Combination Prevention Approaches**

6.2.3.1 The Policy will promote a multi-sectoral approach to prevention that employs a combination of measurable objectives on informational, biomedical, behavioural,

social and structural interventions including dual protection, STI screening and treatment, HIV testing and medical male circumcision. Accessible and non-judgemental sexual and reproductive health services for learners will be available through the integrated school health programme, health facilities and civil society partnerships to help reduce transmission and mitigate susceptibility and vulnerability to HIV, STIs and/or TB, as well as unintended early pregnancy. Health services for educators, school support staff and officials will be facilitated through the Employee Health and Wellness Programmes. The DBE, DOH, DSD, organised labour, SGBs and development partners and civil society will collaborate on the provision of these services and protection methods.

#### **6.2.4 Integrated School Health Policy and Programming**

- 6.2.4.1 Strengthening of the ISHP 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 all vulnerable learners, especially those living with or affected by HIV, STIs, TB or unintended pregnancy 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 have committed themselves to the improvement of the general health and wellbeing of learners; safe 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 or alternative channels will be offered to all learners engaging in risky sexual behaviour. This should include the offer and provision of dual protection and other contraception, HIV counselling and testing (HCT), adolescent-friendly health services and screening for STIs – an exacerbating factor in the spread of HIV. Where mobile health units are not available, services will be provided through a range of alternative channels. Amongst these options is the development of district-level health and social services teams.
- 6.2.5.2 Services on sexual and reproductive health will be provided by professional nurses or other trained health professionals in a manner that protects the privacy and confidentiality of learners, educators, support staff and officials. Where this cannot be guaranteed, the persons concerned must be referred to a health facility to receive the services. Participation is voluntary and access will be facilitated by the Principal and the School Management Team, in the language of choice wherever possible.
- 6.2.5.3 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 possibility of active TB infection.
- 6.2.5.4 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*.
- 6.2.5.5 These protocols will include the provision by the DOH or health officials of medication to reduce the risk of developing TB in people living with HIV, as well as for those receiving combination antiretroviral treatment.
- 6.2.5.6 Where learners, educators, school support staff or officials have active TB there is a possibility that TB could 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. In addition, case finding will be extended to household contacts to improve the tracking of persons with undiagnosed TB.
- 6.2.5.7 In terms of TB prevention protocols, the Occupational Health and Safety (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 Comprehensive Sexuality Education (CSE) will be a compulsory and timetabled subject in the curriculum, supported by appropriate Learner and Teacher Support Material (LTSM) and teacher training, development and support. CSE will be age-appropriate, culturally relevant, scientifically accurate, realistic and non-judgmental to provide information, skills and values to support safe and health promoting

behaviours and life choices. CSE will include sexuality, reproductive health, gender-based violence, alcohol and drug abuse, peer pressure, relationships and responsibilities, including a focus on HIV, STIs, TB and unintended pregnancy. The effective delivery of Life Skills education will be the responsibility of the Principal and the School Management Team.

- 6.2.6.2 The Life Skills curriculum will also focus on the risk of teenage pregnancy, contraception and access to information on available choices, including termination of pregnancy services.
- 6.2.6.3 The limited time available for Life Skills in the curriculum will be supplemented through the innovative development and introduction of co-curricular, evidence-based learning modules, which will be regularly assessed from Grade 1 to Grade 12. However, within the context of limited curriculum availability, the air-borne threat of Pulmonary TB in education institutions will feature strongly in classroom presentations.
- 6.2.6.4 Delivery of scheduled modules and materials will be monitored and evaluated to ensure the comprehensive delivery of prevention messaging and empowerment of learners, educators, school support staff and officials to make healthy lifestyle choices.

### **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 non-judgemental, inclusive and empathetic, and 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, gender-based violence and promotion activities.
- 6.2.7.3 Curricula and co-curricular 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 The DBE will provide a safe and appropriate health-promoting environment conducive to learning for all learners, educators, school support staff and officials and ensure they have access to safe and effective water and sanitation systems adapted to prevent the spread of HIV, STIs and TB.
- 6.2.8.2 Learners and educators will be encouraged and supported to work together to create an environment of mutual respect free of discrimination, exploitation, sexual harassment, bullying and abuse with particular emphasis on any form of gender-based or sexual 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 in any way by HIV, STIs, TB or unintended pregnancy among learners can access information, treatment, care, counselling and support.*

### **6.3.2 Information and Awareness**

- 6.3.2.1 Schools and other education workplaces will provide comprehensive information and guidance on HIV, STIs, TB or unintended early learner pregnancy as well as 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 and will provide referrals to clinics or other health 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 management of HIV, STIs, TB or unintended pregnancy.
- 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, STIs 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 care and support, particularly for the most vulnerable learners.
- 6.3.3.4 In terms of the CSTL framework, the DSD in association with the DBE, will assist learners to access services, by maintaining referral networks with health and social service providers.

