



MAASAI MARA UNIVERSITY

HIV AND AIDS POLICY

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DEDICATION

The family of MMU and the surrounding Maa Community

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ACRONYMS AND ABBREVIATIONS

MMU – Maasai Mara University

ACU – Aids Control Unit

NACC – National Aids Council

FGM – Female Genital Mutilation

ILO – International Labour Organization

PLWHA – People Living with HIV/AIDs

APRECOREC – Aids Prevention and Control Resource Centre

PREFACE

HIV/AIDS poses many challenges in the workplace which include loss of human capital through deaths and early retirement on medical grounds, low productivity, absenteeism, discrimination, stigmatization and general spending of organizational resources on the scourge instead of developmental programs. This is aggravated by the fact that HIV/AIDS affects people mainly in their ages of prime productivity (between 15 and 49 years). For a young institution of higher learning that MMU is surrounded by a transitory community of tourists and large-scale commercial farmers as well as wealthy pastoralists on the one hand, and abject poverty on the other, the need for an HIV/AIDS work place policy cannot be overemphasized.

The government in response to the challenges posed by HIV/AIDS declared the pandemic a national disaster in 1999 and through sessional paper No 4 put in place a national policy, defined institutional frameworks and intensified intervention measures for prevention, control and mitigation of the HIV/AIDS impact. But it was not until 2005 that Public Service Commission through the Directorate of Personnel Management, developed a comprehensive workplace policy to provide guidance for specific response to the pandemic within the public sector.

MMU as a public institution has developed this work place policy against this backdrop. However, specific response strategies require the institution to make consideration of its unique constituents who include employees, students, and the surrounding community and where, the University is expected to play a leadership role. The response strategies are aligned to three thematic areas: resource mobilization, capacity building and effective and harmonized human resource management.

1.0 BACKGROUND

Under the social pillar of Kenya's vision 2030 the ministry of health is charged with the responsibility of shifting healthcare from a curative approach to a preventive one with reduction in incidences and it is expected to be evidence based. NACC the agency that is responsible for managing HIV/AIDs prevention and control programs has developed a strategic framework and it has rolled the same out to the public sector.

MMU, being a public institution, is expected to play its role towards achieving the overall strategic direction which is, to reduce new infections and has come up with four objectives for the year 2015/16:

1. To increase coverage of care and accessibility and, continece of infections within the host.
2. Achieve zero-level tolerance for stigmatization and discrimination.
3. Build capacity/competence for effective performance of the ACU function
4. Increase community outreach

Funding amounting to Kenya shillings 5 million is required for the successful implementation of the various programs that have been identified as the vehicles for achieving these programs.

The need for an HIV/AIDS Policy is based on the characteristics of the MMU population and that of the surrounding community and; which have a bearing on the prevalence of HIV/AIDs, are listed hereunder:

- ❖ The prevalence of people living with HIV/AIDs is considerably high. This an
- ❖ It has been observed further that a large proportion of those who come to the Health Unit for medical attention suffers from STI related illnesses.
- ❖ of the students are orphaned due to HIV/AIDs
- ❖ A significant percentage of the population abuse drugs and substance (especially alcohol)
- ❖ Stigmatization and discrimination has driven many of the MMU community members to seek support from other facilities outside the university.

- ❖ High incidence of pregnancies among students, indicating that many of them practice unprotected sex.
- ❖ Tourists visiting the Mara pass through Narok town and the often seek to have sex with the students with the lure of money.
- ❖ Narok County has very fertile soils and attracts prosperous large scale commercial farmers, especially of wheat. During harvest season they are also a sex snare for students, again with the lure of money.
- ❖ Narok County community is basically pastoralist and sale of cattle is a lucrative business. The dealers thereof also lure students to have sex with them in exchange for money.
- ❖ The local community surrounding the university is predominantly Maasai whose cultural practices include early marriages, polygamy and FGM.
- ❖ Generally, the population leads a sexually active life.

