

# Contextualizing HIV/AIDS in educational planning and management

A training needs assessment for educational planners and managers in Ghana

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# Table of contents

Acknowledgements	i
Table of contents	iii
List of abbreviations and acronyms	v
List of tables	vii
List of figures	vii
List of boxes	vii
<b>Executive summary</b>	<b>1</b>
<b>1 Introduction</b>	<b>5</b>
1.1 Overview of the HIV/AIDS epidemic in Ghana	5
1.2 Overview of the education system	7
1.3 Interaction between HIV/AIDS and education	8
1.4 Rationale and objectives of the study	9
<b>2 Review of literature</b>	<b>10</b>
2.1 Situation analysis: HIV/AIDS prevalence and its impact on the education system	10
2.2 Response analysis	11
2.3 Gaps in programming for HIV/AIDS in the education sector	15
<b>3 Methodology</b>	<b>16</b>
3.1 Study design	16
3.2 Study sites and selection criteria	16
3.3 Data collection and processing techniques	16
3.4 Problems and limitations	18
<b>4 Findings: major problems affecting educational planning and management in Ghana</b>	<b>19</b>
4.1 Impact of HIV/AIDS on the demand for education	19
4.2 Impact of HIV/AIDS on the supply of education	19
4.3 Impact of HIV/AIDS on the management of education	20
4.4 Impact of HIV/AIDS on financial planning and budgeting	21
4.5 Monitoring the impact of HIV/AIDS	22
<b>5 Findings: training needs of educational planners and managers</b>	<b>24</b>
5.1 Policy, leadership and training needs of ministers at the national level	24
5.2 Functional capacity and training needs of directors at the national and regional levels	26
5.3 Functional capacity and training needs at the district level	30
5.4 Functional capacity and training needs at the institutional level	36
<b>6 Recommendations</b>	<b>40</b>
<b>References</b>	<b>45</b>



## List of abbreviations and acronyms

AIDS	Acquired Immunodeficiency Syndrome
CRDD	Curriculum Research and Development Division
DRI	District Response Initiative
EMIS	Education Management Information Systems
ERNWACA	Educational Network for West and Central Africa
ESP	Education Sector Plan
ESSF	Education Sector Strategic Framework
GAC	Ghana AIDS Commission
GES	Ghana Education Service
GHANET	Ghana HIV/AIDS Network
HIV	Human Immunodeficiency Virus
IEC	Information, education and communication
IIEP	International Institute for Educational Planning
MoE	Ministry of Education
MoH	Ministry of Health
NACP	National AIDS Control Programme
NESHAC	National Education Sector HIV/AIDS Co-ordinating Committee
NGO	Non-Governmental Organization
PLWHA	People living with HIV/AIDS
PTA	Parent-Teacher Association
SHEP	School Health Educational Programme
STI	Sexually Transmitted Infection
TVET	Technical and vocational education and training
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization





## List of tables

1.1	Reported cumulative AIDS cases in Ghana by region, March 1986-October 2001	6
1.2	Number of in-service teacher deaths by region, 1995-1999	8
2.1	ESP policy goals by area of focus	13
3.1	Sample size by category of officer interviewed	18
4.1	Projected cost of achieving universal primary completion by 2015	22
4.2	Teacher deaths in pre-tertiary institutions by region, 1995-2002	23
5.1	Existing capacities of national and regional organizations for HIV/AIDS activities	27
5.2	Capacity needs of national and regional organizations	28
5.3	Appropriate HIV/AIDS programmes for organizations and institutions	29
5.4	Provenance of focal persons interviewed	30
6.1	Summary of training needs by level and function	41

## List of figures

2.1	Age-sex distribution of reported cases, 1986-2000	10
3.1	Map of Ghana showing zones and interview sites	17
4.1	The impact of HIV/AIDS on education in Ghana	21

## List of boxes

1	Summary of training needs for educational planners and managers at the national and regional levels	29
2	HIV/AIDS response activities carried out in the districts over the last year	31
3	Case study: the Ghana HIV/AIDS Network (GHANET)	34



## Executive summary

HIV/AIDS constitutes a major threat to the education system in Ghana. HIV/AIDS is negatively impacting on the Ghanaian education systems as teachers and other key personnel are dying or becoming ill. Student enrolment and achievement are falling as children become infected or are needed to assist with care in the home. Increases in HIV/AIDS infection rates are likely to lead to increases in illiteracy levels, lack of skilled manpower, depreciation of labour force and the deterioration of quality of life, resulting in economic decline and increases in public expenditure on health.

HIV/AIDS has complicated the context of educational planning and management in Ghana. The epidemic and its impact have thrown up many challenges, including managerial capacity problems, not only in the educational sector, but also in other sectors. The integration of HIV/AIDS into educational plans and policies has become imperative if the effects of the epidemic are to be alleviated. Addressing capacity issues, especially training needs, could accelerate and improve planning, management and delivery of HIV/AIDS interventions within the educational sector. Educational planners and managers need to become involved in combating the disease – and this can only happen if they are equipped with the necessary skills, materials and strategies for combating the disease.

The study therefore attempted to assess training needs for education managers and planners in the context of HIV/AIDS. It found that there is no explicit policy on HIV/AIDS in the education sector in Ghana but there is a strategic framework that guides the implementation of HIV/AIDS-related activities in the sector. There is also an expressed political commitment and support for HIV/AIDS, but limited support in terms of funding, logistics, reliable statistics or training for planners and managers.

At the government level, the study found that there was need for training materials targeted at ministers that take into consideration their time limitations. The teaching materials could be covered in short seminars or workshops and be supported by films that may cover issues such as updates on HIV/AIDS and policy.

At the national and regional levels the majority of ministry of education and Ghana Education Service (GES) directors are aware of the Education Sector Strategic Framework and are also actively involved in HIV/AIDS activities, such as establishing networks, training pupils and teachers and carrying out impact assessments. However, there is a gap at these levels between defined policy and its operation or implementation. Generally the response of the Ministry of Education to the implementation of the HIV/AIDS strategic framework can be characterized as mediocre.

The ministry has no specific arrangements or formal mechanisms to respond to problems of long-term staff illness within the sector. There are also no systematic coping mechanisms for absenteeism and staff attrition, or any specific arrangements for the welfare of staff living with HIV/AIDS. Orphans and other vulnerable children are confronted by a similar lack of arrangements to cope with the epidemic. The training needs identified by directors at the national and regional levels therefore include more training in policy issues regarding HIV/AIDS, approaches for impact assessment studies and analysis of data, including training

in voluntary counselling and testing for staff implementing support services for people living with HIV/AIDS (PLWHAs) and high risk groups.

The majority of GES staff at the district level identified the need for constant sensitization on HIV/AIDS, protection of staff against infection, provision for treatment of those that have contracted the virus, replacement of teachers that have left the service, and strategies for alternative recruitment and training to replace them. According to them, the major challenges revolved around the issues of payment of welfare services, funeral grants and hospital bills, and the need for more trained teachers. District capacities are constrained by the absence of a full time HIV/AIDS secretariat, and the lack of trained counsellors, teachers that are equipped to inspire attitudinal change and teaching materials. At the district level the GES at district level therefore requires the establishment of an HIV/AIDS desk, capacity building workshops, training on behaviour change communication skills for teachers and school counsellors and a curriculum review.

Training needs for educational planners and managers must focus on the provision of training in the use of information, education and communication (IEC) materials, upgrading skills for advocacy, lobbying, and monitoring, care and support for PLWHA, including counselling and guidance. Regional and international training programmes to address these issues would be preferred by district directors. Training on methodologies for impact assessments is also essential at the district level.

At the institutional level the study discovered that only around one third of Ghanaian tertiary institutions have incorporated HIV/AIDS into their curricula. The majority of tertiary institutions do not cover HIV/AIDS as a stand-alone subject and only a third teach HIV/AIDS courses, either solely or in collaboration with other agencies. Pedagogical materials used for teaching HIV/AIDS issues included television programmes, scientific publications and pamphlets, of which the contents were largely decided on by sponsors, academic boards, the Curriculum Research and Development Division (CRDD) and the Teacher Education Division. At the institutional level, the training needs identified include the need for training of trainers (teachers and lecturers) on newer aspects of HIV/AIDS.

Most Ghanaian Non-Governmental Organizations (NGOs) appear to have developed a wide local and international network for HIV/AIDS programmes and activities. Indeed most sector HIV/AIDS activities are donor driven, receiving some additional support from the Ghana AIDS Commission (GAC). NGOs could further assist the education sector by providing training of trainers, with training focusing on sexually transmitted infections (STIs), and other forms of technical assistance.

Budget allocations for HIV/AIDS activities are often diverted into other urgent activities at the implementation stage. The district directors and focal persons dealing with HIV/AIDS are faced with shortages of funds and materials, and the challenge of translating policies made at the central level into action taken at the local level.

The study concludes that an attempt has been made in Ghana to implement the education strategic framework plans, despite the lack of a comprehensive sector policy on HIV/AIDS. The task of planners and managers has been further complicated by absence of reliable data on the impact of the pandemic on the education sector in Ghana (although the HIV/AIDS desk does have the mandate to co-ordinate such activity). The Ghanaian Education Management Information System (EMIS) needs to be strengthened and better resourced.

Where data are being collected, problems often arise at the analysis stage, and there is therefore a need for greater technical support.

## Recommendations

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- The varying degrees of need and constraint at the different levels mean that targeted training is needed at each level. In view of the enormous challenges at the district level, there is a need for leadership training in HIV/AIDS for district directors and focal persons. It is therefore recommended that the Ministry of Education and the GES focus attention on the district and local levels. They should also work in close collaboration with NGOs, as they seem to be better endowed with materials and funds to spearhead HIV/AIDS activities in the communities.
- It is also recommended that the United Nations Educational, Scientific and Cultural Organization (UNESCO) provide more support for its HIV/AIDS National Commission, in terms of allocating specific budgets for training and capacity building. Technical assistance in the form of training for needs assessments, HIV/AIDS pedagogical materials, IEC, and guidance and counselling are all essential and must be targeted at specific audiences at the ministerial, national, regional and district levels.



# 1. Introduction

## 1.1 Overview of the HIV/AIDS epidemic in Ghana

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Ghana has a population of over 20 million people and, like most African countries, it is a young population: 52 per cent are aged under 20 and about 42 per cent under 15 years (Ghana Statistical Service, 2002). The HIV/AIDS pandemic poses a major threat to this youthful population, especially to those in the 10–24 age group, who form the majority of the population. In Ghana each day approximately 250 new infections occur, and 87 per cent of the officially reported cases occur in individuals aged 20–49 years. Girls and young women aged 15–24 are particularly vulnerable to infection. This is due to earlier sexual activity and the fact that they often have older partners (NACP, 2001). The number of orphans is also rising rapidly. It is estimated that in 2003 there were 170,000 children (i.e. aged 0–17) orphaned due to AIDS (UNAIDS, 2004).

The epidemic is reversing many hard fought development gains. HIV causes prolonged progressive deterioration of the human immune system and ultimately leads to death. Its long incubation period, and the absence of clear signs of infection, allows it to entrench itself in vulnerable populations long before it can be detected. High-risk groups in Ghana include commercial sex workers, women (especially young women), teachers, street children, students in tertiary institutions and relatively mobile groups. The latter includes newly trained service personnel, drivers and education officers engaged in inspection, monitoring and evaluation, the majority of whom are young and sexually active. HIV/AIDS is an indiscriminate killer; its victims belong to all age groups and professions.

Between March 1986 and October 2001, there have been 48,771 confirmed AIDS cases in the country (see Table 1.1). However, there are wide regional variations in HIV infection rates. The following regions have been worst affected: Ashanti (30 per cent of all cases), Greater Accra (17 per cent) and Eastern Region (16 per cent).

