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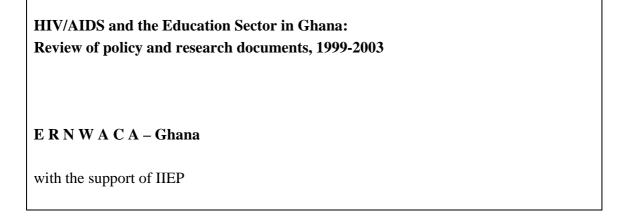**Educational Research Network for West and Central Africa**

HIV/AIDS and the Education Sector in Ghana:
Review of policy and research documents, 1999-2003

E R N W A C A – Ghana

with the support of IIEP

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RESUME

Twenty-nine documents comprising Policy and related documents, Seminar/ Workshop & Conference Papers and Reports, Implementation plans, Base-line Studies, Impact Studies and Research Designs relating to Ghana were reviewed.

Ghana's HIV/AIDS prevalence rate (estimated from 1998 sentinel surveillance reports) was reported in the year 2000 to be 4.6%. Statistical indications, however, suggest a progressive trend of increasing rates of HIV infection. Until a few years ago, the average Ghanaian treated the HIV/AIDS threat with nonchalance, due perhaps to ignorance. Risk perception was accordingly low.

In as much as the seriousness of the threat of the HIV/AIDS epidemic to the education sector was recognised, the potency of the sector to effectively combat the rapid spread of the disease was equally appreciated. The major concern of the Ghana Education Sector with regard to the HIV/AIDS pandemic is how to ensure quality and quantity of education in the face of staff mortality, absenteeism and limited resources.

Stimulated by the needed political will and support, structures were put in place and strategies and programmes initiated to combat the pandemic.
The structures include setting up the Education Sector Task Force for HIV/AIDS, a National Secretariat to coordinate HIV/AIDS programmes in the sector and the institution of Workplace /District/ Regional Focal Persons.

The strategies include the development of strategic frameworks and plans of action to counter the pandemic, the integration of HIV/AIDS information and issues into the school curriculum, the recognition and application of multi-sectoral approaches, the involvement of all stakeholders in the education sector, and the registration, coordination and harmonization of the messages of all NGOs working on HIV/AIDS in the sector. Programmes introduced are varied and aim mainly at equipping learners and teachers with knowledge and skills to prevent HIV infection.

The Ministry of Education of Ghana is currently working towards hosting a sub-regional workshop for Anglophone West African countries to accelerate the education sector response to HIV/AIDS in these countries by sharing experiences of feasible education sector actions among participating countries. It is hoped that this experience sharing workshop will regenerate new life and zeal into the implementation of activities programmed as the Ministry's response to the HIV/AIDS pandemic

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ACRONYMS

CRDD	-	Curriculum research and Development Division
ERNWACA	-	Educational Research Network for West and Central Africa
GES	-	Ghana Education Service
GSS	-	Ghana Statistical Service
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IATT	-	Interagency Task Team for Education
IIEP	-	International Institute for Educational Planning
MOE	-	Ministry of Education
NACP	-	National AIDS/STI Control Programme
NGO	-	Non-governmental Organisation
OVC	-	Orphans and Vulnerable Children
PTA	-	Parent-Teacher Association
SMC	-	School Management Committee
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
UNESCO	-	United Nations Educational, Scientific and Cultural Organisation
USAID	-	United States Agency for International Development

1. Introduction

This synthesis is produced in the context of an IIEP and ERNWACA collaboration to provide a West and Central African content material for the HIV/AIDS and Education Clearinghouse. This collaboration involved the commissioning of ERNWACA Researchers in a number of West and Central African Countries, by IIEP, to identify, collect and review HIV/AIDS and Education documents in the various countries.

The ultimate aim of the reviews is to make HIV/AIDS and education data more readily available in a reader friendly form to policy makers, planners and implementers as well as researchers who might otherwise be too busy to have access to these documents. This synthesis provides an overview of the scope and content of documents that were identified and accessed in the process.

1.1 Methodology

Fifteen documents were collected and summarized for the HIV/AIDS and Education Clearinghouse under the IIEP contract and 14 other documents, some of which were already posted at the Clearinghouse, constitute the sources of information for the synthesis. The documents include 4 policy documents/briefing notes, 4 seminar/workshop/conference papers and reports, 4 programme implementation/evaluation reports, 6 implementation plans,   5 base-line studies, 3 impact studies, and 3 research designs.

