

Republic Of Ghana

Ministry of Education

OPERATIONAL PLAN

FOR

HIV/AIDS INTERVENTIONS

IN THE EDUCATION SECTOR

(FIRST DRAFT)

October 2000

Table of Contents

List of Acronyms and abbreviations

Executive Summary

Chapter One - Introduction and Background

The HIV/AIDS Situation

General Overview	
The Education Sector.....	
The Role of the Education Sector	:
Ministry of Education's Response	
School Health Education Programme	-
Curriculum Interventions	
Sale of Condoms.....	
NGOs Peer Education Activities.....	
HIV/AIDS Strategic Plan	
Prioritised Interventions	
Priority Areas	
Knowledge Building	
Baseline Information and Research.....	
Policy Development	
Establishing Institutional Arrangements	
Chapter Two - Knowledge Building for Behaviour Change.....	
Activities with immediate impact	
HIV/AIDS Sensitisation	
Review, develop and distribute IEC materials	
Training	
STI Treatment	
Condom Procurement and Distribution	
Advocacy	:
Activities with medium-to-long term impact	
Curriculum Review and Development.....	
Chapter Three - Baseline Information and Research	
Activities	
Annual Surveys	
Main Responsibility	
Core Team	
Collaboration with Stakeholders	
Chapter Four - Development of HIV/AIDS Policy	
Development of AIDS Policy	
Activities	
Establishment of an Education AIDS Fund	
Chapter Five - Institutional Arrangements	

Activities

Chapter Six - Programme Budget

List of Tables

Table 1	Identified Priority Areas
Table 2	Inputs and Budget for Sensitisation Activities
Table 3	Inputs and Budget for IEC materials
Table 4	Inputs and Budget for Training Activities
Table 5	Summary of Components-Priority One
Table 6	Activity Timeline for Baseline Research and Information
Table 7	Inputs and Budget for Baseline Research and Information
Table 8	Summary of Components - Priority Two
Table 9	Activity Timeline for Policy Development
Table 10	Inputs and Budget for Policy Development
Table 11	Activity Timeline for Education Sector AIDS Fund
Table 12	Summary of Components- Priority Three
Table 13	Activity Timeline for Institutional Arrangements
Table 14	Inputs and Budget for Institutional Arrangements
Table 15	Summary of Components - Priority Four.....
Table 16	Detailed Programme Budget.....

List of Acronyms and Abbreviations

AAG	ActionAid Ghana
AIDS	Acquired Immune Deficiency Syndrome
CRDD	Curriculum Research and Development Division

DFID	Department for International Development
DCU	District Co-ordinating Unit
DMA	District Monitoring Assistant
DSO	District Statistical Officer
ECD	Early Childhood Development
EMIS	Education Management and Information System
ESAF	Education Sector AIDS Fund
ESHATF	Education Sector HIV/AIDS Task Force
GES	Ghana Education Service
GRCS	Ghana Red Cross Society
GSMF	Ghana Social Marketing Foundation
HIV	Human Immuno-deficiency Virus
IDA	International Development Association
IEC	Information, Education and Communication
ISSER	Institute of Statistical, Social and Economic Research
JCR	Junior Common Room
JSS	Junior Secondary School
MCHU	Maternal and Child Health Unit
MOE	Ministry of Education
MOH	Ministry of Health
NACP	National AIDS Control Programme
NCTE	National Council for Tertiary Education
NFED	Non Formal Education Division
NGO	Non Governmental Organisation
NASPA	National Service Personnel Association
NSS	National Service Secretariat
OPD	Operational Plan Document
PBME	Policy Budget Monitoring Evaluation
POPFILE	Population and Family Life Education
PPAG	Planned Parenthood Association of Ghana
PSDP	Primary School Development Project

PTA	Parent Teacher Association
RCU	Regional Co-ordinating Unit
RSO	Regional Statistics Officers
SHEP	School Health Education Programme
SMT	Senior Management Team
SRC	Student Representative Council
SRIMPR	Statistics, Research, Information Management and Public Relations
SSS	Senior Secondary School
STAIDS	Students Against AIDS
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TTC	Teacher Training College
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WAEC	West African Examinations Council

EXECUTIVE SUMMARY

In February 2000, the Ministry of Education (MoE) in collaboration with its Development Partners, set up the Education Sector HIV/AIDS Task Force (ESHATF) to develop an HIV/AIDS Strategic Framework. The Framework, which is intended to guide the sector's collective response to the HIV/AIDS epidemic, has as its overall goal; to minimise the incidence and impact of HIV/AIDS among learners and education employees. The framework also aims to among others, strengthening the linkages among learners, educators, homes and communities to combat the spread and mitigate the impact of HIV/AIDS.