HIV/AIDS is negatively impacting on the Ghanaian education system as teachers and students become ill, die or are orphaned. Student enrolment and achievement are falling as children become infected or have to take on added responsibilities in their homes and communities in response to the illness and death of parents and guardians. As the epidemic worsens, teacher death rates increase and the quality of teaching decreases. The number of orphans will also increase, resulting in increased school dropout in the most affected regions. The expected outcomes will be a decrease in literacy levels, a lack of skilled manpower, depreciation of the labour force and deterioration of quality of life, leading to economic decline and increases in public expenditure on health.

All these factors and issues have complicated the context of educational planning and management in Ghana. The epidemic and its impact have produced many challenges, including managerial capacity problems, in many sectors. Education is no exception to this. One of the major challenges is how to integrate HIV/AIDS into educational plans and policies. Addressing capacity issues, especially training needs, could accelerate and improve planning, management and delivery of HIV/AIDS interventions in the sector. Educational

planners and managers need to be actively involved in combating HIV/AIDS, and they can only do this if they are equipped with the necessary skills, materials and strategies.

**Table 1.1 Reported cumulative AIDS cases in Ghana by region, March 1986-October 2001**

Region	Cases	Percentage of total cases
Ashanti	14,400	29.5
Brong Ahafo	3,806	7.8
Central	3,139	6.4
Eastern	7,762	15.9
Greater Accra	8,208	16.8
Northern	2,372	4.9
Upper East	2,318	4.8
Upper West	781	1.6
Volta	1,753	3.6
Western	4,146	8.5
No specified region	86	0.2
<b>Total</b>	<b>48,771</b>	<b>100.0</b>

*Source:* National AIDS Control Programme (NACP), 2001.

The Government of Ghana has responded to these needs by instituting a number of programmes and strategies to alleviate the impact of HIV/AIDS on the educational sector. These include:

- creation of the HIV/AIDS taskforce and secretariat;
- institution of steering and policy committees to review the existing policy and make it HIV responsive;
- selection of focal persons;
- implementation of workplace programmes and the development of training manuals for these programmes;
- establishment of the School Health Education Programme (SHEP) and Population and Family Life Education Programme;
- a review of the curriculum at all levels of the education system, and the integration of HIV/AIDS issues into all school curricula;
- development of a new course for pre-service teacher training on teacher ethics and HIV and its inclusion on the timetable;
- registration of Non-Governmental Organizations (NGOs) working on HIV/AIDS and education and the harmonization of HIV messages for these organizations.

In 2000, the Ministry of Education (MoE) began implementation of HIV/AIDS intervention programmes under the guidelines contained in the five-year strategic plan. The impact of these interventions will be measured through research activities taking place during those five years. Prior to this initiative, the Ministry of Health (MoH) had integrated population and



family life topics into existing curricula in four career subjects at each level of the education system: primary; junior secondary; senior secondary; teacher training, and university.

Key elements of the MoH plan involve:

- strengthening linkages among learners, educators, individuals and communities to combat the spread of the disease;
- training teachers as motivators and students as peer educators for early diagnosis and treatment of sexually transmitted infections (STIs), and
- condom distribution and advocacy.

The nature of the impact of the epidemic on the system means that there are generic as well as specific issues of concern at all levels of the education sector, from ministry headquarters and the district education offices, to schools, institutions of higher learning and other stakeholders, including NGOs. The International Institute for Educational Planning (IIEP/UNESCO) is assisting the Ghana education sector to assess the capacity needs, especially training needs, of educational planners and managers as they grapple with the epidemic and its impact on the sector. The major objective is to identify, assess, prioritize and respond to the enormous challenges to educational planners, so that they can better cope with the debilitating effects of the HIV/AIDS pandemic on the sector.

## 1.2 Overview of the education system

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The MoE is the organ of government with sector responsibility for the supervision and co-ordination of all pre-professional educational activities and programmes. This remit includes the formulation and review of policies, establishment of a regulatory framework for the various agencies and units and creation of an enabling environment to ensure an efficient and effective delivery of education services.

The mission of the MoE is to provide relevant education to all Ghanaians at all levels, irrespective of gender, tribe, religion or political affiliation. In fulfilment of this goal, the Ministry provides basic education, education and training for skills development with an emphasis on science, technology and creativity, higher education for the development of middle and senior level staffing requirements, and facilities to ensure that local citizens are functionally literate and self sufficient.

The education sector is made up of two main structures: the Ministry, which formulates policies, supervises the entire education sector and provides funding for activities in the sector, and the 17 implementing agencies. These include the Ghana Education Service – the largest of the agencies, which employs 180,000 of the total of 220,000 staff for the whole sector. Of this total, 600 staff work at national headquarters, while the remaining 170,000 (mainly teachers) are located in the regions and districts. The other agencies account for about 5,000 of the remaining workforce.

### 1.3 Interaction between HIV/AIDS and education

Data available suggests that the peak age bracket for AIDS diagnoses is 25-29 for females and 30-34 for males. Nearly 90 per cent of all reported cases are among those aged between 15 and 49 years. People in this age bracket constitute the population from which teachers and students are drawn. The government invests significantly in the training of teachers and educators, so every teacher death represents a huge waste of resources and lost individual capacity, jeopardizing the education of children. The death of highly educated and trained students also has negative implications for the future human resource development of the country across all sectors.

Some identifiable groups in the education sector are more vulnerable than others and they need targeted interventions to reduce their vulnerability or risk status. These are learners, particularly girls, teachers, in particular those on transfers, national service persons, non-teaching staff and other education personnel with highly mobile schedules, including drivers.

The scanty data available suggest that deaths of teachers in service at the pre-tertiary levels of the education system are on the increase, and it is probable that some of these deaths are AIDS related. In the absence of HIV-specific data, the ministry is not in a position to estimate the exact impact of the disease on the supply of education in the country. However, there are fears that it could be overwhelming.

**Table 1.2 Number of in-service teacher deaths by region, 1995-1999**

Region	1995	1996	1997	1998	1999	Total
Ashanti	9	10	33	47	29	128
Eastern	4	11	31	62	26	134
Western	5	6	13	12	8	44
Greater Accra	3	4	19	14	26	66
Central	6	6	15	46	13	86
Northern	3	4	8	9	7	31
Upper West	6	4	6	6	6	28
Upper East	4	7	3	11	8	33
Volta	4	5	27	32	23	91
Brong Ahafo	5	7	18	31	15	76
<b>Total</b>	<b>49</b>	<b>64</b>	<b>173</b>	<b>270</b>	<b>161</b>	<b>717</b>

Source: MoE Education Management Information System (EMIS) statistics.

For the moment at least, HIV/AIDS has only had a marginal impact on the education sector. However, it is possible to outline some general and anticipated effects of HIV/AIDS on the education sector:

- It affects the demand for education: there are fewer children to educate, fewer wanting to be educated, and fewer that can afford to be educated.

- It affects the supply of education and the quality of the educational process.
- It affects the management of education, with the risk that the whole system may become disorganized, paralysed by fear and lacking guidance on how best to respond to the situation.
- It reduces the resources available for education.

Responding to the challenge of designing and managing education in the context of HIV requires more than a piecemeal approach. It demands mobilization of all sectors of society, flexibility, openness to change and willingness to loosen bureaucratic procedures.

## 1.4 Rationale and objectives of the study

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Across African countries the issue of enabling educational planners and managers to operate effectively and efficiently in the context of HIV/AIDS has been constantly raised. While policies and programmes continue to be formulated and, to some degree implemented, capacity problems are constantly cited as significant constraints. However, there has been no systematic study or classification of capacity training needs and this makes it difficult for appropriate activities to take place. The purpose of this study is therefore to assess HIV/AIDS-related capacity development needs, especially training needs, for the institutions and individuals charged with educational planning and management at various levels of the education system.

The specific objectives of the study are to identify:

- HIV/AIDS-related capacity development needs (with special focus on training needs) within ministries and other providers of education (e.g. NGOs, the private sector) in a manner that allows stakeholders to understand and plan for the identified capacity challenges;
- existing training programmes (where and who offers them) for educational managers and planners on planning and managing in the sector in the context of HIV/AIDS;
- training materials that already exist and are being used for training educational managers and planners, and to indicate if there is an urgent need to develop new materials.

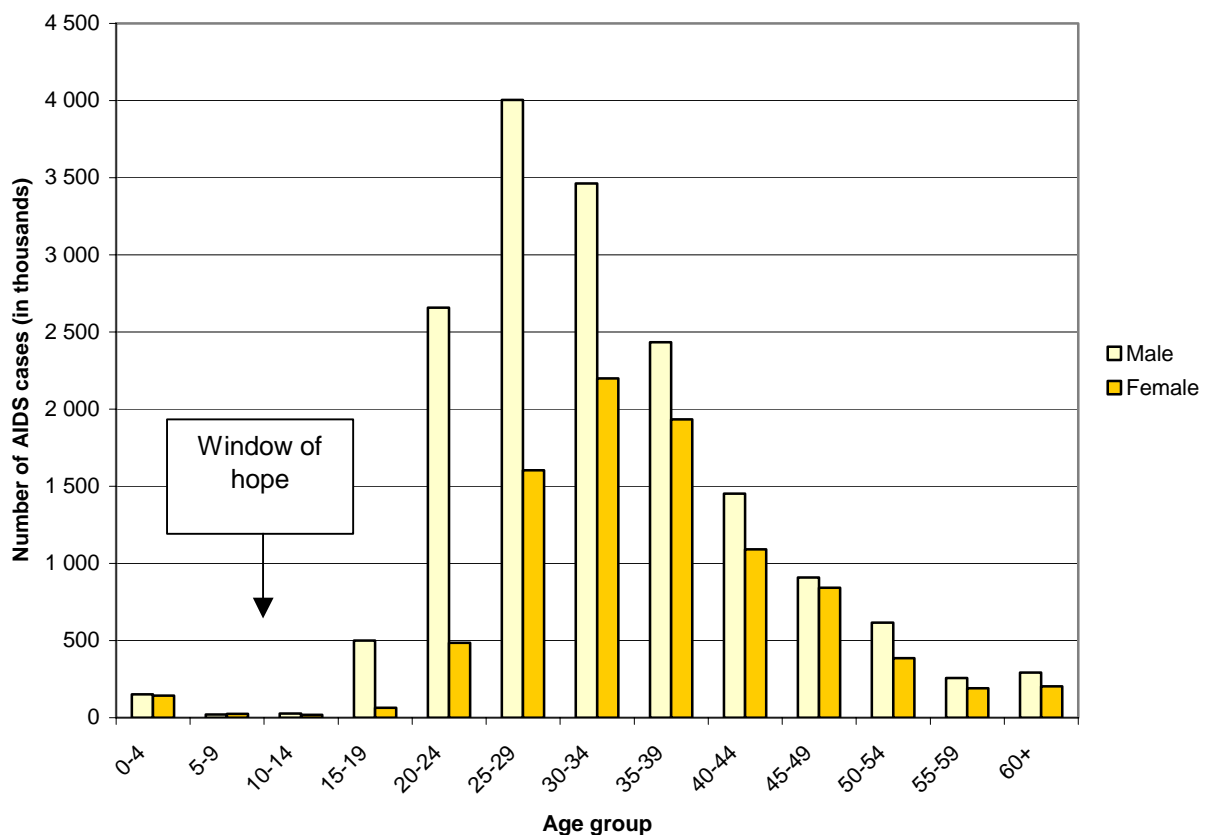
The capacity needs identified in this way will form the basis for planning and developing a comprehensive curriculum framework and a set of training materials. The process will culminate in a series of targeted and customized training workshops for educational planners and managers.

## 2. Review of literature

### 2.1 Situation analysis: HIV/AIDS prevalence and its impact on the education sector

Between 1986, when the first 42 cases of HIV/AIDS were recorded in Ghana, and the end of 2000, a cumulative total of approximately 40,000 cases of AIDS have been reported (see Figure 2.1).

**Figure 2.1 Age-sex distribution of reported AIDS cases, 1986-2000**



Source: NACP, 2001.

As discussed briefly in Chapter One, AIDS affects individuals from every ethnic group, social class, occupation and members of both sexes, irrespective of age. However, inadequate knowledge, low perception of personal risk and high levels of unsafe sex mean that young people are particularly exposed to the risk of HIV infection. Young people aged 10-29 years accounted for 33 per cent of the cumulative AIDS cases reported in Ghana between 1986 and 2001. There is a substantial group of sexually active youth in schools, polytechnics, teacher training colleges, vocational and technical institutions, non-formal apprenticeships and universities.

