A Situational Analysis of HIV/AIDS in Ghana

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Acronyms

FHI	**Family Health International**
GAC	**Ghana AIDS Commission**
GER	**Ghana Enrolment Ratio**
GES	**Ghana Education Service**
IEC	**Information Education and Communication**
JSS	**Junior Secondary School**
MOE	**Ministry of Education**
NACP	**Ghana National AIDS Control Programme**
POPFLE	**Population and Family Life Education**
SHEP	**School Health Education Programme**
SSS	**Senior Secondary School**
TTCs	**Teacher Training Colleges**
UNECA	**United Nations Commission for Africa**
WSD	**Whole School Development**

This document explores the situation of HIV/AIDS within the Education Sector by providing an examination of the policy, strategy and implementation of programmes to combat HIV/AIDS. It is based on the "Situational Analysis on HIV/AIDS and School Health" conducted as part of the ESR process (Casely-Hayford, 2002). It also relies heavily on two studies conducted for DANIDA and UNAIDS, 2002[1].

1.0 Impact of HIV/AIDS on education

The situation of School Health and HIV/AIDS is becoming a critical area for the Ministry of Education to focus on. The total workforce is 188,504 in the public Education sector and with a target group totalling over 3,109,915 (inclusive of TTC's and Technical vocational institutes, SSS, JSS, and Primary. The formal education sector is catering to the "largest percentage of the population"-- covering over 37.6% of the entire national population (HIV/AIDS Work plan, 2002). While education can be an important vehicle for assisting in the prevention of HIV/AIDS, the disease can also do the most harm in the sector by preventing the delivery of quality education.

UNAIDS (2001) suggests that the education system will be affected in two main ways:

- Reduction in school enrolment due to child death, decreased fertility (demand) and higher demand on child labour.
- Reduction in educational quality due to numbers of teachers absent and death due to AIDS (number of primary school pupils who have lost teacher to AIDS in 1999) (supply)

The impact on all aspects of a child, family and communities life are substantial not to mention the macro and micro impacts on the economy and social life of the nation. Several studies suggest that once HIV/AIDS hits a family the first impact is on the children who are often withdrawn from school due to scarce family resources and in order to cope with household responsibilities. Box 1 suggests some of these impacts at household level.

Box 1: Impacts of HIV/AIDS at household level

Household Impact	➢ Loss of productive hours ➢ Reduction of household savings and wealth (cost to the family) ➢ **Diversion of scarce family resources away from education and food toward care for the sick** ➢ Increase in AIDS related expenditures as a percentage of household income (Data is very limited at this level)

Kelly (1999) argues that HIV/AIDS affects the education sector in 10 broad ways:
(1) The demand for education;
(2) The supply of education;
(3) The availability of resources for education;

[1] A Situational Analysis of HIV/AIDS in Ghana prepared for DANIDA (Casely-Hayford, 2001) and The Impact of HIV/AIDS Across West Africa (UNAIDS, 2001)

(4) The potential clientele for education;
(5) The process of education
(6) The content of education;
(7) The role of education;
(8) The organization of schools;
(9) The planning and management of the education system;
(10) The donor support for education (World Bank, 2000c).

Three main indicators are used to analyse the impact in the education sector based on UNAIDS/ECA (2000) data: the supply and demand impacts on education, and the number of children infected by HIV. Research from southern Africa suggests that the HIV/AIDS epidemic will affect the demand for educational service moderately more than the supply until 2010 (Kelly, 1999). Some examples of the impact on the education system are contained in Table 1.

Table 1: impact of HIV/AIDs on the Education Sector

Country in order of HIV/AIDS prevalence	**Impact on the Education Sector (based on the number of teachers who may die from HIV/AIDS) (Based on UNAIDS/UNICEF modelling in 2000)**
Côte d'Ivoire	➢ In 1996/97 64% and 70% of teachers' deaths were HIV related ➢ Out of a sample of 1.7 million primary school students at least 23000 are estimated to have lost a teacher to AIDS in 1999 (approximately 1.35%)
Burkina Faso	➢ Out of 700,000 primary school children 7400 would have lost a teacher to AIDS in 1999 (% 1.06)
Togo	➢ Out of a sample of 830,000 children, 7300 would have lost a teacher to AIDS. (% 0.88)
Nigeria	➢ Out of 14.8 million primary school children 85000 would have lost a teacher to AIDS in 1999 (% 0.57)
Ghana	➢ Gains made in enrolment will decline with the HIV/AIDS infection
Sierra Leone	➢ Increasing numbers of orphans and children's growing responsibilities as a consequence of AIDS in the household will lead to reduced enrolment and hence lower literacy rates. ➢ A model developed by UNICEF suggests that from a cohort of 420,000 primary school students, 1900 have lost their teacher to AIDS in 1999 (0.45%).