ACU is the committee that is mandated with the prevention and control of HIV/AIDs infection in MMU and its environs. The funding sought is to enable the committee to address the issues listed above through the objectives that it has set for the year 2015/16 in pursuit of its mandate and, of the overall national goal, which is to work towards reducing the incidence of new infections by 75% in 2015/16 as set out in the NACC strategic framework and in line Kenya's vision 2030.

ACU-MMU is set to run various programs all aimed at preventing and controlling the spread of HIV/AIDs in the university community and its environs. More specifically, the goal is to produce evidence-based performance of achieving 75 reductions in new infections.

In order to achieve this goal ACU plans to continue testing with the application of bio-safety measures for both HIV/AIDs and other communicable diseases; perform training for trainers; recruitment and training for peer counselors; establishment of a youth-friendly VCT center; establishing support groups incorporating affected and infected; give treatment and nutritional support to those living with the virus and; give financial support to students orphaned through the scourge.

Having evidence based programs means more meticulous planning, diligent implementation and vigilant administration of each program process. The overall objective of these programs is to ensure increased access to available interventions, improve the quality of care and eliminate stigmatization and discrimination. At the same time the committee seeks to strengthen accountable leadership.

2.0 GOALS AND OBJECTIVES

The goal of ACU is to prevent and control the spread of HIV/AIDs within the university and its environs. Studies have shown that, with proper interventions, the spread of the scourge can be checked and, those living with the virus can lead and productive lives and contribute to national development. ACU's objectives are:

1. To increase coverage of care and care/accessibility and, continece of infections within the host.
2. Achieve zero-level tolerance for stigmatization and discrimination.
3. Build capacity/competence for handling
4. Increase community outreach

3.0 SCOPE

This policy sets standards for managing HIV and AIDS for workplace programmes. It applies to Maasai Mara University as an employer. It also applies to its employees and its students.

4.0 RATIONALE

The impact of HIV and AIDS is similar in university population like in the general population in the country. Most importantly the university population is vulnerable and at great risk of contracting HIV. Since the future manpower dependent on such institutions, something urgently needs to be done to preserve this resourceful population.

4.1 Role of University in Wider Society

4.1.1 The University of Maasai Mara like other institutions is strategically placed to be part of these comprehensive responses. The core business of the MMU is Teaching, Research and Community Service. It trains young people transforming them into highly skilled human resource in all sectors for the Kenyan economy. HIV prevention strategies need to be centred on young people because they are the fastest growing population of infected individuals. Providing this human resource with skills in HIV/AIDS prevention will not only preserve them but will have a multiplier effect as they take these skills to their different work places. For example, teachers with HIV/AIDS prevention skills will directly impact on the lives of many younger students who are not yet at the institution of higher learning. Furthermore, researchers in agriculture may be challenged to develop high production, low resource input farming methods for communities that have severely curtailed manpower because of HIV/AIDS. This is not only for the students but also for staff of all categories. In light of these challenges the University's initiative on HIV/AIDS policy addresses impact of HIV/AIDS on the workplace for staff, students and the entire society.

4.1.2 Maasai Mara University recognizes that comprehensive interventions work.

These include:

- a) Breaking the silence around HIV/AIDS.
- b) Public health and development strategies.
- c) Addressing the underlying socio-economic causes that make people vulnerable.
- d) Addressing gender inequities and inequalities.
- e) Ensuring that human rights and ethical principles are adhered to.

- f) Preventing discrimination and marginalization.
- g) Community involvement that includes people living with HIV/AIDS and civil society.
- h) Enlightened leadership.
- i) Integrating HIV/AIDS into the Education Curricula.
- j) Ensuring ethics adherence to Research and Care.
- k) Having HIV/AIDS prevention, control, and care and support activities at workplace for staff and students of all categories.

