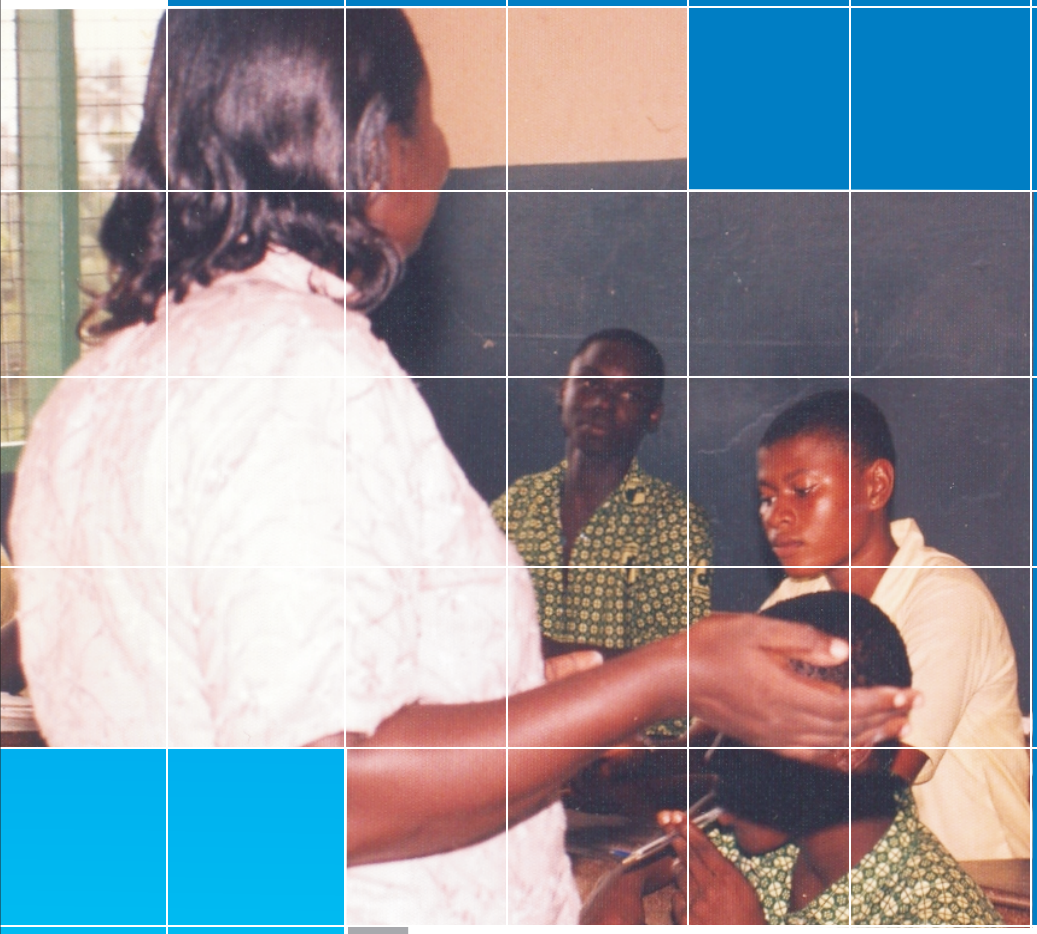

A study of the Education Sector's response to HIV and AIDS in Ghana

DECEMBER 2008

MINISTRY OF EDUCATION,
SCIENCE AND SPORTS

A STUDY OF THE EDUCATION SECTOR'S RESPONSE TO HIV AND AIDS IN GHANA

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ACRONYMS

AYA	–	African Youth Alliance
AESOP	–	Annual Education Sector Operational Plans
AIDS	–	Acquired Immunodeficiency Syndrome
CBO	–	Community Based Organization
CRDD	–	Curriculum Research Development Division
CSO	–	Civil Society Organizations
DFID	–	Department for International Development
DTT	–	District Training Teams
ECOWAS	–	The Economic Community of West African States
EDUCAIDS	–	The Global Initiative on Education and HIV and AIDS
EMIS	–	Education Management Information System
ESP	–	Education Sector Plan
FLE	–	Family Life Education
GAWU	–	Ghana Agricultural Workers Union
GETFund	–	Ghana Education Trust Fund
GES	–	Ghana Education Service
GIPA	–	Greater Involvement of People Living With HIV and AIDS
HIPC	–	Heavily Indebted Poor Countries
HIV	–	Human Immunodeficiency Virus
IBO	–	Institutional Based Organization
IPPF	–	International Planned Parenthood Federation
JHS	–	Junior High School
MDA	–	Ministries, Departments and Agencies
MEYS	–	Ministry of Education, Youth and Sports
MOESS	–	Ministry of Education, Science and Sports
NACVET	–	Committee for Technical and Vocational Education and Training
NGOs	–	Non-Governmental Organizations
NTT	–	National Training Team
OATU	–	Organization of African Trade Unions
OUR	–	Opportunity for Unified Response
OVC	–	Orphans and Vulnerable Children
PLWHIV	–	People Living With HIV
PPAG	–	Planned Parenthood Association of Ghana
PTA	–	Parent-Teacher Association
SHEP	–	School Health Education Programme
SHS	–	Senior High School
SRH	–	Sexual and Reproductive Health
SWOT	–	Strength, Weaknesses, Opportunities and Threats
TAD	–	Teachers Agents of Dissemination and Change Programme
TOT	–	Trainers of Trainers
TTC	–	Teacher Training College
UNESCO	–	United Nations Educational, Scientific and Cultural Organization
UNGASS	–	United Nations General Assembly Special Session
VCT	–	Voluntary Counselling and Testing
WAEC	–	West African Examination Council
W.o.H	–	Window of Hope

Foreword

The Study of the Education Sector's Response to HIV and AIDS in Ghana provides the many thousands of people involved in the response in Africa and beyond with an excellent case study of how the challenges to the HIV and AIDS epidemic are being met by the Government of Ghana, through the Education Strategic Plan (2003-2010) of the Ministry of Education, Science and Sports which seeks to promote and apply multiple interventions in the formal education system in response to the epidemic and its impact.

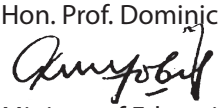
The study depicts the manner in which a country can plan to better inform itself about how the epidemic and the responses to it are carried out. Indeed, this study demonstrates best practice in gathering information and assessing it in order to 'know your epidemic'. Only through having a thorough understanding of how the epidemic is situated amongst the many groups that constitute a society can those responsible for its mitigation really plan their actions. This study provides evidence from a scientifically rigorous process that will assist with the challenge of responding to the epidemic through the formal education system.

The study showcases numerous examples of how educational interventions have been implemented across the education sector which, in turn, demonstrates a comprehensive approach to the epidemic through education. For example, the study details the many interventions that have been implemented in the formal, pre-tertiary school system throughout Ghana. The interventions evaluated and described for the purposes of this study include: universal teacher training, the training of trainers, the development of gender-sensitive curricula, strategy and policy development, initiatives for PLWHA, and activities to promote project harmonisation. Together, these multiple that, as Dr. Peter Piot, the Executive Director of UNAIDS, stated at the World Education Forum in Dakar in 2000: "Education can be a powerful force, perhaps the most powerful force of all, in combating the spread of HIV and AIDS".

However, the study does not shirk from the core responsibility of critical assessment and analysis to see where the gaps lie and how to best proceed with improved and sharpened responses in the future. Underpinning the study is the very significant emphasis on the requirements of the Declaration from the United Nations General Assembly Special Session on HIV and AIDS (UNGASS, 2001) that stipulates the need to scale up the response to HIV and AIDS. The findings of this important study, coming six years into the implementation of the Ghanaian Governments' Education Strategic Plan (2003-2015), provide the base lines for applying the UNGASS requirement in the field of education.

Finally, I sincerely wish to acknowledge all of those involved in the preparation of this important study, especially the UN System led by UNESCO and supported by UNICEF, UNFPA, UNAIDS and WHO. Sincere thanks also go to Prof. J. K. Anarfi the Consultant and his team of experts from the Institute of Social and Statistical Research (ISSER) at the University of Ghana who undertook this assignment. The study details so clearly the situation of HIV and AIDS amongst the youth of Ghana and the response of the education sector to the epidemic. I am confident that this study will prove valuable not only in Ghana itself but also in neighbouring countries, especially in sub-Saharan Africa where effective education sector responses to the epidemic are so badly needed.

Hon. Prof. Dominic Fobih



Minister of Education, Science & Sports

A STUDY OF THE EDUCATION SECTOR'S RESPONSE TO HIV AND AIDS IN GHANA

EXECUTIVE SUMMARY

Introduction

HIV and AIDS has become a force to reckon with, internationally. Young people are at the greatest risk of acquiring the infection for several reasons. The school system is one important place to capture the attention of these young people and several publics whose daily activities border on training the youth. This positions the education sector and its constituents in a critical spectrum to focus on the effort to manage and mitigate the impact of HIV and AIDS globally. Ghana's education sector has been leading an initiative since 2002 to equip Ministry of Education Science and Sports (MoESS1) to respond to issues on the HIV and AIDS pandemic within the Ministry itself and amongst its several constituents.

This study which was conducted in November and December 2007 had a broad objective of documenting the education sector's response to HIV and AIDS by bringing out lessons and experiences, and putting together existing information and data, with the view to facilitating effective partnerships, informing policy, and contributing to strengthening coordination.

Specifically, the study worked toward the following:

- Identify HIV and AIDS interventions in the education sector
- Provide strategic information that will facilitate more targeted response
- Identify key areas of collaboration among stakeholders.

The scope of the study included interviewing:

- Students in Junior and Senior High Schools (JHS and SHS), vocational institutions, training colleges, polytechnics and universities;
- Ministry of Education, Science and Sports (MoESS) officials; and
- Other relevant stakeholders in the education sector such as NGOs implementing HIV and AIDS interventions in educational institutions.

Methodology

Both secondary and primary data were used, with the former gathered from agents of the MoESS, key Development Partners, and NGOs, among others. In addition, both quantitative and qualitative primary data were used. A rapid appraisal method using questionnaires was used to collect the quantitative data while in-depth qualitative approaches were used to collect the qualitative data—basically using focus group discussions and in-depth interviews for selected Junior High and Senior High School students.

[1] At the time of the Study, the Science sector was not part of the Ministry.

The data were collected from both males and females separately, and sometimes from mixed gender groups. The qualitative study methods were limited to first and second cycle institutions only where a total of 48 FGDs and an equal number of life stories were conducted.

In addition, questionnaire interviews were conducted in all selected institutions (including vocational training institutions) and at all levels of education for equal numbers of males and females, totalling 544 questionnaires administered to these. Finally, 52 in-depth interviews were conducted for all heads of the selected educational institutions, heads of the selected NGOs which are implementing HIV and AIDS-related interventions in the educational institutions and the administrators within the Ghana Education Service's (GES) structure to facilitate the analysis of the strengths, weaknesses, opportunities and threats/ constraints of those institutions/organizations.

The study was conducted in the two southern ecological zones of Ghana and covered the Greater Accra, Central, Eastern, Ashanti and Brong Ahafo regions. In each of these regions, the study was conducted in both rural and urban communities. Specifically, the urban communities included Accra, Cape Coast, Winneba, Kumasi, Koforidua and Sunyani. The rural or smaller communities included Dodowa and Afienya in the Greater Accra Region, Potsin and Komenda in the Central Region, Tepa and Asankare in the Ashanti Region and Bechem and Acherensua in the Brong Ahafo Region.

Findings

Being among the first MDA in Ghana to proactively respond to the HIV and AIDS menace, the MoESS has since 2000 undertaken some critical activities within the education sector. Specifically, in connection with its mandate on responding to HIV and AIDS, the MoESS established an HIV and AIDS Secretariat in May 2002 to coordinate HIV and AIDS activities within the sector, and to mobilize the needed funding. The Secretariat has since sensitized managers within the MoESS and other stakeholders, developed a workplace HIV and AIDS manual, developed a manual to guide NGOs undertaking HIV and AIDS activities in education institutions, and developed an educational sector HIV and AIDS Policy, among others. Additionally, using a decentralized approach, the secretariat used GES structures such as the regional and district Directors of Education as well as appointed focal persons to man the affairs of the agencies. Furthermore, the secretariat has trained all teachers within the primary and secondary levels, with a focus on public schools though, to serve as agents of dissemination and change (TAD); training 150,249 as at the end of 2007.

In addition, since February 2006, the SHEP has been used to promote peer education for in-school youth at the Basic level in the "Alert School Programme", as part of which a two-volume manual to guide teachers to effectively promote peer education has been developed. Also educational materials on HIV and AIDS have been developed for basic and secondary schools. Other activities have included forming partnerships with various stakeholders, including registering all NGOs working on HIV and AIDS in schools, as well as fund raising, monitoring and evaluation of its programs.

Feedback from the in-school youth interviewed and the SWOT analysis, however, revealed some pluses as well as possible lapses in the programme. Despite the near-total awareness of the disease and its modes of transmission by the students, their knowledge of preventive methods was lower. For instance, close to 4 out of 10 of the respondents did not know that having one faithful partner is a preventive method.

Overall, the study found that the HIV and AIDS education the students are receiving is not adequate in terms of content. Similarly, although the educational materials developed for educating the students would be effective in making an impact on them, the materials were found to be in short supply for both the teachers and particularly, the students. In fact, the vast majority of the students had not seen those materials developed by the MoESS before, and extremely few of them who had ever seen such materials had personal copies. The materials development process may not also have taken into consideration the preferred channels of dissemination of HIV and AIDS information to the youth interviewed.

More worrying, the youth interviewed were engaging in risky behaviours; the majority of them were sharing piercing instruments, and although the vast majority of them from the combined qualitative and quantitative interviews said they had never been sexually active and/or were not currently sexually active, most of them said they knew young persons who were having sex and/or sex among young persons is common in their neighbourhoods, although they felt that such persons have information on HIV and AIDS. Could the youth be talking about themselves indirectly? Furthermore, they had a high level of stigma against PLWHIV.

Not surprising, about half of the youth respondents in the quantitative studies and all but one in the qualitative studies said they lack some information about HIV and AIDS. These were in the areas of prevention/treatment, causes and where to check for one's HIV status (in a descending order of magnitude). Without surprise, avenues which will offer the students confidentiality, such as the mass media were preferred, followed by health personnel and books.

The educational program was being implemented at the Teacher Training Colleges by World Education, an international NGO, at the time of the study. The Secretariat's initiated HIV and AIDS activities at the Polytechnics and Universities can be broadly categorized into three levels: those that had fully taken off, such as the Kwame Nkrumah University of Science and Technology's which had developed an HIV and AIDS policy, an advocacy plan and a curriculum reform plan, among others, those with adhoc programs such as the University of Education, Winneba, which was using a local radio station to educate its publics and offering courses to its students on the topic, and finally, those which were yet to commence.

The SWOT analysis from the managers of the in-school HIV and AIDS programs revealed impressive strengths of the programs such as having dedicated and trained members of staff in about a third of the institutions studied and a very forceful national HIV and AIDS Secretariat, as well as impressive funding at the national level. On the other hand, most of the teachers who are trained to disseminate the information feel that it is an extra work load. They also feel that they are being given conflicting program-related (not about HIV and AIDS) messages, not to mention the lack of adequate educational materials as well as funding at the district level. These, coupled with the high mobility of the trained teachers and other factors, indicate that the program faces some important challenges.

Critically speaking, although the MoESS' response to the HIV and AIDS menace so far is quite impressive, critical challenges such as effective mobilization, use and monitoring of educational materials, effective and adequate resource backing toward decentralization of the information dissemination, and adequately seizing opportunities to use attractive entry points such as the SHEP, peer educators and GIPA, effective mobilization and resourcing of NGOs and inadequate commitment from local funding sources such as District Assemblies pose serious threats to the programme.