This Operational Plan Document (OPD) is a follow up to the Strategic Framework and spells out clear, focused and justifiable priority areas of intervention for the Ministry, namely; knowledge building; baseline Information gathering and research; policy development and the need to review institutional arrangements.

The knowledge building activities are targeted at all stakeholders within the sector and includes sensitization of top managers and opinion leaders; review, development and distribution of IEC materials; training of teachers as motivators and students as peer educators; early diagnosis and treatment of STIs; condom distribution and advocacy. In view of the gap between awareness and knowledge at all levels, knowledge building will be undertaken in the immediate to short term, but would be on going to ensure that behaviour change can be sustained.

Whereas availability of information on HIV/AIDS at the national level is improving, information relating specifically to the education sector is lacking, making planning and programming for HIV/AIDS interventions difficult. Through the implementation of this Operational Plan, baseline information will be collected in the short and medium term of the plan period to assist MOE to overcome the gap in information related to stakeholders and structures within the sector. Research activities will be sustained throughout the plan period, primarily for purposes of assessing the impact of the interventions proposed.

There is no doubt that HIV/AIDS poses a grave threat to teachers and learners. A number of HIV/AIDS activities have been initiated within the sector but in the absence of clear policy direction and guidelines, these efforts have been fragmented, sporadic, uncoordinated and in some instances antagonistic to each other.

The Ministry of Education has responsibility for supervising and coordinating all pre-professional educational activities and programmes. This includes formulating and reviewing policies, establishing a regulatory framework for the various agencies and implementing units and creating an enabling environment to ensure efficient and effective delivery of educational services. The development of a policy will serve to regulate activities and facilitate a sector wide response to the epidemic.

The education sector comprises a variety of stakeholders necessitating effectiveness in the execution and coordination of a sector-wide initiative. MOE through the Operation Plan will develop institutional arrangements to address the need to coordinate the different interventions. Specifically, these arrangements will identify the various stakeholders in education with direct interest in health issues, in general, and HIV/AIDS in particular. Establish responsibility for coordinating the HIV/AIDS response among the various stakeholders of the education sector (both internal and external) as well as establish a monitoring and evaluation mechanism to assess the impact and effectiveness the HIV/AIDS interventions.

The document spells out rationale for the selection of each of the priority areas and stipulates the specific objectives for their selection. Target groups to be reached are also specified, with timelines for implementation of activities. For each of the intervention area, the agencies responsible for implementation are listed together with inputs and budgets that will be required. The risks and assumptions anticipated for each of the intervention areas are also discussed.

The estimated cost of activities to be undertaken within the plan period is indicated in the budget summary below.

Budget Summary

Activity	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5	Total
Knowledge Building	4,233,890	1,939,945	1,939,945	1,939,945	1,939,945	11,993,670
Sensitisation	605,540	302,770	302,770	302,770	302,770	1,816,620
IEC Materials	1,907,500	953,750	953,750	953,750	953,750	5,722,500
Training	1,366,850	683,425	683,425	683,425	683,425	4,100,550
STI Treatment	-	-	-	-	-	
Condom Distribution	354,000	-	-	-	-	354,000

Advocacy	-			-	-	
Curriculum Development	-		-	-	-	-
Baseline Research	75,020	37,510	37,510	37,510	37,510	225,060
Policy	15,620	15,207	7,207	505,207	5,207	548,448
Policy Dev't	15,620	5,207	5,207	5,207	5,207	- 36,447
AIDS Fund	-	10,000	2,000	500,000		512,000
Institutional Arrangements	2,397,640	2,397,640	2,397,640	2,397,640	2,397,640	11,988,200
Total Amount	6,722,170	4,390,302	4,382,302	4,880,302	4,380,302	24,755,377

Chapter One Introduction and Background

The HIV/AIDS Situation General

Overview

Although the spread of HIV/AIDS threatens to destabilise social and economic systems worldwide, its impact on sub-Saharan Africa is devastating. This region, inhabited by only 10% of the world's population accounts for:

- 70% of the 33.4 million people living with HIV/AIDS globally in 1998 (as estimated by UNAIDS)
- 15000 out of the 16000 daily global infections
- 13 million out of the 14 million who have died because of HIV/AIDS since the disease was discovered in 1981; and
- 95% of the 11.2 million AIDS orphans in the world.