The documents cover mainly the formal education sector with heavy concentration on primary, secondary and teacher education. A few of them venture into Tertiary Institutions with a sizeable number of them delving into the area of policy, planning and management issues related to the HIV/AIDS epidemic.

A variety of methods were employed in developing the various documents reviewed. These include review of literature, survey techniques, monitoring and review of on-going interventions, organization of panel meetings and workshops, stakeholders' participatory appraisal and round table meetings and situational analyses.

2. The HIV/AIDS Threat

The national population census of year 2000 (GSS, 2000) put the population of Ghana at 18.6 million with a growth rate of 2.5%. It is a youthful population with 52.2% aged less than 20 years with more than 80% of them under 15 years. Three documents, MOE (2000), ERNWACA/Ghana (2001) and Baku (2001) suggest that the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) epidemic poses a major threat to this youthful population, especially to the category of adolescents and youth aged 10–24 years, who form the majority of the Ghanaian population. Their views were not derived from any concrete evidence produced within the country but on the experiences in some other countries with more serious situations in hand. A similar view is strongly articulated by Caseley-Hayford (2001), who insists that young people, especially girls and young women, aged 15–24 years, are particularly

vulnerable to infection leading to a rapidly increasing number of orphans. These phenomena, according to her, are particularly pronounced on Sub-Saharan Africa, which has only 11% of the world's population, and yet accounts for about 70% of people living with AIDS in the world.

Until a few years ago, the average Ghanaian treated HIV/AIDS with nonchalance, due mainly to ignorance and perhaps also the secrecy syndrome surrounding the disease which invariably denied many people the opportunity to see an AIDS patient physically (MOE 2000, Fayorsey, 2002, Kelly M.J., 2001, World Education and USAID 2002, ERNWACA/Ghana 2001). As may be expected, many people, according to some of these authors, therefore thought the HIV/AIDS alarms were either a myth or relevant to some other far away countries. The closest the average Ghanaian, in those days, associated the HIV/AIDS pandemic with himself/herself, was in relationship with prostitutes who had returned from Abidjan, Lome or Lagos. Similar beliefs are still held in some rural areas even today. Personal risk perception was and is, therefore, very low with a correspondingly high risk behaviour.

Ghana's HIV/AIDS prevalence rate was estimated in the year 2000 to be 4.6% (Casely-Hayford, Baku, Osafo and MOE). In 2002, it was reported to drop to 3.4% but rose again to 3.4% in 2003. Though these figures were below the rate of some other nations in Sub-Saharan Africa at that time, it was still alarming, particularly because the statistic represented only reported and known cases. Statistical indications suggest a progressive trend of increasing rates of HIV infection among the Ghanaian populace. Fast and aggressive action from government and all stakeholders in a 'multi-sectoral collaborative manner' to prevent the epidemic from racing out of control was, therefore, urgently required.

3. National HIV/AIDS and Education Policy and Strategies

The major concern of the Ghana Education Sector in the context of the HIV/AIDS threat is how to ensure quality and quantity of education in the face of staff mortality, absenteeism and limited resources. (Stove, J and Johnstone, A, 1999). With this preoccupation, genuine support for the campaign against the disease by the Ministry of Education has found expression in the political will, support and recognition granted the HIV/AIDS campaign by the Ministers of State and other top officials of the Ministry. Policies and Strategic Plans to combat the epidemic are a pre-requisite for fighting HIV/AIDS in the education sector. In this write-up, reference is made to documented policy statements a well as policy intensions which have not yet been documented.

Political will by the Ministry and support for the need to do something about the HIV/AIDS epidemic found expression in the setting up of the Education Sector HIV/AIDS Task Force in February, 2000 with a mandate to: 1) ensure high-level official involvement and backing for AIDS-related activities in the sector; 2) assist in raising the profile of the AIDS crusade high on the education agenda; (Osafo, 2000) and 3) plan and oversee the sector's response, including the development of an appropriate policy to combat the pandemic. The Task Force, composed of 19 members including high ranking officials of the Ministry and its agencies and a representative each of the World Bank,

USAID, UNESCO, UNICEF and UNAIDS, is under the chairmanship of the Deputy Minister for Education.

'Looking back', the secretary to the Committee bemoaned, 'one is tempted to wonder whether it would not have been better for deeper understanding of the grass-root situations to include a few representatives of the district level personnel and even one or two classroom teachers on the Committee'. This is likely because strategic planning as against normative planning requires in-depth situational and response analyses as well as the effective involvement and cooperation of intended implementers and beneficiaries.

