

- f) encouraging community involvement that will include people living with HIV and AIDS, community leaders, religious leaders
- g) enlightened leadership



3. YOUTH GROWTH, DEVELOPMENT AND HIV AND AIDS.

Proper and progressive youth growth and development is largely dependent on a stable and growth oriented socio-economic environment. Right from birth, a child is totally dependent on the environment from which its brought into this world. If anything distabilizes that environment, then the steady growth and development expected for the child to grow normally is also put at risk.

3.1 The impact of HIV and AIDS:

The advent of the HIV and AIDS has brought a distabilization in the socio-economic platform that will take a long time to correct. This is mainly because, the largest percentage of the original cases of infection targeted the parents of these youths, who have now succumbed to the disease and are dying in numbers. Since the epidemic began, 3.8 million children in the world have already been infected with HIV, and over a third of them have died. AIDS has drastically reversed achievements in infants and child mortality rates, drastically reducing the education age population.

The number of individuals who have dropped out of school has increased and access has been limited or denied to many young people because of additional AIDS related demands. These include coping with personal illnesses, caring for family members (girls in particular are withdrawn or drop out for this reason), trauma related to illness and death in the family, discrimination and stigma, reduced family income resulting in the need to engage in income generating activities (in most cases, child labour) and/ or declining financial support from parents.

A high percentage of this drop outs are now orphans, street children and working youths (child labourers) with very limited resources and few clear incentives for having any kind of a stable future. According to the Kenya Demographic Health Survey 2003 report, Kenya, by 2002, had 1.5 million orphans from parents who had died of AIDS related illnesses. This figure is expected to have almost doubled by now.

3.2 Strategic Areas For Action:

In this world of technological advancement, a youth without education will be a liability to the society, community and the nation at large. Education plays a very big role in the growth and development of a child right from birth until its mature (thus from 0-25 years).

Nakuru Youth Foundation therefore advocates for the following:

- a) Promotion of preventive measures of mother to child transmission during pregnancy as well as during birth:

- this will drastically reduce the number of children born with HIV infection and thus reduce the infant mortality rate as well as the prevalence rate of new infections
- b) Comprehensive awareness on reduction of stigma and discrimination of the infected and affected youths in the community:
-this will create a virtual single family in that particular community, that will enable the youths to concentrate on matters of their healthy development and thus reduce the incidences of them getting involved into risky behaviours that might create avenues for more infections.
- c) Community participation in the development and growth of the youths both in and out of school:
- this will enable the youths to mature at a steady and normal rate mentally, physically, emotionally and spiritually and thus be able to comprehend with the challenges that they will eventually meet in their adult lives.
- d) Community participation in support and care of the infected:
- this will enable the youths and especially the girl child, to be able to have enough time to concentrate on their education and other activities that are essential to their positive growth and development.



4. HIV AND AIDS RELATED SUPPORT AND PROTECTION AT THE HOME AND SCHOOL ENVIRONS:

4.1 Home and School Security and Principles of Non-Disclosure:

Nakuru Youth Foundation will advocate for the following:

a) Parents/guardians and teachers have a very crucial role to play in ensuring the security of all the youths that are under their jurisdiction. They should ensure that no youth is exposed to stigma and discrimination due to his or her HIV status, or even that of their immediate family members. They should be the role models for the youths to emulate.

b) They should also be very careful when handling cases of those infected with HIV by making sure that their status is held in confidence from the rest of the youth population. At the same time proper safety measures must be put in place to avoid incidence of reinfection to those that are not yet infected.

c) In case of disclosure, they should ensure the security of those affected from the rest of the community, to enable them to lead normal lives and be able to contribute to the growth and development of the society and the nation as a whole.

4.2 Youth Education and the Education Policy on HIV and AIDS:

Nakuru Youth Foundation advocates for the immediate implementation of the Education Sector Policy on HIV and AIDS (May 2004).