Conclusions

In conclusion, in spite of the appreciable efforts committed to advocacy and resource mobilization by the National Program Secretariat, coordination of other players (outside the MoESS) such as participating NGOs, communities and District Assemblies seemed very minimal. Also, despite very high levels of awareness about the disease and some reported attempts to avoid being infected by the youth studied, loopholes still existed in the knowledge of the youth interviewed about pertinent facts on HIV and AIDS transmission, possible prevention and possibility of reducing one's chances of getting infected. They still led high risk lives and had high levels of stigma against PLWHIV. Also, the HIV and AIDS educational program was yet to take off fully in most tertiary institutions. However, great channels of hope such as a largely trained educational workforce, workplace policy and manual and development partners' willingness to donate funds to the program exist.

Recommendations

Further educating the youth on prevention and stigma reduction particularly, promoting lifestyle changes, undertaking effective educational materials development, dissemination and monitoring and evaluation and, finally, forming strategic partnership with other players, particularly local and national publics, is recommended.

1.0 INTRODUCTION

HIV and AIDS is now a global problem although there are grave disparities in its distribution. Currently around 40 million people worldwide are living with HIV and AIDS, the majority, close to 75 percent, living in sub-Saharan Africa. Annually, an average of 3 million people die of HIV-related illnesses, with about 80 percent of these deaths occurring in sub-Saharan Africa. Similarly, almost 72 percent of all new infections take place in Africa. There are currently an estimated 12 million AIDS orphans on the continent. In the highest prevalence countries, life expectancy will have been cut in half by the year 2010, wiping out the gains achieved over the last half century (Bakilana et al., 2005).

The highest rates of HIV infection occur in the countries of Eastern and Southern Africa. But the threat from the disease is not confined to these sub-regions. More than half of the countries in sub-Saharan Africa are experiencing a generalized epidemic, with the adult HIV infection rates exceeding 5 percent at the end of as far back as 1999 (Kelly, 2001). The countries experiencing a generalized epidemic include countries with large populations, such as Nigeria, Ethiopia, South Africa, and the Democratic Republic of Congo (Kelly, 2001: 1).

The countries of West Africa are not among the worst hit but the prevalence rate of the epidemic in these countries is nonetheless, alarming. The general fragility of the economic, political and social systems of African nations has deprived the continent of any meaningful socio-economic safety nets that could serve as reliable bulwark against the ever-increasing HIV and AIDS menace. HIV and AIDS is not merely a disease or health issue, it is more of a developmental issue (Baku, 2001).

1.1 Global Educational Response

The education sector has been given a special focus in the effort to manage and mitigate the impact of HIV and AIDS globally. At the world education forum in Dakar in 2000, Peter Piot, executive director of UNAIDS stated that "education can be a powerful force, perhaps the most powerful force of all, in combating the spread of HIV and AIDS". The many roles that the Education sector plays in the confrontation with HIV and AIDS attests to the above caption. In another scenario, to respond comprehensively to the crisis of HIV and AIDS, the education sector must reach every potential learner, incorporate quality HIV and AIDS and sexual health programmes and protect itself against the impact of the pandemic (Kelly, 2004).

Incorporating HIV and AIDS into the education sector sometimes requires the shift of priorities. In 2004, a survey was, for the first time, conducted in 71 countries globally including Ghana, to find out how ready ministries of education are to manage and mitigate the impact of HIV and AIDS. The surveys were designed to help participating countries better understand the impact of HIV and AIDS on education, identify key problems and omissions in their response to date, and guide future planning and programming. While the study observed that ministries of education and civil society were making considerable steps toward institutionalizing effective responses, there was still scope for improvement. Consequently, far-reaching recommendations designed to influence future responses in the education sector in the participating countries were made. Ghana has since scaled up effort to accelerate the education sector's response to HIV and AIDS.

Even before the study, Ghana had made considerable strides in its response to the pandemic. Since 2001, the country has adopted a multi-sectoral national response to HIV and AIDS. In line with that the Ministry of Education, Science and Sports has developed and implemented a strategic sectoral plan for HIV and

AIDS focusing on prevention of new infections, care and support, advocacy, etc. This is reflected in the Education Sector Plan (ESP) 2003 – 2015 and the Annual Education Sector Operational Plans (AESOP).

However, information on the response and impact of the epidemic on the education sector is fragmented and uncoordinated. The cumulative effect of this situation came to the fore when in 2003 an assessment by the MoESS revealed that over 120 NGOs were working on HIV and AIDS in public education schools. The study further revealed that most of the activities undertaken by NGOs were often unknown to the Ministry, thereby presenting challenges such as assessing the quality and effectiveness of the activities and difficulty in determining the overall impact of private sector involvement in HIV and AIDS interventions. In addition teaching and learning are often disrupted by the activities of private sector actors. Notwithstanding the challenges, the private sector has made enormous contribution to HIV and AIDS education in schools by providing leadership in participatory learning among young people in school (pre-tertiary and tertiary). The contribution of the private sector can also be seen in their contribution to the decline in prevalence among young people as noted in the 2004 and 2005 Ghana sentinel surveillance reports.

In 2002 the MoESS established the HIV and AIDS Secretariat to oversee and coordinate HIV and AIDS activities of the agencies under the sector, mobilize funds for the agencies' activities and undertake research and monitoring. In particular, the secretariat was tasked to harmonize HIV and AIDS Preventive Education in the education sector. While the secretariat has made important strides since its inception, the Ministry is still confronted with the challenge of inadequate information and documentation on the lessons and experiences that will feed into policy and strategy to guide the scaling-up of the sector's response to HIV and AIDS within the National Strategic Framework II. The purpose of this study, therefore, is to document the Education Sector's response to HIV and AIDS by synthesizing existing information and data. It is also hoped that the final document will be used to facilitate effective partnerships, provide direction for resource mobilization and utilization and contribute to strengthening coordination.

2.0 OBJECTIVES

The main objective of the study therefore, is to document the education sector's response to HIV and AIDS by bringing out lessons and experiences, and putting together existing information and data, with the view to facilitating effective partnerships, informing policy, and contributing to strengthening coordination.

Specifically, the study does the following:

- Identifies HIV and AIDS interventions in the education sector
- Provides strategic information that will facilitate more targeted response; and
- Identifies key areas of collaboration among stakeholders.

3.0 CONCEPTUAL FRAMEWORK FOR ANALYSIS

The analytical framework for the study followed the following approach:

i. Taking of Inventory

This section sought to answer the question, "who is doing what?" That is, the leading players in the education sector's response to the HIV and AIDS epidemic were identified and documented. Effort was made to assess the difference between what is in place and what is needed in order to make progress towards a comprehensive education sector response.

ii. Describe Content

This section answered the question, "what is being done?" The main purpose here was to be able to capture the best practices among the lot. This section depended heavily on EDUCAIDS' framework for action towards education sector response to HIV and AIDS. The Key Elements which EDUCAIDS believe must be in place in order for the education sector to fulfil its maximum potential as a full partner in the national response to HIV and AIDS include coverage, intensity, quality, inclusiveness, impact and sustainability. These are grouped into five essential components, namely; 1) quality education including cross-cutting principles; 2) content, curriculum and learning materials; 3) educator training and support; 4) policy, management and systems; and 5) approaches and illustrative entry points. (See Box 1).

iii. Critical Assessment

The different categories of activities were then subjected to a SWOT/C analysis. That is the Strengths, Weaknesses, Opportunities and Threats/Constraints of the various categories of interventions were analyzed. In this analysis, strengths were matched against opportunities and weaknesses were interpreted in the context of existing constraints in terms of possible threats.

iv. Policy Implications

The sections outlined above determined priorities for action. The priorities identified have been outlined in the study as recommendations in the hope that they will create the avenue to find the ways and means to meet these priorities through a coordinated, "value added" approach, drawing on the full range of available resources, particularly through resource mobilization.

Box 1: Five Essential Components for a Comprehensive education Sector Response

1. QUALITY EDUCATION, INCLUDING CROSS-CUTTING PRINCIPLES

- Rights-based, proactive and inclusive
- Gender responsive
- Culturally sensitive
- Age specific
- Scientifically accurate

2. CONTENT, CURRICULUM AND LEARNING MATERIALS

- Specifically adapted and appropriate for various levels -primary/secondary/ tertiary, vocational, formal and non-formal
- Focused and tailored to various groups including children/orphans and vulnerable children (OVC), young people out of school, people with HIV, minorities, refugees and internally displaced persons, men who have sex with men, sex workers, injecting drug users, prisoners
- Prevention knowledge, attitudes, and behaviours covering sexual transmission, drug use including injecting, and other risk factors
- Focused on stigma and discrimination as well as care, treatment and support

3. EDUCATOR TRAINING AND SUPPORT

- Teacher education, pre- and in-service, including modern and interactive methods
- Non-formal educators, including youth leaders, religious leaders, traditional healers
- Support groups - mentoring, supervision, positive teachers, etc.
- School and community linkages
- Educational support materials

4. POLICY, MANAGEMENT AND SYSTEMS

- Workplace policies
- Situation analysis/needs assessment
- Planning for human capacity, assessment and projection models
- Strategic partnerships, including coordination, advocacy and resource mobilization
- Monitoring, evaluating and assessing outcomes

5. APPROACHES AND ILLUSTRATIVE ENTRY POINTS

- School health
- Life skills
- Peer education
- Counselling and referral
- Communications and media
- Community-based learning and outreach
- School feeding
- Adult education and literacy
- Greater involvement of people living with HIV and AIDS (GIPA)

4.0 METHODOLOGY

The scope of the study included interviewing:

- Students in Junior and Senior High Schools (JHS and SHS), vocational institutions, training colleges, polytechnics and universities;
- Ministry of Education, Science and Sports (MoESS) officials; and
- Other relevant stakeholders in the education sector such as NGOs implementing HIV and AIDS interventions in educational institutions.
- A list of institutions and organizations where surveys were conducted could be found in Appendix 1.

4.1 Sources of data

Both primary and secondary sources of information were used for the study. The sources of secondary information included Agents of the MoESS, Key Development Partners, NGOs and related institutions.

The secondary data collection mainly involved visits to the institutions. Relevant documents were collected during such visits as well as information on their HIV and AIDS –related activities. Whilst some of the institutions reported positively and provided data on their activities others provided no information in spite of several visits.

The institutions visited included the following:

- Ministry of Education, Science and Sports' HIV and AIDS Secretariat
- West Africa Examination Council
- Ghana Book Development Council
- Ghana Institute of Languages
- The National Service Secretariat
- Association of African Universities
- Ghana Library Board
- NACVET
- Non-Formal Education Division
- National Council for Tertiary Education
- Ghana UNESCO Commission

The study used both quantitative and qualitative primary data. A rapid appraisal method using questionnaires was used to collect the quantitative data. The purpose of the rapid appraisal was to confirm the readiness of the various actors in the education sector in the response to HIV and AIDS and to assess the extent to which they know what others are doing by way of interventions. In essence, the survey served as a yardstick for determining the extent of collaboration among the various actors.

The main methods that were used to collect qualitative data were focus group discussions and in-depth interviews.

In-depth interviews (IDI) and focus group discussions (FGD) were conducted in the selected JHS and SHS. In each institution a male and a female student were selected for the IDIs and another set for life story interviews. In addition, in each mixed school, at least one FGD of boys and one of girls were conducted. In some schools, mixed gender groups were interviewed as well. In the single sex schools only one FGD was held. The qualitative study methods were limited to first and second cycle institutions only. A total of 48 FGDs and an equal number of life stories were conducted.

Questionnaire interviews were conducted in all selected institutions and at all levels of education. That is, in the first and second cycle institutions, two students from each class were interviewed. Similarly, two students at each level (Two in TVET institutions, three in the polytechnics and training colleges and four in the universities) were interviewed in the selected tertiary institutions. Equal numbers of males and females were interviewed. A total of 544 questionnaires were administered.

In addition to the above, in-depth interviews were conducted for all heads of the selected educational institutions, making a total of 52 interviews. Structured conversations were held with the heads of the selected NGOs which are implementing HIV and AIDS-related interventions in the educational institutions and the administrators in the Ghana Education Service's (GES) offices in the districts where the selected educational institutions were located. Only NGOs which were mentioned by the educational institutions interviewed were visited. The purpose of these conversations was to facilitate the analysis of the strengths, weaknesses, opportunities and threats/constraints of those institutions/organizations.

The study was conducted in the two southern ecological zones of Ghana and covered the Greater Accra, Central, Eastern, Ashanti and Brong Ahafo regions. In each of these regions, the study was conducted in both rural and urban communities. Specifically, the urban communities included Accra, Cape Coast, Winneba, Kumasi, Koforidua and Sunyani. The rural or smaller communities included Dodowa and Afienya in the Greater Accra Region, Potsin and Komenda in the Central Region, Tepa and Asankare in the Ashanti Region and Bechem and Acherensua in the Brong Ahafo Region.

5.0 EDUCATION SECTOR'S RESPONSE IN GHANA

5.1 Policy Interventions

To address the HIV and AIDS scourge in the country, the Government of Ghana provided a national framework for policy direction and strategy in the late 1980s. Unlike the early years when the epidemic was managed as a disease, the approach is now developmental, holistic, coordinated and multi-sectoral. With an oversight responsibility for over 240,000 staff and about 7 million learners representing about a third of the population of Ghana, the Ministry of Education and Sports (MoESS) has its responsibility cut out for it. The youth, and for that matter the education sector, is at the greatest risk of the disease. Although in Ghana, there are inadequate data on the impact of HIV and AIDS on the Education sector, there is the fear that gains made in school enrolment would decline with HIV and AIDS infections.

The major policy response of the education sector to HIV and AIDS is outlined in its Education Strategic Plan (2003-2015). The main trust of the policy goal is to identify and promote education programmes that will assist in the prevention and management of HIV and AIDS. The strategy developed to implement this policy goal is further elaborated to include:

- Review of institutional and teacher-training curricula to include aspects of HIV and AIDS awareness and prevention and management at all levels, with emphasis on behavioural change;
- Courses in HIV and AIDS prevention, counselling, care and support, and management to be provided for workers and teachers in service; and
- The role of HIV and AIDS clubs and other relevant initiatives to be encouraged at all levels.

The MoESS was among the first Ghanaian MDAs to develop a sectoral HIV and AIDS strategic framework in 2000 through a process of consultation with stakeholders, including CSOs and the private sector. Specifically, the MOESS did the following:

- Establishment of an HIV and AIDS secretariat in 2002 to coordinate activities set out in its HIV and AIDS strategic work plan,
- Initiated African Youth Alliance (AYA) activities in the education wing of the ministry,
- Heightened civil society participation in the sector's response, (Education Sector HIV and AIDS Policy Oct. 2006).

There is political and leadership commitment at the highest levels in the Ministry of Education, Science and Sports and its subvented agencies and organizations for the implementation of HIV and AIDS programmes.

The Ministry of Education took a further step in its response to the HIV and AIDS epidemic when it issued a communiqué that is geared towards creating an enabling environment. The Communiqué emanated from the Advocacy workshop on Opportunity for Unified Response (OUR) Strategy – Translating Political Will and Commitment into Action in the Education Sector. It resolved to use education as a key weapon in the fight against the spread of the epidemic in all its social and economic ramifications. The following three strategic lines of action were agreed upon to curb the menace:

i. **Preventing the incidence of new infections and controlling the spread of HIV and AIDS especially, among young people in and out of school, colleges, polytechnics, universities, among educators and education sector workers.**

ii. **Decentralized implementation and institutional arrangement by establishing a strong and functional education sector institutional mechanism for the development, implementation and coordination of HIV and AIDS interventions at the national, regional, district and community levels.**

iii. **Creating an enabling and safe environment for responsible sexual behaviour by reviewing the relevant education sector and national policies and code of conduct to make them supportive and responsive to the HIV and AIDS prevention, care and mitigation interventions.**

Again, the Ministry has executed the following responsibilities in response to the epidemic;

- Ensured information, continuous commitment and leadership of the Ministry, directors of the Ghana Education Service (GES) and all related agencies through its advocacy programmes and workshops;
- Ensured sustainability of the Ministry's commitment in the fight against HIV and AIDS scaling up budgetary allocation to HIV and AIDS activities;
- Ensured that the bold decisions required for implementation are made in a timely fashion.