5.0 MANAGEMENT OF HUMAN RESOURCE

The Human Resource is the most important factor of production in any organization as it controls all the others. Success or failure of an organization depends largely on the human resource and there is therefore need to examine the issues that affect it. According to ILO, HIV and AIDS is a major threat to the world of work because it affects the most productive segment of the labour force. It is imposing huge costs on enterprises in all sectors through declining productivity and earnings, increasing labour costs and loss of skills and experience. It has also led to high staff turnover, high costs in training and replacement, high health care and employee welfare costs including funeral expenses.

In this regard, ACU-MMU has a particularly important role to play in MMU's response to HIV and AIDS. It shall be its responsibility to address the problems caused by HIV and AIDS in the workplace at both organizational and individual levels, recognizing that the dichotomy between organizational requirements and those of individuals living with or affected by HIV and AIDS makes this a challenging task.

This policy is the starting point for the management of HIV and AIDS in MMU as it establishes a coherent approach in addressing the issues associated with the pandemic. It provides consistency in MMU's dealings with employees through the programmes, procedures and rules that flow from the policy.

The policy addresses the following human resource management issues:

5.1 Recruitment and Promotion

HIV screening should not be a requirement for staff recruitment and/or promotion.

5.2 Sick Leave

Sick leave will be provided for as stipulated in the relevant service regulations. However, additional sick leave days will be decided by the employer on case-by-case basis at the discretion of the Authorised officers/Chief Executives.

5.3 Working Hours

Normal working hours will continue to apply for all employees. However, a more flexible approach will be applied for those who are infected or affected.

5.4 Counseling Services

MMU will ensure that each Department has a pool of skilled counselors trained from among the staff to provide counseling and referral services.

5.5 Termination of Employment

The policies and procedures pertaining to termination of services will apply to all employees. No employee shall be dismissed or have employment terminated based solely on perceived or actual HIV status.

5.6 Medical Privileges

The normal provision of medical privileges will continue to apply. However, to reduce the negative effects of illness and incapacity on employees, MMU will take steps to improve access to comprehensive care.

5.7 Deployment and Transfers

MMU shall review current policies, codes and deployment and transfer practices of employees. In particular, the Government shall ensure that:

- i. Where possible, partners and spouses shall not be separated to minimize vulnerability;
- ii. Where employees are deployed in remote areas, the period
- iii. served in such areas shall be limited to three years. Employees in these areas will also be facilitated to make frequent visits to their families;
- iv. Staff requiring access to family support or medical care shall be deployed appropriately; and
- v. Where fitness to work is impaired by illness, reasonable alternative working arrangements shall be made.

5.8 Training and Development

MMU will:

- i. Educate and train all its employees on HIV and AIDS related issues;
- ii. Monitor and evaluate human resource so that there is adequate supply of appropriately skilled manpower to meet the needs for service delivery;
- iii. Mainstream HIV and AIDS in all curricula and undertake regular updates to respond to the dynamics of HIV and AIDS; and
- iv. Ensure there is appropriate recognition of HIV and AIDS related training and development of career paths that encourage staff to work and remain in HIV and AIDS related fields.

5.9 Sexual Harassment, Abuse and Exploitation

There shall be zero tolerance to sexual harassment, abuse and exploitation in the workplace. Involvement in these vices shall be treated as gross misconduct and where proven, shall lead to disciplinary action.

5.10 Gender Responsiveness

HIV and AIDS affects and impacts on women and men differently due to their biological, social, cultural and economic circumstances. Application of this policy should be responsive to their different needs.

5.11 Exposure at the Workplace

- i. Employees who accidentally get exposed to HIV in the course of their duties shall be entitled to immediate Post-Exposure Prophylaxis (PEP) and follow up in the form of treatment in case of infection.
- ii. Provision shall be made to ensure safety and absence of risk to health, arising from the use, handling, storage and transport of articles and substances.

5.12 Retirement on Medical Grounds

HIV and AIDS is not a cause for termination of employment. As with many other illnesses, persons with HIV-related illnesses should be able to work as long as medically fit for available appropriate work, or until declared unfit to work by a Medical Board. Where an employee is medically unfit to continue working, MMU shall hasten the retirement process.