To quote from its Preamble, it says,

'Education has a key role to play both in preventing HIV and AIDS and in mitigating its effects on individuals, families, communities and the society. Children and young people have been disproportionately affected by the epidemic. Levels of infection peak in the 15 to 24 age group, and the impact on families, households and communities is often even harder on young people within them.'



With this kind of government realization, and with the fact that the education sector in the country caters for the largest percentage of the youth population in matters concerning intellectual and physical development, for almost a half of their lives, its immediate implementation will ensure that the prevalence rate of new infections among the youths will be drastically reduced in no time.

This of course has to be done in collaboration with other players and partners in the field of fighting HIV and AIDS.

We as a youth organization are committed and dedicated to ensure that the youths get their rightful share of treatment just like the rest in matters that relate to their health, physical, emotional and spiritual development.

5. HIV AND AIDS AND THE WORKPLACE:

5.1 Non-discrimination

People living with HIV and AIDS have equal rights and obligations as all other non-infected individuals. Non-shall be discriminated against in access to or continued contribution to the organization in carrying out its activities and programmes. They shall be protected against discrimination as well as stigmatization from other members of the organization and the community.

5.2 HIV Testing and Confidentiality

There will be no compulsory HIV testing in the organization as a requirement for enrolment or continued contribution. Voluntary testing for HIV at the request of a member should be done:

- a) by a suitably qualified person in a suitable facility (thus a certified VCT Center)
- b) with the member's informed consent
- c) in accordance with normal medical ethical rules including confidentiality
- d) with pre- and post-testing counseling

Members living with HIV and AIDS have the right to confidentiality about their HIV status in any aspect of their membership. Disclosure of a member's HIV status without his/her informed consent will constitute misconduct. Disciplinary steps, consistent with relevant legislation and regulations, will be taken against any member who discloses a fellow member's status without consent.

5.3 Exposure at the Workplace

Any member who accidentally contracts HIV in the course and scope of his/her membership will be entitled to immediate post-exposure prophylaxis and follow-up in the form of support and care according to the prevailing law.

5.4 **Responsibility and Accountability**

The management of NYF shall be responsible and accountable for:

- a) implementing this policy
- b) appropriate HIV and AIDS programmes
- c) practice in the workplace and the community
- d) taking immediate and appropriate corrective action when provisions of this policy are violated.



6. **GENERAL OBLIGATION:**

Nakuru Youth Foundation is a youth organization that is committed to the welfare of the youths of Nakuru and to an extension, of the whole nation at large. Our obligation is to see to it that the youths' issues and agendas formulated by the major policy makers in the country are to an extent implemented and that they benefit the youths themselves.

This not only concerns the field of health and hygiene but also all other areas that involve the day to day living of the majority of the total population, namely the youths. We envisage an environment in which all youths regardless of their tribes, gender, color or race, can live, learn and work without fear of harassment or other forms of discrimination based upon their status in regard to HIV and AIDS.

This HIV and AIDS Policy is designed to address the concerns and needs of the youths and to preserve their rights in the communities that they live in.

This Policy will be consistent with and act in conjunction with the governing laws of the Republic of Kenya. We as an organization shall exercise reasonable care to protect the safety and health of our members and those affiliated to the organization with an extension to the community in which our activities are based.

7. **RESEARCH:**

7.1 Data Mining:

Special attention will be given to research on levels of HIV prevalence, levels of orphan hood and vulnerability, access to education, the effectiveness of prevention programs, impact on the workplace and differential impact on gender. Examples of good practice will be highlighted and replicated within the organization and the community at large.

7.2 Collaborative Research:

Collaboration on research with other partners and organizations will be encouraged in order to reduce duplication and contradicting information.



7.3 Research on Best Practice Models

NYF will embark and collaborate on research on the best practice models on Behaviour Change Communication skills, for it to be able to impart the same on all the youths that will be under its jurisdiction, its members inclusive.

7.4 Research Funding

Research funding will mainly come from the organization's membership as well as from well-wishers and other donors.

7.5 Organization's Database:

All research carried out will be used to provide the data necessary for the development of a consolidated and accessible information system to support, inform and co-ordinate HIV and AIDS planning, resource allocation and management.