(Based on UNAIDS/ECA, 2000 Country by Country report)

The table reveals that **0.2% to 1.7%** of primary school pupils have lost a teacher to AIDS based on UNICEF's modelling exercise. The impact is greater in countries with higher rates of infection. Studies in Cote d'Ivoire reveal that children were withdrawn from school due to lack of finances for paying school fees and because children were needed on the farm. Where children were orphaned by HIV/AIDS, they were withdrawn immediately from school (Futures Group, 2001d). Studies in Cote d'Ivoire reveal that by 2003 using the low prevalence scenario, there will be close to 375,000-orphaned children due to HIV/AIDS. The gains made in GER in Ghana will be lost due to HIV/AIDS.

1.1 Monitoring the impact

Unfortunately, monitoring information within the education sector in Ghana (i.e. the rate of teacher infection through tracking the reasons for deaths in the system) is still not available through EMIS or other data systems. There are no statistics specifically documenting the prevalence, epidemiology or determinants of the disease among teachers, students or education workers (MOE Workplan, 2002) More work is needed to ensure that MOE data monitoring systems include HIV/AIDS as a major data need.

2.0 Gender and age disaggregated data

Adult HIV prevalence according to the Ghana AIDS Commission (GAC) and the Ghana National AIDS Control Programme (NACP) is 3%[2]. The latest prevalence rate (3%) is based on the most recent census data carried out in 2000. The actual 2000 census figures are lower than previously projected resulting in a lower prevalence rate.[3]

"The number of reported AIDS cases for females in the 15 to 24 age group is much higher than for males in the same group due to the early sexual activity of young girls and the fact that many girls have older male partners (NACP, 2001a)." Children between the ages of 5 to 14 are considered by Government as the **"window of hope"** since this age group can be taught to protect themselves before they become sexually active.

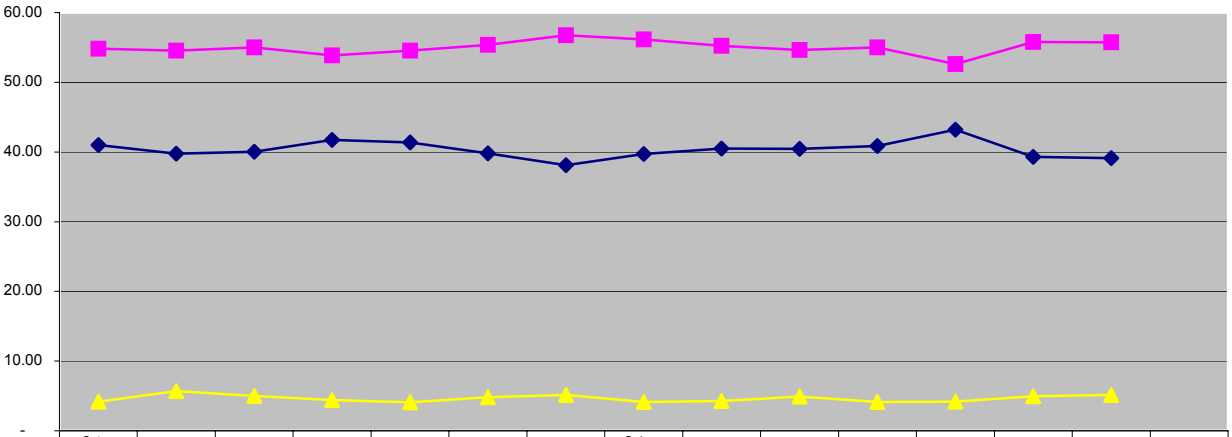
Child mortality rates will increase instead of decline in countries unable to control mother to child transmission. Ghana was set to reduce child mortality from 51/1000 live births by 2010. Child mortality is projected now at 75/1000 live births by 2010 (Bollinger, Stover and Antwi, 1999a)

The percentage of HIV infected children range between **4 to 6%** of the total HIV/AIDS population in West African Countries. Mother to child transmission remains high in these countries ranging from 25 to 45% in Africa (UNAIDS, 2000d; GRIA Conference see SAFCO, No.1 2001). Figure 1 reveals the gender disaggregate data for HIV/AIDS infection across West Africa.