5.2 Programmes

5.2.1 The HIV and AIDS Secretariat

In May 2002, the MoESS established an HIV and AIDS Secretariat principally with the mandate of overseeing and coordinating HIV and AIDS activities within the sector as well as sourcing funds for such activities (2006 Annual Report, January 2007). Since its establishment, the secretariat has achieved the following:

- Sensitization of education managers and other stakeholders;
- Development of HIV and AIDS workplace manual;
- Development of NGOs manual to guide HIV and AIDS activities in education institutions;
- Development of sector HIV and AIDS Policy among others.

The Secretariat works through the HIV and AIDS Focal Persons of the Ministry's agencies such as the West African Examinations Council (WAEC), National Service Secretariat, Encyclopaedia Africana, National Sports Council, Ghana Atomic Energy Commission, Centre for Scientific and Industrial Research and the Ghana Education Service (GES). By far the GES has been the major conduit for the implementation of the Secretariat's activities. The Secretariat works with the School Health Education Programme (SHEP) unit, which is the focal point of the GES.

5.2.1.1 Interventions by the GES

SHEP implements HIV and AIDS activities through the decentralized structures of the GES at the Regional and District Directorates of Education where they have Regional, District and School SHEP Coordinators, respectively.

A. Teachers Agents of Dissemination and Change (TAD) Programme

In response to a regional effort to HIV and AIDS support Prevention Education in ECOWAS countries, the MoESS in collaboration with some development partners, launched the 'Teachers-Agents of Dissemination and Change` (TAD) Programme in March 2005. The objective of TAD was to provide teachers with relevant knowledge, desire and means to protect themselves from infection and from infecting others and to be able to teach HIV and AIDS as integrated in the school curriculum. The target of this programme is public primary, JHS and SHS teachers in the country and one teacher per school for private primary and Junior

High schools. The TAD programme is an innovative Training - of - Trainer (TOT) programme designed to contribute to the achievement of the education sector objective and national goal of preventing new infections and mitigating the spread of HIV and AIDS (Baku, June 2006).

To ensure the passage of the knowledge and skills to the targeted population, a National Training Team (NTT) workshop was launched in May 2005 aimed at equipping the participants with relevant knowledge and skills to enable them train the District Training Teams (DTT). Subsequently in July 2005 a DTT Workshop was organized to equip the participants with requisite methodologies to enable them help teachers in their respective districts teach HIV and AIDS issues as integrated in the curriculum using a good number of participatory approaches. The principal objectives of the workshop were to;

a. Equip the District Training Team with the relevant knowledge and skills to train teachers to incorporate the teaching of HIV and AIDS in regular teaching at Basic and Senior High School levels,

b. Demonstrate appropriate methodologies in the teaching of HIV and AIDS issues in schools as integrated in the curriculum so as to trigger the desired behavioural change among personnel of the education sector, and

c. Instil in participants district ownership of the Teachers-Agents of Dissemination and Change Programme.

As at the end of 2007, a total of 150,249 Primary, Junior and Senior High School teachers had been trained in all ten regions of the country. An evaluation of the programme revealed that the 3-year programme was remarkably successful, training virtually all teachers in the country and giving the relative silence on HIV and AIDS in Ghana a huge resource of knowledgeable people (See Table 1).

ASSESSMENT BOX 1 – THE TAD PROGRAMME

The programme satisfies most if not all the key elements of a sector-wide approach to the response to HIV and AIDS.

Quality Education

- *It was target-specific by focusing on teachers. Since teachers of all levels were targeted it follows that the final delivery will be age-specific*
- *Since a principal objective of the programme was to equip participants with the relevant knowledge and skills, it follows that what was delivered was scientifically accurate, or at least there was a deliberate attempt to ensure that*
- *By incorporating the programme into the existing curricula there is every reason to believe that the final output will be culturally sensitive and gender responsive*
- *By giving it a nationwide coverage the programme stands the greater chance of being all inclusive*

Content, Curriculum and Learning Materials

- *In terms of content and curriculum development the programme was specifically adapted and appropriate for the basic and secondary levels only*
- *The focus was only on in-school young people up to the secondary level only*
- *The programme's task of equipping the target groups with relevant knowledge and skills certainly ensures that prevention knowledge, attitudes and behaviour and other risk factor information will be imparted to participants*

Educator Training and Support

- *The programme targets teachers as the main recipients of the education. The emphasis, however, is on teachers in service.*
- *Recipients were to be trainers of trainers thereby providing the opportunity for mentoring*
- *The peer education approach was very evident in the programme.*

Table 1: Number of Teachers Trained by Region (2005 – 2007)

Region	Number of teachers			Total
	Primary	JHS	SHS	
Ashanti	14,812	9,228	3,890	27,930
BAR	9,911	5,474	1,783	17,168
Central	7,504	5,274	1,936	14,714
Eastern	11,031	5,743	2,877	19,651
GAR	7,227	7,065	1,407	15,699
Northern	7,313	2,936	1,164	11,413
Upper E	3,222	1,524	672	5,418
Upper W	2,444	1,212	556	4,212
Volta	9,903	5,604	2,027	17,534
Western	9,732	5,217	1,561	16,510
Total				150,249

Source: MoESS HIV and AIDS Secretariat, Newsletter March 2008

B. HIV and AIDS Alert Model

Following on TAD the HIV and AIDS Alert School Programme was launched in February 2006 by the School Health Education Programme (SHEP) of the Ghana Education Service in collaboration with the HIV and AIDS Secretariat and UNICEF. The model was designed to harmonize all school-based HIV and AIDS preventive efforts, promote and sustain behaviour development and change in order to reduce the spread of the HIV and AIDS virus among teachers and school children and the school community at large (MoESS HIV and AIDS Secretariat Newsletter, June 2006).

The model was also aimed at addressing gaps in existing school-based programmes and to better mobilize and coordinate efforts of all partners. The programme wedges on three pillars - the teacher-led pillar, the child-led pillar and the school-community directed pillar. The TAD Programme as described above and which preceded the Alert Model constitutes the Teacher-pillar of the model. The model also gives momentum to existing school-based control efforts through nation-wide campaign in terms of scale, depth and quality. The strategies used to sustain interest in the model include, spirit of competitiveness, use of logos/mottos/jingles and colour-coded ribbons, certification system, categorization of schools and the award system linked to the Best Teacher Award.

ASSESSMENT BOX 2 – ALERT SCHOOL PROGRAMME

Quality Education

- *This is another multi-targeted programme focusing on teachers, children and members of the community*
- *It is age-specific*
- *It is innovative and scientifically accurate*

Content

- *In its application, the programme is specifically adapted and appropriate for various levels, basic and secondary*
- *The programme seeks to deepen participants' knowledge in prevention and development of right attitudes and behaviours*

Educator training and support

- *The programme has the full involvement of teachers and offers further training for teachers in service*
- *Extension of the programme to communities gives it a non-formal touch involving all stakeholders*
- *The community section of the programme empowers parents and enables them to mentor and monitor their children, as well as give them the necessary support*
- *The school-community pillar of the programme offers the necessary linkage between school and community*

C. HIV and AIDS Manuals for Pre-school and Basic and Senior High Schools

The Curriculum Research Development Division (CRDD) of the GES has developed manuals for teachers following the integration of HIV and AIDS issues in the School curriculum. The manuals are in two volumes; special HIV and AIDS manual for pre-and Basic schools and special HIV AND AIDS manual for Senior High Schools. These manuals are meant to assist teachers in these two levels to teach HIV and AIDS effectively in the classrooms. The objective of the manual is to provide knowledge and skills that will prevent the spread of the HIV and AIDS pandemic among in-school staff and students. This manual contains lesson notes based on the teaching syllabuses of the primary and JHS.

By the end of 2007, the Secretariat had produced and distributed a total of 127,500 HIV and AIDS Teaching manuals for the training of teachers in the teaching of HIV and AIDS in schools in all the ten regions of the country.

ASSESSMENT BOX 3 – HIV and AIDS MANUALS FOR TEACHERS

Quality education

- *Like all GES teaching materials, the HIV and AIDS Manuals for basic and secondary schools are structured to be gender responsive*
- *The manuals take the culture of the country into consideration. In particular, examples are based on culturally relevant cases*
- *The manuals are tailored to suit the various ages in the educational system. This is further aided by the inclusion of lesson notes to facilitate delivery of the information provided*
- *The materials covered in the manual were carefully designed and are scientifically accurate*

Content, Curriculum and Learning Materials

- *The manuals are specifically adapted and appropriate to at least two levels of the educational system, basic and secondary*
- *The manuals cover the basic aspects of HIV and AIDS, including knowledge about modes of transmission and prevention. Issues of attitudes, behaviour and risk factors are also adequately covered*
- *Some learning materials have been produced to facilitate the use of the manuals. There is however the logistical problem of getting these materials to all schools in the country, and having reached there, to get them to the end users, students.*

5.3 Research and Workshops

The United Nations General Assembly Special Session on HIV and AIDS (UNGASS) tasked all education sectors to gather information on four main indicators:

i. **Number of teachers trained in life-skills-based HIV and AIDS Education**
ii. **Number of teachers who taught life skills-based HIV and AIDS Education last academic year**
iii. **Number of orphans aged 10 – 14 years**
iv. **Average school attendance of orphans aged 10 – 14 years**

The ministry with effect from 2004 adopted the above indicators and mainstreamed them into the Education Management Information System (EMIS) data collection system that ensured annual data collection and analysis forming the basis of educational planning.

The HIV and AIDS Policy also makes provisions for the conduct of research. This is outlined in the policy document. The following research activities have already been undertaken by the MOESS in its response to the HIV and AIDS pandemic among others;

a. Teachers-Agents of Dissemination and Change Baseline Survey;
b. Mid-Term Output-to-Purpose Review of the Teachers-Agents of Dissemination and Change Project

c. Education Sector HIV and AIDS Policy

Aside research, the MOESS in its response to the epidemic has organized a series of workshops ranging from national to community levels.

5.4 Response of Tertiary Educational Institutions

Apart from Teacher Training institutions which have recently been elevated to tertiary level, all activities of the HIV and AIDS Secretariat to date have been limited to the pre-tertiary levels. Programmes are well advanced to bring the tertiary institutions on board. To date, all HIV and AIDS-related activities in tertiary institutions have been internally developed by the institutions themselves with support from NGOs and other agencies. Unlike the pre-tertiary levels, there is no universal programme developed for all tertiary institutions. What is common to all tertiary institutions is the World Bank sponsored Teaching and Learning Innovation Fund (TALIF) being managed by the National Council for Tertiary Education (NCTE).

TALIF is a comprehensive package meant to assist tertiary institutions in the country to develop innovative approaches for improving all aspects of their work including administration, teaching, learning and research. The fund is disbursed through what is termed seven windows among which is HIV and AIDS. Many universities and polytechnics in the country have accessed funds from TALIF to undertake various activities on HIV and AIDS in the past five years or so. The general picture is that various tertiary institutions are at different levels of response to the epidemic. Three categories may be identified: those with fully developed programmes, those who are about to take off and those running ad hoc programmes.

5.4.1 Institutions with fully developed programmes

So far only the Kwame Nkrumah University of Science and Technology (KNUST) qualifies to be described as having a fully developed programme on HIV and AIDS. A fully developed programme should have a policy in place supported by a strategic framework. In addition these instruments should be fully operational backed by adequate funds. To a very large extent these conditions exist in the KNUST. The University was the first to have a coordinating body in place in the whole country with strong support from the central administration. Their approach has been awareness creation, capacity building, sensitization and education towards the prevention and management of HIV and AIDS. Towards these goals, they have gone ahead to develop HIV and AIDS policy, an advocacy plan and a curriculum reform plan. There is also the University Centre for HIV and AIDS Studies (UCHAS), which brings together all researchers in the University who are working in the field of HIV and AIDS studies. Furthermore, HIV and AIDS is already a subject in microbiology and there are serious discussions to mainstream HIV and AIDS as an elective subject for all students in the University. KNUST's intervention programmes have as their target teaching and non-teaching staff, dependants of staff, hawkers and satellite communities. Thus there is a perfect institution-community linkage which extends nationally to include collaboration with the Ghana AIDS Commission (GAC) and the National AIDS Control Programme (NACP) in the control and management of HIV and AIDS in the country. For example the University is actively collaborating with GAC and NACP in monitoring and evaluating various activities like anti-retroviral therapy, voluntary counselling and testing, prevention from mother to child and microbicide gel for women of high-risk behaviour. The University is also conducting research into alternative therapies against HIV and AIDS.

5.4.2 Institutions about to take off

Majority of the tertiary institutions in Ghana fall into this category. They include the universities of Ghana, Cape Coast and the University of Education, Winneba. These institutions have established committees to coordinate HIV and AIDS activities in their campuses. However, there is no specific course on HIV and AIDS. Their HIV and AIDS policies are at various stages of completion. The University of Ghana has followed this up with the development of a strategic plan for their HIV and AIDS activities. Meanwhile, a number of intervention programmes have been going on in these institutions with some support from the central administration. For example the University of Education, Winneba has been using two local radio stations to educate people about HIV and AIDS. In 2002 the university had a training of trainers' workshop for life skills teachers whiles first year students take compulsory courses in HIV and AIDS and STIs. Like KNUST, there are plans to integrate HIV and AIDS into the curriculum of the universities' courses.

At the University of Cape Coast, an initial UNFPA-supported Population and Family Life Education (PFLE) programme has led to the development of a fully-fledged degree programme in population and family life education. Within the programme, some of the courses such as the Geography of Health, Sex and Sexuality, Fertility Regulation, Gender and Development, Basic Counselling and Adolescent Reproductive Health have various aspects of HIV and AIDS education.

5.4.3 Institutions doing ad hoc programmes

As late as 2002 all tertiary institutions were in this category. In virtually all the institutions there are no systematic programmes on HIV and AIDS for prevention or serious study. Most of the institutions have programmes on HIV and AIDS, but these tend to be ad hoc ones initiated by students, unions on campus, NGOs or the Ministry of Health in collaboration with the institutions. The commonest programmes are in the form of lectures often followed by open discussions. In some of the Polytechnics the lectures have been part of a Population and Family Life Education (PFLE) programme developed for educational institutions in collaboration with the Ministry of Education, the National Population Council and the United Nations Population Fund (UNFPA). The awareness programmes undertaken by students often includes a float through the principal streets of the towns where they are located. Thus in general this category of tertiary institutions undertake a number of HIV and AIDS activities but they are largely uncoordinated and they are not centrally planned and managed.

5.4.4 Development of a course module for Universities

During the period under review, an integrated teaching module titled "A Generic Integration Course Module for Universities in Africa" was developed to use the teaching of Chemistry as an entry point for formal teaching on HIV and AIDS in universities in Africa. An in-country workshop for lecturers in higher education in Ghana held in Kumasi on the theme "Higher Education, Science and Curricular Reforms: African Universities Responding to HIV and AIDS" was the Ghanaian version of an international effort by UNESCO, spearheaded by the African Women in Science and Engineering (AWSE), to respond to the pandemic.

5.4.5 Other agencies of the MoESS

5.4.5.1 The National Service Secretariat

In 2003, the National Service Secretariat (NSS) won a GARFUND contract award for the Ghana AIDS Commission to undertake a sub-project with the objective of providing HIV and AIDS preventive and control services for 15,000 National Service persons and staff. One-day non-residential seminar was organized at each District for the National Service personnel. The Directors underwent a one-day residential workshop as well.

Again in 2005, a major sensitization programme was undertaken for newly recruited National Service personnel across the country.

Apart from activities implemented by the Focal Persons of Agencies at the agency level, the Focal Persons of various Agencies have participated in the annual monitoring meetings and capacity building workshops organized by the HIV and AIDS Secretariat of the Ministry. Notable among the agencies are: West African Exams Council (WAEC), Ghana Book Development Council (GBDC), National Accreditation Board (NAB), Encyclopaedia Africana, Ghana Library Board (GLB), National Council for Tertiary Education (NCTE), National Coordinating Committee for Technical and Vocational Education and Training (NACVET) and Non-Formal Education Division (NFED)

5.4.5.2 Ghana Book Development Council

The Ghana Book Development Council has a policy to organize workshops for book publishers to encourage them to publish HIV and AIDS-related materials. However, the Council has not implemented this policy because of lack of funding.