The situation in Ghana gives cause for concern. The prevalence rate among the adult population increased from 2.6% in 1994 to 4.6% in 1998 and the number of AIDS cases reported in the National Situational Report (2000) was 78% higher than the cases reported six months previously (June 1999). It is estimated that 230 Ghanaians are infected with HIV daily and another 125 develop AIDS daily.

In Ghana, HIV/AIDS is recognized as more of a developmental problem than as a health issue. Therefore, committed political leadership and resources are being mobilized at all levels and within all sectors to address the problem through a multi-sectoral and multi-dimensional approach. Efforts are also being made to provide care and support for those already infected and affected by the disease.

The Education Sector

The core strategies of Ghana's Vision 2020 emphasise the role that education and training must play in reducing poverty and inequality, increasing productivity and thereby raising the standard of living of all Ghanaians. The capacity of the education sector to effectively contribute to the realization of the goals of Ghana's Vision 2020 is however undermined by the impact of the HIV/AIDS menace on the sector

HIV/AIDS threatens the supply of educators. For example, the mortality rate of 39 per 1000 among educators in Zambia in 1998 was estimated as 70% higher than for the average rate for the 15 - 49 age group. The death of 1300 Zambian teachers in 1998 was equivalent to the loss of about two-thirds of the total annual output of its Teacher Training Colleges.

HIV/AIDS can also lead to declining enrolment in schools. The families it affects have fewer resources and are often unable to afford the costs of sending their children to school. Young girls and orphans are the most affected. Declining enrolment rates can severely affect the success of the fight against HIV/AIDS because schools are very important avenues for sensitizing children to the realities of HIV/AIDS, and, for disseminating strategies for prevention and care.

The Role of the Education Sector

The internalization of HIV/AIDS risk behaviours and the translation of HIV/AIDS awareness and knowledge into desired behavioural and attitudinal changes are central to stemming the tide of infection. The education sector is peculiarly placed to have a significant impact on the success of campaigns aimed at preventing, controlling and mitigating the effects of the epidemic.

The potential dysfunction of the educational system through declining enrolments and decreased productivity is particularly disturbing when it is acknowledged that schools are one of the most effective ways to sensitise children to the realities of the epidemic and to disseminate strategies for prevention and care. Being the institutional setting through which individuals learn about relationships and responsibilities, the education sector could ensure that effective skills for social management, relevant attitudes and appropriate behavioural traits are picked up and inculcated from an early age. By systematically reinforcing relevant ideas and positive HIV/AIDS responsive attitudes, the education system could facilitate the acquisition of risk-avoiding behavioural competencies and skills that should become part of the repertoire of 'behavioural defenses' that the individual can instinctively employ to avert or self-manage risk-enhancing circumstances.

It is significant to note that, in Ghana, nearly 65% of the cohort of students in the terminal year of basic education is unable to progress to the second level of the educational system. For a greater number of these persons therefore, the terminal year of basic education represents the last opportunity to acquire, in a formal, structured and controlled learning environment, the knowledge, skills and competencies required for personal risk management and prevention.

The draft National HIV and STI Policy (August 2000) has defined roles for MDAs, including the Ministry of Education,

in a multi-sectoral collaborative effort to stem the tide and mitigate the consequences of the epidemic. According to this national regulating document, the MOE shall:

- Integrate AIDS and STI education into all levels and institutions of education starting at primary school level and extending to tertiary, teacher training and non-formal institutions.
 - Involve parents through Parent-Teacher Associations (PTA) and other appropriate mechanism, in discussion of school based HIV/AIDS education and programmes or activities.
 - Ensure that other services related to HIV and STI control and care are accessible to students in need of them.
 - In the long term collaborate with the Ministry of Youth and Sports to develop and strengthen HIV/AIDS STI programmes for young people.

MOE in its Policies and Strategic Plans for the Education Sector (First Draft for Discussion, July 2000) has stated that HIV/AIDS has reached significant levels in Ghana and represents a major threat to the education system. It therefore states that HIV/AIDS will be accorded a priority place in the health strategic objective and that this objective will be reflected in the introduction of earmarked budget lines for a major HIV/AIDS awareness and education programme.