[2] Percentage of all persons between 15 to 49 in the country who are living with HIV/AIDS

[3] The population for 2000 projected from 1984 census data was about 1.7 million higher than the actual 2000 census count revealed.

Figure 1: Gender and Age Disaggregated Data Based on Total HIV/AIDS Population
(UNAIDS/ECA, 2000, Country by Country Report)



	Cote - D'Ivoire	Burkina Faso	Togo	Nigeria	Ghana	Sierra Leone	Liberia	Guinea Bissau	Benin	Mali	Gambia	Senegal	Guinea	Niger	Cape Verde
% of men infected	41.01	39.74	40.01	41.74	41.38	39.78	38.12	39.72	40.49	40.46	40.85	43.21	39.29	39.13	
% of women infected	54.79	54.55	55.00	53.85	54.55	55.38	56.76	56.15	55.22	54.64	55.00	52.63	55.77	55.74	
% of children infected	4.20	5.71	4.99	4.41	4.07	4.83	5.13	4.13	4.29	4.90	4.15	4.16	4.94	5.13	

The Ghana National AIDS Control programme estimates that the number of AIDS orphans will increase to 160,000 by the year 2000 and 400,000 by 2010. Enrolment rates in schools are lower for orphans further impacting on the economy in the long run (Bollinger, Stover and Antwi, 1999). Growing numbers of HIV/AIDS cases within Ghana will affect the entire education system from a management and outcome perspective.

Prevalence

Prevalence in adult population	(NACP, 2001)	**3%**
Prevalence in young women under 20	(NACP, 2001)	4.6%
Prevalence among STD patients		17%
Prevalence among Blood donors		4%
Prevalence among Commercial Sex Workers		75.8%

Number of People living with HIV/AIDS

Adults and children (MOH/NACP, 2001)	400,000 (at 1999)
Adults (UNAIDS, 2000)	340,000 (at 2000)
Women (UNAIDS, 2000)	180,000 (at 2000)
Children (0-14)	14,000
Daily Infections (based on 3.0% prevalence)	120

Deaths among teachers in Ghana are on the increase. Deaths of teachers in service at the pre-tertiary level revealed a rise in the period of 1995 to 1998 particularly in the Eastern, Western, Central and Volta regions of the country. These

are the same regions with the highest rates of HIV infection. The lack of data makes it extremely difficult to estimate or project the impact the epidemic will have on the demand, supply and delivery of educational services in Ghana.

The low projection scenario estimates that HIV prevalence among adults will rise to 3.3% in 2004 and 3.6% in 2009 and 4.0% by 2014. The high prevalence scenario estimates that HIV/AIDS prevalence rates will rise to 4.7% in 2004, **6.9%** in 2009 and **9%** by 2014 (NACP, 2001a). The HIV prevalence varies across the regions since there are several levels of infection in different parts of the country. According to NACP, Eastern region has consistently reported the highest levels of HIV infection followed by the Volta region, Greater Accra, Western, Ashanti and Central regions. The gap is narrowing between the regions as the epidemic progresses (NACP, 2001a).

3.0 Vulnerability

Some identifiable groups within the education sector, who are particularly vulnerable to the disease, include educational directors, learners (particularly the girl child), teachers (particularly those on transfer or first posting), National Service Personnel, non-teaching staff and other educational personnel who are highly mobile. Mobility is one of the key factors in vulnerability since people are away from their regular partners and susceptible to extra marital relationships.

Another characteristic of HIV in Africa is the impact it is having on the youth and productive age group as well as the growing number of orphans being left behind. Approximately half of the people with HIV are infected under the age of 25 and die before their 35th birthday. Even younger age groups are becoming infected in Sub-Saharan Africa. This has a significant impact on the demographic profile of a country not to mention the labour force and outcomes of the education system (UNAIDS, 2000d).