5.4.5.3 Ghana Institute of Languages

Two visits and several telephone calls did not yield any information on their HIV and AIDS activities.

5.4.5.4 West African Examinations Council

On 31st August 2005, an HIV and AIDS workshop on the topic "Living Positively in an HIV and AIDS Environment" was organized for members of staff of the Council. In commemoration of the 2007 World AIDS Day, a staff durbar was held on the theme "Leadership—reducing stigma and discrimination." This activity was funded by the WAEC.

5.4.5.5 Ghana Library Board

The GLB organized a one-day workshop for staff, students and the general public at its Headquarters on 10th December 2003. The objective of this workshop was to increase knowledge about HIV and AIDS among its personnel and the general public.

On 3rd and 4th March, 2004, a two-day non-residential Book Review/Selection of HIV and AIDS materials was held. These materials were purchased and distributed to both static and mobile libraries of the GLB for the use of the general public. Funds were provided by the Ghana AIDS Commission.

5.4.5.6 NACVET

The HIV and AIDS coordinator explained that NACVET was not doing any programme on HIV and AIDS at the time of the visit. However, they have incorporated HIV and AIDS into the curriculum of the Vocational and Technical schools under the direction of MoESS.

5.4.5.7 Non-Formal Education Division

HIV and AIDS issues is one of the major issues which have been integrated in the 15 local language Primers and English Primer that are used at all stages of learning of non-formal education. Thus, HIV and AIDS is a topic in all non-formal training programmes for field volunteers and trainers at all levels.

In 2005, a Baseline Study and Needs of Hairdressers and Dressmakers for a pilot Vocational English Literacy project cited HIV and AIDS as one area that target groups would like to learn about. Thus, HIV and AIDS is covered in three primers: Beginners, Intermediate and Advanced, for the two vocations.

5.4.5.8 Encyclopaedia Africana

A series of seminars were held for members of staff from 2005 – 2006. The first of these was on the topic "How true is the assertion that everybody is at risk of contracting the HIV virus?" This was held on 21st April 2005. It was followed by another seminar titled "To what extent is our behaviour a catalyst to the spread of the HIV virus?" held on 25th August, 2005.

In December 2005, members of staff were invited to watch a collection of short video clips on various aspects of HIV and AIDS called "Scenarios from the Sahel." Finally, on 7th April 2006, another seminar was held on the topic "Care and support for people living with HIV." A testimony by a person living with HIV formed part of the seminar.

Due to the paucity of information from these agencies of the MoESS, the bulk of this report is based on the information gathered from the National HIV and AIDS Secretariat, the GES outlets and the NGOs.

5.5 Involvement of NGOs

In its response to the HIV and AIDS epidemic, the MoESS has collaborated with a number of NGOs, other MDAs, the private sector, CSOs, religious bodies and their development partners. In 2006 the Ministry registered all NGOs working in the sector and came up with a list of 188 of them. It is not clear, however, how many of these organizations are still active on the ground. Until recently each NGO had its own objectives and projects that it undertook as well as different tools and materials they used. Among the areas they addressed were adolescent reproductive health, the most vulnerable in the society and the distribution of condoms and other educational preventive materials. All these were aimed at combating the scourge of the disease among school going youth. To help push these activities forward, some NGOs have formed HIV and AIDS clubs and HIV and AIDS peer educators' clubs in schools, life skills-based HIV and AIDS training for both teachers and learners. Despite the diverse approaches, all the activities were geared towards combating the spread of the disease within the sector. The challenge, however, has been how to coordinate and monitor the activities of the different independent actors. To harmonize the HIV and AIDS information the NGOs give to learners and to help them to effectively equip the youth to engage

in behaviour modification lifestyles with respect to HIV and AIDS, therefore, the MoESS has developed a six module manual for use by all NGOs and interest groups involved in educating the young people. In doing this, the Ministry realizes that the NGOs constitute a crucial link in the effort to provide holistic education to learners as far as HIV and AIDS is concerned. The production of the manuals was an outcome of a series of deliberations held with various stakeholders of education including some selected local and international NGOs working in the sector. It is worth mentioning, however, that the role of the NGOs has been limited following the implementation of the Alert Program since 2006.

ASSESSMENT BOX 4 – MANUAL FOR NGOS

Quality Education

- *The manual has a special section that treats gender and HIV and AIDS assuring the learner that understanding gender roles and character from an early stage will make girls and boys become firmly rooted in gender identity by the time they reach puberty*
- *The modules are structured to suit specific ages and level of maturity, ensuring that learners understand changes that occur in their bodies at the various stages of their lives*
- *The information contained in the manual is culturally sensitive and at the same time scientifically accurate*

Content, Curriculum and Learning Materials

- *The manual has been developed with each session treating HIV and AIDS ranging from the primary level to the higher levels of the educational ladder*
- *The modules are structured in such a way that they could be used for both formal and non-formal educational situations*
- *There is a special focus on HIV and AIDS-related stigmatization and discrimination starting with JHS pupils and above*
- *A large section of the manual is devoted to prevention knowledge, attitudes and high-risk behaviours*
- *The manual equips the learners with information on the ways of treating, living and caring and supporting PLWHIVs.*

Educator Training and Support

- *The manual is tailored to cater for the needs of non-formal educators working as NGOs*
- *By supporting NGOs the MOESS creates avenues for mentoring as well as strengthening school and community linkages*
- *By using variety of approaches the NGOs introduce innovation into the education of the youth on HIV and AIDS issues*

5.6 Financial Mobilization and Commitment and Budgetary Allocation

Since prevention and management of HIV and AIDS within the education sector is one of the MoESS' priorities, it has allocated funds and projected estimated cost of financing this policy goal within the Education Strategic Plan 2003-2015. In addition, the MOESS has promoted partnership that has created the opportunity for other development partners to support the campaign on HIV and AIDS prevention within the sector and the country at large. Notable among them are DFID, UNICEF and the World Bank, all of which supported the TAD programme generously. Also the education sector intends to allocate a percentage of the GETFund to HIV and AIDS programmes especially, for the care and support of orphans and PLWHIV (MoESS Sep/Oct, 2003, Newsletter). It also intends to support the creation of a budget line for HIV and AIDS activities by incorporating HIV and AIDS as one of its key variables. Despite all the support, resource mobilization remains a major challenge to the Secretariat.

6.0 EMPIRICAL EVIDENCE

6.1 AWARENESS AND KNOWLEDGE OF HIV and AIDS

As a way of assessing the content of the HIV and AIDS programmes undertaken in educational institutions and how effective they have been, questions were asked of students at the various levels of education. Awareness of the disease was almost universal (99.6%). Only 2 individuals were not aware of the disease and a similar number also felt that the disease had a cure. As to whether it was possible for a healthy looking person to have the AIDS virus a student replied

> *"Ok, to me, a healthy person can be cured of the virus only if he or she takes very good care of him or her self by eating balanced diet, having enough exercise or engaging himself in things that will not make him sit down idle. Doing things which help him forget about his situation"*

Knowledge about specific modes of transmission of the disease, however, varied. For example, whiles knowledge about transmission through sex with an infected person, sharing razors and skin piercing objects, blood transfusion and injection with used needle was very high (99.1%, 96.5%, 94.5% and 91.6% respectively), those related to pregnancy were not quite high (less than 80%). These findings were confirmed by the qualitative studies as well, with much few respondents knowing about pregnancy-related transmission. For example, most of the in-school respondents said,

> *"No, there are no drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy."*

Significant proportions still hold on to some misconceptions such as witchcraft/other supernatural means (10.5%), mosquitoes (6.6%) and sharing food with an infected person (3.5%) [See Table 2]. This was, however, not the case with the youth respondents in the qualitative interviews, none of whom thought, for instance that HIV could be transmitted through witchcraft or any of these means specified above;

> *"No, people cannot get the AIDS virus because of witchcraft or other supernatural means because AIDS can only be transmitted through having sex, using sharp objects like razors that have been used by infected persons already. But the witchcraft is spiritual and there is nothing like sexual intercourse that can be used to transmit the disease."*

Nevertheless, a few of the respondents from the qualitative interviews still held some erroneous views about HIV and AIDS transmission. As to whether they would sit in the same car with an infected person a student replied:

> *"I will join but God does his things in so many ways. When there is no accident on the way, I will join a car with the person, but if on the way going we have an accident and something happens and we start with the blood transfusion and we have injuries on our bodies, definitely, whiles I am sitting besides the person, I will have blood contact but if nothing occurs, I will join with the person"*

Table 2: Level of Student's Specific Knowledge about HIV and AIDS

MODE OF TRANSMISSION	(%)
Sex with infected person	99.1
Sharing razors and skin piercing objects	96.5
Blood transfusion	94.5
Injection with used needle	91.6
Transmission during pregnancy	76.7
Transmission during delivery	53.2
Transmission during breastfeeding	68.3
Witchcraft/other supernatural means	10.5
Mosquito bites	6.6
Sharing food with infected person	3.5
PREVENTION	
By not having sex at all	66.6
By having one partner	61.5
By using condom correctly	79.4
By avoiding sharing injection needle	87.7

Similarly, a student responded in an in-depth interview that he would not use a toilet that an HIV and AIDS infected person had used,

> *"Because the toilet, if the toilet is WC for example, at times they go there and sit on it and may be in course of urinating, there will be blood drops after the urine which will stick on the surface of the WC, where we sit to ease ourselves. So may be if I go there to sit on it and I am having a cut or that sort of thing"*

Another said,

> *"No, I will not rent a room in a house where a person living with HIV and AIDS lives. He may have sores on his hands and when he touches the door and I also touch it, I can get the disease."*

Students' knowledge about preventive methods was not as equally high as that of the modes of transmission. One would expect that as many as know how the virus is transmitted would equally know how to prevent it. For example a whole third of the respondents did not know that not having sex at all (abstinence) is a sure way of preventing infection by the virus. Similarly, close to 4 out of 10 of the respondents did not know that having one faithful partner is a preventive method (Table 3). Similar findings came up from the qualitative studies. The following illustrate the point:

Ques: Can people reduce their chances of getting HIV and AIDS by not sharing injections?
Res: No, they cannot reduce their chances.
Ques: So can people reduce their chances of getting HIV and AIDS by not having sex at all
Res: No, because HIV and AIDS can be transmitted through blood transfusion, using materials used by an infected person

The in-school HIV and AIDS programmes of the MoESS must take a closer look at these.

People's perceptions and attitudes, to a very large extent, shape their actions. The essence of education, therefore, is to direct people's perceptions and attitudes towards positive actions. Table 3 shows the perceptions of the students interviewed on various aspects of HIV and AIDS. From the table it comes out that the MOESS has a lot of grounds to cover in the attempt to help students to develop positive perceptions. For example, close to 50% would want to let a member of their family who is infected with AIDS to be kept secret. This was even worse with the youth respondents of the qualitative study - almost all of them said that if a family member of theirs had HIV and AIDS, they will want it kept secret. Also, the majority (53.7%) of the respondents of the quantitative study would not want to buy vegetables or food from an AIDS person's shop. Explaining why she would not buy food from a seller who has AIDS virus a student said:

> *"I don't know what would happen. Some people have dubious ways of transmitting the virus, someone might intentionally place some kind of blood or materials in the food that he/she is selling in order for other people to also acquire the virus so it will be difficult"*

These show that the level of stigma is still very high among students so programmes should aim at bringing it down. However, that almost all the students interviewed using the quantitative methodology (98.9%) agree that youth 12-14 years old should be taught about how to avoid HIV and AIDS is a positive sign and programmes should take advantage of that.

Still on perceptions, only 55.6% of respondents accepted that they were at some risk of getting the virus (Appendix 1). A third said categorically that they were not at risk at all. In fact, the vast majority of the youth respondents for the qualitative interviews thought that their chances of getting HIV and AIDS were slim or non-existent at all. One of them explained that,

> *"Because I don't have any affair with anyone neither do I use materials from the environment just like that. Moreover, I don't suffer from blood deficiency and I don't go for any blood transfusion"*

Table 3: Proportion of students who hold some perceptions about HIV and AIDS

	Yes (%)
Is it possible for a healthy looking person to have the AIDS virus?	87.0
Can a man infected with AIDS be cured if he had sex with a virgin?	6.1
Should a teacher with AIDS be allowed to continue teaching?	81.5
Would you buy fresh vegetables from an AIDS shopkeeper?	46.3
Would you share a meal with someone infected with HIV and AIDS?	76.3
Will you sit on the same pew at Church with someone infected with the HIV AND AIDS?	95.6
Will you stay in the same classroom with someone infected with HIV and AIDS?	93.9
Will you use a toilet that someone infected with HIV and AIDS uses?	54.9
Will you let a member of your family infected with AIDS to be kept secret?	49.2
Will you be willing to care for a relative infected with HIV and AIDS?	89.2
Should youth 12-14 years old be taught about how to avoid HIV and AIDS?	98.9
Should youth 12-14 years old be taught about using condom to avoid HIV and AIDS?	60.6

The figures seem to suggest that the seriousness of the disease has not gone down very well with the students. It could also mean, on the other hand, that they are so knowledgeable about the disease that they feel very confident in handling the situation. Be it as it may, young people are known to perceive themselves as invincible, and so programmes should factor this into their interventions.

6.2 SOURCES OF INFORMAITON

When students were asked to list their sources of information on HIV and AIDS Teachers/School emerged as the most important source, given by about 77% of them (Table 4). That still leaves close to a quarter who have never heard/seen anything from their schools. Nevertheless, none of the students who were interviewed qualitatively mentioned teachers at all. Following closely to Teachers/School for those interviewed quantitatively are the media, mainly the television (76.2%), radio (67.0%) and newspapers (61.7%). In fact the media together came out as the most preferred source of information mentioned by students (37.0%) followed by Teachers/School (19.6%). Put together, the youth who were interviewed qualitatively also preferred the media; first, TV was mentioned by the majority of them, followed by health workers, then by radio and finally by books.

Teachers/Schools can, therefore, partner the media to help scale-up the I, E and C of HIV and AIDS. The figures also show that mothers appear to be more reliable sources of HIV and AIDS information than fathers (51.9% versus 39.4%). In the qualitative interviews, fathers were not mentioned at all, though very few mentioned mothers. Future I, E and C activities should concentrate more on mothers as partners than fathers while at the same time striving to bring the latter on board.

Table 4 : Students' sources of information on HIV and AIDS (for the quantitative interviews)

	(%)
Mother	51.9
Father	39.4
Spouse/Partner	11.4
Brother	22.2
Sister	21.1
Other female family member	13.6
Other male family member	12.5
Female friends	22.0
Male friends	26.2
Teachers/School	76.9
Doctor/Nurse/Clinic	47.2
Traditional/Spiritual healer	3.5
Newspaper	61.7
Books/Magazines	50.1
Radio	67.0
Television	76.2
Internet	25.5
Poster/Billboards	36.9
Other sources	6.1

Students were asked directly if they had ever seen/heard of any education materials on AIDS developed by the MoESS. Although a majority of the students (65.5%) had seen/heard of such materials, fewer (51.4%) had ever seen one in their schools. The proportion that had never seen/heard of any I, E and C materials (31.0%) was quite significant. This was worse with the results from the qualitative interviews where only five of the respondents said they had seen any of the materials developed by the MOESS in their schools before—typically, only two of the materials. The educational materials which were shown to student participants in the in-depth interviews included the following:

- Protect your dream
- Accept people with HIV and AIDS
- It is the right thing to do
- Secure your future, own a garage, protect yourself from HIV and AIDS
- Protect your dream, abstain from sex, focus on your studies to achieve your dream
- You, me and AIDS

If the finding is true, then the MoESS has a lot of grounds to cover. However, it could mean that students were confusing materials they had seen elsewhere with those produced by the MoESS. The most popular I, E and C materials the students had ever seen were books/magazines (29.7%), followed by posters (24.6%). Jingles on the radio were the least popular (only 11.2% of students) [Appendix 2].