National AIDS Control Programme statistics put the HIV prevalence rate in Ghana at 3.0 per cent (NACP, 2001). More than 90 per cent of AIDS cases are found among adults between the ages of 15 and 49. To date, about two thirds of the reported AIDS cases have been among women.

Children between the ages of 5 and 14 years, on the other hand, have very low prevalence and have been termed the 'window of hope' for Ghana (see Figure 2.1). If these children can learn to protect themselves from HIV infection before they become sexually active, they can remain free of HIV for the rest of their lives. There is, therefore, a clear need to take urgent action to reach these children; once young people reach the 15-19 age group, rates of new infection rise dramatically.

It was estimated that by the end of 2003, there were close to 350,000 people living with HIV in Ghana (UNAIDS, 2004). Many of these people are either consumers or suppliers of educational services, including students, teachers and programme managers. The education sector encompasses many groups that serve as potential or actual targets of the HIV/AIDS epidemic in Ghana.

The evidence from other countries demonstrates that HIV/AIDS impacts negatively on both the supply and demand aspects of education, and erodes the positive gains in education parameters. The fact that education is one of the most critical and important sectors cannot be over-emphasized. In Ghana, the Ministry of Education, Youth and Sports has a mandate for over 7,000,000 learners, all out-of-school youth and the largest public sector workforce. There are, thus, genuine fears that the threat from the HIV/AIDS epidemic in Ghana will increase dramatically within the next decade or two, unless appropriate preventive control and mitigating measures are implemented and sustained.

## 2.2 Response analysis

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### 2.2.1 Education sector response to HIV/AIDS

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Prior to the formulation of the strategic framework, the Ghanaian education sector responded to the HIV/AIDS pandemic in a variety of ways:

- SHEP was initiated in 1992 with the aim of providing protective, preventive and health-boosting strategies to enhance academic performance, school attendance and promotion. HIV/AIDS, as a component of adolescent reproductive health, was also added to SHEP with a focus on pre-tertiary institutions. SHEP adopted a co-curriculum, bi-sectoral HIV/AIDS education strategy involving the ministries of education and health.
- The Population and Family Life initiative involved the Ghana Education Service (GES) and the United Nations Fund for Population Activities to integrate the teaching of reproductive health, population and development, and environmental, socio-cultural and gender studies into the pre-framework curricula of five career disciplines at the pre-tertiary level. These were: social studies, life skills, environmental science, integrated science and religious and moral education.

- The subsidized sale of condoms to members of the University of Ghana was a joint initiative of the Students Representative Council and the Planned Parenthood Association of Ghana. The use of female condoms was promoted under the initiative at the various halls of residence.
- Other interventions introduced during the pre-strategic framework era included sensitization programmes for units and agencies of the ministry, such as the school and social services and guidance and counselling units, the Ghana National Association of Teachers and the Teachers' and Educational Workers' Union. The aim of these programmes was to raise general levels of awareness about HIV/AIDS among the members and clientele of the units and agencies.
- The non-education-specific agencies and NGOs involved in HIV/AIDS outreach programmes during this period included the Red Cross, Care International, Action Aid and Save the Children. These agencies targeted primarily out-of-school youth, through peer counselling, provision of condoms and treatment of STIs.

## 2.2.2 Ghana education sector policy and strategies on HIV/AIDS

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### ***Education Sector Plan (ESP)***

The Education Sector Plan review report originally laid out eight concrete policy goals for the sector. Two more – to emphasize national and international concerns about HIV/AIDS and to promote female education – were subsequently added, so that the full list now reads:

- increase access to, and participation in, education and training;
- improve quality of teaching and learning for enhanced pupil and student achievement;
- extend and improve technical and vocational education and training (TVET);
- promote good health and environmental sanitation in schools and institutions of higher learning;
- strengthen and improve educational planning and management;
- promote and extend the provision of science and technology education and training;
- improve the quality of academic and research programmes;
- promote and extend pre-school education;
- identify and promote education programmes that will assist in the prevention and management of HIV/AIDS;
- provide girls with equal opportunities to access the full cycle of education.

In the ESP these policy goals were re-ordered and grouped into four areas of focus (see Table 2.1). These four focus areas are closely linked to the four priority interventions for education, as outlined in the Ghana Poverty Reduction Strategy. The strategy seeks to lay a strong emphasis on creating an enabling environment for financial empowerment and improvement of women's education, which are considered to be two very important cornerstones for the reduction of HIV prevalence.

**Table 2.1 ESP policy goals by area of focus**

<i>Equitable access to education</i>	<ul style="list-style-type: none"><li>▪ Pre-school education</li><li>▪ Access to, and participation in, education and training</li><li>▪ Girls' access to education</li></ul>
<i>Quality of education</i>	<ul style="list-style-type: none"><li>▪ Quality of teaching and learning for enhanced pupil/student achievement</li><li>▪ Academic and research programmes</li><li>▪ Health and environmental sanitation in schools and institutions</li><li>▪ Prevention and management of HIV/AIDS</li></ul>
<i>Educational management</i>	<ul style="list-style-type: none"><li>▪ Educational planning and management</li></ul>
<i>Science, technology and TVET</i>	<ul style="list-style-type: none"><li>▪ TVET</li><li>▪ Science and technology education and training</li></ul>

### **Sector HIV/AIDS policy**

At present there is no HIV/AIDS policy in Ghana, although one is being formulated. The Ministry of Education has, however, identified HIV/AIDS-related concerns, such as the care of orphans, the need for HIV/AIDS educative material in schools and workplaces, promotion of condoms in schools, disclosure of HIV status and confidentiality, stigma and discrimination, treatment, and care and support.

In response to these critical needs, the ministry has put together an eleven-member working group to formulate an HIV/AIDS policy for the sector. The main goal of the HIV/AIDS ESP is to create an environment that will be conducive to sustaining political commitment and support for effective action against HIV/AIDS in the sector. This has to go hand in hand with the provision of clear-cut guidance to all that operate within the sector.

The principle objectives of the policy are to:

- promote HIV/AIDS responsive behaviour among learners and the workforce;
- ensure active participation of learners and the workforce in prevention activities;
- ensure the basic human rights of learners and workers infected and affected by HIV or AIDS;
- contribute to the national effort of reducing new HIV infections among learners and workers;
- reduce the impact of HIV and AIDS on the sector.

### **2.2.3 Education Sector Strategic Framework (ESSF) on HIV/AIDS**

The ESSF on HIV/AIDS, 2000-2005, is based on the vision of a sustainable future, including healthy state-private, sector-donor partnerships, to assure the continued availability of quality education for all learners in Ghana.

The overall goal of the ESSF on HIV/AIDS is to minimize the incidence and impact of HIV/AIDS among learners and education workers, with a focus on vulnerable (i.e. high risk) groups. It is envisaged that this can be achieved by ensuring the development and effective implementation of policies on reproductive health, moral behaviour and HIV/AIDS in the

education sector. The three main strategic outputs that are expected to lead to the attainment of the overall goal are as follows:

- The establishment of institutional arrangements for implementing the HIV/AIDS programmes in the education sector.
- Strengthened linkages among learners, educators, homes and communities to thwart the impact of HIV/AIDS.
- Raised awareness about the rising prevalence of HIV/AIDS in the education sector, and its devastating impact on affected populations, especially among learners, educators and communities.

The ESSF proposes to use the pre-ESSF agencies, institution and administrative structures to implement HIV/AIDS activities at all levels of the education sector. The presence of functional education directorates in all of the 110 District Assemblies of Ghana, and the implementing agencies' linkages with the communities through Community-Based Organizations, Parent-Teacher Associations (PTAs) and school management committees, are seen as assets to be exploited for the benefit of planned activities. Agencies and divisions involved in implementing activities include the GES, the Non-Formal Education Division and the National Council for Tertiary Education, which are responsible for pre-tertiary institutions, and the non-formal and tertiary sub-sectors respectively.

At the central level a National Education Sector HIV/AIDS Co-ordinating Committee (NESHAC) will be set up to play the two key roles of brokering and co-ordinating partnerships among the stakeholders, including the GES and NGOs. NESHAC will not be directly involved in the implementation of specific HIV/AIDS activities, but will concentrate on the following measures:

- Creation of a level playing field for the participation of all stakeholders in HIV/AIDS activities.
- Provision of direction on the ESSF and co-ordination of partners' activities.
- Development of annual programmes within the context of the ESSF.
- Provision of support to stakeholders to ensure the development and implementation of programmes that are consistent with their mandates and contribute to the attainment of defined prevention and control targets.
- Mobilization of political, institutional and community support for education sector HIV/AIDS programmes.
- Mobilization, management and control of resources allocated for HIV/AIDS activities.
- Organization of annual planning and evaluation meetings for relevant stakeholders.

The MoE, through NESHAC, is the overall supervisor of the education sector HIV/AIDS programme, although NESHAC itself will be multi-sectoral and include representatives from the private sector. An MoE HIV/AIDS desk will serve as its secretariat.

The Education Sector HIV/AIDS Programme will be monitored and evaluated through three independent but related mechanisms:

- Routine monitoring of programme activities and outputs, using elaborate schedules of impact, outcome and process indicators, designed to evaluate the effectiveness of the HIV/AIDS programme.



- Periodic evaluation of programme outcomes and impact to guide the formulation of initiatives on the basis of the relevance and effectiveness of particular interventions. Periodic evaluations will also be used to highlight new challenges that demand a response, or unplanned initiatives that are meeting various needs and should be expanded.
- Annual, mid-term and end of planning period (i.e. after five years) programme reviews to assess the technical and operational impact of the programme and its finance and systems development. These will be carried out using internal and external evaluators. They will form the basis for regional and district stakeholder meetings, which will in turn guide the development of a new ESSF at the end of the current five-year period, presumably in August 2005.

### **2.3 Gaps in programming for HIV/AIDS in the education sector**

The absence of a definitive HIV/AIDS education policy and the lack of data on the situation in the education sector have significantly limited the capacity of educational policy makers, planners and managers to design and implement successful and sustainable interventions. A range of interventions and strategies have been put in place at various levels of the system, but these programmes are fragmented, lacking in co-ordination and often overlap with each other, leading to wastage in resources and capacity. The paucity of data limits capacity to focus efforts where they are most needed and scale interventions appropriately.

Another general problem for the sector is the under-development of internal funding sources and insufficient budgetary allocations from the ministry. This leads to an over-reliance on external funding, which limits medium- and long-term planning capacity due to the more ad hoc nature of allocations.

Finally, a lack of comprehensive training programmes limits technical capacity at all levels of the sector, from teachers and support workers, to district officers and senior policy makers. As this study will demonstrate, there is a clear need for sustained staff development. The issues associated with HIV/AIDS are complex and politically and culturally sensitive. Staff need to be empowered to address these issues with tact, compassion, diplomacy and ingenuity.

## 3. Methodology

### 3.1 Study design

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Ghana is divided into ten administrative regions and 110 districts. The districts are decentralized, with the district assemblies being the highest political and administrative authority. The assemblies facilitate grass roots participation in socio-economic development programmes, as well as disseminating and operationalizing policies and strategies that are formulated at the national level and handed down through the intermediary regional administrations.

The functions and implementation procedures of all sectors in Ghana follow a hierarchical structure, where political and administrative power is devolved from the centre, through the regions, districts and local community levels. The study was therefore designed to capture information from all levels of the administrative structure of the MoE. At the local level, the key implementers are the NGOs, which means that the NGO response to HIV/AIDS in the education sector forms a key aspect of this study. Individual institutions, such as the universities, schools and teacher training colleges, are also loci of HIV/AIDS activities. Assessment of the training opportunities at these different levels is not only important for the identification of training needs, but also for the successful implementation of specific programmes aimed at ameliorating the HIV problem in Ghana.