Studies in Africa reveal that girls aged between 15 to 19 years are five to six times more likely to contract HIV than boys the same age. UNAIDS has found that the infection rate in men eventually catches up but not until after they have reached their late 20's or early 30's (UNAIDS, 2000d). Qualitative research from West Africa reveals that girls from lower socio-economic categories are more vulnerable to HIV/AIDS due to socio-cultural practices, and early marriage (UNDP, 2000).

4.0 Education policy responses in Ghana

The Ministry of Education has been a leader within the HIV/AIDS sector in responding to the comprehensive HIV/AIDS planning initiatives carried out by the GOG and UNAIDS.[4] These policy processes have involved an extensive multi-sectoral approach to planning involving all ministries within Government. The Ghana HIV/AIDS Strategic Framework (2001-2005) and the "Ghana HIV/AIDS Sectoral Action Plans 2001-2005" provide a framework for action outlining the key priorities within each MDA.

The Ministry of Education (MOE) supported the development of the National HIV/AIDS Strategic Framework. The MOE has developed several strategic documents to guide the financing and implementation of a unified response within the sector. Some of the key documents include:

- The MOE's Strategic Plan for HIV/AIDS Interventions in the Education Sector (August, 2000)
- The MOE's Operational Plan for HIV/AIDS Interventions in the Education Sector (December, 2000)
- The MOE's Workplan for Addressing HIV/AIDS Prevention (2000 regularly updated)

These documents guide the MOE and provide a comprehensive set of strategies for support to HIV/AIDS within the education sector.

5.0 MOE strategic operational plans

The Strategic Plan on HIV/AIDS for the Education Sector identifies the challenges, gaps, opportunities and strategic responses to operationalising the HIV/AIDS framework. The operational plan outlines the intervention activities, institutional arrangements and programme budget. These processes are in accordance with the UNAIDS programme planning approach for Africa and demonstrate a high level of commitment on the part of the MOE.

The HIV/AIDS Secretariat has used the strategic framework and work-plan to develop a one-year work plan. The Ghana Aids Fund (GARF) has agreed to finance the one year costed plan for the MOE and GES at 100,000 US$ per programme. The Secretariat is assisting other subvented agencies draw up plans for training staff and developing a workplace HIV/AIDS programme. The initial MOE sector wide programme came to 22 million dollars of which 1,6 million was for the one year. The GARF fund has agreed in principle to support the programmes of the different subvented agencies.

The strategy for HIV/AIDS involves reaching out to a workforce of over 180,000 when one includes all MOE agencies and over 7,000,000 learners involved in formal

[4] These include the Sectoral Plans and Strategic Frameworks.

and non-formal educational programmes (HIV/AIDS Secretariat, 2002). This represents over 37% of the population making the education sector one of the most effective channels for reaching a large population. The main strategic interventions involve the following:

- Prevention of new infections
- Care and Support
- Creating an Enabling Environment
- Decentralised Implementation and Institutional Arrangements
- Research, Monitoring and Evaluation

The focus of the MOE's programming is on the "Window of Hope"--- youth between the ages of 0-15 years of age. These are the ages where children are still impressionable. One of the key strategies is to implement training and educational programmes for behaviour change among school pupils and students. The education sector is planning to develop a 20-hour fast track HIV/AIDs programme for implementation in the schools. The main emphasis of the MOE's HIV/AIDS workplan is the focus on awareness creation activities with less emphasis on institutionalising behavioural change processes (i.e. curriculum and guidance and counselling services).

The MOE should carefully consider using existing materials, which have been tested, in other countries around the sub region in order to ensure efficacy in the "fast track approach". Peer education and some curriculum innovations are proving effective for different levels of students. The Ministry should be careful not to try to "reinvent the wheel" and learn from other African countries, which are further along in programming for HIV/AIDS within the School System (UNESCO, 2002)[5]. The MOE's workplan should place more emphasis on guidance and counselling services and the provision of testing particularly at Second cycle and Tertiary institutions. Guidance counsellors should be trained to cope with issues concerning reproductive health. Peer counselling should also be encouraged within the entire system.

6.0 Implementation of the HIV/AIDS programme

The newly created MOE HIV/AIDS secretariat appears well on its way to full-scale implementation. Their mandate is to co-ordinate all HIV/AIDS programming within the Education sector including the 17 subvented agencies and activities of NGOs working on HIV/AIDS education programmes. Some of the activities include:

- Meeting with sector ministers and Parliamentary caucus
- Meeting with the MOE Agencies on their workplans

[5] UNESCO following the HIV/AIDS and Education Conference in Elmina in 2001 has developed a HIV/AIDS Strategic Resource Guide for African Countries. The Resource Book assists Ministries of Education learn about available curriculum and materials and methods around Africa and across the sub region. The resource book is available from the UNESCO office in Ghana.