If I, E and C materials are not to be mere white elephants, then they must be seen by the students. Better still, students must have personal copies where possible or personally use them. However, it was observed that materials are sent to the schools in general but not to the individual students. Thus, between 30% and 38% of the respondents had seen any of the educational materials collected from the HIV and AIDS Secretariat of the MOESS in their schools. Fewer still of the students interviewed quantitatively (22 – 23 %) had had personal copies.

Worse still, only two of the students used for the qualitative interviews said they had/have personal copies of those materials; even then, the materials were rationed and they could get one material only and not the other. One of them explains:

> *"Yes…I have had personal copies in my school before because that day, it was not sufficient for all the students. So those who had material 4 did not get material 5 and vice versa".*

The teacher-program managers in some of the districts also mentioned that the educational materials were inadequate and were thus, rationed. One of them lamented:

> *"Handouts, you see, more often than not, they require handouts that give details of what they have to do. With our number, one photocopy times the number of teachers will be too much at our level in-terms of provision and "stuff"*

However, the few students who were interviewed both qualitatively and quantitatively and said they had seen the educational materials developed by the MoESS thought that it was effective in educating them and had made an impact on them. Over 95% of these students interviewed quantitatively said they believed what they saw, with over 93% claiming that what they saw had made positive impact on their lives one way or the other.

For fewer still of those students who had seen the educational materials developed by the MoESS, there might be the need to clarify the messages from some of the materials;

> *"Those I have seen: it is a booklet. It shows the causes and prevention of AIDS and pictures of those who have already been infected with the virus…Yes, I understood it when I saw it. It did have an impact on me because I saw male genital organs and that of the females. So I was wondering why they brought this to show to the students.''*

This implies that the materials can be very effective as I, E and C materials, and that effort must be made to bring them to as many students as possible.

Furthermore, those students who said they had been involved in one HIV and AIDS educational program or the other were of the view that their time was well spent. They also added that the programmes had had a positive impact on them as remarked by one of them:

"Yes, the program has influenced my life. Sometimes when I move with my peers, although I am in JSS now, I have a lot of friends of my age who have completed SSS. Sometimes the way they do things and the things that they discuss, I also think of joining them. But because I have attended that program, it drops all my attraction."

6.3 PREVENTION

An overwhelming majority (90.6%) felt that HIV and AIDS is preventable. In the qualitative study, fewer people felt the disease is preventable, although they still formed the vast majority;

"Yes, HIV and AIDS is preventable—by abstaining from sex, being faithful to your partner and using condoms."

Table 5 shows the ways by which one can prevent contracting HIV mentioned by the students interviewed using the quantitative data collection tools. The methods are wide ranging and reveal that they are coming from people who have been purposely schooled. They cover the main modes of transmission of HIV, which are sexual relationship, blood transfusion and use of contaminated sharp objects including needles. Some mentioned a specific education campaign approach, the ABC method of prevention.

Table 5: HIV preventive methods mentioned by students

		(%)
1.	Abstain from sex	35.4
2.	Use condoms	22.4
3.	Avoiding casual sex	1.3
4.	By not having multiple sexual partners	0.5
5.	By not sharing piercing materials with others	18.5
6.	Faithfulness to a faithful partner	15.8
7.	Insisting on screened blood	1.9
8.	Mass HIV and AIDS education campaign	2.1
9.	Using ABC method of prevention	0.9
10.	Testing before marriage	0.2
11.	Others	1.0
N		**100.0**

The respondents went ahead to state that currently they are using a wide range of methods to prevent themselves from getting infected (See Table 6). Almost all the methods are quite appropriate and again reveal that the respondents have received some education on HIV and AIDS. Most of the responses were on safe sex practices like abstinence (46.0%), having one sexual partner (13.8%) and using condoms (9.8%). From the in-depth interviews a student remarked:

> *"Personally, I don't use, I don't like sharing items with people, be it sharp items or any item and also fortunately for me, I'm not in any sexual relationship."*

Other non-sexual preventive methods also featured prominently. To the question, how are you personally preventing yourself from HIV and AIDS, an in-depth interview participant replied:

> *"To me personally, when I feel like engaging in these sexual activities, I join my friends to play football"*

Table 6: What students are doing personally to prevent getting HIV and AIDS

		(%)
1.	By taking good care of myself	1.5
2.	By abstaining from sex	46.0
3.	By having one sexual partner	13.8
4.	Not sharing sharp objects with others	23.8
5.	By using condoms	9.8
6.	Reading wide to know prevention methods	0.7
7.	By sticking to the ABC method	0.8
8.	By heeding to the word of God	0.4
9.	Avoiding the use of unsterilized instruments	0.4
10.	By avoiding deep kisses	0.9
11.	Avoid injection from unqualified persons	0.4
12.	Avoiding friends who always talk about sex	0.3
13.	Accepting only screened blood	0.8
14.	By avoiding pornographic films	0.1
15.	Others	0.4
N		**100.0**

Another way of looking at whether or not the HIV and AIDS education students are receiving is adequate in terms of content, and whether it is being effective is to look at the high risk behaviours and practices they are involved in. These can be found in Table 7. From the table a minority of the students interviewed

quantitatively (41.3%) have had some sexual experience, although only two of those interviewed qualitatively said they had ever been sexually active; one of whom said she was still heterosexually involved with another young person;

> *"Yes, personally, I am involved in sexual relationship with a young person. He is a guy who has completed SSS (Senior High School). Because sometimes whatever I need from my parents they do not give me and I fell in love with that person."*

A much lower proportion (11.7%) has ever engaged in multiple sexual relationships, whiles 17.6% have ever had casual sex. However, a reduced minority of those interviewed quantitatively (30.6%) stated that they are currently sexually active (compared to 41.3% who are sexually experienced). The difference could be as a result of a temporary lull in the sexual activities of the students. It could also mean that they are being responsive to the education they are receiving, as illustrated by a student in an in-depth interview:

> *"Yes, it has impacted me in some way. It tells us that if you want to have sex, you should use the condom. So may be if I want to have sex and I do not use the condom, I do not know if the person I am going to have sex with has the AIDS virus or not."*

A similar observation could be made about students who reported that they had ever been involved in same-sex relationship. While 2.8% said they had ever been in such relationship, only 0.6% is in it currently. No respondent from the qualitative interview said they had ever been or are currently involved in same-sex relationships. Even more drastic is the difference between those who had ever shared sharp piercing instruments and those currently involved in the practice (62.9% versus 12.1%). The same could be said about those who had ever used illegal drugs (4.4% versus 2.0%). From the qualitative interviews, however, everyone had ever shared piercing instruments and about one-third of them were still doing so. Bringing out circumstances under which sometimes they do so a student remarked:

> *"Okay because we are in school, so when you finish removing your nails, your finger nails, somebody will ask you to give it to him but after that, I will use it again"*

Table 7: High Risk Behaviours and Practices

	Yes (%)
Have you ever shared sharp piercing instrument with someone?	62.9
Have you ever had sexual experience?	41.3
Have you ever had multiple sexual partners?	11.7
Have you ever engaged in casual sex?	17.6
Do you use condom during casual sex?	13.2
Have you ever used illegal drugs?	4.4
Have you ever had same-sex relationship?	2.8

6.4 VCT Information and Accessibility

EDUCAIDS' framework for action towards education sector response to HIV and AIDS prescribes, among other things, approaches and illustrative entry points. Among the entry points suggested are School Health and Counselling and Referral. Voluntary Counselling and Testing (VCT) could feature prominently in either or both approaches. Luckily almost all the respondents (96.6%) have heard of VCT. They felt that voluntary testing was necessary because one can take better care of himself/herself afterwards (63.5%), people can avoid spreading the virus (46.4%), make plans for the future (35.0%), protect oneself from getting the virus if negative (46.3%), or get treatment if positive (35.6%) and get the peace of mind (24.6%). One student said in an in-depth interview:

> "*Because people have indulged in pre-marital sex and casual sex, so they might be afraid that they might be having the virus. There is the need for them to visit the hospitals to have blood test for it to be verified that they have the disease or the virus*"

On the other hand, there were others who felt VCT is not necessary because by going for it people would think that you have HIV and AIDS (12.8%) and others were scared to know about their status (23.5%). The fear hinged on the discrimination and stigmatization associated with HIV and AIDS and the psychological trauma that goes with it if you are positive. About 66.0% knew where to go for testing. The following comment by a student participant in the in-depth interviews brings the point home very clearly:

> *"There are bad things as well…when an individual goes for the test and he/she finds out that he is positive or something, they will feel bad and would not want people to know about their situation. The other day, I heard on the radio that a person has committed suicide because of this HIV and AIDS virus or something. So that is one of the negative effects of it"*

6.5 Gaps in Knowledge

Nearly half of the respondents (49.0%) felt that they lack some information about HIV and AIDS. These were mainly in the areas of causes (33.3%), prevention/treatment (36.9%) and where to check one's HIV status (29.7%). For the respondents for the qualitative interviews, all but one said they did not lack some information about HIV and AIDS. The only one who lacked some information said:

> *"Yes, I do feel/think that I lack some information on HIV and AIDS. It is on the aspect of HIV and AIDS causes."*

The areas he lacked information in were similar to those above plus educational materials. He stressed that "*even the materials are not in the schools so I don't know anything about them".*

They suggested a variety of channels through which they would want these to be communicated to them (See Table 8). Prominent among them was the mass media, mentioned by 51.1% of the students. Another 15% mentioned educational institutions. A significant proportion (10.2%) mentioned helplines/ personal conversations. The last channel suggests that students prefer avenues which will offer them confidentiality. The following comments from the in-depth interviews illustrates the point:

"People who can counsel you on HIV and AIDS, okay I don't want to say medical doctors or medical practitioners, even those who go round educating others on HIV and AIDS, like some people from the university who have learnt more about HIV and AIDS can counsel."

"By getting them (educational materials) in the schools"

Table 8: Channels through which students would want missing information communicated to them

	(%)
Media and Publicity	51.1
Educational institutions	14.9
Workshops/seminars/lectures	9.2
Health personnel	7.3
Helplines/personal communication	10.2
Churches/community programmes	4.1
Peer educators	1.3
Drama	0.3
Through elders/family meeting	1.3

* Multiple response

In all these, students thought doctors are the best placed to give HIV and AIDS information they think they lacked (33.5%), followed by mothers/parents (18.2%), then teachers (16.4%) [Appendix 3]. Similar findings were made from the qualitative interviews;

"I consider information about HIV and AIDS from the doctors, researchers, Ministries, and nurses to be most credible."

It follows that to maximize the efforts at bringing the right information to students a triangular relationship could be built around teachers, medical doctors and parents.

6.6 HIV and AIDS in Institutions

In all, 46 heads of institutions were interviewed. They were mostly education instructional institutions (teaching/training and research) [40 of them] and other agents of the MOESS (6), including, the Ghana Book Development Board, Ghana UNESCO Commission, West African Examinations Council (WAEC), NACVET, National Service Secretariat and the Non-formal Education Division of the MOESS.

About two-thirds of the heads interviewed stated that they have members of staff who are dedicated to HIV and AIDS activities in their institutions. In 8 of such institutions there are members of staff who deal solely with HIV and AIDS issues. In about a quarter of the institutions there is nobody responsible for HIV and AIDS activities, in one they are in the process of getting somebody and the others just didn't know.

In 14 of the institutions they do HIV and AIDS–related activities at least once in a month, six do them quarterly, two twice a year and in one activities are done annually. While 12 heads did not respond to the question, the rest stated that HIV and AIDS activities did not follow any regular pattern and that activities were undertaken when funds/materials were available and as and when lecturers decide. Information from the students interviewed qualitatively confirmed such near-infrequent schedule of such activities.

This last observation means that there are quite a number of educational institutions where HIV and AIDS activities are done on ad hoc basis, in addition to the few who are yet to respond to the epidemic in any way.

Qualitative interviews with the program mangers revealed that some of the teachers feel burdened by the responsibility they have been given by educating the students on HIV and AIDS;

> *"…Getting teachers to really appreciate it and making it part of them was difficult. They think it is extra work."*

It may also be that as found in the SWOT analysis, all the program managers, except the person from the HIV and AIDS National Secretariat in the MOESS, complained about lack of or inadequate funding for in-school activities. Related challenges included complaints of conflicting instructions to the teachers and also difficulties with access, which nearly all the program managers mentioned;

> *"The teachers who we call patrons in certain aspects are also complaining that the downloading of programs to them: today we tell them to form HIV and AIDS committee, at another time, you tell them school health committee, at other time you tell them they should form health committee without any form of fund coming from the office so that is the complaints that they have. Not all, some of them, majority of them, so it's a problem that we are having and our foot soldiers are complaining. So you can imagine that."*

They also added:

> *"The weaknesses are at times accessibility to the areas. Accessibility, because it is a very large district, getting them as and when you need is always not the best. So that is the main drawback that we have."*

In 35 out of the 46 institutions covered in the study some training has been given to members of staff who do HIV and AIDS activities. Eight of these do only HIV and AIDS coordination in their institutions and the rest combine it with other activities. In most of the institutions more than one person are in charge of HIV and AIDS activities. Sadly, only 7 (15.2%) heads of institutions said that financial resources have been allocated for the response to HIV and AIDS in their institutions. Five out of the seven stated that they use fully the financial resources allocated to them every year, one said no and another one just didn't know. The main source of funding was the MOESS and other governmental sources such as the Ghana AIDS Commission. Two institutions depend on internally generated funds for their HIV and AIDS activities.

6.7 Enabling Environment

An enabling environment provides the framework in which a response to HIV and AIDS can develop. Advocacy at the highest leadership level suggests supportiveness of the broader political and regulatory environment towards the development of an appropriate response to HIV and AIDS in the education sector. Only 22 out of 46 heads of institutions interviewed (47.8%) have ever heard the Minister of Education speak publicly about the impact of HIV and AIDS on the education sector. Similarly, only 4 out of 12 tertiary institutions' heads admitted that HIV and AIDS is a standing point on the agenda for senior members' meetings.

On the issue of HIV and AIDS policy 24 out of the 56 heads of institutions declared that they were aware the MOESS has one. However, only 8 institutions had a workplace policy relating to HIV and AIDS and 5 others are in the process of developing one. This implies that in the vast majority of institutions HIV and AIDS activities are not guided by any policies. That could explain the largely ad hoc nature of the programmes in most of the institutions. Even where policies have either been developed or are being developed members of staff are not involved in 5 of them. In such institutions ownership of the policy will be compromised.

6.8 HIV and AIDS Mainstreaming

The study also investigated the degree to which the response to HIV and AIDS has been integrated into the management and planning functions of the ministry and its agents. In relation to that 21 out of 46 heads of institutions (45.7%) stated that they are aware of an education sector HIV and AIDS strategic plan, and fewer still (13 out of 46) are aware of any plan to implement the strategic plan. Specifically, only 10 institutions affirmed that the education sector HIV and AIDS strategic plan is being implemented in their institutions. Currently 14 institutions have on-going plans to monitor the implementation of HIV and AIDS educational programmes.

6.9 Human Resources Issues

The immediate concern of the response of any organization to HIV and AIDS is the welfare of its human resources. There must be ways not only to protect people from contracting the virus, but also to see to the welfare of those infected and members of their families. Only 3 out the 46 heads affirmed that they know of a teacher in their institution or neighbourhood who is sick of HIV and AIDS and an equal number said they know of teachers who have died of AIDS. In the qualitative interview with the program managers, only one of them said she knows of one teacher who is HIV positive.

Although the number may appear low, there is some evidence that the disease is already making an impact on the supply of teachers. For example, 13 respondents out of 46 (28.3%) affirmed that they are aware of plans in the Education Ministry to train more teachers as a result of increased teachers' attrition due to AIDS. A little more of them (16) also said they were aware of a policy meant to minimize the vulnerability of employees in the education sector, while more still (20) confirmed the existence of guidelines for teachers on dealing with HIV and AIDS in schools. Nineteen out of the 26 who were not aware of any guidelines agreed that such guidelines are necessary.