8. RESOURCES:

8.1 Financial and Material Resources:

Financial and Material resources shall largely be sourced from well wishers (thus within the community), group members, collaborating partners as well as local and international donors.

8.2 Human Resources:

This will largely be dependent on the members of the organization and to some extent shall be acquired from members of collaborating partner organizations.

9. RESPONSE TO HIV AND AIDS:

- 9.1 HIV and AIDS have proved to be a very serious problem in the society and require an appropriately high level, full-time commitment of management resources. The organization commits itself to establishing well-staffed, strong and sustainable workforce at its locality of operations.
- 9.2 Leadership is critical to the success of responses to HIV and AIDS. The organization will be responsible for the coordination of the planning, management and implementation of the policy and all its programs.
- 9.3 The organization will also collaborate and work in partnership with other organizations and institutions, AIDS Control Units (ACUs) and VCT centers in matters of referral, holistic care and support, as well as for intensive Psycho-social support for the infected and affected.
- 9.4 The organization will source for resources that will enable it to put up a resource center where youths and the community can have access to the latest information on HIV and AIDS and also serve as a meeting point for information sharing among the youths.



10. INTEGRATED COUNSELING AND EDUCATION CENTRE (ICEC)

NYF premises shall become an integrated counseling and educational centre to cater for all the youths and the public at large that lives within the locality, on information disbursement and sharing, experience sharing and consultative and general counseling, in collaboration and partnership with other organizations in this field per expertise.

11. POLICY ON PLANNING, IMPLEMENTATION, PARTNERSHIP, MONITORING AND EVALUATION:

11.1 Planning:

- 11.1.1 The organization's Strategic Plan will encompass all its activities and programmes. The organization will be expected to plan for and mobilize resources from within and from external sources to support the HIV and AIDS programmes within its strategic plan.
- 11.1.2 The organization will also coordinate resource planning and budgeting and liaise with other partners to develop a shared strategy aimed at preventing the spread of the epidemic and mitigating its impact on the larger society.
- 11.1.3 Resource utilization will be carefully prioritized to ensure that interventions have maximum impact and are sustainable.

11.2 Implementation:

Implementation of this policy will be carried out by the organization with the active participation of all its members.
Some of its various programmes will also require the participation of other collaborating partners in the field.

11.3 Partnership:

The organization will make a deliberate and systematic effort to form, manage and sustain partnerships for the benefit of the youths, from within and without, and develop a management information system to monitor and coordinate partnership agreements and activities.

In order to promote joint planning, the organization will establish and convene a consultative forum that will meet on regular basis to monitor implementation of partnership agreements, strengthen coordination and share information.

Relative ministries, semi-autonomous government agencies, civil society, the private sector and development partners shall be approached and requested to participate actively in the consultative forum.

The organization will strive towards creating an environment and working practices that are transparent, accountable and efficient in the handling of partnership agreements. Partnership resources will need to be carefully managed to ensure that the organization is adequately covered and that the most vulnerable groups are targeted.



11.4 Monitoring and Evaluation:

The organizations management shall intergrate strategies and mechanisms for monitoring and evaluating the quality of programmes, the responces to interventions and the efficiency of resource utilization, as well as using this information for planning and management.

The organization will plan and develop a monitoring and evaluation framework that is feasible and relevant and also consistent with national and international good practice.

The organization will endeavour to have adequate resources to make monitoring and evaluation successful. Monitoring and Evaluation systems will monitor impacts such as illness, deaths of community members and the rate of school drop outs in the community as far as youths and OVCs are concerned.

The organization will also be at liberty to involve other established organizations such as KANCO, UNIVERSITY OF NAIROBI STD/STI PROJECT, to be involved in the process of monitoring and evaluation to enhance transparency and accountability.

11.5 Advocacy

The organization shall ensure that all partners and stakeholders are knowledgable and informed of the contents of the **NAKURU YOUTH FOUNDATION HIV AND AIDS POLICY** and committed to its desimination.