- Registration of all school-based NGOs working on HIV/AIDS issues
- Development of a HIV/AIDs manual to be used across the sector

The Secretariat works within the Operational Framework on HIV/AIDS and has begun rallying strategic forces to support its efforts including the Minister and key stakeholders. The secretariat has conducted a very informative advocacy workshop with key stakeholders including the Parliamentary sub committee on Education and all key directors within the MOE and GES.

The HIV/AIDS secretariat has also been in the process of analysing the Education Sector by conducting field visits and interviews with key stakeholders within the MOE and its 16 agencies. The Secretariat has been able to secure over 200,000 dollars for HIV/AIDS funding within the sector for two agencies including Ghana Education Service through the Ghana AIDS commission funding. They are currently in the process of assisting the other 17 MOE subvented agencies develop proposals for HIV/AIDS programming, which will also go to the HIV/AIDS Commission for processing and approval.

Apart from the two major implementation strategies-- for securing funding and creating awareness within the highest levels of Government, the HIV/AIDS secretariat has developed a comprehensive approach to implementation which involves regional, and district institutional mechanisms. The institutional arrangements will include 10 regional focal people, 110 district focal people, circuit focal people and schools. The National HIV/AIDS Secretariat is staffed by one co-ordinator and two officers, which relate to the relevant agencies, sectoral ministries and development partners.

6.1 Prevention activities

School based activities:

There are three main interventions on going within the education sector to prevent the spread of HIV/AIDS. These include:

- School Health Education Programme activities
- The Population and Family Life Education (POPFLE) of CRD
- The distribution of condoms to students at the Tertiary Level Institutions particularly the Universities

Many of the regional SHEP officers have been involved in HIV/AIDS awareness creation. Several NGOs are also working in the country to ensure that the school-based approaches to HIV/AIDS prevention are implemented.

Curriculum: The MOE has been able to harness its normal channels of communication to increase the level of awareness on HIV/AIDS. HIV/AIDS issues have been integrated throughout the basic and SSS curriculum through the support of POPFLE. HIV/AIDS issues are integrated in some subjects such as Primary Six

“Healthy Living", Life skills syllabus and even the science syllabus at JSS and SSS levels. The non-formal education division has also infused HIV/AIDS topics within literacy classes in all the 15 language groups.

Reports from experts indicate that the curriculum is mainly informational and not aimed at behaviour change. More emphasis should be placed on moral education through out the curriculum particularly at the lower primary level, which will help ensure that children make the right choices when they are introduced to the information on HIV/AIDS.

Teacher Education: POPFLE integrates reproductive health issues into the pre tertiary level including the TTC's. A training of trainers’ workshop was carried out in collaboration with the MOH and NGO's for schoolteachers, regional and district SHEP officers in three districts in the Central Region (SHEP, 2002).

The MOE is planning an integrated training Programme for 3 days in every teacher training college, which will include both a moral and ethical component to HIV/AIDS awareness training. The training is designed to increase the teachers "comfort level" in discussing issues within the classroom particularly relating to the life-skills curriculum and science. The training is also aimed at assisting teachers assess their "positions of power” and recognize that they need to be a role model for others.

Monitoring: There is no data available on the level of HIV/AIDS within the different sectors of education including the tertiary, senior secondary and primary levels. Much more work is needed to ensure that warning signs are developed early and programmes can strategically target these groups. The University's should be asked to start a research Programme to ensure that this happens.

6.2 Awareness creation

There are several activities, which have taken off within the Ministry; these are mainly concerned with awareness creation programmes for staff at the national head quarters and teachers at the district and regional levels. Funds were released through the Whole School Development (WSD) programme to undertake HIV/AIDS awareness programmes at the District level throughout the country. The SHEP unit has been instrumental in conducting these awareness creation activities with staff and implementing programmes at the district level.

Outside the MOE's programmes there are several other agencies, which are, involved in HIV/AIDS programming and awareness creation exercises. These include the NGO sector and the development partners. The following table provides a description of these awareness creation programmes and IEC programmes.