6.10 Workplace HIV and AIDS Programmes

At the time of the interviews, 26 of the institutions whose heads were interviewed (60.9%) had HIV and AIDS awareness programmes for their staff and other people. In a significant number of the institutions (20 out of 46) the programmes were ran by their own staff, in 9 by personnel from the MOESS and in 4 others by people from the Ministry of Health. Others mentioned NGOs (11), CBOs (4) and IBOs (1) [See Table 9]. Among the respondents they mentioned 24 organizations that have ever organized HIV and AIDS programmes in their institutions (See Appendix 6). The heads' assessments of the programmes that have been undertaken in the institutions by organizations were generally complimentary (Table 10).

Table 9: Agents who implement HIV and AIDS Programmes in the institutions

	Number	***(%)***
Institutions own staff	20	43.6
Personnel from the Ministry of Education	9	19.6
Personnel from other Ministries	4	6.7
Non-governmental Organizations	11	23.9
Other Community Based Organizations	4	8.7
Faith Based Organizations	1	2.2
N	**49**	**100.0**

They felt that the programmes have been effective and have initiated some positive changes in the students and staff. A few of the assessment, however, were not very complimentary. They said the programmes were not to their satisfaction, that there were no follow-ups and that projects initiated were not implemented. Actually some felt that the real impact can better be assessed through research. Most HIV and AIDS-related activities undertaken in the institutions were in the recent past (See Table 11). Most of them occurred in the last 12 months to the interview (23 and 31), 5 occured in the last 24 months and only one beyond 24 months.

Table 10: Heads of Institutions' Assessment of HIV and AIDS Programmes Undertaken in their institutions

Positive Assessment
1. Very educative and had great impact on the life of students
2. Effective because teachers include it in their scheme of work
3. Very good since we are reminded of the dangers of HIV and AIDS
4. Encouraging
5. Successful, there is a change of attitude
6. Spread of HIV and AIDS is on the decrease
7. Opportunity to discuss the HIV and AIDS virus
8. Made great impact in our School by providing TLMS
9. They are effective and enlighten students and teachers' awareness
10. It should be continuous
11. Quite effective
12. Stigmatization is going down
Negative Assessment
13. Not very effective to our satisfaction
14. Not effective because there are no follow-up programmes
15. The programme was not implemented
16. People listen and comment but it is yet to be researched if it has an impact

Table 11: The Last time HIV and AIDS-related activities were undertaken in the institutions

	Number
Never	2
Ongoing	2
1- 6 months	13
7 – 12	8
13 – 24 months	5
Over 24 months	1
No response	15
Total	**46**

Apart from the programmes undertaken in the various institutions, 29 out of the 46 heads reported that they were aware of a programme by the MOESS aimed at preventing HIV infection among staff. All of them affirmed that the prevention programme of the ministry is gender sensitive. When asked, almost all the respondents (43 out of 46) affirmed the need for guidelines for implementing universal precautions to be used by all staff. Table 12 summarizes their reasons for expressing the need for guidelines. Most felt that they will improve awareness and thereby curb the rapid spread of HIV and AIDS (11), noting that teachers are also at risk (8) and that they would guide those who do not know much and remind those who know (9). Others said the guidelines would let people know the boundaries within which to operate (5) and that teachers should act as role models to students (3).

Table 12: Reasons for the neednes for implementing Universal precautions forall staff

	Number
To guide those who do not know and remind those who know	9
For the proper coordination, monitoring and implementation	4
To bring awareness and curb the rapid spread of HIV and AIDS	11
Teachers are also at risk	8
Most of the people are the youth so they must be protected	2
People would know the boundaries within which to operate	5
Teachers should act as role models to students	3
N	**42**

It has been observed earlier that one of the areas students felt they lacked information on was VCT. This shortfall was confirmed by the fact that only 5 institutions have VCT facilities. Of the remaining 41, twenty reported that they have access to VCT centres in their neighbourhood. Only one out of the 5 heads of the institutions which have VCT facilities could say specifically that up to the time of the interview, 200 people had used the facilities. None of the rest could give any statistics because figures were not available. Majority of the heads of institutions (34 out of 46), asserted that they would personally go for VCT. That is a positive sign that heads of institutions will generally provide an enabling environment for the establishment of VCT centres in particular and HIV and AIDS activities in general.

A sticky point in any organization's response to HIV and AIDS is the extent to which HIV and AIDS persons can enjoy all benefits without discrimination. When asked, an overwhelming majority of the heads of institutions (40 out of 46) affirmed the need for the MOESS to have a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV and AIDS. Strangely, a reduced majority (34 out of 46) said they would feel at least a little comfortable sharing the same office with a colleague who is HIV positive. Six said they would feel uncomfortable and 4 were neutral. A lower majority (32 out of 46) still saw the need for the MOES to take steps to ensure that where accommodation is provided, it is appropriate for the needs of employees affected by HIV and

AIDS. The pattern observed above seems to suggest that while people in authority want the Ministry to move heaven and earth to enact policies that affect them, they do not want to do those that fall in their responsibility. Such attitude could undermine the eventual implementation of any policy which requires their maximum participation.

Talking about enabling environments, only 15 out of 46 institutions have accessible outlet points within or in the vicinity of their workplace for the purchase or free distribution of condoms. Only 16 out of the 31 who do not have condom outlet points saw the need to have one. Related to that is the fact that 28 out of the 46 institutions have their own health programmes. It should be equally easy for all of them to have accessible outlet points for the purchase or distribution of condoms as it is that all the 28 operate Peer Education programmes. Yet there appears to be minimal link between the institutions and the members of the communities in which they are located as only 16 of them undertake programmes together with members of their immediate environs.

The foregoing give some evidence that some institutions in the education sector are doing well to promote HIV and AIDS programmes in their workplaces. However, there is still room for improvement. Talking from their own experiences the heads of institutions listed a number of things they consider vital for the success of their programmes but which they don't have. Foremost among the list was I, E and C materials (mentioned by 14 heads), followed by the provision of HIV and AIDS room/VCT facilities (7). The need for enough funding also featured prominently on the list as well as adequate remuneration (2). The need for teachers trained in HIV and AIDS was also mentioned (4) who will assist in adding HIV and AIDS education to the orientation programmes for new students (2) admitted to the institutions (Appendix 4). Similar needs were expressed in the SWOT analysis undertaken with the program managers [refer to section on weaknesses of MOE District HIV and AIDS Secretariats Interviewed at the section of the report on SWOT analysis].

6.11 HIV and AIDS and the Curriculum

Life skills have featured prominently in the curricula of the country's education reforms in the past two decades or more. These are mainly so in the lower levels of the country's educational system. No wonder all the 22 first and second cycle institutions reported that life skills programmes have been established in the institutions. However, only 16 out of the 22 agreed that the life skills programme consider issues relating to gender. A slim majority (24 out of 46) of the institutions reported that HIV and AIDS is addressed in their curricula. This development appears to be relatively recent. For example half of the 32 institutions that responded have had HIV and AIDS on the curriculum in the two years before the survey while another six have had it for 3 to 4 years. Only 9 had it 5 to 8 years ago and one had it 17 years before. In most of the institutions (24 out of 32) HIV and AIDS in the curriculum is handled by different subject masters/lecturers. It is only in 4 that one person is solely in charge whiles in 3 others nobody is in charge. This may confirm the listing by some of the heads of institutions the need for teachers trained in HIV and AIDS, among other things, as vital for the success of the HIV and AIDS programmes in their institutions.

The success of the teaching of life skills depends very much on the availability of relevant materials as well as teachers properly trained to handle them. Only 17 heads affirmed that educational materials have been developed which address life skills and HIV and AIDS issues in their institutions. Among them they mentioned 22 different names/titles of such materials, the same number mentioned by the 545 students interviewed. This also confirms the observation that the heads of institutions receive all I, E and C materials and it is likely that not all of them reach the students.

Although only 17 institutions have educational materials developed for HIV and AIDS, 25 have personnel who have received orientation programmes for life skills. This is an indication that some institutions have put themselves in a position to deliver on HIV and AIDS-related programmes even before all things are ready. Unfortunately, it is only in 6 such institutions that some orientation has been done for parents regarding life skills programmes in schools. This is also confirming a weak link between institutions and the community.

It has already been observed that HIV and AIDS activities of the MOESS seem to over concentrate on the first two levels of the sector. To a very large extent, therefore, tertiary level institutions are left on their own to develop and handle HIV and AIDS-related activities.

> *"We have largely worked in the pre-tertiary sector, where we are talking about basic to senior secondary level. OK, teacher training colleges are now upgraded into diploma institutions forming part of the tertiary. When we started they were actually forming part of the tertiary. This is where we collaborated with an NGO called World Education for them to do some work in the teacher training colleges. So if you look at all these three levels, HIV and AIDS activities are on-going.*
>
> *"Another area of our concentration or focus now is the tertiary institutions. The other agencies also have HIV and AIDS focal persons and we have been helping them implement HIV and AIDS programs. We are collating the various work plans of the tertiary institutions; polytechnics, universities as well as the agencies so that from 2008, they can also address some of the HIV and AIDS issues."*

For example, only two tertiary institutions reported that they have HIV and AIDS materials available to all students in their institutions. It is commendable, however, that 5 out of the 6 Teacher Training institutions have HIV and AIDS and life skills as integral components in the curriculum for the professional preparation of all new teachers. In 6 other tertiary institutions the curricula have been adapted to include subject-specific HIV and AIDS issues.

Monitoring is essential for the success and sustainability of any programme and is featured as such in the EDUCAIDS Framework for Action. Heads of institutions were therefore asked if they see the need for the establishment of systems to monitor the success of HIV and AIDS prevention messages throughout the education system. Twenty-nine out of 46 answered in the affirmative and only one answered no. The remaining 16 did not respond to the question. Those who see the need for a monitoring system gave a number of reasons for that. Among them were the following:

- So that we can determine the rate of increase of acceptance of the programme or otherwise
- To know where one is at any point in time so far as HIV and AIDS issues are concerned
- To determine the impact of education on people's behaviour
- For sustainability/Effectiveness
- It would ensure that programmes are well implemented since mistakes can be found and corrected
- To ensure consistency
- This will help in assessing and evaluating effectively the HIV and AIDS programmes

While responding to the Education Sector Global HIV and AIDS Readiness Assessment Survey in 2004, the MOESS indicated that it was in the process of developing a programme to address the needs of orphaned and vulnerable children in the system. When asked, 29 out of 31 heads of institutions interviewed confirmed the need for such a programme. That is an indication that when such a programme is finally developed it will be received very well by educational institutions. One head explained that the no fee paying, capitation grant which covers the fees of every child in the basic schools and the school feeding programmes all cater for the needs of orphans and vulnerable children (OVC). One of the two people who did not see the need for such a programme explained that the MOESS does not have the necessary resources to go that far. Only two institutions had their own programmes for addressing the needs of OVCs at the time of the survey.

Attempt was made to capture other approaches and entry points to the education sector's response to HIV and AIDS. One such entry point is counselling services. While 33 out of the 46 institutions had HIV and AIDS counsellors, as many as 43 expressed the need for counselling services by trained counsellors. The need is buttressed by the fact that at least 5 out of the 33 who have counsellors are not using trained personnel. Most (24 out of 29) of the counsellors were trained in educational institutions including Universities and some were trained through workshops/seminars, one person by a church organization and another on the job training.

6.12 Gaps in Programme Implementation

The heads interviewed were given the opportunity to identify gaps in the implementation of HIV and AIDS programmes. Thirty-three out of the 46 affirmed that there are gaps in the HIV and AIDS programmes they are running in their institutions. The gaps they mentioned are shown in Table 13. The table shows that gaps in the response to HIV and AIDS in the education sector are wide-ranged. Many seem not happy with the very pace at which programmes are being undertaken hence "increase HIV and AIDS awareness to broaden minds" was mentioned the most (6 out of 33) among what they considered as the most important gaps. Following closely is "lack of HIV and AIDS educational materials" (5 out of 33). Lack of funds was also mentioned which is linked to lack of incentives for facilitators.

Commitment is an essential ingredient in the successful implementation of HIV and AIDS programmes. In that respect respondents expressed the need for institutional support the lack of which was reflected in the call for heads of departments to release staff to attend programmes and the lack of devoted personnel to handle HIV and AIDS activities. Equally disturbing are the absence of policy guides and unavailability of VCT centres or office space for HIV and AIDS activities. The absence of collaboration between the institutions and the ministry, as well as links between the institutions and the community in HIV and AIDS activities also came up for mention.

Table 13: Gaps in institutional HIV and AIDS Programmes mentioned by Heads

		Number
1.	Few funds available from budget	2
2.	Staff must be released by the heads to attend programmes	1
3.	HIV and AIDS activities must be funded by the organization	1
4.	Bringing the effects of AIDS to the door-step of the students	1
5.	Increase HIV and AIDS awareness to broaden minds	6
6.	Lack of HIV and AIDS educational materials	5
7.	Lack of devoted HIV and AIDS personnel in the schools	1
8.	Limited time for the program	3
9.	Introduce comprehensive HIV and AIDS programme	1
10.	No incentives for HIV and AIDS facilitators	2
11.	No collaboration between the school and Education office on HIV	1
12.	No effective linkages between the school and community on HIV	1
13.	Need individual counselling among children	1
14.	Personnel of HIV and AIDS should be sent here regularly	2
15.	Need institutional support	1
16.	Absence of peer Educator groups	1
17.	Policy guide	1
18.	All textbooks must include topics	2
Total		**33**

7.0 SWOT ANALYSIS

Introduction

This section of the report is based on in-depth qualitative interviews with eight program managers of the HIV and AIDS program run by the MoESS or its collaborators. Specifically they were the HIV and AIDS unit or secretariat of the MoESS, two GES District Education sectors' school health programs and five NGOs, one of them, World Education, is an international one. The work of World Education covers most parts of the country. The Planned Parenthood Association of Ghana (PPAG) has a national coverage. There remaining three NGOs interviewed had smaller coverage. Two of them were community based and one was work-place based in a private not-for-profit organization which had coverage of a number of small communities in a rural district in the Greater Accra Region. The remaining small NGOs were in the Central and Eastern Regions. The NGOs had other mandates and also ran programmes on HIV and AIDS as well.

Some of them, such as World Education, focused their activities on HIV and AIDS on in-school youth. Three of the remaining ones served both in-and-out-of school youth, for example the PPAG. The last one served marginalized out of school youth (and also adults) for whom it was supporting with employable skills and employment avenues. Some of the interviewees from the GES District Educations indicated that they reached out to the parents of the in-school youth they served as well.

The national HIV and AIDS Secretariat commenced its work in 2002, while those run through the SHEP commenced in the early 1990s. The other programs had run for three years or more. All the respondents were females and had been in their present positions as managers of the respective programs ranging from seven years to one year, with most of them having been in the position for at least two years. The managers ranged from a complete illiterate to some who have completed tertiary education or had had some amount of tertiary level schooling. None of the agencies were political, religious, environmental or ethnic oriented. Their staff strength ranged from six to over fifty.

