

**VISION STATEMENT, EMPHASIS AREA
GOALS and INTERVENTIONS
PROPOSED
for the
STRATEGIC PLAN
of the
EDUCATION SECTOR
HIV/AIDS TASK FORCE**

**Prepared for Review and Comment
by the
Working Group
of the Education Sector HIV/AIDS Task Force**

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I.

II. VISION AND PURPOSE STATEMENT

We are planning for a sustainable future that includes

- cooperative efforts by Government, donors, and others to ensure the continued availability of quality education for all learners in Ghana,
- innovative and culturally sensitive efforts to reduce the incidence and impact of HIV/AIDS on the Education Sector and the future of our nation, and
- hope for the highest quality of individual, community, and national life in the face of AIDS.

In all this, we pledge ourselves and we call on leaders in every sector of life in Ghana to acknowledge the reality of AIDS/HIV among us and to inspire concerted, compassionate, and continuous response.

III.

IV. ESTABLISHMENT AND MEMBERSHIP OF THE TASK FORCE AND WORKING GROUP

Establishment

The Education Sector HIV/AIDS Task Force was established in February, 2000 with a mandate to complete a comprehensive strategic plan for the Sector by June 15, 2000. The detailed responsibilities of the Task Force are outlined in the Terms of Reference available from the Office of the Coordinator of Donor Programs of the Ministry of Education.

Members of the Task Force

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Preliminary Discussion Draft of
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V.

VI. INTRODUCTION

a. The HIV/AIDS Pandemic in Ghana

Since the first official AIDS cases were reported in Ghana in 1986, the epidemic has been spreading at an alarming rate. The prevalence rate has increased from 2.6% in 1994 to 4.6% in 1998 and it is feared that if it gets to 5% it would be difficult to control. It is estimated that 230 people are becoming infected and another 125 are developing AIDS every single day. There are no statistics specifically documenting the prevalence, social characteristics, or determinants of the disease among teachers, pupils, students and education workers, but national statistics on prevalence by age and gender are reported in Table 1 below, followed by information on these other characteristics.

In June 1999, the cumulative number of AIDS cases officially reported was 30,787. Now in 2000, just six months later, the estimated number of AIDS cases is 55,000 – a 78 percent increase. Heterosexual sex is the predominant mode of transmission, accounting for 75%-80% of all infections. Vertical transmission and transmission through blood and blood products account for the rest.

Table 1: Reported Cumulative AIDS Cases in Ghana by Age and Sex, 1986 - June 1999 (Source: NACP, Disease Control Unit, MOH, 1999)

AGE GROUP	FEMALE		MALE		TOTAL
	No.	%	No.	%	No.
0-4	165	0.8	157	1.4	322
5-9	22	0.1	29	0.3	51
10-14	48	0.2	22	0.2	70
15-19	530	2.7	89	0.8	619
20-24	2,981	15.2	556	4.9	3,537
25-29	4,609	23.5	1,858	16.6	6,467
30-34	4,027	20.5	2,617	23.5	6,644
35-39	2,956	15.1	2,362	21.2	5,318
40-44	1,702	8.6	1,395	12.5	3,097
45-49	1,086	5.5	1,018	9.1	2,104
50-54	715	3.6	495	4.4	1,210
55-59	311	1.5	229	2.0	540
60+	336	1.7	242	2.1	578
Not Stated	148	0.7	82	0.7	230
TOTAL	19,636	100.0	11,151	100.0	30,787

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Social Characteristics of Affected Groups: The peak age for AIDS diagnosis is 25-29 years for females and 30-34 years for males, with infection presumed to have taken place from five to seven years earlier. Nearly 90% of all reported cases are among those between 15 and 49 years of age. The Ministry is concerned about people in this age bracket since these are those who constitute our teachers, students and educational workers. Given the dormancy period, many of these individuals were infected during the school years, and could have been protected during their school years if effective interventions had been in place.

b. Impact on the Education Sector

Recent impact studies from southern and eastern Africa have shown devastating consequences of the advancing HIV/AIDS epidemic for education systems. These observations, summarised below, are made by extrapolating from national HIV/AIDS data to demographic changes within the ranks of teachers, managers and learners. There is no HIV-specific data on education professionals or pupils, nor would it be entirely desirable to have it given the high levels of stigma and discrimination still associated with the illness in many quarters of society.

The impact of HIV/AIDS threatens the supply of educators. According to a recent study on Zambia's teaching force mortality rates among educators in 1998 was 39 per 1000, 70% higher than that of the 15-49 age group in the general population. Between January and October 1998, 1300 Zambian teachers died, compared to 400 during all of 1997. Deaths of educators in service in 1998 was equivalent to the loss of about two-thirds of the total annual output of the country's educator training colleges. Other countries in the southern region are also suffering devastating losses of teachers. (In a recent workshop in South Africa a working group estimated that in the case of Swaziland, a 30% mortality rate among teachers would increase teacher training costs by 86%.) The impact on labor threatens to roll back gains made in increased quality and equity in many African countries during the reforms of the 1990s.