### 3.2 Study sites and selection criteria

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This study collected data from the MoE, GES and its implementing agencies at the central level, and a representative sample of individuals and institutions from the Southern, Central and Northern zones of Ghana. Greater Accra and Central regions represented the Southern zone, the Mid-Volta and Ashanti regions represented the Central zone and Upper East, Upper West and Northern regions represented the Northern zone. These regions were purposively selected because they represent the major socio-economic and administrative centres of the country. For the interviews the respondents converged in Cape Coast for the Southern zone, Kumasi and Ho for the Central zone and Tamale for the Northern Zone (see Figure 3.1). The MoH's regional and district workshops in these cities for directors and focal persons provided a unique opportunity for data collection.

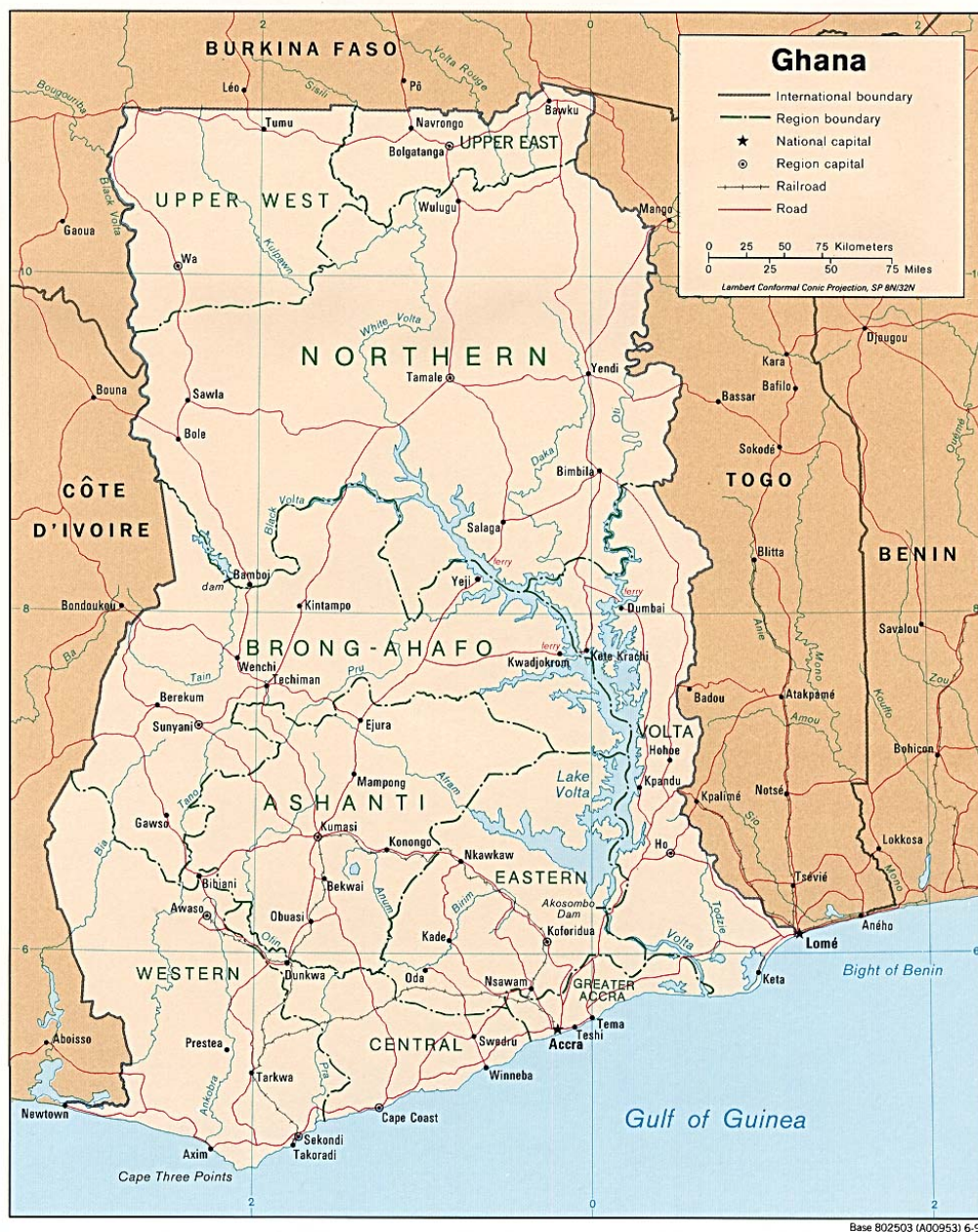
### 3.3 Data collection and processing techniques

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Inter-method triangulation (i.e. using several methods to study a single phenomenon) was used to collect qualitative and quantitative data for this study. Qualitative data were obtained through secondary data analysis, in-depth interviews with key informants and observation, while survey data were obtained through a structured questionnaire. The entire procedure involved:

- the collation and review of existing policy documents on HIV/AIDS and educational planning in Ghana;
- conducting workshops to assess the critical needs of all stakeholders in the MoE at the national, regional and district levels;
- use of a standard but tailored questionnaire for individual staff, units and sub-units of the ministry, teacher training institutes and NGOs concerned with HIV/AIDS education and planning;
- in-depth interviews with key stakeholders concerned with human resource management, finance and budgeting, information systems management, communication, policy and planning.

**Figure 3.1 Map of Ghana showing zones and interview sites**



Source: Perry-Castañeda Library Map Collection, the General Libraries, the University of Texas at Austin, 1996.

The study focused on three levels of analysis: ministry headquarters, the district education offices and the institutes of higher learning, particularly teacher training colleges. Questionnaires and interview guides were used for each level or category of respondent identified. Table 3.1 shows a summary of the 283 respondents, and the proportion that they made of the total number of officers from each category. Representatives of 40 of the 120 NGOs operating in the field of education and HIV/AIDS were also questioned.

**Table 3.1 Sample size by category of officer interviewed**

<b>Category</b>	<b>Sample size</b>	<b>Number in universe</b>	<b>Percentage of universe</b>
Members of the executive, ministers of state and their deputies	5	10	50.0
MoE and GES Directors at the national and regional levels	78	81	96.3
District directors and focal persons	103	222	46.4
GES and MoE tertiary institution heads	57	-	-
Ghana HIV/AIDS Network (GHANET) members	40	200	20.0
<b>Total</b>	<b>283</b>		

Simple univariate analysis was applied to the quantitative data, while the qualitative data were analysed through theme categorizations.

### **3.4 Problems and limitations**

The scheduling of interviews was frequently problematic, partly because of the time constraints of respondents and partly because research was scheduled to take place during the school holidays, when heads of institutions were not available. The highly stratified nature of the respondents necessitated the production of different sets of questionnaires and meant that a very large body of data was collected. In spite of this, data coding and processing progressed relatively smoothly, although it was difficult to obtain data from the ministry's Educational Management Information System (EMIS) department. Lack of co-operation from the directors of the various departments of the MoE and GES also proved to be a major hindrance to the progress of the study.

## 4. Findings: major problems affecting educational planning and management in Ghana

### 4.1 Impact of HIV/AIDS on the demand for education

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It is not easy to ascertain the exact impact of HIV/AIDS on the demand for education in Ghana owing to the lack of a valid and reliable database to capture statistics on the epidemic. However, according to estimates from the NACP, about 10.5 per cent of AIDS cases in Ghana occur among children in the 10 to 14 age group (NACP, 2001). This implies that the proportion of children demanding education in Ghana at the pre-tertiary level will fall over the next five years and this will, in turn, reduce the demand for places in tertiary education.

Opportunity costs and the affordability of education are another facet of the way in which HIV/AIDS exerts a negative impact on demand for education. As HIV/AIDS erodes the income and earning power of its victims and their close relatives through increased medical bills and reduced earning capacity, many potential and actual learners are forced out of school. Almost one quarter of the school population left the education system at all levels between 1994 and 2002.

In addition to increased school dropout, there is suggestive evidence that increased incidence of HIV/AIDS is positively related to increases in street children and truancy rates. Parental control, supervision and guidance are, in the Ghanaian context, potent factors driving the demand for education. The attention of parents and guardians ensures greater punctuality for regular school attendance, higher levels of attendance at extra classes or extension classes and greater patronage of libraries and other educational services.

The impact of HIV/AIDS on the demand for early childhood education appears to be even stronger than that on the education of youth and adults. This is partly because older orphans have more potential to engage in labour and part-time employment to finance their education. The education of HIV/AIDS orphans is also accorded less attention by orphanages, bereaved relatives and foster parents, whose incomes generally fall far below the average per capita income of 390 United States dollars (US\$) (UNDP, 2000). If there are multiple siblings, impoverished families frequently find it more prudent to use their meagre resources on the education of an older child whose potential is already known.

### 4.2 Impact of HIV/AIDS on the supply of education

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HIV/AIDS is reducing the supply of education, including the availability of teachers, and obstructing educational logistics in affected African countries (Carr-Hill, Kataro, Katahoire and Oulai, 2002). The impact of HIV/AIDS on the availability of teachers in HIV/AIDS-endemic communities has been reported on several occasions by the local media in Ghana. This could deter investors in the education sector from establishing institutions in HIV/AIDS endemic zones. Working in an endemic community may also take its toll, exerting a powerful psychological impact on a teacher or officer's performance – and in aggregate terms this amounts to a reduction in the supply and quality of educational services.

The reduced supply of education to HIV/AIDS-endemic communities also appears to be the product of inadequate patronage of existing facilities – the result of lower demand in response to HIV/AIDS. For example, decreased HIV/AIDS-related enrolment and patronage of extra classes, libraries and stationary businesses may lead to the relocation of these educational services to places where demand is deemed to be higher. This supply-demand interplay, and the resultant desire to minimize costs and maximize gains, applies to investment from both the state and private sectors.

An HIV/AIDS situation analysis carried out by the MoE identified teachers, students in tertiary institutions, national service personnel, newly trained teachers on fresh postings and itinerant education sector personnel as being among the leading high-risk groups (Republic of Ghana, 2000). The 15-49 age group, which forms both the reservoir for workers in all sectors and a large proportion of education sector clients, constitutes over 90 per cent of all people dying of HIV/AIDS (Republic of Ghana, 1999). Increased morbidity among current and potential education workers is bound to reduce the supply of education sooner or later.

Funeral ceremonies in Ghana are generally costly in time and monetary terms. The traditional importance attached to funerals is probably even more pronounced among rural communities, as informal ties of solidarity tend to be stronger there than in the cities. The majority of Ghanaians live in rural areas. Given the significance attached to kinship ties and funeral rites, it would be logical to expect such communities to expend a significant proportion of their material resources, time and energy on the funerals of AIDS victims, even at the expense of education.