Ministry of Education's (MoE) Response

Ongoing Activities in the Education Sector

Three main interventions aimed at addressing the HIV/AIDS menace have been on going in the education sector since 1992. These are:

School Health Education Programme (SHEP)

The salient points about SHEP relevant to this OPD and worth noting:

- HIV/AIDS as a component of Adolescent Reproductive Health (ARH) was added to its mandate to address the sex behaviour of pre-tertiary school children
- The proposed programmes and activities of SHEP are mainly co-curricular and are conducted through peer education and counseling, child-to-child teaching methodology, formation of anti-AIDS clubs, organized lectures, quizzes, film shows and the development of Information, Education and Communication (IEC) materials for both teachers and students.
- Anecdotal evidence indicates that the Unit's activities have assisted in raising the level of awareness amongst students and pupils.

Curriculum interventions

1) Population and Family Education (POPFLE) curriculum

GES collaborated with UNFPA to develop the POPFLE curriculum. It integrates the teaching of Reproductive Health,

Population Development and Environment, Socio-Cultural and Gender issues into the existing curricula of five career subjects (Social Studies, Life Skills, Environmental Science, Integrated Science and Religious and Moral Education) at the pre-tertiary level. The content and coverage of STD/HIV/AIDS in the POPFLE curriculum is however not sufficient to make a significant impact on the knowledge levels and sexual behaviour of learners because:

- Issues on HIV/AIDS constitute only about 10% of the POPFLE curriculum which, is itself only a sub-component of the subjects in which they have been infused.
- Issues on condom usage and other preventive knowledge are generally not addressed by the curriculum because of the lack of a policy from the MOE on the issue and opposition from religious bodies and parents.
- Lack of pedagogical skills amongst teachers on issues related to gender sensitivity and sex education.
- Teaching and learning of the POPFLE curriculum is not effectively undertaken because they are rarely examined externally. Even where issues on HIV/AIDS have been externally examined they have often been related to awareness and hardly on applied knowledge of behaviour and attitudes.

2) *Life Skills*

Life Skills as a subject area was introduced as part of the educational reforms in 1987. The original curriculum has been re-designed to concentrate on the development of psycho-social skills for learners with particular emphasis on preventing and coping with HIV/AIDS.

Life Skills however is an optional non-examinable subject. Most schools do not offer it and delivery in schools where it is offered is not effectively undertaken because of its non-examinable status.

Sale of Condoms

The sale of condoms in the University of Ghana is undertaken by the PPAG in collaboration with the Students Representative Council (SRC). Male condoms are normally sold at reduced prices every Saturday in the Junior Common Rooms (JCR) of the various halls of residence. The salient issues affecting the success of this intervention are:

- Condom purchase and usage could increase if a more 'secured' marketing environment was provided.
- Some students do not patronize the operations of PPAG because of the attitudes of other students towards the use of condoms.
- Female students are often unable to negotiate for condom use as their often older, experienced and 'economically powerful' partners disliked their use on the pretext that it lessens pleasure.
- The female condom, which was recently introduced, is in short supply due to logistic bottlenecks even though demand among female students is known to be high and steadily growing.
- The University Hospital is collaborating with the Office of the Dean of Students in condom distribution aimed at STI reduction.

NGOs Peer Education Activities

A number of NGOs, notably, ActionAid Ghana (AAG), Ghana Red Cross Society (GRCS) and Students Against AIDS (STAIDS), among others, have embarked upon peer education intervention activities with varying degrees of success. The peer education framework is based on the success of similar interventions undertaken elsewhere on the continent.

Peer education offers pupils/students an interactive basis to understand, internalize HIV/AIDS risk behaviours and acquire personal risk management competencies.

The activities of NGOs could however be made more effective through:

- The acknowledgement of NGOs activities and the provision of official 'backing' from the Ministry.
- The development and implementation of a supervisory framework by the Ministry for NGO activities within the education sector.
- Effective collaboration between the Ministry and active NGOs operating in the sector.

HIV/AIDS Strategic Plan

The Ministry of Education (MoE) in collaboration with its Development Partners, set up the Education Sector HIV/AIDS Task Force in February 2000 to develop an HIV/AIDS Strategic Plan Framework for the sector. The Plan is intended to guide the sector's collective response to the HIV/AIDS epidemic and to regulate its interaction with partners who will be involved in implementing HIV/AIDS interventions within the sector.

The overall goal of the Strategic Plan is to *minimise the incidence and impact of H/V/AIDS among learners and education employees*. The three output areas by which the plan's goals will be achieved are:

- Building knowledge about the prevalence and impact of HIV/AIDS in the education sector to facilitate HIV/AIDS responsive behavioural and attitudinal change among learners, educators and communities-
- Strengthening the linkages among learners, educators, homes and communities to combat the spread and mitigate the impact of HIV/AIDS.
- Establishing institutional arrangements for implementing the HIV/AIDS programmes in the education sector.