The impact of HIV/AIDS on children and the learning environment is equally disturbing. Decreased family resources due to HIV-illness means that fewer families can afford the costs for sending their children to school. Young girls are often the first to drop out of school due to strained resources, and sometimes to help take care of sick family members. Many orphaned children have no support at all. The prospect of declining enrolment rates is particularly disturbing when it is acknowledged that schools are one of the most important ways to sensitize children to the realities of HIV/AIDS, and disseminate strategies for prevention and care. Most people concur that education of children and adolescents is the best hope for reversing current trends of the epidemic.

The toll of HIV/AIDS on personnel erodes a Ministry's capacity to respond to changing educational conditions and needs. A 30% erosion of the supply of teachers may be critical, but a similar erosion of more limited managerial staff is catastrophic. Attrition in

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the ranks of managers poses a threat to the structure and system in which educators function. Just when tight Ministry budgets require increasingly well trained staff to balance increased costs of training more teachers, with the need to meet benefits packages of sick and dying staff, with the material demands of children whose families have fewer and fewer resources, the ranks of managers continues to diminish.

These summarised conclusions of regional impact studies demonstrate that the consequences of HIV/AIDS epidemic for education systems in Africa are devastating, both, for provision of, and participation in education. All other things being equal, the provision and growth of quality education is directly linked to positive economic development, emancipation, and health dividends. These dividends may also include a demonstrable relationship between the high rates of participation in the education system (especially of female children) and reduced levels of HIV/AIDS infection. The dysfunction and even collapse of education systems, together with related social instability, may eventually prove to be directly associated with the explosion of the pandemic in the southern and eastern African regions.

c. Necessity of an HIV/AIDS Sector Strategic Plan

A Sector Strategic Plan HIV/AIDS in advance of heavy tolls from HIV/AIDS in education is desirable for a number of reasons. Central MOE planning for HIV-relevant policies and actions can anticipate and try to prevent radical shortages of teachers, managers and funding which erode the education system's capacity and quality. The MOE can establish policies and programs to encourage communities to be attentive to the needs of HIV-affected families and youth before the numbers of orphaned children living on the street swells to unmanageable proportions. With a broad strategy the MOE can also take control of a decade of sporadic reactions to HIV/AIDS in the education sector and produce a well-coordinated plan for responses which have effective systemic impacts on youth and society. In every country in Africa there is increasing pressure on the education sector to serve as the front line in defense of youth against the ravages of HIV illness. A coordinated strategic response led by educational professionals can ensure that every activity initiated within the education system takes into account the lessons of a decade of education reform, including what is known about the effectiveness of new interactive teaching methods, and the importance of contextualizing reproductive health, HIV and STD messages within broader Life Skills lessons.

In Ghana, as in many other countries, a decade of uncoordinated school-based reactions to HIV initiated from within and without the education sector has produced few results, and the rate of HIV infection among learners and teachers continues to rise. With this Strategic Plan for Education the Ghana MOE acknowledges the fact that the major constituents of the education process are teachers and learners and the tools they use together. In order to provide an effective response to HIV/AIDS the MOE will target interventions to uphold and improve delivery of service in all these constituent

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areas, in addition to assessment procedures, educational planning and management systems in light of the growing impacts of HIV/AIDS.

IV. EMPHASIS AREA GOALS

To organize its response to the challenges HIV and AIDS pose to the education sector, the working group identified four broad emphasis areas and established goals for each. These are summarised below. The next chapter of this working document identifies those interventions that are proposed to fulfill each of the goals. Annex 1 includes examples of the format being used for detailed work plans under development to guide implementation of the interventions.

a. Infrastructure and Planning

To have in place

- dedicated personnel,
- sound policies,
- accurate data and effective research, and
- appropriate structures and linkages

to ensure continuity of education in Ghana through an effective Education Sector response to the impact of HIV/AIDS that will serve as a model and resource to other sectors and nations.

b. Curricula

To provide accurate, on-going, and age- and grade-appropriate information on HIV/AIDS to every learner in Ghana, whether in or out of school.

c. Teachers and Other Education Employees

To ensure that

- every teacher in Ghana is fully competent in provision of basic HIV/AIDS information,
- a dedicated core of HIV/AIDS specialist instructors is trained and deployed at every grade level and in every district,
- all Education Sector employees are AIDS-aware, and
- every Education Sector employee infected with HIV or suffering from AIDS receives needed care and support.