5.13 Terminal Benefits

Whenever an employee retires or dies due to HIV and AIDS or other reasons MMU will facilitate speedy processing of terminal benefits. Accordingly, it will be necessary for both MMU and employees to ensure that the next of kin records are updated regularly.

5.14 Confidentiality and Disclosure

- i. Disciplinary action, consistent with relevant legislation and regulations, will be taken against any employee who discloses a fellow employee's HIV status without consent.
- ii. Creating a climate of openness about HIV and AIDS is an effective prevention and care strategy. MMU shall create a working environment in which employees can feel safe to disclose their HIV status.

5.15 Discrimination and Stigma

- i. All employees shall have the same rights and obligations as stipulated in the terms and conditions of service. No employee or job applicant shall be discriminated against in access to or continued employment, training, promotion and employee benefits on the basis of their actual or perceived HIV status.
- ii. Employees shall not refuse to work or interact with fellow colleagues on the grounds that the latter are infected or perceived to be infected. Such refusal shall constitute misconduct.

5.16 Grievances and Concerns

All Authorized Officers/Chief Executives shall establish and maintain communication channels for employees to raise concerns and grievances and access support relating to HIV and AIDS.

5.17 Institutional Responsibility

MMU has an obligation and a responsibility to:

- i. Show leadership as part of the national campaign to address the pandemic;
- ii. Be educated and informed about the pandemic including developments in respect of prevention and treatment;
- iii. Implement this policy, as well as to continuously disseminate information about HIV and AIDS to all employees; and
- iv. Include HIV and AIDS workplace issues in the organization's Strategic Plan.

5.19 Employee Responsibility

- i. It shall be the responsibility of an employee to take appropriate
- ii. Action on being informed about HIV and AIDS, to protect him/ herself and the family and seek guidance and counseling.
- iii. All employees are expected to comply with the HIV and AIDS workplace
- iv. Policy. In addition, all employees are required to attend, lend support to and participate in all activities aimed at combating HIV and AIDS.
- v. It shall be the moral responsibility of infected employees to take care
- vi. Of themselves and others to avoid re-infection and infecting others.

6.0 GUIDING PRINCIPLES

The Principles that guide this policy are in accordance with international conventions, national laws, policies, guidelines and regulations. These principles are:

6.1 Recognition of HIV and AIDS as a workplace issue

HIV and AIDS is a workplace issue and should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce but the workplace, being part of the local community, has a role to play in the wider struggle to limit effects of the pandemic.

6.2 Non-Discrimination

There shall be no discrimination and/or stigmatisation of workers on the basis of real or perceived HIV status, since discrimination and stigmatization of the infected inhibits efforts aimed at promoting HIV prevention.

6.3 Gender Equality

Gender dimensions of HIV and AIDS shall be recognized. Women are most likely to become infected and are more often adversely affected by the HIV and AIDS pandemic than men due to biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower position of women, the more negatively they are affected by HIV. Therefore, equal gender relations and the empowerment of women shall be acknowledged as vital to successful prevention of the spread of HIV infection, and given due priority, to enable women to cope with HIV and AIDS.

6.4 Safe and Healthy Work Environment

The work environment shall be healthy and safe and adapted to the state of health and capabilities of workers. The University will take responsibility to minimize the risk of HIV transmission by taking the appropriate first Aid/Universal infection control precautions at the workplace.

6.5 Social Dialogue

A successful HIV and AIDS policy requires co-operation, willingness and trust between employers, workers and Government. This shall be cultivated through dialogue of the parties concerned.

6.6 Screening for purpose of Employment

HIV and AIDS screening shall not be required of job applicants or persons in employment and testing for HIV shall not be carried out at the workplace except as specified in the National HIV and AIDS policy on testing.

6.7 Confidentiality

Access to personal data relating to a worker's HIV status shall be bound by the rules of confidentiality consistent with existing ILO code of practice and medical ethics.

6.8 Continuation of Employment Relationship

HIV infection shall not be a cause for termination of employment. Persons with HIV related illnesses shall be allowed to work for as long as medically fit in available appropriate work.