This Operational Plan Document (OPD) spells out clear, focused and justifiable priority areas for intervention activities, which:

- Translates the *Strategic Framework for HIV/AIDS Interventions in the Education Sector* into an action plan for implementation.
- Identifies and prioritises activities for purposes of cost effectiveness in the implementation of the Strategic Framework.
- Establishes operational systems and procedures for the implementation of the prioritised activities.

Prioritised Interventions

The on-going interventions in the education sector show that:

- Although awareness is quite high the relevant knowledge, the desire and the means to facilitate attitudinal and behaviour change is still lacking
- There is no data on the prevalence and impact of HIV/AIDS in the education sector and no formal evaluation

of the impact of the interventions in the education sector on HIV/AIDS

- The lack of a sector policy on HIV/AIDS affects the design and delivery of suitable curricula for various levels of learners
- The effective coordination of the various interventions and partner organizations is required to enhance effective implementation and monitoring of HIV/AIDS intervention activities.

The interventions *in* the OPD are grouped into four priority areas. By addressing the issues raised above, they should help achieve the goals of the strategic plan when implemented *in the immediate, short and long term*. The priority areas are:

1. *Knowledge building*
2. *Baseline Information and Research*
3. *Policy Development*
4. *Institutional arrangements.*

These are linked to the output areas in the strategic plan as follows:

Table 1: Identified Priority Areas

	Output Areas	Priority Activities Identified
1	Building Knowledge about the prevalence and impact of HIV/AIDS in the education sector to facilitate HIV/AIDS responsive behavioural and attitudinal change among learners, educators and communities.	Knowledge building Baseline research and information
2	Strengthening the linkages among learners, educators, homes and communities to combat the spread and mitigate the impact of HIV/AIDS	Knowledge building
3	Establishing institutional arrangements for implementing the HIV/AIDS programmes in the education sector	Policy Development Institutional Arrangements

Priority Areas

Knowledge Building

Rationale

Responsible behaviour and attitudes should be at the core of the MoE's initiatives to combat and mitigate the spread of HIV. Surveys have revealed that there is high awareness that HIV/AIDS is a killer disease for which no cure exists. This awareness has however not translated into responsible behaviour to contain the spread of HIV/AIDS because people have *a low perception of the risk of infection*.

This misperception can only be corrected by deepening and enhancing knowledge to provide people with the desire and means to protect themselves and others from infection. People must be made sufficiently aware of the effects either to themselves or to others of their present behaviours and attitudes before they would be reasonably motivated to change to less risky behaviours and attitudes.

The main challenge of the knowledge building activities is therefore to increase the perceptions of risk by educators and learners in order to engender behaviour that prevents the infection and spread of HIV/AIDS. For pupils/students non-curricular interactive and interpersonal mechanisms will be promoted.

Targeting Vulnerable Groups

Although everyone is at risk of contracting HIV, there are groups of people, who may be classified as high-risk, requiring special attention in prevention and control efforts. The determinants of HIV infection (including migration, lack of adequate educational facilities, 'streetism', socio-cultural and economic factors, drug abuse, among others) assist in identifying the groups most at risk. The knowledge building activities will be specifically targeted at such groups who will be identified within the education system.

Intervention Activities

The following activities will be undertaken:

- Sensitization of top managers and opinion leaders
- Review, development and distribution of IEC materials
- Training of existing specialized personnel and peer educators
- STI treatment
- Condom distribution
- Advocacy

These will be carried out from the first year of the plan period.

Baseline Information and Research

Rationale

Whereas the availability of information on HIV/AIDS at the national level is improving, information relating specifically to the education sector is lacking. This situation makes planning and programming for HIV/AIDS intervention activities difficult. The baseline information is intended to assist MOE overcome the dearth of information relating to HIV/AIDS infection, impact and related issues in the education sector.

The baseline research will provide MOE officers with an inventory of existing knowledge, beliefs, attitudes and practices among actors in the education sector (i.e. learners and educational workers) and the existing resources which can facilitate the delivery of HIV/AIDS intervention programmes and plans. The key indicators to be assembled from the research will serve as benchmark measures against which future indicators will be assessed.