There have been several information campaigns over the last two years using radio and television to create awareness of the risk of HIV/AIDS. The most popular has been the "Stop AIDS Love Life Campaign" by John Hopkins University (JHU), which

has focussed on youth (15-24) and adults. More recently JHU have launched another campaign called the "Journey of Hope" which is a multi-media kit containing games which help people especially youth make choices and think about their future and the risks of HIV/AIDS.

Peer-to-Peer education is proving to be one of the most effective approaches used by NGOs and other agencies in HIV/AIDS prevention. Interviews with FHI revealed that face-to-face peer education is the most effective communication strategy for behavioural change especially among youth. UNICEF has recently initiated a programme called the SARA, which is primarily focussed on girls between the ages of 10-15 years of age. It uses an edu-entertainment approach (i.e. magazines, videos and posters) to convey stories about young girls and reproductive health themes.

Table 2 HIV/AIDS Education Strategies by Age Grouping in Ghana

Target Group	Agency	Approach
Children (0-15) (In school)	Ministry of Education UNESCO/GTZ	➢ Training of School Health Officers and Counsellors ➢ Integration of HIV/AIDS in school curriculum using the GES school health education programme (SHEP) ➢ Using school clubs to convey messages. ➢ National theatre drama group on HIV/AIDS awareness
Children (Out of School)	GHANET GSMF	➢ Church leaders, social groups and youth clubs, ➢ Moral Education ➢ Social groupings and identifiable groups to reach out.
Youth (15-25)	➢ Red Cross Network ➢ Family Health International ➢ John Hopkins University ➢ Ghana Social Marketing Foundation	➢ Peer Counselling ➢ Peer Counselling Tool which is a kit involves some games and magazines ➢ Radio/T.V adverts using peer role models ➢ "Edu-tainment" (magazines, condom dances, role-models or popular youth figures)
Adults	➢ Ghana Social Marketing Foundation ➢ GHANET	➢ Television, bill boards, easy accessible condom sales ➢ MPs, media personnel and district chief executives as channels for communication. ➢ Existing community and private sector structures. ➢ Workplace based programming is a very effective channel of communication particularly through training of human resource staff, associations, unions and umbrella organisations.
Girls	➢ UNICEF Education sector	➢ SARA is an educational media package for youth (10-15), which includes magazines and videos on reproductive health.
High risk groups (sex workers, truckers and market women)	➢ Ghana Social Marketing Foundation	➢ Promotion of condoms and safe sex.

(Based on Interviews with Key stakeholders in the HIV/AIDS programming sector)

Interviews revealed that the hard to reach populations are the youth out of school who are mobile and highly vulnerable to the infection. The Ghana Social Marketing

Foundation (GSMF) attempts to reach this group through edu-entertainment approaches by contacting youth in areas where they can be found (i.e. clubs, discos, churches, beaches etc). They integrate HIV/AIDS awareness into the entertainment programmes when possible and use popular youth figures to promote messages. The problem appears to be ensuring that the most appropriate messages are developed for age specific groups. Several stakeholders expressed the need for censorship in order to ensure that the "wrong messages" are not promoted within the media.

According to the Ghana Social Marketing Foundation (GSMF) and the NACP the most effective media for conveying messages is radio; 84% of people obtain HIV/AIDS related information through the radio. Only 50% of the population obtain information through TV. Other sources include newspapers, and informal channels such as peers and faith based organisations.

6.3 Challenges and priorities

There is an urgent need to conduct more research to assess the current levels of HIV/AIDS within the Tertiary, Secondary and Basic Levels of education (teachers and pupils). According to experts in the field, research studies have not been conducted since they require the voluntary agreement of institutions and participants involved.

Ghana is still at an early stage of the pandemic and all efforts should be focussed on prevention particularly within the early years through moral education, IEC campaigns and peer counselling among the youth. Children between the ages of 10-15 will have a better chance of remaining free from the disease if they make significant strides in adopting safe behaviour and practising abstinence before marriage. Peer education will become one of the most effective approaches in order to break the promiscuous peer culture, which exists at the SSS and tertiary level institutions.