7.1 Specific HIV and AIDS Interventions/programs in Educational Institutions

National HIV and AIDS Secretariat (established in 2002):

- Education Sector HIV and AIDS policy
- 2002-2005 HIV and AIDS work plan in the Education Sector
- 2006-2010 HIV and AIDS work plan in the Education Sector
- Awareness creation/sensitization programs to support their program for its publics, including politicians and teachers
- Collaboration with other partners to assist in HIV and AIDS activities, e.g., with World Education, an international NGO (INGO) for the latter to work in teacher training institutions

District SHEP Officers of Ghana Education Service interviewed:

- Created awareness about HIV and AIDS, currently working on 'responsible living', and reduction of stigma
- Talk shows
- PTA training/sensitization
- Training/sensitization of teachers
- Formation of HIV and AIDS–related clubs
- Field monitoring of activities for feedback
- Care and support programs for infected staff and children whose parents are infected (Ga West District Education Office)

7.2 World Education:

- Provides funds for and builds capacities of Training Colleges and NGOs to work on HIV and AIDS
- Training of teachers and pupils/students as peer educators
- Supports the SHEP

7.3 Other NGOs Interviewed:

- Education/information dissemination on HIV and AIDS to schools
- Provides education on HIV and AIDS to out-of-school youth and others/capacity building to MOE's activities on HIV and AIDS/SHEP
- Monitors HIV AND AIDS activities in schools/MOE, districts and regions in the Educational sector
- "The MOE use us as a springboard for their HIV and AIDS programs"

7.4 SWOT Analysis for Program Managers of MOESS & NGOs

7.4.1 National MOE HIV and AIDS Secretariat

a) Strengths

- A well established and focused national secretariat
- Sizeable financial support, e.g., DFID alone gave 2.5 million Pounds
- High numbers of personnel to route the program through (130,000-140,000 teachers).

b) Weaknesses/Challenges

- Teachers on ground feel that helping with the HIV and AIDS activities 'is extra work'
- Reaching out to a huge MOE and its constituents

c) Opportunities

- HIV and AIDS is a new issue, making people very appreciative of it and easy to sustain their interest in it. This spurs program managers on to work harder
- An evaluation showed a successful program implementation in the past

d) Constraints/Threats

- Had virtually no resources to support program at its inception
- "Inability of our students to change…these children, with condoms in their hands try to misbehave all over…they are not using the condoms. More girls are getting pregnant; girls in JSS, primary are getting pregnant. Then in some rare cases which are becoming major, teachers impregnating school children or having an affair with school children."
- Inadequate funding

- Generation of children trained as peer educators have completed school and none trained to replace them

7.4.2 Ghana Education Service District SHEP officers interviewed

a) Strengths

- Implements educational sector work on HIV and AIDS, e.g., TAD Program
- Distribution of educational materials developed by the Education Sector
- Support of trained teachers/NGOs
- Skills endowed to the program managers through continuous involvement in the program
- Trained/support from SHEP/HIV and AIDS focal persons in school; TAD Program in which all teachers are trained and able to give education on HIV and AIDS
- Materials/manuals developed by the education sector HIV and AIDS national secretariat
- The Education Sector HIV and AIDS Policy
- Internal management structure of the MOE to have its district wings implement the HIV and AIDS and all other programs of the Ministry
- Use of GIPA (in the Ga West District Assembly)

b) Weaknesses/Challenges

- PTAs, teachers don't help as expected
- Financial constraints/inadequate funding from District Assemblies
- Patrons (teachers) complain about conflicting instructions and inadequate funds to support what they are instructed to do ["patrons…the majority of them are complaining of the downloading of programs to them: today we tell them to form HIV and AIDS committees, at another time you tell them school health committee, at other time you tell them they should form health committees without any form of funding coming from the office sothat is a problem we are having--our foot soldiers are complaining…"]
- Inadequate handouts: *"…more often than not, they require handouts that give details of what they have to do. With our number, one photocopy times the number of teachers will be too much at our level in terms of provision…"; 'each school is given only two books [manuals] which is not enough.'*
- *'The teachers are mobile—they get transferred, go for further studies, leave educational sector, etc'* calling for training and retraining of staff (for which funds may not be available); this (coupled with need to retrain peer educators) inhibits the progress of the program

c) Opportunities

- Involvement of some PTAs
- The opportunity afforded to save souls/future workforce
- Partnership with District Assemblies and NGOs make these groups provide funding, other support
- Assistance in terms of HIV and AIDS training from a Sister-City Program (with Grand Rapids , Michigan, USA to the Ga West District Education Office)
- Assistance from NGOS/INGOs, e.g., World Vision/Ghana
- Being in touch with very vulnerable [school] children and the hope that they will accept messages on HIV and AIDS and change their attitudes/lifestyles to avoid getting the infection
- Chances that the children will be source of the information on HIV and AIDS to their parents, others

d) Constraints/Threats

- Dealing with a huge problem of stigma
- Difficulty with accessibility to remote areas where program has to be implemented
- Most private schools and some [governmental] Senior High Schools did not have the TAD v training program and they are given only one manual per school (specified in one district)
- Other publics (such as parents, communities) have difficulty with ownership of the program (they expect some external funding from NGOs, etc.)

7.4.3 World Education

a) Strengths

- Ability to build capacity, provide other forms of support to the MOE in its activities (including research and curricula development)
- Makes programs community driven

b) Weaknesses/Challenges

- *'There's no publicity about us/stakeholders do not know about us'*

c) Opportunities

- Relationships with NGOs, ability to build capacity of NGOs
- Past work experiences on HIV and AIDS

d) Constraints/Threats

- *'There's no publicity about us/stakeholder*s do not know about us'

7.4.4 Other NGOs interviewed

a) Strengths

- Create funds for HIV and AIDS activities from business cooperative programs
- Past financial assistance from other NGOs e.g., the Organization of African Trade Unions (OATU) and GAWU (Ghana Agricultural Workers Union)
- Partnership with individuals who assist with the program and governmental organizations (Ghana AIDS Commission, District Assemblies)

b) Weaknesses/Challenges

- Target audience (in employment cooperative demand more money than program can support)

c) Opportunities

- Good patronage of HIV and AIDS program *["they realize that HIV/AIDS is true so they have to be careful…"]*
- Created employment opportunities and other support systems (e.g., nursery schools) for their target audience
- Unemployed youth and other target audiences get drawn into employment cooperative and get reached with information on HIV and AIDS
- Insufficient funding

d) Constraints/Threats

- Lack of funds (lack of financial support from District Assembly)
- *'We do not have enough knowledge about how to organize the whole program for them…'*
- Lack of logistics, e/g., condoms, vehicle, etc.
- Difficulty with access to rural/remote areas

7.5 NGOs in Action

In the following section two examples of best practices by NGOs are presented (See Boxes 1 and 2).

ACTION BOX 1: WORLD EDUCATION

World Education, Ghana, has been operating in the country since 2001. It is an international NGO that has experience in many countries as well as in various fields including malaria and HIV and AIDS. Specifically in the area of HIV AND AIDS, they have been collaborating with the Ghana Education Service (GES) to bring education to students and both pre-service and in-service teachers. They provide funds and build capacity for NGOs and basic and secondary schools. They also train teachers and students as peer educators and those in colleges. Other things they do include moniitoring and evaluation of NGOs, and district and regional organizations. The organization can, in fact, be seen as a model for others which work in the education sector and their activities fit very well into the sector's strategic plan. A summary of World Education's major activities is given below to serve as a best practice.

In September 2001, with financial support from USAID/Ghana, World Education started the Strengthening HIV and AIDS Partnerships in Education (SHAPE) program. The program was designed to put in place supportive structures and capacities to assist the MOESS in realizing its strategic plan for an effective HIV and AIDS response. The activities were subsequently expanded to cover teacher trainees. World Education developed an HIV education syllabus, dubbed the Window of Hope (W.o.H), and organized training and refreshers for tutors who had been nominated to teach the W.o.H from all 38 Teacher Training Colleges (TTCs). SHAPE I, which ended in August 2004, improved the institutional capacity of local partners (CSOs and SHEP) to more effectively plan, implement, monitor and report on HIV prevention programs. One major lesson learned during SHAPE I was that a holistic approach was needed to deal with HIV in the education sector.

In September 2004, with additional financial support from USAID/Ghana, World Education started the SHAPE II program, which had the core goal of "preventing the spread and mitigating the impact of HIV and AIDS in the education sector". This goal was intended to be achieved through two key intermediate results:

a. *Increased knowledge, attitudes and practices related to HIV risk reduction and*
b. *Increased education sector capacity to respond to the epidemic.*

There were two main components of SHAPE II: (i) supporting Civil Society Organizations (CSOs) and the Ghana Education Service/ School Health Education (GES/SHEP) program and (ii) supporting pre-service and in-service HIV and AIDS prevention education and training. World Education provided support to enable the CSOs and Teacher Education Division (TED) to implement the school based program and the pre-service aspects respectively. The centre piece of the school-based HIV prevention activities were peer education sessions organized by trained peer educators. The essence of this centre piece was to ensure that in-school youth are provided with youth-friendly information in order for them to make informed choices about their own reproductive health. SHAPE II supported CSO activities to reach 255 schools in the targeted areas during the program.

At the pre-service level, World Education's focus was to address the main challenges encountered during SHAPE II, which included the incomplete integration of the W.o.H syllabus into the formal TTC curriculum and limited tutor capacity to facilitate the W.o.H syllabus.

Major SHAPE II achievements include: building capacities of CSO partners; promoting behavioural change among beneficiaries; ensuring commitment of TTC administrations and improving TTC tutor capacity to deliver W.o.H syllabus effectively. In terms of data, the following are details of the achievements.

At the **school level**

- 255 schools were reached while 2396 peer educators, 973 teacher/patrons and 17 District, Municipal and Metropolitan SHEP Coordinators were trained. Project information was provided to 240 parents. In addition 10 District/Municipal Directors of Education sensitized.
- The trained peer educators organized 24,508 peer education sessions, reaching 79,815 students with six topics; the teacher patrons organized 4,882 peer education sessions for their fellow teachers.
- 14,307 sessions organized by CSO partners as well as 1,086 PLWHA interactive sessions for project beneficiaries
- HIV Clubs have been formed in nearly all schools with as many as 55,911 students participating in effective HIV clubs. An effective HIV club is one in which a minimum of twenty students meet at least once a month for a session lasting no less than one hour.
- There were 1,709 collaborative interactions between SHEP coordinators and CSO partners as part of joint planning and implementation processes, resulting in improved/strengthened collaboration/partnerships between NGOs and the SHEP
- SHAPE developed an HIV peer education strategy as well as the development and distribution of peer educators' manual for three (3) levels (upper primary, junior secondary and senior secondary).
- I.E and C materials including "Protect Your Dream Materials" were developed and distributed.
- Parents now have a more favourable attitude towards promoting/undertaking HIV and AIDS education in schools and there was an increased number of students communicating HIV and AIDS issues with their parents.

At the **TTC level**:

- SHAPE organized 8 capacity (skill) building workshops for the W.o.H tutors and 38 principals and 38 vice principals were provided with project information annually
- A total of 221 tutors were trained for the delivery of the W.o.H syllabus and in the process nearly 26,000 trainees were reached over the three year period.
- The W.o.H syllabus was revised to include the following components: fundamentals, methodology and seminar topics.
- World Education distributed 500 copies of the tutors manuals and 1500 copies of the trainee manuals (bringing the total delivered to 9 tutor manuals and trainee manuals per TTC)
- World Education replenished the W.o.H syllabus resource kits and conducted annual regular field support and monitoring visits

The **impact** of SHAPE II on **students** could be summarized as follows:

- 21,107 students requested additional Reproductive Health information from their peers or CSO offices after participating in peer education sessions while 11,764 SMC/ PA members indicated that they had addressed key HIV prevention methods with their wards.
- Peer educators have become empowered and more confident, assuming leadership roles and have become more trusted sources of RH information.

The **results of the school based impact evaluation** indicated that there was:

- Improved comprehensive knowledge of HIV by students. More students rejected 4 misconceptions of transmission of HIV.
- Improved knowledge about MTCT for upper primary students; but not on the part of female JSS/SSS students.
- Heightened perception of personal risk of HIV infection for upper primary students but a decrease in the perception of personal risk for JSS/SSS students
- Improved students attitudes towards PLWHA's
- Reported sexual activity among students much lower than thought. Fewer students having multiple sexual partners
- Increased use of condoms among sexually active female students (JSS/SSS). However there was no change for male students
- Increased discussion of Reproductive Health issues among students
- Reported reductions in the numbers of teenage pregnancies in some schools

On the part of teachers, the results of the impact evaluation of SHAPE II could be summarized as follows. There was

- No change in the number of female teachers having comprehensive knowledge of HIV; surprisingly there was a decrease in the number of male teachers having comprehensive knowledge
- Decreased numbers of both male and female teachers having knowledge about MTCT
- Reduced perception of personal risk of HIV infection
- Improved attitudes towards PLWHA's
- Increased reporting of multiple sexual partners in last twelve months. Unfortunately there was a decrease in the number of teachers who use condoms

At the TTC level, SHAPE efforts have resulted in the following:

- HIV and AIDS is an examinable subject
- High level commitment provided by TED; many TTC principals and vice principals also exhibiting high levels of commitment to HIV prevention education
- Excellent support for HIV education received from UCC/Institute of Education
- 26,000 trainees reached with HIV prevention information
- HIV Clubs formed in almost all colleges
- Trainees (and some tutors) undertaking outreach activities
- Increased number of teacher trainees exhibiting comprehensive knowledge of HIV
- Knowledge of MTCT high (96%); no change reported
- Reduced perception of personal risk of HIV infection
- Decreased reports of multiple sexual partners for male trainees; but increased numbers for females.

The main **challenges** encountered at the school level were as follows:

- Unco-operative attitudes of some school heads
- Inadequate time for peer education sessions
- Un-motivated; overloaded teachers and patrons
- Insufficient I.E and C as well as BCC materials
- Attrition of peer educators
- Transfers of teacher/patrons
- Lack of support for CSOs in some schools; and
- Large number of schools (non SHAPE) yet to be reached.

At the TTC level, the main challenges included:

- Attrition of W.o.H trained tutors
- Work over-load and lack of motivation for W.o.H tutors while there was a lack of commitment from other tutors
- Insufficient copies of W.o.H manuals for trainees
- Over-loaded TED staff unable to monitor and support W.o.H delivery regularly
- TED's lack of resources to provide field support to TTCs
- Lack of resources for HIV clubs

ACTION BOX 2: PLANNED PARENTHOOD ASSOCIATION OF GHANA (PPAG)

The Planned Parenthood Association of Ghana (PPAG) was established in 1967 as an NGO (affiliated to the International Planned Parenthood Federation (IPPF). The Association has a long history of leadership in Family Planning programmes in Ghana and has pioneered many projects including Family Life Education (FLE) for the Youth, Male Clinics and the integration of Family Planning into Community. It is currently the leading NGO providing Sexual and Reproductive Health (SRH) services in Ghana. In line with ICPD program of action, the National Population Policy and the National Youth Policy, the Association has widened its scope from a narrow family planning focus to cover other Sexual and Reproductive Health needs.
In 1999, PPAG began a three-year transformation that changed its focus from Family Planning (FP) for adults to SRH for young people. PPAG now focuses on the youth because they constitute fifty four percent (54%) of the Ghanaian population and providing them with SRH information will help them make healthy choices for themselves and future generations. Its primary target, therefore, is young people aged 10-24 especially the marginalized in the rural and urban communities, both in and out-of-school.
PPAG works in Junior and Senior High Schools as well as tertiary institutions. In an in-depth interview an officer of the association explained;

"……we introduced the program "young and wise", and it has become part and parcel of the school that any newcomer that comes goes through "young and wise".

Young and Wise is a PPAG initiative that provides young people with information, services and skills that empowers them to make informed choices either to Abstain, Be faithful in their relationships, use a Condom and Seek treatment and services from a youth friendly facility. Young and Wise provides young people with the right information, youth friendly services and skills to adopt healthy behaviours and to stay through the ever changing and challenging time of youth.
The officer interviewed further explained,

"And we have a model that we use, a manual for life planning skills. It is a behavioural change manual. As soon as the person starts improving then the person makes a concrete decision to have a goal".

Talking about a specific Senior Secondary School the officer added "we train all the girls through this manual and therefore they don't have much problem, as far as sexual and reproductive health is concerned. They know what to do at all time".

The Young and Wise project has become so popular that "… some schools have also called us to train peer educators for them. And specifically with the community where we are working it has spread so much that people know all about STI's, what to do and what not to do when you get infected". (The PPAG Officer interviewed).