### 4.3 Impact of HIV/AIDS on the management and quality of education

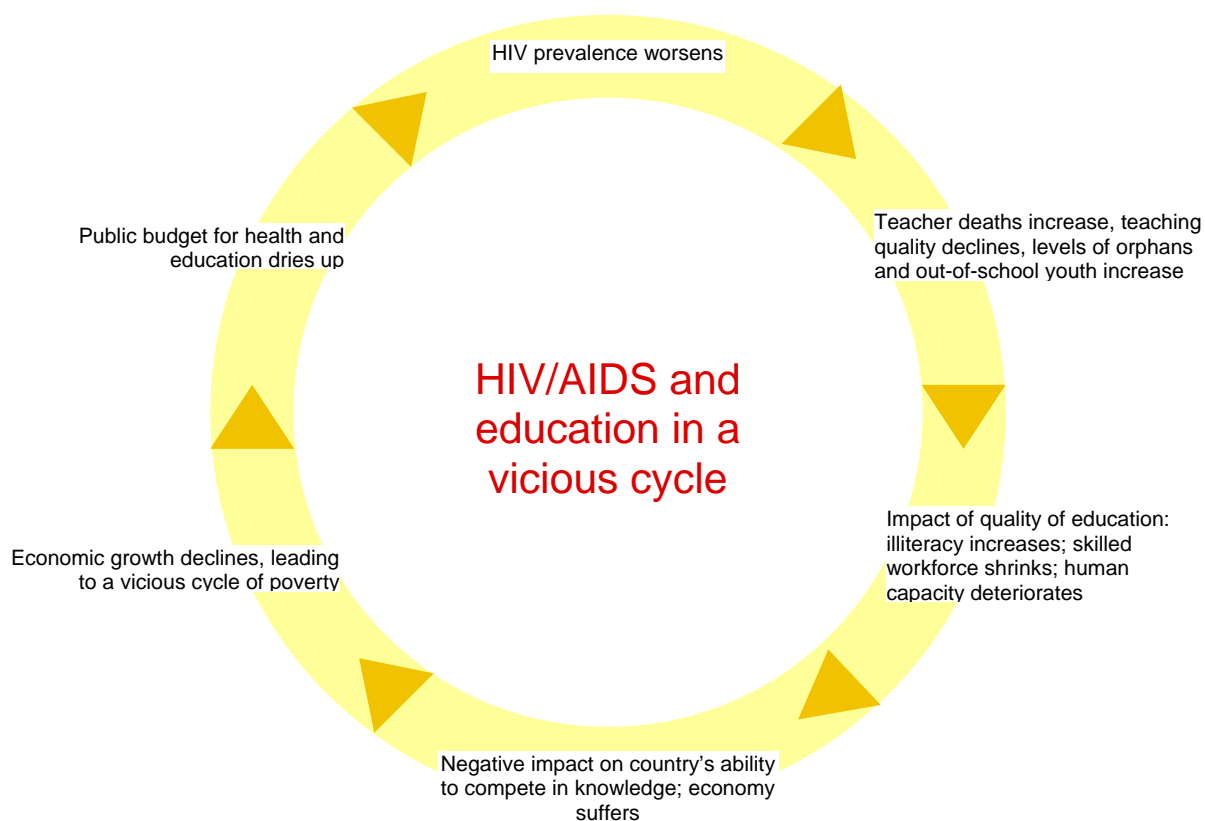
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Increased morbidity and mortality of education administrators, inspectors, planners and teachers leads to increased absenteeism, delayed and postponed inspections and workshops and less intensive teaching and supervision, all of which result in decreased quality of education.

Responding to HIV/AIDS demands the diversion of scarce operational resources from education to dealing with the immediate threats posed by the epidemic. For example, increasingly large proportions of recurrent expenditure are being allocated to meeting health expenses, rather than to initiatives improving the quality of education. In the long run, therefore, the management and quality of education become the ‘sacrificial lambs’ in the desperate fight against HIV/AIDS. Reduced quality and quantity of education, moreover, leads to reduced growth and development and sets in motion a vicious cycle of poverty, characterized by low per capita income, low productivity, low demand and low levels of investment (see Figure 4.1).

As Figure 4.1 shows, HIV/AIDS slows the pace of national development through a chain of negative impacts on the education system. The potentially retrogressive impact of the epidemic on the education system is serious enough on its own to merit the adoption of stringent measures to stem this tide. The HIV prevalence rate in the education sector currently stands at 4.0 per cent (Republic of Ghana, 2000) – higher than the average national rate of 3.1 per cent (UNAIDS, 2004).

**Figure 4.1 The impact of HIV/AIDS on education in Ghana**



*Source:* Adapted from World Bank, 2002

#### **4.4 Impact of HIV/AIDS on financial planning and budgeting**

The education sector, being the largest public sector employer, has the largest government budgetary allocation, even exceeding that of the MoH. Government contributions amount to about 91 per cent of the annual cost of education, most of which is spent on salaries.

Until fiscal year 2003, there was no budgetary allocation for HIV/AIDS in the education sector. Funding for activities had been sourced from the World Bank Multi-Sector AIDS Program (MAP) and the Ghana AIDS Commission (GAC) AIDS Response Fund. However, a budget line has now been created for HIV/AIDS activities for fiscal year 2004. Planning for HIV/AIDS has also been decentralized and is being carried out at the district level as an addendum to central financial planning activities.

Although the incorporation of HIV/AIDS into the education sector budget is necessary and timely, it will contribute to an increase in the existing funding gap of at least 10 per cent. This may be closed in a number of ways: efficiency savings, cost recovery, or by inviting development partners to lend their support, either directly through project financing, or indirectly through technical and other forms of assistance. Table 4.1 below shows the projected funding gap for the primary sub-sector if the government is to achieve its priority goal of universal primary completion by 2015.

**Table 4.1 Projected cost of achieving universal primary completion by 2015**

	2003	2004	2005	2010	2015
Domestic resource envelope for primary education (millions of cedis)	1,282,036	1,282,351	1,347,565	1,495,042	1,741,773
<b>Projected costs (millions of cedis)</b>					
Recurrent costs	1,011,977	1,100,857	1,163,561	1,382,137	1,600,629
<b>HIV/AIDS-related costs</b>	-	<b>22,901</b>	<b>25,695</b>	<b>41,502</b>	<b>57,953</b>
Additional textbook costs	51,119	38,910	33,929	33,878	23,863
Classroom construction	315,353	366,642	367,516	185,748	189,038
<b>Total</b>	<b>1,378,449</b>	<b>1,490,400</b>	<b>1,774,705</b>	<b>1,756,170</b>	<b>2,012,627</b>
Financing gap (equals domestic resource envelope minus costs in millions of cedis)	-96,413	-246,959	-243,136	-148,223	-129,710
Financing gap (equals domestic resource envelope minus costs in millions of US\$) <sup>1</sup>	-10.81	-27.70	-27.27	-16.63	-14.55

Source: Republic of Ghana, 2000-2004.

At present, 60 per cent of the financial support for the activities of the MoE HIV/AIDS Secretariat is being accessed through the GAC under the AIDS Relief Fund. The United States Agency for International Development has committed funds to the process, by supporting part of the contract fees of the technical co-ordinator. It has also provided funding support for various initiatives undertaken by the secretariat in the area of teacher education and data collection under the District Education Management and Monitoring Information System, in collaboration with the Mobile Task Team of the University of Natal, South Africa.

## 4.5 Monitoring the impact of HIV/AIDS

### 4.5.1 Loss of human resources

The EMIS department conducts a yearly census to capture data on the numbers of teaching staff at all pre-tertiary levels. The system does not, however, capture data on the loss of human resources due to HIV/AIDS alone, so apparent trends must be interpreted with caution.

The table below shows that death rates have a tendency to be higher for teachers in the high prevalence regions. The region with the lowest levels of teacher death (i.e. Upper West) is concurrently the region with the lowest prevalence. However, the causal link has not been clearly established, as epidemiological studies have yet to be carried out.

<sup>1</sup> Calculated using Interbank exchange rate of US\$1=8,915 Ghanaian cedis (18 October 2004).



**Table 4.2 Teacher deaths in pre-tertiary institutions by region, 1995-2002**

Region	1995	1996	1997	1998	1999	2000	2001	2002	Total
Brong Ahafo	5	7	18	31	15	2	4	5	87
Central	6	6	15	46	13	1	-	1	88
Greater Accra	3	4	19	14	26	3	1	4	74
Ashanti	9	10	33	47	29	2	1	2	133
Western	5	6	13	12	8	4	2	6	56
Northern	3	4	8	9	7	3	-	1	35
Upper West	6	4	6	6	6	-	-	1	29
Upper East	4	7	3	11	8	2	-	4	39
Eastern	4	11	31	62	27	4	2	19	160
Volta	4	5	27	32	23	14	9	26	140
<b>Total</b>	<b>49</b>	<b>64</b>	<b>173</b>	<b>270</b>	<b>162</b>	<b>35</b>	<b>18</b>	<b>68</b>	<b>841</b>

Source: Ministry of Education EMIS statistics, 1995-2002.

#### 4.5.2 Orphan pupils

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There is, as yet, no data on the number of in-school orphans in Ghana. In 2003, the education sector incorporated a supplementary sheet in the annual census data capture tool to collect data on the number of orphans and vulnerable children in school, and their average attendance. This indicated an increasing orphan population in the country. There is also a high dropout rate at the junior secondary level, a situation that may be attributed to a loss of financial capacity to continue education upon the death of a parent or family breadwinner and the assumption of extra responsibilities that interfere with school attendance.

## 5. Findings: training needs of educational planners and managers

This chapter focuses on empirical findings from the main target groups of educational planners and managers. These included the ministers and their deputies in the education sector, managers of the MoE and its implementing agencies at the national and regional levels, all heads and focal persons of national, regional and district directorates of the implementing agencies, heads of school management committees, deans and principals of three of the country's public tertiary institutions and, finally, representatives from NGOs involved in education and HIV/AIDS.

### 5.1 Policy, leadership and training needs of ministers at the national level

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The major concern of the ministers of state dealing with the HIV/AIDS pandemic should be how to ensure educational supply and quality despite staff mortality, absenteeism and resource constraints. Policies and strategic plans to combat HIV/AIDS are therefore a prerequisite for success in this fight. According to the ministers, there is no defined policy on HIV/AIDS for the education sector in Ghana, although efforts are being made to develop one. All ministers are, however, very conversant with the Ghana ESSF on HIV/AIDS. At the ministerial level, there is a genuine commitment to HIV/AIDS programmes, expressed through political will and support for anti-HIV/AIDS initiatives. Ministers recognize the detrimental effects of the pandemic to the educational sector: every minister of state makes critical political statements and pronouncements on HIV/AIDS at all public forums. This ensures visibility and credibility for HIV/AIDS interventions.

This commitment, expression of political will and positive response toward HIV/AIDS has led to the establishment of the HIV/AIDS Desk (i.e. the HIV/AIDS unit at the MoE). The United Nations Educational, Scientific and Cultural Organization (UNESCO) HIV/AIDS Commission, established to oversee HIV/AIDS activities in Ghana and to co-ordinate the effort with neighbouring countries such as Togo, Côte d'Ivoire and Burkina Faso, also shares a building with the ministry. According to the ministers, the MoE works in liaison with other multilateral and bilateral agencies to spearhead the HIV/AIDS campaign through sponsorship of regional and district workshops to sensitize educational planners and managers, teachers and students at all levels and in all regions. The Ministry also works closely with the National Commission on HIV/AIDS and all other stakeholders through the HIV/AIDS desk.

The leadership of the education sector has been playing various roles in ensuring the effective implementation of the assorted strategic plans and activities relating to HIV/AIDS. These include:

- the establishment of an HIV/AIDS secretariat at the Ministry;
- ensuring the provision of the budgetary and logistical needs of HIV/AIDS units within the ministry;

- the training of women to undertake HIV/AIDS campaigns within the National Youth Council and using the national women's football team (the Black Queens) as peer promoters.

The major outcomes of the strategic framework and action plan on HIV/AIDS cited by the ministers included the establishment of the workplace programme, curriculum review and teacher education HIV/AIDS curriculum.

Ministers felt that their capacity for spearheading HIV/AIDS activities could be enhanced through participation in awareness programmes, seminars and workshops, and watching short films that approach HIV/AIDS issues in a more creative manner. Ministers also lamented the non-availability of reliable statistical data on the impact of the pandemic specifically on the education sector, and the lack of logistical capacity and time to delve into the issues due to the pressure of multiple responsibilities. In addition they expressed concern for the lack of legislation on HIV/AIDS. For example, they indicated that there is no official policy for managing teachers infected with HIV.

On the issue of provision of care and support in the sector, some ministers proposed the granting of early gratuities to people living with HIV/AIDS (PLWHAs), even though they may not be due for retirement, to enable them take care of themselves. Others indicated the need for an educational bank to finance the health care needs of teachers infected or affected by HIV/AIDS. The Ghana National Association of Teachers was singled out as an institution that could assist in this task. Other ministers suggested that the ministry could be more proactive in securing HIV/AIDS drugs for infected teachers. Ministers also felt that married couples should be kept together and not separated through unwarranted transfers. This, according to them, was one way of reducing the rapid spread of HIV among teachers. Ministers also recommended that HIV-positive teachers serve as peer educators to reduce the stigma and discrimination associated with HIV/AIDS.