NYF will develop specific advocacy strategies to support implementation of this policy. All stakeholders, collaborating partners and well wishers are called upon to support the organization's efforts in advocacy.


12. Further Policy Development and Review:

These Policy will be reviewed from time to time to ensure that it remains relevant to the needs of the organization and that it keeps up with the latest developments as far as the search for treatment, vaccine and cure for the HIV and AIDS is concerned.

APPENDICES:

Appendix A: Reference of international conventions, national laws, policies, guidelines and regulations.

- Constitution of the Republic of Kenya

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- Bill of rights
 - Session Paper No. 4 on AIDS in Kenya(1997)
 - National programme guidelines on orphans and other children made vulnerable by HIV and AIDS (2003)
 - Report of the task force on legal issues relating to HIV and AIDS (2003)
 - National Policy on Condoms
 - The Childrens Act
 - Kenya National HIV and AIDS Strategic Plan 2000-2005
 - Kenya National HIV and AIDS Strategic Plan 2005-2010
 - International conventions including Convention on the Elimination of Discrimination Against Women (CEDAW)
 - National guidelines for Voluntary Counselling and Testing 2001, also on Home-based care and anti-retrovirals (ARVs)
 - University of Nairobi HIV and AIDS policy
 - Northwest Nazarene University HIV and AIDS policy statement
 - UNAIDS AIDS and the Education sector report (2000)
 - Kenyatta National Hospital Policy on HIV and AIDS
 - HIV and AIDS Epidemiology (cautesy of University of Nairobi College of Health Sciences , Department of Community Health: Strengthening STD/STI Control Project in Kenya.)

Appendix B: Universal Infection Control Precautions:

- a) Blood, especially in large spills such as from nose bleeding and old blood or blood stains should be handled with extreme caution. Skin accidentally exposed to blood should be washed immediately with soap and running water. All bleeding wounds, sores, breaks in the skin, grazes and open skin lessions should ideally be cleaned immediately with running water and soap and /or other anticeptics.
- b) Disposable bags or incinerators(where applicable) must be made available to dispose off sanitary wear.
- c) All open wounds, sores, breaks in the skin, grazes and open skin lesions should be covered immediately and completely and securely at all times with non-porous or water proof dressing or plaster so that there is no risk of exposure to blood.
- d) Cleaning and washing should always be done with running tap water and not in containers of water. Where running tap water is not available, containers should be used to pour water over the area to be cleaned.
- e) All persons should wear protective latex gloves or unbroken plastic bags over their hands when attending to blood spills, open wounds, sores breaks in the skin, grazes, open skin lesions body fluids and excretions. Doing this will effectively eliminate the risk of HIV transmission. Bleeding can be managed by compresion with material that will absorb the blood(e.g a towel).
- f) Blood contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissues and toilet paper can be flushed down a toilet.

- g) If instruments (e.g scissors) become contaminated with blood or other bodily fluids they should be washed and placed in a house hold bleach solution for at least one hour before drying and reusing.
- h) Needles and syringes should be safely disposed of and not reused.



Recommended contents of First Aid Kits:

- Two large and two medium pairs of disposable latex gloves
- Two large and two medium pairs of household rubber gloves (for handling blood soaked material in specific instances such as when broken glass makes use of latex gloves inappropriate)
- Absorbent material
- Waterproof plasters
- Disinfectant
- Scissors
- Cotton wool
- Gauze tape
- Tissues
- Water containers
- Resuscitation mouthpiece or similar device with which mouth to mouth resuscitation can be applied without any contact being made with blood or other bodily fluids.
- Protective eye wear
- Protective facemask to cover nose and mouth

Alternatives:

Universal precautions help prevent contact with blood and other bodily fluids. Less sophisticated items than those described above can also be used, such as:

- Unbroken plastic bags on hands where latex or rubber gloves are not available

➤ Common household bleach for use as disinfectant (dilute one part bleach to ten parts water [1:10 solution])



➤ Spectacles instead of protective eye wear.

➤ A scarf instead of a protective face mask

Used items should be dealt with as stated above.