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d. Learners

To ensure that every learner in Ghana is

- provided continuous classroom instruction that will protect him or her from infection with HIV and provide hope for the future,
- given access to non-classroom activities which reinforce anti-AIDS messages and behaviours,
- exposed to effective anti-AIDS messages and programs targeting out-of-school youth,
- equipped through all of the above to be an effective HIV/AIDS educator in his or her own right,
- provided support and care if HIV infected or affected, and that families and communities are actively engaged in implementing and reinforcing programs to reduce the spread of HIV among youth.

VII.

VIII. PROPOSED INTERVENTIONS

a. INFRASTRUCTURE

Infrastructure: *Personnel*

- Develop within 90 days a budget and clear job descriptions for personnel needed to coordinate HIV/AIDS efforts at Ministry of Education
- Identify available models for estimating and projecting impact of HIV on education sector human resources
- Develop and implement a plan for orientation and training of personnel coordinating MOE Hiv/AIDS activities within 30 days of hire
- Identify, select, and implement a program to prevent infection among education sector employees

Infrastructure: *Data Collection and Research*

- Identify all data sources of HIV/AIDS in relation to education
- Identify data and information needs for the Strategic Sector Plan development and implementation, including:
 - all indicators required to plan and monitor the Sector Plan;
 - all data and information required to generate relevant indicators

Infrastructure: *Policies*

- Review and assess within 90 days the National Policy on AIDS to determine its impact on education sector and need for any sector-specific policy additions
- Review existing personnel policies on allowances/benefits for possible revisions necessitated by HIV/AIDS; identify and closely collaborate with all offices within and external to MOE whose input and authorization of policy changes will be essential

Infrastructure: *Organizational Structure*

- Review existing structures at all levels and make recommendations to appropriate authorities for 'institutionalization' and accountability for HIV/AIDS efforts (i.e., a high-level 'AIDS Desk')

Infrastructure: *Linkages*

- Identify and develop plans for formal linkages between AIDS Desk and
 - MOE agencies/divisions
 - Other Ministries/government agencies
 - Donors
 - NGOs

Infrastructure: *Funding*

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- Secure Donor funding needed to complete planning process
- Develop and immediately forward a request for line-item MOE funding of near-term activities related to detailed work planning and implementation of the Strategic Plan
- Establish a process to aggregate costs associated with interventions proposed in the plan and to secure stable and predictable funding from donors, government and other sources for their implementation

b. CURRICULA

- Assess available options and make recommendations for best methods of including examinable HIV/AIDS life skills content in classroom curricula at all grade levels
- Inventory, select, and adopt or adapt existing curricular resources for near-term use

c. TEACHERS AND OTHER EDUCATION EMPLOYEES

Teachers and Other Education Employees: *Comfort and Competency with HIV/AIDS Content*

- Identify and implement best options for including comprehensive and holistic HIV/AIDS content in teach pre-, in-service, and pathway training
- Identify and implement basic AIDS awareness training for all education sector employees
- Identify or develop, pilot test, and implement models for increasing teacher comfort and competency in imparting HIV/AIDS information (e.g., engaging the community, developing teaching ‘partnerships’ with religious or traditional leaders, etc.)

Teachers and Other Education Employees: *Response to Those who are HIV+*

- Identify and propose model policies and programs to productively retain HIV+ teachers in the classroom and other employees in the workplace for as long as possible
- Provide practical and emotional assistance and knowledge needed to most effectively manage HIV/AIDS to all employees requesting it
- Recruit self-identifying HIV+ teachers and other employees and provide opportunities for them to ‘embody’ and assist in implementing MOE HIV/AIDS activities
- Enforce existing policies prohibiting inappropriate sexual and other abuse-of-power contact between teachers/employees and learners

d. LEARNERS

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Learners: *In-school Education*

- Identify and widely disseminate strategies to ensure student-centred and highly effective HIV/AIDS classroom instructions
- Identify and share models for utilizing school clubs, societies, and other co-curriculum options to impart comprehensive and hope-inspiring HIV/AIDS content, including child-to-child interventions
- Capitalize on HIV/AIDS education interventions as opportunities to build learners' capacities as speakers, leaders, role models

Learners: *Out-of-School Education*

- Explore and implement programs involving partnerships with other Ministries (e.g., Social Welfare, Youth and Sports), NGOs, and religious organizations to impart HIV/AIDS information to out-of-school youth (including street youth) and adult learners
- Develop and implement model programs using in-school youth to deliver HIV/AIDS information to those not enrolled
- Identify or develop, and implement, effective programs to provide HIV/AIDS information to street children