Concerning preventive education, ministers were of the opinion that condom use should be taught at the secondary level, as students are generally more adventurous and under peer pressure to engage in premarital sex, but that it should not be taught at the primary level. They thought that condom use at the primary and junior secondary levels negated traditional notions of character building. The ministers identified lack of funding and lack of trained staff as the major barriers to implementing and sustaining effective prevention programmes.

Ministers suggested that HIV/AIDS training programmes for executives should cover issues such as behavioural change strategies for sensitizing managers, staff and students in the educational sector, current information on HIV/AIDS, training on antiretroviral therapies and other related issues. The ministers identified various capacity needs, which included organizing an HIV/AIDS campaign to address the consequences of the disease on the family, equipping the Youth Council with current literature on HIV/AIDS and providing financial support for their work in the area, organizing more HIV/AIDS seminars for the youth and providing education on the key modes of transmission of the virus.

Concerning the issue of how the ministry could scale up its interventions on HIV/AIDS, the ministers suggested:

- using the HIV/AIDS Desk to scale up the sector's HIV/AIDS campaign;
- scaling up classroom interventions;

- increasing the scope of advocacy;
- ensuring the rights of PLWHAs;
- providing care and management for PLWHAs;
- using churches and other religious bodies in the fight against HIV/AIDS.

Budgetary constraints were also thought to undermine the political will to fight the HIV/AIDS pandemic. Ministers suggested that organizations such as UNESCO could provide technical and financial support to the ministry.

The major training needs of the planners and managers of education, identified by ministers, included:

- providing technical and financial support to the MoE;
- providing a regular update on HIV/AIDS;
- offering short seminars, workshops and films targeted at ministers;
- developing appropriate teaching and learning materials on HIV/AIDS;
- training in advocacy;
- training in mainstreaming HIV/AIDS and the integration of HIV/AIDS messages into the curriculum;
- training in the management and care of orphans.

## 5.2 Functional capacity and training needs of directors at the national and regional levels

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### 5.2.1 Functional capacity

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In assessing the capacity needs of directors of the various national and regional departments and organizations of the MoE and GES, respondents were asked to indicate whether they were aware of the HIV/AIDS ESSF and also if their organization had the capacity to operationalize policy and strategies on HIV/AIDS. The majority of MoE directors (i.e. 65 per cent) indicated awareness of the strategic framework, but the rest were not aware. Similarly, the majority (i.e. 70 per cent) said that they had the capacity to operationalize HIV/AIDS policy and strategies. Only 30 per cent felt that they did not have that capacity. The overwhelming majority (i.e. 93 per cent) also indicated that their organization was actively involved in HIV/AIDS activities. Table 5.1 summarizes the responses of the 57 directors questioned on existing capacity.

There is an established network of HIV/AIDS partners and stakeholders at all levels, including donors, the formal and informal sectors and the NGOs. All of these actors collaborate with the MoE through the HIV/AIDS desk and other commissioned desks such as UNESCO. The directors saw this capacity for collaboration as a major strength of the national and regional level structures. The various departments and agencies of the MoE and GES have carried out some form of impact assessment. One third of the directors questioned indicated that they were able to translate HIV/AIDS policies into action, while a few directorates were able to monitor and evaluate HIV/AIDS activities in the education sector. Some of the organizations also had the capacity to manage HIV/AIDS information systems and develop HIV/AIDS databases.

**Table 5.1 Existing capacities of national and regional organizations for HIV/AIDS activities**

Capacity type	Number of positive responses	Percentage (n=57)
Collaboration with others	37	64.9
Training and development of staff, students and pupils on HIV/AIDS issues	35	61.4
Impact study assessment	20	35.1
Translation of policy into action	19	33.3
Monitoring and evaluation of HIV/AIDS in the sector	16	28.1
HIV/AIDS information management system	14	24.6
HIV/AIDS database	12	21.0
Definite plans for infected and affected staff, students and pupils	12	21.0
HIV/AIDS curriculum development	8	14.0
Clear statistics on infected and affected staff, students and pupils	2	3.5
Information, education and communication (IEC) materials	1	1.8
Research on various aspects of HIV/AIDS	1	1.8

The training and development of staff, teachers and pupils on HIV/AIDS sensitization also seems to be an ongoing activity and is encouraged by all directors. About 14 per cent of the directors interviewed indicated that attempts have been made to incorporate HIV/AIDS information into existing curricula, especially at the pre-tertiary levels.

Some definite plans for staff, students and pupils infected with the virus do exist, but the ministry does not have any specific arrangements or formal mechanisms to respond to the problems associated with long-term illness of sector staff. There were no systematic coping mechanisms to respond to staff absenteeism or attrition, and no specific arrangements for the welfare of teachers and other staff living with HIV/AIDS. There were also no specific arrangements for orphans and other vulnerable children to help them cope with the effects of the epidemic.

The major problems facing the departments at the national and regional levels included:

- lack of capacity to translate the HIV/AIDS policy into action;
- lack of impact assessment studies;
- lack of HIV/AIDS information management system;
- lack of clear statistics on infected and affected teachers, students and pupils;
- lack of systematic plans for infected and affected staff or students;
- lack of capacity for HIV/AIDS curriculum development;
- lack of HIV/AIDS pedagogical materials;
- poor co-ordination and collaboration with other agencies.

## 5.2.2 Training needs

A major objective of the study was to find out about the HIV/AIDS training programmes that staff in the organizations had participated in and to identify training needs for future planning. The majority of respondents (i.e. 80 per cent) indicated that staff had benefited from some form of training programme, while the others had either received no training at all or had no idea if staff had received such training. Most organizations and departments had trained between one and five staff members. Only two organizations said that they had trained a significant number of staff – 28 and 30 respectively. The specific training and capacity needs identified by the respondents are shown in Table 5.2 below.

**Table 5.2 Capacity needs of national and regional organizations**

Capacity needs	Number of positive responses	Percentage (n=57)
Training and development of staff and trainers	16	28.1
Computers and logistics, including vehicles	15	26.3
HIV/AIDS programme management	14	24.6
Supply of pedagogical materials on HIV/AIDS	11	19.3
HIV/AIDS services (condom promotion, counselling, peer education, management and support of PLWHA)	9	15.8
Personnel and technical support	9	15.8
Resource mobilization, fundraising and proposal development	7	12.3
Communication skills	6	10.5
Monitoring and evaluation of HIV programmes	6	10.5
HIV/AIDS curriculum development	5	8.8
HIV/AIDS information management system	5	8.8
Impact assessment study	4	7.0
Office space	1	1.7
Lobbying and advocacy	1	1.7
Translation of policy to action	1	1.7
Building of networks	1	1.7

The study also found that the higher the position of the staff member in the organization, the more likely they were to receive HIV/AIDS training. Much of this training had been provided by local and international technical staff (25 per cent and 21 per cent respectively); in-house staff had delivered only 14 per cent. The study was also interested in finding out whether the organizations had a range of different training materials, especially for different categories of staff. Some 60 per cent of the organizations indicated that they did not have different training materials for different staff. Only a few (i.e. 27 per cent) did.

Respondents were asked if they had particular suggestions on HIV/AIDS activities that could be integrated into their organizational activities. Table 5.3 below summarizes their responses. Three activities emerged as the most desirable for the organizations to implement. These were peer education (75 per cent), developing communication skills (74 per cent) and providing HIV/AIDS counselling services (67 per cent).

**Table 5.3 Appropriate HIV/AIDS programmes for organizations and institutions**

Type of HIV/AIDS programme	Number of positive responses	Percentage (n=57)
Peer education	43	75.4
Communication skills	42	73.7
HIV/AIDS counselling	38	66.7
HIV/AIDS human resource management	28	49.1
Monitoring and evaluation	28	49.1
Human resource development	22	38.6
Condom promotion	14	24.6
Behaviour change	1	1.8
Positive living	1	1.8
IEC materials development	1	1.8
Other	3	5.3

N.B. Multiple responses allowed.

Respondents were finally asked about planning and budgeting for HIV/AIDS activities to determine levels of awareness of strategy and subsequent training needs. Respondents were asked if HIV/AIDS was central to the policy and programmes of the organization and if there was a separate budget line for HIV/AIDS activities. A significant number (32 per cent) did not know whether they had separate budget lines, although most (i.e. 40 per cent) stated categorically that they did. Some 16 sources of funding were mentioned, the majority coming from international sources. GAC does, however, constitute the single largest source. Respondents thought that most funding went towards peer education (mentioned more frequently than any other activity), followed by staff training and sensitization for youth leaders.

**Box 1 Summary of training needs for educational planners and managers at the national and regional levels**

- Training in policy issues and regarding approaches for carrying out HIV/AIDS impact assessment studies.
- Training on monitoring and evaluation and data analysis.
- Training on leadership skills to bring about behavioural change.
- Training in voluntary counselling and testing for staff implementing support services for PLWHA and high risk groups.

## 5.3 Functional capacity and training needs at the district level

District directors co-ordinate the education sector's response to HIV/AIDS in the districts. District focal persons have also been appointed for each district. These officials are drawn from departments, sections and units of the district offices that are considered key to the campaign against HIV/AIDS. Forty-seven district directors and 56 focal persons responded to questionnaires to generate data for the study. The focal persons questioned were drawn mainly from the School Health Programme, as the following table shows:

**Table 5.4 Provenance of focal persons interviewed**

Department, section or unit	Number of staff	Percentage
School Health Education Programme	42	75.0
Inspectorate	7	12.5
Special education	3	5.4
Human resources	2	3.6
TVET	1	1.8
Basic co-ordination	1	1.8
<b>Total</b>	<b>56</b>	<b>100.0</b>

### 5.3.1 Knowledge of policy instruments and strategies

An attempt was made to assess the level of awareness of the district directors and their focal persons with regard to the implications of HIV/AIDS on the human and material resources of the education sector.

The overwhelming number of district directors (87 per cent) indicated that they were aware that HIV/AIDS had serious adverse consequences for the human and material resources of the education sector in their respective districts. The specific implications they listed included:

- diversion of donor support for education into the campaign against HIV/AIDS;
- destruction of the human resource base of the sector through the attrition of trained personnel;
- increased absenteeism of both teachers and students;
- reduction of productivity due to sick teachers;
- fall in educational standards due to ineffective teaching;
- reduction in demand for education as children lose their parents and guardians through HIV/AIDS and are forced to drop out of school.

Half of the focal persons said that they thought the impact of the pandemic was more serious for students than for any other stakeholders. Only 17 per cent and 8 per cent felt that the impact of the pandemic was more serious on budgets and resources and on staff. About 63 per cent claimed that staff and student illness and death resulting from HIV/AIDS had a financial impact on their offices. This took the form of:



- increases in hospital bills payable by the district (although there is a ceiling beyond which the sector is not obliged to refund medical costs);
- payments for welfare services of dead staff;
- payment of funeral grants and providing staff refreshment during funerals;
- increases in teacher training costs due to the necessity of training replacements for dead teachers;
- diversion of district funds into HIV/AIDS campaigns.

In most districts the response to these and other issues has been slow or none existent, and this is attributed to a lack of any clear policy on HIV/AIDS. Half of the directors surveyed were aware that there is an HIV/AIDS policy for the education sector, but only a minority would accept that HIV/AIDS is central to the policies and programmes of the sector.

### 5.3.2 Response to HIV/AIDS

All the district directors interviewed indicated that over the last year their districts were involved actively in a number of HIV/AIDS-related activities (see Box 2). Most (80 per cent) of the focal persons indicated that their respective districts did have HIV/AIDS response initiatives. These included organization of workshops for teachers, adopting various measures to support members of the sector living with AIDS, and undertaking regular activities to create awareness about HIV/AIDS and campaign against its spread. The creation of the position of district focal person is another example of the district-level response. These changes were introduced to enhance HIV/AIDS awareness, co-ordinate education activities, prevent infection in schools, support infected and affected pupils and students, and ensure effective monitoring of HIV/AIDS programmes.