6.9 Prevention

HIV infection is preventable. At MMU prevention of all means of transmission shall be achieved through behaviour change, knowledge, treatment, and the creation of a non-discriminatory environment. Social partners are in a unique position to promote prevention effort, particularly in relation to changing attitudes and behaviour through the provision of information and education and in addressing socio-economic factors.

6.10 Care and Support

Solidarity, care and support shall guide the response to HIV and AIDS at MMU. All workers shall be entitled to affordable health services and to benefits from statutory and occupational schemes.

6.11 Management Responsibility

MMU will ensure the highest-level of leadership as part of the national and societal campaign against the pandemic.

6.12 Partnerships

ACU-MMU shall be responsible and accountable for implementation of this policy. It will at all times develop effective partnerships to enhance the success of the policy implementation.

6.13 Fair Labour Practices

Every person, whether infected or affected shall have the right to fair labour practices in terms of recruitment, appointment and continued enjoyment of employment, promotion, training and benefits. HIV testing as a requirement for any of the above shall be prohibited.

6.14 Workplace Ethics

There will be zero tolerance to sexual harassment, abuse and exploitation.

6.15 Greater involvement of People Living with HIV and AIDS (PLWHA)

The involvement of PLWHA in educating and informing other workers shall be promoted at all levels in MMU.

7.0 GENERAL OBLIGATIONS

HIV/AIDS treatment is an important investment in staff. Financial investment will result into reduced absenteeism, employees' retention, and productivity as the health of employees improve. Human benefits of improved and extended life for PLWHA are incalculable. Investments in HIV/AIDS prevention, control and care have not only ethical and moral value, but also financial benefits for MMU. The greater the impact of HIV/AIDS in any sector, the more compelling the case becomes for action. For example, following active intervention in HIV/AIDS care, including Highly Active Antiretroviral Therapy (HAART) will reduce bed occupancy in hospitals. Similarly, there is a reduction in patient costs following early introduction evidence based care and support, lifestyle changes and treatment. The institution should continue studying safety, efficacy and cost benefits of interventions. This is looked at in relation to:

7.1 Personnel

(i) The university shall endeavour to provide care and support for all categories of personnel whether male or female who are infected by HIV/AIDS and their recognized family members.

(ii) The University will conduct research, training, planning, monitoring and evaluation of the HIV/AIDS within the university community.

7.2 Students

The University shall strive to provide care and support for all students, both undergraduate and postgraduate, who have HIV/AIDS and related conditions within the student health service scheme in the same manner in which it provides care for students suffering from any other health problem.

7.3 Terminal benefits for staff

Staff who may be incapacitated by AIDS or any HIV/AIDS related condition shall be treated in exactly the same way as those incapacitated by any other medical condition. They shall therefore be entitled to all the benefits accorded to those who retire on medical grounds as defined in the university terms and conditions of service.

7.4 Confidentiality

All medical personnel shall be under a strict duty of confidentiality and may not apply any health related information received except professionally and in the best interest of the patient, patient's family and the interest of public health. The same principle of confidentiality shall bind all officials and employees of organizations or departments handling the affairs of an employee who dies of AIDS or any other condition.

7.5 Involving People living with HIV/AIDS

i) The university shall so far as practicable, work in collaboration with students or employees living with HIV/AIDS. ii) The University shall promote voluntary initiatives among student groups and members of staff and empower existing ones aimed at mobilization and sensitization in combating HIV/AIDS. The university shall also encourage such groups to harness resources for the support and care of infected and affected within the University

7.6 Collaboration with families or communities.

The University shall work in collaboration with families and/or communities of members of staff or students living with HIV/AIDS to provide better care and support to such people

8.0 RESEARCH

The University shall conduct research in all areas including:

8.1 Data mining

The University will use the data in its database to discover patterns, create and test models of HIV/AIDS under conditions of strict confidentiality.