Learners: *Response to Those who are HIV+ and HIV-Challenged*

- Identify and propose model policies and programs to productively retain HIV+ and HIV-challenged learners in the classroom for as long as possible
- Provide practical and emotional assistance and knowledge needed by HIV-infected and HIV-challenged learners to most effectively manage their own illness or that of family members
- Recruit self-identifying HIV+ learners and provide opportunities for them to 'embody' and assist in implementing MOE HIV/AIDS activities

Learners: *Engaging Families and Communities as Partners*

- Provide HIV/AIDS information to and through PTAs, DEOCs, SMCs and similar organizations
- Develop and disseminate multiple IEC messages in indigenous languages using a variety of media (e.g., pamphlets, sketches and drama, call-in radio, etc.)
- Use in-school religious/moral instruction and community religious leaders to impart HIV/AIDS information
- Explore, develop, and implement model programs using school as vehicles to confront, reduce, and ultimately overcome HIV/AIDS stigma and discrimination

IX.

X. THE STRATEGIC PLAN IN THE CONTEXT OF A CONTINUOUS PLANNING PROCESS

Many participants in strategic planning exercises assume – and perhaps hope – that the work is finished when a plan has been published and widely disseminated. When planning is approached with this attitude, it is all but guaranteed that the document produced will not be successfully or fully implemented. For that reason, it is important to place this abbreviated working document, as well as the more complete outline proposed for the final written plan (see next page), in a larger context of a planning **process**.

The Task Force and Working Group have made substantial progress in a very short time to assemble or produce background material essential to understanding the scope of the challenge posed by the HIV/AIDS pandemic and the education sector's current capacity for response. They have developed a mission statement and goals for four broad emphasis areas which should inspire response. They have proposed a total of over 30 interventions which, if implemented, will go a very long way to fulfilling the emphasis area goals.

What remains to be put in place to assure the effectiveness of this planning exercise is a focal point, with adequate staff, to continuously monitor and measure progress being made on the interventions. A longer-term working group should be constituted and given ongoing responsibility for representing the various constituencies of the education sector and working with assigned staff to complete the detailed work planning that will set specific time frames, identify implementers and collaborators, and assign costs. It is highly recommended that this detailed work be done in close coordination with the national plan being developed under auspices of the Ministry of Health.

The working group must have responsibility to periodically revisit (at least once annually, perhaps more often in the first two years) interventions and goals to assure that they remain realistic, relevant, and feasible. Where necessary, goals and interventions and the activities that support them should be revised.

Perhaps most importantly, the working group must develop and implement communication strategies to assure that all persons and groups concerned about the future of education in Ghana ~

- know of and understand the strategic plan
- participate in or advocate for the implementation of its goals and interventions
- hold the working group and others in authority accountable for meaningful and sustained progress in fulfilling the vision that has been articulated.

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XII. PROPOSED OUTLINE & CURRENT STATUS OF WORK FOR THE FINAL EDUCATION SECTOR HIV/AIDS STRATEGIC PLAN

OUTLINE	ITEM	STATUS			
		Complete	In Draft	Being Researched	To be Done
I	Vision Statement	X			
II	Establishment and Membership of the Task Force and Working Group	X			
III	Introduction and Background		X		
A	The HIV/AIDS Pandemic in Ghana		X	X	
B	Impact on the Education Sector	X			
C	Necessity of an HIV/AIDS Sector Strategic Plan	X			
IV	Emphasis Area Goals	X			
V	Emphasis Area Status & Proposed Interventions				
A	Essential Infrastructure & Planning				
1	Current Response		X		
2	What Must Still be Learned			X	
3	Proposed Priority Interventions	X			
4	Additional Interventions				X
5	Monitoring & Evaluation Infrastructure				X
B	Curricula				
1	Current Response		X		
2	What Must Still be Learned			X	
3	Proposed Priority Interventions	X			
4	Additional Interventions				X
5	Monitoring & Evaluation Infrastructure				X
C	Teachers & Other Employees				
1	Current Response		X		
2	What Must Still be Learned			X	

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OUTLINE	ITEM	STATUS			
		Complete	In Draft	Being Researched	To be Done
3	Proposed Priority Interventions	X			
4	Additional Interventions				X
5	Monitoring & Evaluation Infrastructure				X
D	Learners				
1	Current Response		X		
2	What Must Still be Learned			X	
3	Proposed Priority Interventions	X			
4	Additional Interventions				X
5	Monitoring & Evaluation Infrastructure				X
VI	Strategic Plan in the Context of a Continuous Planning Process		X		
VII	Conclusion and Acknowledgments			X	X
VIII	Annexes				
A	Terms of Reference of the Task Force	X			
B	Matrix for Work plans	X			
C	Background on Responses by MOE and Its Operating Units		X	X	
D	References; HIV/AIDS and Education Bibliography		X		
E	Work plans w/ Timelines, Costs, Outcomes for all Interventions		X	X	X

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