### **6.3.4 Reasonable Accommodation**

- 6.3.4.1 Reasonable provision will be made to support the teaching and learning of all learners living with or affected by HIV, STIs or TB at every level of the Basic Education Sector.
- 6.3.4.2 Schools will accommodate any reasonable absence required for diagnosis, treatment, care, counselling and/or support linked to HIV, STIs, TB or pregnancy and will be flexible in implementing learning arrangements for learners unable to attend on a regular basis due to their need for support linked to these conditions.
- 6.3.4.3 Schools will provide support for the improvement of access and adherence to Antiretroviral Treatment (ART) for all learners, educators, support personnel and officials who are living with HIV.
- 6.3.4.4 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 a health provider or Clinic and communicated to the school.

### **6.3.5 Gender Equity, Equality, Sensitivity and Empowerment**

- 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 as well as those of other gender orientations.
- 6.3.5.2 Policy implementation strategies will recognise that girls and young women are in a particularly vulnerable position, especially in relation to unplanned pregnancy, HIV and STIs. The unique vulnerabilities and matters affecting boys shall receive additional attention.
- 6.3.5.3 Schools, especially those with boarding facilities, will make additional provision for the protection of female and male learners and ensure access to such provision through institutional regulations.
- 6.3.5.4 Through the provisions of compulsory comprehensive sexuality education and associated learning materials, schools will teach learners about gender identity, gender roles, gender orientation and expression, the influence of power in relationships and the need for responsible and protective behaviours. These will be aligned to and include some lessons from international best practices on CSE. The special needs of all learners based on their gender identity and expression shall also be considered and prioritised.

### **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 timely access to appropriate support and referral services. These services will include—
  - Information on sexual and reproductive health and rights (SRH&R);
  - Information on comprehensive sexuality education, contraception and dual protection;
  - Management of sexual harassment;
  - Pre-exposure prophylaxis (PrEP) for HIV (or counselling and referral);
  - Post exposure prophylaxis (PEP) for HIV (or counselling and referral);
  - Voluntary counselling, testing and treatment for HIV, STIs and TB;
  - Medical treatment including antiretroviral therapy (ART);
  - Care and treatment for TB and other opportunistic infections;

- Information on and referral for Male Medical Circumcision (MMC) and appropriate time to undertake this service, including traditional circumcision;
- Prevention of Mother to Child Transmission of HIV;
- Referral for pregnant learners;
- Grief and bereavement counselling; and
- Counselling for positive living and/or referral to support clubs,

## **6.4 IMPACT MITIGATION**

### **6.4.1 Policy Objective**

*To mitigate the impact of HIV, STIs, TB and unintended learner pregnancy 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.*

### **6.4.2 Orphans and Vulnerable Children**

- 6.4.2.1 The DBE shares responsibility with the DOH and DSD for the monitoring and management of the impact of HIV, STIs, TB and pregnancy on orphans and vulnerable children (OVC) and other infected and affected learners, but is primarily responsible for support 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 and can access post-school opportunities. A package of pro-poor programmes will be implemented to mitigate the impact of HIV, STIs and TB as well as any associated vulnerability.
- 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 LGBTQI Vulnerability**

- 6.4.3.1 The DBE acknowledges the vulnerability of lesbian, gay men, bisexual, transgender, queer, questioning and intersex (LGBTQI) learners, educators, school support staff and officials and will ensure that they enjoy the same support, protection and freedom as their heterosexual peers in the system. In addition, gender, gender identity and gender expression will be included in the curriculum for CSE (see sections 6.2.2 and 6.2.6).

### **6.4.4 Special Needs Education and Disabilities**

- 6.4.5.6 The DBE will address the needs of those learners living with or affected by HIV, STIs, TB or pregnancy with special learning needs or disabilities and ensure their inclusion in the provision of teaching and learning in a barrier-free Basic Education Sector.
- 6.4.5.7 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.