8.2 Fundamental and applied research

8.2.1 The University shall initiate and facilitate fundamental and applied research on HIV/AIDS and related conditions for the advancement and application of knowledge on prevention, management, treatment and possible cure of these conditions.

8.2.2 In the conduct of such research, the University shall ensure that the International Code of Ethics on Research on Human Subjects shall be strictly adhered to.

8.2.3 The University will ensure that all applicable Intellectual Property Rights are appropriately protected.

8.3 Collaborative Research

The University will support and encourage collaborative research with other institutions, organizations and individuals in areas of its strategic focus.

8.4 Research on Best Practice Models

The University shall strive to encourage best practice models for HIV/AIDS research, management and treatment.

8.5 Research Funding

The University shall provide an annual budgetary allocation for HIV/AIDS research, programme and intervention activities.

8.6 Research on Complementary Management of HIV/AIDS

The University shall advocate for and facilitate research in complementary therapies for HIV/AIDS.

8.7 National HIV/AIDS Research Database

8.7.1 The University shall create a national database on HIV/AIDS research.

8.7.2 The University shall strive to create an Institutional Review Board for research on HIV/AIDS by University staff.

9.0 RESOURCES:

Resources mobilization is crucial given the large numbers of HIV infected and affected and the chronicity of HIV/AIDS infections.

9.1 Financial and Material Resources:

9.1.1 The University will ensure the sustainability of all essential HIV/AIDS programs by procuring local and external resources for funding core aspects of these programs.

9.1.2 The University will also seek supplementary external resources from other appropriate sources.

9.1.3 The University will mobilize and prioritize existing resources to significantly address the HIV/AIDS epidemic.

9.2 Human Resources

As a center of excellence, the University will empower and mobilize its highly qualified, experienced and multidisciplinary staff for the Prevention, Control and Management of HIV/AIDS.

10.0 RESPONSES TO HIV/AIDS

An important aspect of HIV/AIDS Policy at the workplace is commitment to confidentiality and care for the infected and affected. This encourages people to come forward for VCT and care, and people to reach a level of self-disclosure. In order to respond to the problems of HIV/AIDS, the University

will:

a) Restructure and thoroughly reorganize the whole University Health Services in order to:

- i. Maintain confidentiality of information.
- ii. Re-educate Health service providers and train them on the use of coded information for protecting confidentiality.
- iii. Promote patient-friendly services by adhering to the laid down procedures.

b) Develop a strategic research initiative using its own resources such that some of the findings where necessary can be kept secret and confidential, and use such findings to strengthen the programme.

c) Identify innovative intervention methods, strategies and activities to enhance behaviour change among the university community.

d) Provide comprehensive counseling services for family planning, STI prevention and management (including compliance, counseling, contact tracing and condom promotion).

e) Initiate and enhance peer education among university students, staff and beyond.

f) Mobilize adequate resources for HIV/AIDS activities.

g) Integrate HIV/AIDS activities into teaching, research and service activities in all university sectors.

h) Develop strategies to promote a culture of openness on HIV/AIDS and beyond. It will provide AIDS-oriented services that are accessible to every member of the University community, that are client-friendly and adequately funded.

i) Continue to act as a Centre of excellence in strategic research in HIV/AIDS.

- j) Provide high level think tank and take a leading role in AIDS advocacy.
- k) Establish a resource Centre for HIV/AIDS at the University Health Services.
- l) Generate and disseminate up-to-date information about the HIV/AIDS situation and the impact of intervention measures in the university community.
- m) HIV/AIDS oriented modification in the curricular and teaching will be urgently undertaken by the Board of Common Undergraduate Courses.
- n) Develop short-term and long-term strategic plans in the context of HIV/AIDS.
- o) Collaborate and network with Government, NGOs, private sector, UN organizations, other agencies and other stakeholders in line with HIV/AIDS National Strategic Plan.
- p) The University response to HIV/AIDS will be multi-sectoral and multi-disciplinary covering clinical, economic, spiritual, and other aspects of life.
- q) Network with other institutions engaged in HIV/AIDS activities and learn from success stories from other parts of Africa and the world.
- r) Set up various task forces to deal with emerging HIV/AIDS issues from time to time.