The Task Force approached its mandate by first developing a strategic framework, the 'Education Sector HIV/AIDS Strategic Framework', through a series of situational and response analyses. The aim for the use of this approach was to intensify awareness creation and move the campaign to a higher level of introducing interventions which target the facilitation of HIV responsive behaviour change. (Osafo).

The main areas of emphasis of the Strategic Framework were:

- Facilitating HIV/AIDS responsive behaviour and attitudinal change;
- Forging effective partnership among stakeholders, and
- Ensuring institutional arrangements for effective implementation

It is significant, however, to have made the discovery in 2003 that about a third of the Ghana Education Service Directors at the national and regional levels were not aware of the Education Sector HIV/AIDS Strategic Framework (Fayorsey et al).

The Task Force next developed a 'Strategic Work Plan for HIV/AIDS Interventions'. An 8 member Working Group from among the Task Force, with USAID sponsorship, drafted the document using the consensus building approach. Apparently this approach was used to carry all stakeholders on board with the eventual strategic plan. It was, however, observed that the development process of the strategic plan was very slow and could not be said to be an outcome of an effective response analysis (Osafo). He identified two factors for the delay: lack of logistics and the fact that the members of the Working Group were not relieved of their original schedules.

The ' Strategic Work-Plan for HIV/AIDS Interventions' which was eventually developed, sought to address the following gaps:

- lack of education sector policy and work-place programme,
- lack of any plan for care and support for those affected by the epidemic,
- lack of any institutionalized schemes to enhance research, monitoring and evaluation of response interventions,
- lack of any coordinating unit of the responses and above all,
- lack of ownership of the HIV/AIDS programmes by the education sector.

One of the major thrusts of the Task Force's mandate however remains yet to be accomplished. The sector still has no sector policy on HIV/AIDS though the process has begun. (Fayorsey et al). The urgent need to devote priority attention to the development of this document cannot be overemphasized.

Ministers of State in the education sector are reported (Fayorsey et al.) to have dropped hints of some policy issues and strategies, apart from the obvious sector related issues, that may also be included in the sector's HIV/AIDS policy. These are:

- The possibility of setting up an Education Bank specifically to meet the needs of HIV/AIDS infected employees and their dependants to forestall delays in paying their gratuity.
- Introducing a policy to guide transfer of teachers and other workers in the sector such that families and couples are kept together to reduce temptations for unwarranted sex; and
- A strategy to assign HIV-positive teachers new roles to go round schools as advocates and peer educators on HIV/AIDS

The Ministry is focused on a strategy of operationalising its responses within the context of the national response and building bridges to link it with other sectors. In the pursuit of this multi-sectoral collaborative approach, the Task Force nominated two of its members, including the Chairman, to serve on the National Oversight Committee for HIV/AIDS. Another member was also nominated to join the National Response Analysis Team to ensure that the sector is adequately catered for in the development of the National AIDS Strategic Plan (NASP). In the same spirit, representatives from the Ministries of Finance and Health were invited on board to join the Education Sector HIV/AIDS Task Force.

4. Impact of HIV/AIDS on the Education Sector

It is generally believed that the most socio-economically deprived children and young people, especially girls are the most vulnerable to sexual exploitation and risk HIV infection. Essah and Aidoo (2001) argued that because males are generally more favoured in education and employment in Ghana, young girls and women tend to lean heavily on men for solutions to their financial problems and so expose themselves to sexual exploitation. Similarly, Rivers K and Aggleton P, (1999) observed that young women in many developing countries have little control over how, when and where sex takes place. Ghana appears to be no exception to this critical and unfortunate observation.

The view is often expressed that the education sector is one major and critical area in which the HIV/AIDS menace can do the most harm. (Baku, Caseley-Hayford, ERNWACA/Ghana, Fayorsey, MOE, Osafo). This may be borne from the share size of the sector. The formal education delivery setting alone covers 37.6% of the entire national population while the informal sector also serves quite a reasonable proportion (about 10%). By implication and extension, the sector is most likely to experience the heaviest concentration of HIV/AIDS related problems. These conjectures are however yet to be proved in the Ghanaian setting.

Very little work if any at all, unfortunately, has been done to specifically assess the real impact of the menace on the education sector in Ghana. The few reports which touched on impact, including those by Caseley-Hayford (2001), Fayorsey (2002) Fayorsey et al. (2004), MOE (2000) and NACP (2001) all failed to provide any concrete scientifically generated data on impact of the HIV/AIDS pandemic on the education sector. Their methodologies sought to assess perceived impact of the pandemic rather than generating statistical data on impact and so generally ended up with conjectures, speculations and/or extrapolations.