7.0 Key recommendations[6]

Government needs to define both the short-term measures for HIV/AIDS prevention and care at the same time begin investing in longer-term measures such as moral education particularly at basic level. Investing in girls' education is another strategic investment for Ghana to arrest the spread of HIV/AIDS in the long run. Many of the recommendations contained in section 5.2 on gender equity have a direct impact on the degree to which HIV/AIDS will be prevented. For instance increasing scholarships to girls may prevent some girls from falling prey to unwanted sexual relations.

[6] These recommendations are over and above what is already developed within the MOE's current HIV/AIDS workplan.

Key to this process will be the role of information and data collection. Universities and research institutions across Ghana should be at the forefront of providing government with up to date data on the situation. Co-ordination between and within UN agencies and bilateral agencies will continue to be essential in spear heading an effective response to the HIV/AIDS pandemic and ensuring action is sustained.

The entire process of creating awareness and changing behaviour within the MOE and its agencies should be considered carefully. The questions of the "awareness creation" and the emphasis on workshops and training should be reassessed to see if there are faster more effective approaches to reaching out to the large numbers of employees and students within the system on a regular and timely basis (i.e. radio, TV. or even posters specifically targeting teachers, peer educators etc). More emphasis should be placed on assessing approaches, which encourage behaviour change and not only an exchange of information. Much more innovation is needed to ensure that regular channels of information and consultation can be developed possibly relying on health officers who run clinics for testing and counselling services on a yearly basis in each school and institutions.

Different interventions should be designed for different levels within the system. For instance:

- Moral education particularly at the early child hood and basic level is essential
- Guidance and counselling services from JSS to Tertiary level
- Peer Education from JSS to Tertiary level
- Testing particularly at the University level
- Training and awareness creation through innovative and education specific IEC campaigns at all levels
- Workplace policy should be developed
- Code of Conduct for Schools should also be revisited

Specifically:

- Curriculum Research and Development Division (CRDD) and POPFLE should develop curriculum, which is not only providing information but also helping children assess their own behaviour particularly at the younger age grouping where children are very impressionable. A value-based approach should be used particularly at the Basic and Early childhood level. International examples of well-developed moral educational curriculum should be used (i.e. Canadian).

- Moral and religious education at kindergarten, basic and secondary level should be intensified and made examinable at the basic education level.

- Improve and strengthen the level of **guidance and counselling** at all levels within the school system particularly at the JSS, secondary and tertiary levels. Counselling will be key to assisting youth reorient their behaviour particularly at the upper basic levels and SSS. Peer counselling should be introduced at all secondary and tertiary level institutions with the assistance of the NGO sector

(i.e. World Education and West Africa AIDS Foundation, Planned Parenthood Association of Ghana).

- Improve co-ordination and collaboration between Social Services, Guidance and Counselling, Girls education and SHEP units by clearly defining roles and responsibilities in relation to HIV/AIDS programming. Strengthen collaboration between the HIV/AIDS Secretariat and SHEP Unit. Where possible existing structures should be used to ensure that HIV/AIDS programming is sustained and institutional structures are not duplicated at regional and district levels.

  - Peer Education Training Programmes should be used to reach out to large numbers of people targeted for workshops within the current MOE HIV/AIDS workplan. Peer educators within the Second Cycle and Tertiary level as well as workplace advocates are needed to reach out to the large numbers and sustain impact. NGOs and religious based agencies involved in HIV/AIDS programming (i.e. World Vision, West Africa AIDS Foundation and PPAG etc) should be used where possible to conduct these workshops. Emphasis should be placed on encouraging abstinence and creating a new peer culture for adolescent health and safety.

  - An independent committee set up in the Ministry of Education and Ministry of Communication should censor Media, educational materials and any HIV/AIDS public education programmes aimed at youth and children. The committee should be responsible for analysing the relevancy and appropriateness of messages for various age groupings. Reports should be sent to the media commission.

  - Priority should be placed on developing a MOE HIV/AIDS workplace policy in collaboration with GNAT and the Human Resource Development Division. The Code of Conduct and Conditions of Service for GES will also have to be revisited. Training for all manpower divisions within GES should be given on the management of the workplace policy in order to ensure that the division is able to cope with any manpower issues, which occur due to the HIV/AIDS scourge.

  - The HIV/AIDS initiatives will demand a higher level of vigilance within the MOE related to child rights and protection. The recommendations in section 5.6 should help to guide this process. There is an urgent need to develop more stringent disciplinary measures for teachers who infringe on child rights and protection.