11.0 AIDS PREVENTION AND CONTROL RESOURCE CENTRE (APRECOREC)

The HIV/AIDS situation has psychosocial, health and economic effects on both the infected and the affected. It is against this background that the University has re-examined its health services and decided to establish not only Voluntary Counseling and Testing (VCT) for HIV/AIDS and care, but an AIDS Prevention and Control Resource Centre (**APRECOREC**) in order to assume a more integrated and comprehensive approach. Action in this area would help create a more enabling environment for the achievement of the goals of this area.

When people receive VCT and care, discussions of HIV/AIDS in the workplace becomes more open and more positive enabling further behaviour change communication. Information regarding networking with relevant institutions and support groups will be disseminated.

Staff training in the area of supervision of service providers needs to be put in place. In this connection, the university will establish and train a supervisory team. The following will need to be done: -

- a) University will set up a Centre within the health services at the main campus for counseling and subsequently will be scaled up to satellite clinics in all the campuses.
- b) University will identify and train service providers in counseling.
- c) There shall be established a Voluntary Counseling and Testing (VCT) and comprehensive care unit within the Centre.
- d) The counseling Centre will have the following functions:
 - i. Service provision for staff and their dependents.
 - ii. Education for the dissemination of information including preventive strategies for HIV/AIDS
 - iii. Training on Advocacy.
 - iv. Training of HTC counselors in professional counseling skills.
 - v. Consulting and liaising with other university personnel.
 - vi. Monitoring, evaluation and reporting of the effectiveness of the services.

- e) At the VCT and care unit, the following will need to be done:
- i. Counseling and testing as stipulated in the National Guidelines for Voluntary Counseling
 - ii. The VCT and care unit will strengthen the networking (internally and externally) for the care and support of those infected and affected by HIV/AIDS.
 - iii. Confidentiality will be maintained in handling of clients 'medical records/laboratory reports, as well as the client's HIV zero-status.
 - iv. Pre- and post-test counseling and treatment for clients will be provided.
 - v. The VCT and care unit will be involved in outreach and training programs.
 - vi. Post exposure prophylaxis shall be provided to staff, family members and students

12.0 PLANNING, IMPLEMENTATION, MONITORING AND EVALUATION

There shall be established an AIDS Prevention and Control Resource Centre (APRECOREC) for the Maasai Mara University. This Centre shall also perform Sub ACU functions of Commission for Higher Education ACU. While the overall responsibility for implementing this HIV/AIDS Policy lies with the Vice-Chancellor (VC), the same shall appoint a coordinator who shall be responsible for the day-to-day running of APRECOREC and shall report directly to the VC.

The functions of APRECOREC shall include:

- a) Advocacy, Dissemination and coordination of the HIV/AIDS policy throughout the university and at all levels.
- b) Preparing budgets for implementation of the strategic plan.
- c) Developing, and periodically reviewing specific procedures, guidelines and plans necessary for the implementation of this policy.
- d) Development of educational materials and periodic review of such materials.
- e) Developing proposals and soliciting for funding.
- f) Mobilizing staff and student support and organizing regular consultative meetings with the University community about matters related to HIV/AIDS.
- g) Collaborating with communities, government, educational institutions and other stakeholders by networking and creating linkages.
- h) Periodically reviewing of this policy and refining where necessary to ensure ongoing appropriateness.
- i) Preparing quarterly progress reports for submission to the University Management Board.
- j) Collaborating with other HIV/AIDS projects and programmes in the University.
- k) Monitoring, evaluating the strategic plan, operationalization and updating it where necessary.
- l) Planning

- m) Formulating and Reviewing University of Nairobi HIV/AIDS Policy.
- n) Fundraising for the Centre.
- o) Approving and regulating the Centres Budget.
- p) Liaising with National and International Institutions and agencies

REFERENCES

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