Ahiadeka (2003) perhaps was the only exception with regard to the documents reviewed. He effectively used the triangulation approach to generate data to provide an insight into the gradual build up of Orphans and Vulnerable Children (OVC) in the Ghanaian society which has become one of the vestiges of the HIV/AIDS problem. He discovered two groups of OVC and was able to generate regional figures of OVC in orphanages. He also made some fascinating findings about the quality of life of the OVC and these are highlighted in the document.

Apart from this document it has been extremely hard to find any other document or report venturing into concrete impact statements. This may be because of the late diversion of attention to the education sector. Indeed most of the anti HIV/AIDS activists in the education sector are NGOs. The religious bodies appear just recently to be getting interested. Even here, their interest seems to be limited to awareness creation using their churches for education.

It is believed, however, that as the epidemic ravages the population, the number of children with AIDS is increasing and the morbidity and mortality rates would follow the same trend. More children, it is argued are ostracized or isolated because of the epidemic. This is bound to lead to a decline in school enrolment and attendance figures (UNAIDS, 2002). Baku (2001) reported that Gross Enrolment Ratio in Ghana decreased from 79.3% in 1988 to 76.5% in 1997 in spite of education reforms which sought to improve access to education. He admitted however, that there was no specific evidence to tie the decrease to the HIV/AIDS pandemic

Available data suggest that deaths of teachers in-service at the pre-tertiary level of the education system up to 1999 were on the increase **though there was no evidence to link the causes categorically to AIDS.** It is possible however that some of those deaths might be HIV/AIDS-related.

A significant characteristic of this in-service death of teachers was the observation that their numbers seemed to be higher in the HIV/AIDS endemic regions of the country, especially Eastern (160), Volta (140), Brong Ahafo (139) and Ashanti (133) regions as against such regions as Upper-West (29), Upper-East (39) and Northern (35) located in the North of the country where the prevalence rate of the epidemic is known to be low. There is sadly no record on how school children are faring under the HIV/AIDS pandemic. Fayorsey tried a link when she related the presence of the epidemic to the pupil-teacher ration in schools. According to her, pupils to teacher ratio for primary

schools in 2003 stood at 32.83 below the 35 to 1 limit set by the Ghana Education Service (GES).

Is the situation in tertiary institutions any different? Based on findings from case studies of seven universities, including the University of Ghana, Kelly M.J, (2001) observed that "thick cloak of ignorance, lined with layers of secrecy, silence, denial and fear of stigmatization surrounds the presence of the disease on campuses. He concluded that the real impact of HIV/AIDS on students would not unfold until they left the universities. He admitted, however, that increases in the costs of administering the universities and reduction in productivity, could be the overall impact on the universities. Increased costs may arise from expenses on funerals, absenteeism and loss of qualified personnel.

The impact of HIV/AIDS on education and the economy as a whole is that of a vicious cycle (Fayorsey, Caseley-Hayford, Ahiadeka and NACP). As the HIV/AIDS epidemic worsens, it is expected that teacher deaths will increase, leading to a fall in teacher supply and the quality of teaching and consequently, quality of education. More orphans and school drop outs will be expected. This sequence will result in increased illiteracy, lack of skilled manpower, depreciation of labour force and the deterioration of the quality of life.

5.   Response of the Education Sector
Vulnerable as the education sector is to the HIV threat, its potency and power to counter the spread of the epidemic has since the Elmina Conference been recognized. The Ghana Education Sector has accordingly made a more determined effort to get all agencies, divisions, departments and educational districts involved in the campaign to stem the spread of the disease (Ofori-Asumadu, 2002, MOE 2002, MOE HIV/AIDS Secretariat). Top officials of the Ministry of Education and the Ghana Education Service got roped into one campaign structure/team or the other. One other form in which the sector's commitment and political will manifested was in the establishment of the HIV/AIDS desk (secretariat) with full time staff, under a Coordinator, to enhance the coordination and implementation of intervention programmes and the introduction of various specific response interventions including the following actions and programmes:

1) A Logical Framework Planning Workshop which sought to identify key problems, issues and gaps that needed to be addressed was organized for the Education Sector AIDS Task Force. This workshop was the fore-runner of many other response activities to follow. (Appiah, K 2000)

2)The School Health Education Programme (SHEP) was established to be responsible for school-based education activities such as training of peer educators and school health teacher, guidance and counselling coordinators, anti-AIDS clubs etc. Also in the school system is the Population and Family Life Education Programme which is specifically pupil/student focused as well as a 14 module curriculum which addresses issues of youth counselling, peer education and life skills education.