PPAG works through volunteers who are spread throughout the communities where they work. That means there is already school-community linkage in the way PPAG approaches its HIV and AIDS intervention programmes in the schools. It is this school-community relationship that gives PPAG a very strong standing in sexual and reproductive health programmes for the youth, including HIV and AIDS. Thus the officer explained: "And we have the chiefs and queen mothers all involved. Most of them are advocacy network groups and so if you are working and you have all these people helping you, it makes your work so simple".

Even in the face of challenges like inadequate financial resources PPAG can keep its programmes going through the good relationship they have developed with the communities and the goodwill of their dedicated volunteers. This the officer explained:

"if the donor has not brought the money, you become handicapped but because the communities understand what we're doing even though we haven't gone…., they will be doing the work and sometimes they will be calling to find out what we are doing and that creates a challenge for us. I mean since then even though we have some challenges we encourage them to go on and by the time we go back, nothing will lack. Because they have the information they know what to do and they continue to do it and it serves as a motivation for us. Even though when we're not around they still continue to do it".

8.0 CRITICAL ASSESSMENT

8.1. Quality Education, including Cross-Cutting principles

- Partly inclusive (but not to out of school youth, possibly due to the program's mandate to concentrate on 'in-school' publics), a bit proactive towards/by the NGOs involved, not rights-based
- Gender responsive
- Unable to comment on cultural sensitivity
- Age specific
- A lot of lapses in scientific accuracy of the knowledge of the respondents as of now, although information from the national program administrators indicates that great strides have been made to ensure accuracy of the information which is disseminated by developing a six-module manual for use by NGOs and training personnel of the NGOs involved and nearly all teachers. Another manual had also been developed for teachers at the basic school level.

8.2. Content, Curriculum and Learning Materials

- Specifically adapted and appropriate for most levels; coverage is formal, non-formal approaches are non-existent
- Focused but mostly not tailored to various groups (e.g., OVCs, out-of-school youth, PLWHIV, refugees and internally displaced persons, MSMs, sexually active/ sexually-at-risk groups, etc)
- Education has been provided on prevention knowledge, attitudes and behaviours covering various modes of transmission and other risky behaviours. However, the study found that several risky behaviours persist among the in-school youth studied—sharing of sharp instruments, possible unprotected sex. Although the manual developed for the NGOs is said to contain scientifically accurate information, emphasis seem to have been placed by an assessment of the national program managers on the content of the manual rather than translating the content to shaping the knowledge, attitudes, behaviours and practices of the youth. [Developing good manuals does not necessarily translate into the target audience knowing the content of the manual without much effort to ensure the latter.] Based on the field interviews to the youth, the education seemed nearly silent on injection drug use and MSM. With injection drug use, there is the possible erroneous assumption that it is not common in Ghana, but cocaine and related drugs are becoming fairly common in Ghana; so have studies proved that Ghanaians, including the youth, are getting increasingly exposed and possibly involved in MSM.
- Mostly not focused on stigma and discrimination as well [although the manual provides information and strategies for handling these]. High levels of stigma and discrimination persist in the in-school respondents. Issues on treatment, care and support barely cropped up. This may be because most Ghanaians have not had an experience of knowing PLWHIVs. Care and support in the instance of one teacher who declared his positive status in one district studied was very good. All students interviewed, however, said they would care for a family member diagnosed with HIV and AIDS. It is not clear if this attitude would translate into actual practice, should the occasion arise.

8.3 Educator Training and Support

- In-service teacher education, reported collaboration between MoESS' HIV and AIDS Secretariat and an NGO called World Education for the latter to *'do some work in the teacher training colleges.'*
- Virtually nothing came up in terms of non-formal educators, except for the NGOs involved.
- Issues on support groups, mentoring, supervision, positive teachers, etc, did not come up in the study, except in one instance where a teacher who declared his positive status was reported to be receiving much support from his colleagues and authorities.
- There was virtually no sign of school and community linkages, save in very few instances, such as the Dodowa District Education office and also the Atwima Kwanwoma District' and Abuakwa in the Kumasi Metro Education offices. Although registration of NGOs involved in HIV and AIDS education in schools were registered in 2006, this does not translate into meaningful community linkage.
- Some educational support materials existed, but a vast majority of the respondents were unaware of them, and virtually no one owned copies of them. Content wise, the materials were appropriate and would have made a great impact, had they been circulated widely. Also, the materials did not take into consideration the preferred channels of communication of HIV and AIDS information as identified in this study (TV, radio, health workers, books etc). Additionally, besides the teaching manuals for teachers and NGOs, the materials seemed to focus on the in-school youth mainly and did not seem to have a focus on the other constituents of the MoESS (although a gender sensitive manual had been developed for media personnel and others). Whatever is available is also inadequate.

8.4. Policy, Management and Systems

- There existed a workplace policy which in itself is a great achievement but its reach to the individual constituent members was uncertain.
- There was no indication that the in-school education program was based on a situation analysis/ needs assessment, although other components of the general program such as the TAD and the Education sector HIV and AIDS policy were fashioned on baseline studies/assessments/research.
- Proactive planning for human capacity, assessment and projection models has been actively undertaken. These showed in the training of at least 90 per cent of all teachers in basic and secondary schools, the development of manuals for these teachers, development of the workplace policy, etc.
- Strategic partnership with others was mostly lacking, besides partnership with an international NGO—World Education, and international donor communities. However, there seemed to be an appreciable effort committed to advocacy and resource mobilization from the central program administration level. Coordination of other players (outside the MoESS) seemed virtually non-existent. An initial partnership with local NGOs showed in their initial registration with the program but not much has been done in the direction of meaningful partnership with them thereafter—coordination, monitoring and evaluation of the activities of these partners.
- Some amount of monitoring, evaluating and assessment of the program was on-going/had been completed. These will need to be strengthened and the feedback ploughed into the program.
- Partnerships with District Assemblies, NGOs

8.5. Approaches and Illustrative Entry Points

- For the in-school youth, life skills was used as an approach/entry point
- The same applies to local celebrations of World AIDS Day
- However, the program did not wholly make use of the School Health Education Program (SHEP), although some did. In some schools, it was roped through specially set up groups, designated as HIV and AIDS, abstinence, "Say it Loud" clubs, particularly for the programs run by NGOs. Individuals who did not belong to these clubs could be cut off. Interviews from a few students who were in these clubs seem to indicate that such clubs created duplication (from the FLE/SHEP activities), some amount of splintering/duplicity and some confusion in terms of allegiance from the students. For the programs run through specialized groups in schools, some of the children were confused about which groups run what program. There also seemed to be some amount of splintering of groups for purposes of HIV and AIDS education, outside the routine SHEP program.
- Few routed PTA (PTA training and sensitization)
- But using HIV and AIDS focal persons in the constituent agencies of the MoESS
- Virtually no sense of peer educator approaches was gathered.
- Similarly, the school feeding program had not been taken advantage of.
- The same applied to the adult education and literacy program
- The study did not gather any sense of counselling and referral
- As stated at section 3 of this assessment, the communication and media have not been the best. The educational materials produced by the program are not well known to the in-school respondents, they seemed to be in very small quantities, virtually no student had personal copies (only two of our in-school respondents said they had personal copies—one copy each) of two materials. Also, the development of the materials seemed to not have taken into consideration the most preferred media channels to the respondents, as identified earlier in this report.
- It was only in the Dodowa and Atwima Districts that some sense of community outreach was gathered. Thus, overall, there were negligible attempts at community-based learning and outreach. This may be because the program focused on its MoESS constituents although more active linkages with their external publics would have been very beneficial.
- In two instances (one in an in-school program, mentioned by a school child and one by a District Educational Office Program Manager), there has not been the greater involvement of people living with HIV and AIDS (GIPA). Outside these minimal efforts GIPA was virtually non existent.
- Collaboration from a Sister-City Program (with Grand Rapids , Michigan, USA to the Ga West District Education Office)

9.0 CONCLUSIONS AND RECOMMENDATIONS

9.1 CONCLUSIONS

- Documentary evidence shows that Ghana's Ministry of Education has made big strides in its response to the HIV and AIDS menace. This is supported to a large extent by empirical evidence from the field. The high point of this endeavour was the formation of the HIV and AIDS Secretariat in the Ministry of Education, Science and Sports in 2002. Since its establishment, the secretariat has achieved the following:
    - **o** Sensitization of education managers and other stakeholders;
    - **o** Development of HIV and AIDS workplace manual;
    - **o** Development of NGOs manual to guide HIV and AIDS activities in education institutions;
    - **o** Development of sector HIV and AIDS Policy, among others.

- Working through its main agent the GES, the Secretariat has undertaken a number of programmes that have had far-reaching effect on the target population within the education sector. The TAD programme, for example, has been quite innovative and has offered training to virtually all teachers in the first and second cycle schools in the country. An evaluation report found the programme to be highly successful. The TAD programme was, in fact, a precursor of another innovative programme, the HIV and AIDS Alert Model. While the Model has sought to harmonize all school-based HIV and AIDS preventive efforts, promote and sustain behaviour development and change among teachers and school children and the school community, it has also addressed gaps in existing school-based programmes and mobilized and coordinated efforts of all partners. The Model's holistic approach wedges on three pillars, namely the teacher-led pillar, the child-led pillar and the school-community directed pillar. It thus fits very well into the EDUCAIDS framework used for this study.
- HIV and AIDS Manuals have been developed for Pre-school and Basic and Senior High Schools. They contain lesson notes based on the teaching syllabi of the primary and JHS. As of the end of 2007, 127,500 copies of the manual had been produced and distributed for the training of teachers for the teaching of HIV and AIDS in schools in all the ten regions of the country. The manuals thus improved quality and content of the HIV and AIDS lessons given to students and also enhanced teachers' ability to teach the subject.
- Despite these positive developments, empirical evidence shows that loopholes exist in the knowledge of students about pertinent facts on HIV and AIDS transmission, possible prevention and possibility of reducing one's chances of getting infected, such as sticking to one faithful uninfected sexual partner, using condoms correctly all the time, and an infected expectant mother taking some medicines to reduce the possibility of cross-infecting her foetus.
- In spite of their fairly high level of awareness about HIV and AIDS, and its modes of transmission and prevention, it can be concluded that most of the youth who were interviewed using the qualitative methodology were having risky behaviours which

makes them vulnerable to HIV and AIDS transmission (such as sharing piercing instruments, and possibly being involved in casual sex and having unprotected sex).

- Only three of the respondents claimed to have actually tested for their HIV and AIDS statuses although the respondents were mostly positive toward having the test. Few of them knew where an AIDS test could be taken although fewer people had never heard of the term VCT before.
- The HIV and AIDS educational materials developed by the MoESS had barely filtered into the schools; very few of them had seen those materials in their schools and a negligible number of them had personal copies of those materials. Information gathered from the District Education HIV and AIDS program managers confirm that the materials developed (including manuals) are inadequate.
- The youth are yearning for HIV and AIDS educational materials and are very appreciative of the little they have. There was ample evidence from the interviews that these materials have a high potential of influencing the pupils/students positively. Added to this was the fact that the students interviewed were receptive to the idea that younger children [12-14] must be taught about HIV and AIDS.
- The mass media and books are good sources of information on HIV and AIDS to the in-school youth. Additionally, face to face interaction to other credible source of health information such as health personnel is another appreciable source of HIV and AIDS information to them.
- The attitudes of the in-school youth about HIV and AIDS infected people was largely negative and they strongly stigmatized PLWHIV.
- Appreciable efforts had been committed to advocacy and resource mobilization by the National Program Secretariat. However, coordination of other players (outside the MoESS) such as participating NGOs seemed non-existent or very minimal.
- There were negligible attempts at promoting community-based learning and outreach. Already existing approaches and illustrative entry points such as VCT centres and clinics had not been fully taken care of.
- Some amount of monitoring, evaluating and assessment of the program was on-going.
- There was a negligible attempt at greater involvement of people living with HIV and AIDS (GIPA). Only one program manager mentioned that her agency was doing this while only one student mentioned that a PLWHIV came to their school to educate them.
- The HIV and AIDS educational program was yet to take off actively in tertiary institutions.
- Based on interviews of the program managers, there seem to be great strengths and opportunities for HIV and AIDS education to in-school youth, although some constraints existed, particularly funding and improved linkages/coordination with other publics of the MOESS.
- The absence of information from a few of the agencies of the MoESS contacted, such as the Ghana Institute of Languages, made it impossible to evaluate their activities with respect to HIV and AIDS, if any.

9.2 RECOMMENDATIONS

- There is the need for further education to the youth, on prevention and stigma reduction particularly.
- An appropriate plan for educational materials production (to include adequate quantities), distribution, monitoring and evaluation of both the materials, including their reach, and impact on the target audience must be established. This should include established indicators for delineating successful programs. Materials production should take into consideration the preferred channels of dissemination mentioned in this study for the various target groups. The educational materials should also be suited to/specifically focus on the needs of the other constituents of the MoESS, besides the in-school youth.
- Proactive planning for human capacity, assessment and projection models should be actively continued. The TAD Program should be fully extended to private and religious schools and possibly all Senior High Schools/pre-tertiary levels. All public JHS teachers should be covered as well. Similarly, there is the need to retrain new crop of teachers periodically/frequently due to the high mobility of already trained teachers. Also, training for in-school peer educators should be undertaken periodically in view of the fact that trained students' complete school within a schooling cycle.
- As soon as possible, the HIV and AIDS education program should be fully implemented in tertiary institutions as well.
- Strategic partnership with other players, particularly local/national publics is recommended. This should include parents and guardians of in-school children and youth. The resource mobilization should be geared toward the local/national level as well. The same applies to coordination of other players (outside the MoESS).
- HIV and AIDS activities of most of the agencies of the MoESS, if any, should be evaluated and possible weaknesses addressed. Effective documentation of the related activities of these agencies need to be undertaken, as well as possible strengthening of the HIV and AIDS programs between these agencies and the National Secretariat.
- Monitoring, evaluation and assessment of the program will need to be strengthened and ploughed back into the program to boost its effectiveness and efficiency of resource mobilization.
- Attempts should be made towards using community-based learning and outreach outlets/ opportunities.
- The program should take full advantage of previously existing approaches and illustrative entry points such as the SHEP, non-formal education and literacy, GIPA and peer educator innovations.

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APPENDICES

Appendix 1: Perception about risk of getting HIV AND AIDS

	N	(%)
Great	108	19.8
Moderate	53	9.7
Small	142	26.1
No chance at all	180	33.0
Have HIV	5	0.9
Don't know	57	10.5
Total	**545**	**100.0**

Appendix 2: Students' preferred I, E and C materials

	(%)
Leaflet	19.3
Booklet/Maps	29.7
Radio	11.2
TV	21.1
Poster	24.6
Tee-shirt/cap	16.7
Sticker	15.6
Billboard	13.8

Apendix 3: Who will be the best person to communicate this information to you

	(%)
Television, Radio, Electronic Media	4.9
Doctor/Specialist	33.5
Mother/Parents	18.2
Teacher	16.4
Sister	0.5
A resource personnel	4.1
A friend	2.8
Myself and the entire school population	0.2
Someone who has gotten the HIV AND AIDS	2.1
Everyone and the Sexually active	1.3
A member of the AIDS Commission	1.5
NGO	4.1
Pastor/Church	2.1
Anybody is welcome to give the information to me	1.5
MOH, MOEYS	1.8
Students	0.5
The one who got me into this discussion	0.5
Peer Educator	2.6
GES	0.2
Booklet	0.2
Someone I do not know	0.2
Famous People	0.5
A knowledgeable person	0.2
Total	**100.0**

Apendix 4: Things considered vital for HIV AND AIDS Programmes in the Institutions visited

		Number
1.	Development of workplace policy on HIV AND AIDS	1
2.	There should be enough funding	6
3.	Adding HIV AND AIDS education to orientation programme	2
4.	HIV AND AIDS room/VCT facilities	7
5.	I, E and C materials	14
6.	Teachers trained in HIV AND AIDS	4
7.	Handsome remuneration	2
8.	Peer Educators meeting	1
9.	Distribution outlet for condoms	1
10.	Research must be stepped up	1
N		**39**

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