#### Box 2 HIV/AIDS response activities carried out in the districts over the last year

- Circulated current information on HIV/AIDS.
- Gave AIDS information during staff orientations
- Provided information on AIDS during staff *durbar* week<sup>2</sup>.
- Encouraged peer education.
- Carried out condom promotion activities.
- Visited patients to give them moral support.
- Carried out rudimentary counselling for infected and affected staff and students.
- Co-operated with other organizations.
- Linked workforce with service providers.

The focal persons listed the roles of the district education office, especially with regard to the District HIV/AIDS Response Initiative (DRI). The office:

- collaborates with the DRI in its work, especially with regard to the education sector. The office is represented on the DRI Committee by the SHEP co-ordinator and district director;

<sup>2</sup> *Durbars* are regular meetings of all staff.

- collaborates with the District Assembly to educate pupils, students and community members on HIV/AIDS issues, provide financial and material support to selected affected pupils and run workshops for health officers in schools;
- collaborates with the Demographic and Health Survey to carry out HIV programmes;
- allocates funds for HIV/AIDS programmes in the district;
- helps to plan, organize and implement the HIV/AIDS workplan;
- trains teachers to create awareness among pupils, students and the wider communities;
- sends focal persons from school to school to educate pupils and students;
- organizes talks, debates, quizzes and other sensitization activities for school children.

### 5.3.3 Capacity to operationalize policy and strategies

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Districts were found to have a generally limited capacity to grapple with HIV/AIDS issues. Respondents named the following capacity gaps as some of the most significant deficiencies working against effective action against HIV/AIDS:

- absence of a fully manned HIV secretariat for focused attention and effective co-ordination of programmes;
- inadequate supply of personnel with sufficient knowledge on HIV issues for counselling purposes;
- failure of pre- and in-service teacher training to take account of the pandemic;
- lack of skills among teacher to teach for attitudinal change;
- lack of teaching materials to guide teachers for effective delivery of HIV prevention education;
- lack of transportation for district focal persons to cover their areas;
- persistent traditional practices such as the acceptance of polygamous lifestyles.

It was acknowledged, however, that GES has made efforts to address some of the identified gaps. Measures adopted included:

- setting up an HIV/AIDS desk. Full HIV/AIDS units were also being set up in the district education offices at the time of this study;
- designation of HIV/AIDS desk officers at the district offices;
- holding regular capacity building workshops for some categories of personnel of the DRIs;
- carrying out training on behaviour change communication skills for teachers and school counsellors;
- holding a curriculum review with the aim of integrating relevant HIV/AIDS information into the existing structure;
- developing modules on HIV/AIDS prevention strategies;
- procuring books and pamphlets on HIV/AIDS, in collaboration with the MoH;
- making a conscious attempt to discourage a polygamous lifestyle, by encouraging girls to stay longer in school and avoid early contractual marriages.

Most of the focal persons also indicated that staff at the district level had been exposed to some form of training in aspects of HIV/AIDS. The categories of staff that had benefited from such training programmes included programme officers and senior staff. The programmes were supported by various agencies, ranging from internal aid agencies, to national institutions and NGOs. Most of the training centred on:

- causes and prevention of STIs and HIV/AIDS in education;
- nature, effects, prevention and management of HIV/AIDS;
- awareness creation on the dangers of HIV/AIDS to the education sector;
- counselling on HIV/AIDS for activists in education;
- care and support of PLWHAs;
- teaching the ABCs of prevention (i.e. A – abstain; B – be faithful; C – condom, if necessary);
- adolescent sexual reproductive health;
- sensitization on HIV/AIDS for school children and teachers;
- issues affecting the youth with regard to HIV/AIDS.

Very few impact assessments had been carried out, however, to measure the effectiveness of these training sessions. It would seem to be common practice not to evaluate short-term training on HIV/AIDS, either to assess the utility of the training to those who had been trained or their target groups. Much more needs to be done in terms of technical support for impact assessment and training of trainers in monitoring and evaluation.

Some 44 per cent of the directors confirmed the existence of HIV/AIDS working committees in their districts and also indicated that these committees were involved in the following activities:

- development of a workplace manual;
- organization of workshops and training programmes;
- organization of awareness campaigns, talks and durbars;
- organization of seminars for school management committee and PTA members;
- production of HIV/AIDS reading materials in local languages;
- provision of assistance to PLWHAs;
- provision of counselling services;
- sourcing of funding for HIV/AIDS activities;
- the breaking down of sector policies into implementation units;
- co-ordination and monitoring of activities of NGOs working on HIV/AIDS in the district.

Most respondents also confirmed that there were strategic workplans and HIV units for dealing with the epidemic at the district level. Asked to list training materials on HIV/AIDS, designed specifically for managers and education planners, they replied that the following were available (although they did stress that they felt that the training materials were generally inadequate in terms of both content and form):

- brochures and cards;
- manuals, pamphlets and tracts;
- films and videos;
- stickers, posters and t-shirts;
- condoms;
- Sara Com kit;
- Journey of Hope kit.

### 5.3.4 Skills and experience of staff charged with HIV/AIDS programmes

The expectation was that there would be an HIV/AIDS focal person for all workplaces. However, only 63 per cent of the directors interviewed indicated the presence of a focal person in their district. These focal persons had received training in peer education, HIV/AIDS counselling, communication skills, promotion of condom use and monitoring and evaluation.

Of the district directors interviewed, roughly one third had received some skills training in HIV/AIDS. Most of them had been trained in decision making, self esteem, communication skills, peer education, adult learning skills, care and support, family resource management, condom promotion, monitoring and evaluation and teaching for behaviour and attitude change. However, most of the directors felt that their level of training was inadequate for the performance of their duties. Respondents articulated the need for constant upgrading of skills and more IEC materials. They also felt that they needed extra training in care and support for PLWHAs, research, evaluation and monitoring, communication, lobbying and advocacy.

#### **Box 3 Case study: the Ghana HIV/AIDS Network (GHANET)**

GHANET – the Ghana HIV/AIDS Network – co-ordinates the activities of over 200 registered members, who are active in NGOs all over the country and who meet regularly to discuss HIV/AIDS programmes and activities. About 20 per cent of these members focus on HIV/AIDS and education. GHANET has a six-member executive council and one full-time volunteer officer who receive an honorarium. The network is affiliated to the NACP and represents civil society and NGOs on the GAC.

#### ***HIV/AIDS/STI programmes involving GHANET members***

For GHANET, care and support for those infected with HIV/AIDS or whose families are affected by AIDS must be integral part of any AIDS control programme, and PLWHA should play a key role in all interventions. Peer education, networking, advocacy and coping with stigma are essential foci. GHANET members have identified young students as beneficiaries for training in care and support for PLWHA, including home-based care. Peer support systems among teachers and staff are being encouraged.

NGOs affiliated to GHANET are the main providers of training in the education sector, whether to students in teacher training colleges or in-service teachers. GHANET members who work with the education sector also concentrate on behavioural change communication and peer education among students. They are very active in the formation of HIV/AIDS-related clubs. GHANET members working in secondary and tertiary institutions have sponsored IEC intervention programmes to limit sexual transmission of HIV/AIDS among students by promoting:

- abstinence;
- a reduction in the overall number of sexual partners;
- a delay in the onset of sexual activity;
- the use and consistent availability of condoms;
- guidance and counselling on STI control;
- voluntary counselling and testing.

There has been some public concern about the promotion and distribution of condoms to students. GHANET members are working closely with PTAs and teachers to offer guidance and counselling to sexually active students. GHANET also actively promotes abstinence before marriage, which they believe could lead to a reduction in new infection rates. Students are encouraged to join 'virgin clubs' and anti-AIDS clubs. Several GHANET members have been trained in the use of the Journey

of Hope kit to sensitize young people.

### ***Capacity strengths and needs of NGOs involved in HIV/AIDS programmes in Ghana***

From the brief discussion above, it is clear that training and capacity building are essential for those GHANET members working in collaboration in the education sector. The list below summarizes the programme capacity of the network:

- behavioural change communication;
- IEC;
- peer education for students and out-of-school youth;
- community development programmes focused on young people as peer promoters;
- distribution of condoms using peer promotion strategies;
- STI prevention among young people;
- voluntary counselling and testing;
- training of trainers, focusing on pre-service training in teaching colleges;
- staff development for teachers and other sector workers;
- training and technical assistance for teachers and other educational staff;
- care for PLWHA – counselling, home-based care and medical treatment;
- combating stigmatization and discrimination;
- HIV/AIDS/STI advocacy in prisons;
- public policy advocacy and development;
- networking;
- research to better understand the impact on those infected and affected.

Interviews revealed that the members feel that the Network faces challenges in ten principle areas of its work:

#### ***Funding***

- Lack of funding from GAC.
- Delays in release of funding from the GAR fund.

#### ***Equipment and logistics***

- Lack of equipment.
- Transportation (lack of vehicles, cost of transport, poor roads).
- Inadequate office space.
- Logistical problems for out-of-town staff.

#### ***Human resources***

- Need for more staff to respond to requests for sensitization from Faith-Based Organizations.
- Problems with sustaining peer education volunteers.
- Absence or low level of staff allowance or salary resulting in high turnover.
- Need for training of qualified staff and volunteers.
- Need for volunteers.
- Lack of staff commitment.

#### ***IEC***

- Lack of IEC or behavioural change communication promotion tools (scope and range of materials).
- Need for community sensitization in traditional areas.
- Need to publicize successes (e.g. partnerships and alliances), through IEC materials.
- Lack of centres for rehabilitation of young converts.
- Communication barrier between target group and stakeholders.
- Lack of co-ordination among stakeholders.
- Lack of organization in some districts.
- Need for income-generating programmes.
- Need to change behaviour among general population.
- Need for research.

#### ***Capacity building***

- More knowledge and training materials.

- Technical support (counselling skills).

#### *Attitude of officials and public servants*

- Un-cooperative attitude of public sector officials.
- High expectation of community authorities for financial gain.
- Low commitment of teachers and PTA towards in-school programmes.
- Over-complex bureaucracy in district assemblies.
- Lack of recognition of NGOs (especially in Upper West Region).

#### *Identification of people living with and affected by HIV/AIDS*

- Need to encourage voluntary counselling testing.
- Lack of willingness of PLWHA to divulge status for fear of stigma and discrimination.

#### *Care and support*

- Need for care and counselling for PLWHA.

#### *Community-based centres*

- Lack of community-based centres.

#### *Social issues*

- Sale of young people into forced labour.

#### **Requests for capacity support and development from member NGOs**

NGOs identified a number of areas, items or services where GHANET could provide extra support to members:

- capacity building of members – training of staff volunteers and outside resource people, counselling, project development and management, monitoring and evaluation, budgeting and financial management, information technology skills, human relations, education drama and puppetry;
- technical assistance – project implementation, resource personnel, organizational development, fundraising, building links with donors, production of IEC for prisons, building clinics, provision of workshop moderators;
- provision of funding through donors;
- provision of office equipment, audiovisual equipment and generators;
- provision of IEC materials;
- co-ordination of programmes and sharing of information, facilitation of networking among NGOs and between partners, affiliation with other NGOs, including finding international partners for members;
- raising public awareness – media coverage, making treatment agenda known, using anti-HIV newsletter as mouthpiece, lobbying, advocacy and promotional support for individual members;
- research on impact on those infected and affected by HIV.

## **5.4 Functional capacity and training needs at the institutional level**

The study examined whether there are any specific institutions in charge of the HIV/AIDS response, how the activities of these units are funded and how much of the budget institutions allocate to HIV/AIDS. Other issues examined were whether the HIV/AIDS epidemic and its impact are being systematically monitored within institutions and whether there are any programmes to support terminally ill staff, as well as infected and affected students.

The main respondents were the heads of school management committees, the deans, principals and administrators of three of the country's public universities (i.e. the University

of Ghana, University of Development Studies and University of Cape Coast), the principals, administrators and financial directors of other tertiary institutions, such as the polytechnics and teacher training colleges, and also some heads of assisted secondary schools.