3)In addition, the Curriculum Research and Development Division (CRDD) of the GES has developed new HIV/AIDS modules and Manuals to start training pre-tertiary school teachers in 40 deprived districts in its use.

4) Work Place Programmes are the key responses targeting the employees of the education sector. The HIV/AIDS campaign assumed an all-front status with the appointment of HIV/AIDS Focal Persons for the regions, districts and workplaces. The focal persons are people identified at the various levels of the education system structure and workplaces and trained as HIV/AIDS educators, counsellors and facilitators of HIV/AIDS programmes in their areas. Most of the regional and district focal persons are SHEP officers. A Work Place Manual was subsequently developed to guide the Focal Persons in planning and executing educational sessions at work places. The manual also provides relevant information that Focal Persons would need for peer group discussions. In furtherance of peer education, HIV/AIDS Clubs were formed in schools and student peer educators trained for the purpose. It was recently discovered that some districts are yet to set up their workplace programmes. The need to put adequate logistic arrangements in place for the scheme to work effectively appeared, however, to be underestimated or overlooked. This became a critical gap that limited the effectiveness of the scheme.

1) Other response activities within the education sector include the registration of NGOs working on HIV/AIDS in the education sector; the harmonization of HIV/AIDS messages for NGOs (their activities will need to be properly monitored though); integration of HIV/AIDS issues into school curricula, particularly at the junior secondary and senior secondary school levels; the development of a new subject for Teacher Training Colleges on 'Teacher Ethics and HIV' and its inclusion on the time table and the development of HIV/AIDS sensitization modules for the education sector to inculcate responsible sexual behaviour among pupils of basic education.

2) An Education Sector Strategic Review Workshop was held in 2003 as a planning tool to assist the Ministry to plan a fully multi-sectoral HIV/AIDS response that would remain specific to the sector. The workshop reviewed the sector's response up to that period, identified gaps in the Strategic Work Plan and also identified forty-eight prioritized activities in ten major areas for implementation. Details of these may be sought in MOE, 2002

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6.   The Way Forward
Member agencies of the UNAIDS Interagency Task Team for Education (IATT) have, upon request by Ministries of Education in Africa, established a working Group to assist countries to accelerate their education sector responses to HIV/AIDS in sub-Saharan Africa. This has resulted in a number of information sharing networks and seminars.

The Ministry of Education of Ghana had recently hosted a sub-regional workshop for Anglophone West African countries. The workshop aimed to accelerate the education

sector response to HIV/AIDS in the countries of Anglophone West Africa, by sharing experiences of feasible education sector actions among participating countries. The specific goals that formed the basis of Ghana's participation in the workshop and which are expected to direct the sector's line of action are as follows:

- To accelerate the education sector response to HIV/AIDS at the national, regional and district level;
- To provide HIV/AIDS prevention education in all schools through accelerated action in teacher training;
- To facilitate district level access to resources for the education sector's response to HIV/AIDS;
- To promote the ongoing process of developing the education sector workplace policy;
- To ensure OVC access to education, through improved district level management;
- To promote the creation of Institutional Policies for HIV/AIDS in all Universities in Ghana; and
- To enhance the participation of civil societies (NGOs SMCs, PTAs etc) in HIV/AIDS programmes (prevention, care and support) in schools.

Apart from these areas it would be useful to direct some research focus on systematic investigation of the work of the NGOs in the sector. Cost and impact analyses of their activities could also be conducted to prevent duplication and waste.

It is generally felt that this experience sharing workshop has regenerate new life and zeal into the implementation of activities programmed as the Ministry's response to the HIV/AIDS pandemic and that it would also serve as an impetus to the completion of the sector policy document on HIV/AIDS.

7. Conclusions and Recommendations

The HIV/AIDS threat in Ghana, though on a lower scale than it is in some other states in the sub-region, is still dangerous enough. Fortunately this danger, as well as the unique advantageous position of the education sector to neutralize the danger, has been recognized. Structures have been put in place in the education sector and efforts are being made for the sector to squarely face the challenge. Authorities in the sector have also demonstrated commitment to make the sector the front-runner in the campaign to halt the spread of the disease. But a lot more needs to be done, not only by the authorities, but also by all other stakeholders in the sector, including teachers, parents, non-teaching staff and even pupils/students. Efforts should aim beyond mere awareness-creation to genuine attitudinal change towards risk behaviours and also towards people infected with or affected by HIV/AIDS. It is recommended that the Ministry immediately concretizes its commitment not only to fighting the HIV/AIDS pandemic but also to mitigate the impact of the pandemic on its stakeholders.

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