### **6.4.5 School Support and Flexibility**

- 6.4.5.1 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.
- 6.4.5.2 Schools will provide nutritional supplementation within the basic education sector through the National School Nutrition Programme for learners made vulnerable by poverty, orphaning, HIV, STIs and/or TB or any other condition affecting their capacity to learn or remain in school.

## **6.5 WORKPLACE ISSUES**

### **6.5.1 Policy Objective**

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

### **6.5.2 Information and Awareness**

- 6.5.2.1 Educators, school support staff and officials will have access to comprehensive and accurate HIV, STI, TB and reproductive health information, as well as 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 and reproductive

health issues, including harassment and abuse in the workplace, and relevant resource materials will be developed and made available.

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

### **6.5.3 HIV, STIs 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, TB or pregnancy in terms of recruitment, appointment, deployment, employment, promotion, training or benefits, or be required to undergo HIV, STI, TB or pregnancy 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 educators, school support staff and officials in the workplace, whether female, male or any other gender orientation will be recognised and addressed.
- 6.5.3.5 The provision of male and female condoms and other forms of contraception, together with information on their use, will be assured by the DBE in a discreet, appropriate and accessible manner in the workplace.

### **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 OHS guidelines will incorporate HIV, STI and TB prevention and care strategies.

### **6.5.5 Employee Wellness**

- 6.5.5.1 In terms of the Employee Health and Safety (EHW) programme, counselling, treatment and psycho-social support will be available for employees living with or affected by HIV, STIs, TB or pregnancy through referral to appropriate services.
- 6.5.5.2 Disability and/or death resulting from HIV, STIs, or TB will be reduced through universal access to screening, diagnosis, care and treatment of these conditions.
- 6.5.5.3 The DBE will endeavour to ensure that employees living with HIV, STIs and/or TB have access to 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 directed at any learners, educators, school support staff and officials, 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 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 STI, TB or pregnancy, 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.*

### **6.6.2 Management and Coordination**

- 6.6.2.1 The impact of HIV, STIs, TB and unintended learner pregnancies on education makes



existing systemic problems worse, and a strategic response must be mainstreamed into routine Education Sector management at every level.

- 6.6.2.2 The DBE will guide and coordinate the planning and implementation of a new strategic framework for HIV, STIs, TB and teenage pregnancy response 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 provincial, district and institutional 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, TB and unintended learner pregnancy 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 the DBE at national, provincial, district and institutional level, and monitor implementation of this Policy against the outcome indicators identified in the DBE's integrated Strategy on HIV, STIs and TB and the NSP (2017-2022).
- 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, DPSA, DOW and DSD.
- 6.8.3.4 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, in support of the country's NSP (2017-2022).
- 6.6.4.2 The successful implementation of the HIV, STI, TB and unintended pregnancy response strategy will be the responsibility of those sections of the DBE impacted by HIV, STIs, TB or unintended pregnancy at national, provincial, district and institutional level, requiring them to mainstream these responses into their diverse portfolios.
- 6.6.4.3 The nine provincial Departments of Education will be responsible for mainstreaming the implementation of the HIV, STI 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, STIs, TB and unintended pregnancy 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 their own policy in response to HIV, STIs, TB and unintended pregnancy, based on this National Policy and provincial and school *Field Guides*, taking account 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, STIs, TB and unintended learner pregnancy and the implementation of prevention 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 and nongovernmental 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 HIV, STIs, and TB programmes 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 the HIV, STIs and TB, and effective education system management.

**6.6.7 Strategy Outputs, Performance Measures and Activities**

- 6.6.7.1 The DBE will develop a Monitoring and Evaluation (M&E) Framework linked to an Implementation Plan (IP) to measure inputs, process/activities, outputs, outcomes and impact to inform recurrent planning, resource allocation and strategy refinement, and ensure the reporting of these. Reports will be generated and submitted quarterly and annually.
- 6.6.7.2 Adequate resources will be allocated nationally and provincially to support the monitoring, evaluation and reporting of the Policy and strategy implementation.
- 6.6.7.3 All levels of the Basic Education Sector will report on the implementation of the Policy and Implementation Plan in their annual reports, against the performance measures identified in the linked 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 as well as any other research related to these conditions as they pertain to the basic education sector.
- 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 research considered on all components of the strategy.
- 6.6.8.3 The DBE will coordinate all related research in the Basic Education Sector and collaborate with other stakeholders and research agencies to focus resources and avoid duplication, in order to share the results of the research on a regular basis and to sharpen DBE programmes.

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(Editorial Note: Wording as per original *Government Gazette*.)