#### 5.4.1 HIV/AIDS units

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The study observed that almost one third of Ghanaian institutions have units in charge of HIV/AIDS. This implies that most tertiary educational institutions do not appear to take the HIV/AIDS pandemic or its negative repercussions seriously. There were also no budgetary allocations for HIV/AIDS activities in any of the tertiary institutions considered here. The units in charge of the HIV/AIDS response are funded by the institutions themselves, the HIV/AIDS secretariat and student contributions. It would thus appear that there is a clear lack of institutional commitment to the HIV/AIDS response in Ghanaian tertiary institutions.

Most institutions did not have any organized systems for systematically assessing the impact of HIV/AIDS on their students, staff or programmes. Where there was some sort of monitoring system, it tended to be rather ad hoc, carried out, for example, through random testing of blood samples following medical examinations in university hospitals. There was, however, some HIV/AIDS awareness creation among staff and students through talks, seminars and counselling.

#### 5.4.2 Programmes to support terminally ill staff

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Ghana as yet does not have any programmes in place to support terminally ill teachers or other sector workers. Some institutions are, however, making efforts to support staff that are HIV positive or terminally ill with AIDS. Welfare committees in these institutions donate funeral contributions and support the individual members of their organization when bereaved.

Managers and planners of tertiary institutions indicated that they have insufficient funds for medical refunds – and that none of these funds were specifically designated for HIV/AIDS. However, universities, like the University of Ghana, could provide health care for their staff and students living with HIV/AIDS in the university hospital.

#### 5.4.3 Training programmes

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There was evidence that some tertiary institutions had made efforts to train staff on HIV/AIDS issues, but these were of limited scope. Only 27 per cent of respondents indicated that lecturers, teachers and other staff members had received some form of training. Of these, roughly one third indicated that training was delivered locally at Tamale, Gimpa, the MoH in Kumasi, Ho and at the University of Ghana in Legon. Some local and international NGOs have funded programmes for university lecturers, but these initiatives are relatively rare.

#### 5.4.4 HIV/AIDS in curricula and research

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The study examined whether institutions have integrated HIV/AIDS into their mainstream activities, how this is being done, the problems encountered, how the pedagogical materials on HIV/AIDS are prepared and whether efforts have been made to monitor and evaluate the implementation and use of these materials.

It was found that only about one third of tertiary institutions had some HIV/AIDS information in their curricula. In these institutions teaching on HIV/AIDS was part of courses in public health, medicine, clinical biochemistry, molecular biology, parasitic biochemistry, nursing, parasitology, nutrition, African studies, social studies and environmental studies. Despite the modest integration of HIV/AIDS in the curricula, a tremendous amount of clinical and social research on the epidemic has been carried out in Ghanaian universities and at the Noguchi Medical Research Centre. Respondents stressed that more emphasis should be placed on scientific research into HIV/AIDS and that it must be adequately sponsored. In other institutions, HIV/AIDS education was offered in collaboration with other agencies.

On the subject of pedagogical materials on HIV/AIDS, respondents, including planners and managers from the Ghana Film Industry and the National Association of Television and Film Industries indicated that they prepared television programs, film productions for television, commercials, manuals, pamphlets, publications in scientific journals and posters. Some materials are also prepared by the Curriculum Research and Development Division (CRDD), in collaboration with the MoH. Interestingly, some respondents had no idea of how pedagogical materials on HIV/AIDS are prepared, while others said that they did not use any at all. Most tertiary institutions have not made efforts to monitor the use of co-curricula materials, or to evaluate their effectiveness. Decisions regarding the contents are taken by various sponsors, including NGOs, church groups, academic boards, heads of departments and the CRDD. Content is actually planned by the Teacher Education Division, the Institute of Education and departmental boards, with approval granted by an academic board.

#### 5.4.5 Major constraints to HIV/AIDS capacity and training in tertiary institutions

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This brief review demonstrates that Ghanaian tertiary institutions have not adequately integrated HIV/AIDS into their mainstream activities. Most do not consider the issue of HIV/AIDS to be central to their policy and programming processes. Only about a third of the institutions have incorporated HIV/AIDS into their curricula – and the proportion of institutions offering training for staff responsible for delivery of these curricula is even lower. The major constraints to HIV/AIDS capacity and training in tertiary institutions are:

- lack of funding;
- lack of awareness creation about HIV/AIDS
- lack of preparedness and enthusiasm for HIV/AIDS-related activities;
- lack of monitoring and evaluation of HIV/AIDS subjects;
- lack of prescribed and relevant course content;
- inadequate training of tutors whose subject areas include topics on HIV/AIDS;
- lack of relevant information or materials for effective course delivery.



In view of these limitations, there is an urgent need for:

- periodic training for vice chancellors, regional directors and heads of department on HIV/AIDS policy;
- training on how to integrate HIV/AIDS into existing strategic plans;
- increased funding for awareness creation campaigns;
- training of more staff on HIV/AIDS activities;
- training of teachers and lecturers on HIV/AIDS issues;
- training in scientific research on HIV/AIDS;
- training of counsellors for guidance and counselling of students on HIV/AIDS prevention, management and care.

## 6. Recommendations

This study found that HIV/AIDS is generally not treated as a serious matter in the education sector in Ghana. The major constraints to the mainstreaming of HIV/AIDS include a lack of funds for HIV/AIDS-related activities, a lack of data specific to HIV/AIDS in the education sector, a lack of effective monitoring and evaluation of HIV/AIDS and a lack of skills, knowledge and experience on how to translate the strategic framework and any future HIV/AIDS policy into action. Tackling the epidemic demands a better organized and more systematic response than the GES appears to have adopted. For HIV/AIDS control and prevention activities to be effective, they should be properly budgeted for, incorporated into the GES workplan and broken down into a detailed set of activities. The GES needs to carry out the following measures as quickly as possible:

- Create an explicit education sector policy on HIV/AIDS.
- Create HIV/AIDS statistics units in the districts to monitor HIV prevalence among staff, students and administrators.
- Create a budget for AIDS cases, with provision for antiretroviral treatment to members of the sector.
- Organize intensive training for focal persons.
- Establish regular meetings to bring together district focal persons nationwide.
- Integrate HIV/AIDS into the school curriculum.
- Create a coherent programme for children orphaned by AIDS, especially at the district level.
- Allow more time for discussions and counselling on HIV/AIDS in educational institutions.
- Provide the necessary IEC materials to all divisions and ensure that they are properly disseminated in the districts.

The specific needs of educational planners and managers at the various levels of the system are summarized in the matrix below.

**Table 6.1 Summary of training needs by level and function**

Functions	Ministers of state	National and regional directors	District directors and focal persons	Planners and managers of tertiary institutions	NGO representatives
<i>Policy, leadership and governance</i>	<ul style="list-style-type: none"> <li>Legislative and political support</li> <li>Advocacy for effective leadership on HIV/AIDS</li> <li>Cultural sensitivity approach in public deliveries</li> <li>Human rights of PLWHA</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy</li> <li>Human rights of PLWHA</li> <li>Cultural approach to HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>Translation of policy into action</li> </ul>	<ul style="list-style-type: none"> <li>Periodic training of vice chancellors, regional directors and heads of departments on HIV/AIDS policy</li> </ul>	<ul style="list-style-type: none"> <li>Policy issues</li> <li>Developing shared awareness among leaders</li> </ul>
<i>HIV/AIDS desk</i>	<ul style="list-style-type: none"> <li>Use of HIV/AIDS desks to upscale campaigns</li> <li>Sourcing funds at high levels</li> </ul>	<ul style="list-style-type: none"> <li>Effective co-ordination of partners</li> </ul>	<ul style="list-style-type: none"> <li>Maintenance of oversight responsibility for the district level response</li> </ul>	<ul style="list-style-type: none"> <li>Counselling of students on HIV/AIDS precaution, management and care</li> </ul>	<ul style="list-style-type: none"> <li>Networking with other collaborators and stakeholders</li> <li>Counselling skills</li> </ul>
<i>Plans and programmes</i>	<ul style="list-style-type: none"> <li>Strategic planning</li> </ul>	<ul style="list-style-type: none"> <li>Programme management</li> <li>Strategic planning</li> <li>Conducting needs assessments</li> <li>Project monitoring and evaluation</li> <li>Mainstreaming of HIV/AIDS in planning processes</li> <li>Strengthening of EMIS unit for effective data collection and analysis</li> <li>Technical support in data analysis.</li> </ul>	<ul style="list-style-type: none"> <li>Integration of HIV/AIDS programmes into mainstream activities for ministries, departments and agencies</li> <li>Raising profile of HIV/AIDS strategic planning on the district planning agenda</li> </ul>	<ul style="list-style-type: none"> <li>Integration of HIV/AIDS into existing strategic plans</li> </ul>	<ul style="list-style-type: none"> <li>Programme management</li> <li>Fundraising for programmes</li> </ul>

<b>Functions</b>	<b>Ministers of state</b>	<b>National and regional directors</b>	<b>District directors and focal persons</b>	<b>Planners and managers of tertiary institutions</b>	<b>NGO representatives</b>
<i>Human resource management</i>	<ul style="list-style-type: none"> <li>Human resource management</li> <li>Effective leadership of HIV/AIDS campaigns</li> </ul>		<ul style="list-style-type: none"> <li>Leadership for change</li> <li>Capturing data, monitoring and impact analysis</li> <li>Designing support systems for staff living with HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>Organization of seminars, talks, films and workshops targeted at students and lecturers</li> <li>Mainstreaming HIV/AIDS into all human resource activities</li> <li>Provision of essential technical support for training of trainers</li> </ul>	<ul style="list-style-type: none"> <li>Planning for an effective response</li> <li>Impact analysis</li> <li>Needs assessment</li> </ul>
<i>Curriculum development</i>	<ul style="list-style-type: none"> <li>Public pronouncements in support of sensitive curricula issues</li> </ul>	<ul style="list-style-type: none"> <li>Training of trainers in curriculum development</li> <li>Selection of specific HIV/AIDS topics and integration into existing subjects</li> <li>Methodology of teaching HIV/AIDS at different levels, including peer education</li> <li>Curriculum evaluation procedures</li> <li>Analysing impact of training</li> <li>Team building</li> </ul>	<ul style="list-style-type: none"> <li>Analysing impact of HIV/AIDS on human resources and on development in general</li> <li>Bringing about behavioural change</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring good content material for training of students and lecturers</li> </ul>	<ul style="list-style-type: none"> <li>Managing the curriculum of anti-AIDS clubs</li> <li>Team building</li> </ul>

<b>Functions</b>	<b>Ministers of state</b>	<b>National and regional directors</b>	<b>District directors and focal persons</b>	<b>Planners and managers of tertiary institutions</b>	<b>NGO representatives</b>
<i>IEC materials and behavioural change communication</i>	<ul style="list-style-type: none"> <li>Training materials targeted at ministers considering time limitations</li> </ul>	<ul style="list-style-type: none"> <li>Training materials targeted at directors</li> <li>Behavioural change communication strategies</li> <li>Leadership skills to bring about behavioural change</li> </ul>	<ul style="list-style-type: none"> <li>Establishing advocacy networks</li> </ul>	<ul style="list-style-type: none"> <li>Training materials targeted at students and lecturers</li> <li>Behavioural change strategies</li> </ul>	<ul style="list-style-type: none"> <li>Effective communication</li> <li>Assessing IEC strategies</li> <li>Information dissemination skills</li> </ul>
<i>Education media</i>	<ul style="list-style-type: none"> <li>Cultural sensitivity approach in public delivery</li> </ul>	<ul style="list-style-type: none"> <li>Current updates on HIV/AIDS</li> <li>Prevention mechanisms</li> <li>Caring for PLWHA</li> <li>Mainstreaming of HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>Design of teaching materials</li> <li>Broadcasting of effective programs, taking into account the diverse needs and values of society</li> </ul>	<ul style="list-style-type: none"> <li>Promote sensitization programme training in IEC, behavioural change communication, drama etc.</li> </ul>	<ul style="list-style-type: none"> <li>Transmission mechanisms</li> <li>Character of HIV</li> <li>Prevention methods</li> <li>Bringing about behavioural change</li> <li>Care and support of PLWHA</li> </ul>



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