Targeting Policy Formulators and Programme Evaluators

Information from the initial and subsequent research will be directed to officers in MOE with responsibility for formulating policy and evaluation programmes relating to HIV/AIDS. This should assist them in their evaluation duties and in having an informed basis for reviewing policy during the plan period.

Intervention Activities

Two broad groups of intervention activities will be undertaken. First, the initial baseline survey will be conducted commencing in the first year of the plan period. Second, follow up surveys (of a smaller scale) will be conducted (or accessed) to update and be compared to information from the initial survey.

Policy Development

Rationale

MOE is responsible for supervising and coordinating all pre-professional educational activities and programmes. This includes formulating and reviewing policies, establishing a regulatory framework for the various Agencies and Implementing Units and creating an enabling environment to ensure efficient and effective delivery of educational services. HIV/AIDS poses a grave threat to MOE in fulfilling this responsibility.

In the past various units of MOE have undertaken interventions aimed at reducing the impact of HIV/AIDS in the education sector. However, the implementing Units have been working independently of each other. In the absence of a policy, their efforts have been fragmented, sporadic, uncoordinated and in some instances antagonistic to each other.

The development of a policy will ensure an effective response to HIV/AIDS, targeting interventions to uphold and improve delivery of HIV/AIDS information education and communication throughout the system and at all levels. The policy will also serve as a regulatory mechanism for the sector's collective response to HIV/AIDS, provide guidance and facilitate the co-ordination of the activities and actions of all actors within the sector as well as other stakeholders.

The development of a policy would also serve as the basis for the establishment of a long-term mechanism to anticipate and mitigate the shocks and dislocations expected to affect the educational system if the current rate of prevalence continues. The current-estimate of 126,000 AIDS orphans is projected to rise to 700,000 by 2014. Already the death of teachers in service has risen by 500% between 1995 and 1998 from 49 to 270. Although the rise in teacher deaths may not reliably be attributed to HIV/AIDS, the possible relationship between rising national HIV prevalence and increased teacher deaths cannot be discounted. A fund designed to mitigate the impact of HIV/AIDS on the education system would ensure that both infected and affected educators and learners are productively retained within the sector for as long as practicable.

Targeting front-line service providers

The policy will be targeted at all service providers in the education sector. Since no plan can anticipate all the actions required during the plan period, the policy would guide front-line service providers in responding to unanticipated events.

Intervention Activities

The critical activities under this priority area are drafting a sector policy, obtaining consensus and ownership of policy by stakeholders, disseminating the policy to all stakeholders and establishing an Education Sector AIDS Fund (ESAF).

Establishing Institutional Arrangements

Rationale

The size of the education sector and the large number of agencies and bodies affiliated to MOE require coordination in the execution of any sector-wide initiative. Without any conscious effort at coordinating the activities of the diverse stakeholders, there might be sporadic, ad hoc, unequal and competing interventions within the sector. The importance of the HIV/AIDS interventions means that coordination is even more critical in this area.

Intervention Activities

MOE will develop institutional arrangements to address the need to coordinate the different interventions. Specifically, these arrangements will:

- Identify the various stakeholders in education with direct interest in health issues, in general, and HIV/AIDS in particular.
- Establish responsibility for coordinating the HIV/AIDS response among the various stakeholders of the education sector (both internal and external).
- Establish a monitoring and evaluation mechanism to assess the impact and effectiveness the HIV/AIDS interventions undertaken within the OPD.

At the national level, a Co-ordinating Unit with a remit to facilitate and prompt the process shall be established. The role and functions of the Unit will be focused on brokering and co-ordinating the partnership between implementing agencies and partner organizations rather than the implementation of specific HIV/AIDS intervention activities. Its purpose would be to enhance efficient and effective delivery of programmed interventions by minimizing duplication of functions and activities amongst implementing agencies and partner organizations.

At the regional and district level, officers of the three specialized GES Units with mandates for health and behavioural issues; SHEP, School and Social Services and Guidance and Counseling Units shall be constituted into HIV/AIDS Co-ordinating Units at the respective levels. The rationale is to harmonise the activities of these professional Units and to facilitate effective collaboration amongst them. The Co-ordinating Units shall have oversight of the implementation of all co-curricular HIV/AIDS activities at the respective levels.

Knowledge Building for Behaviour Change

The activities in this priority area have been classified into two main groups based on how early they impact the goal of the HIV/AIDS strategic framework of MOE. The two categories are:

- Activities with immediate impact
- Activities with medium to long term impact

Each group of activities is described below.

A. Activities with immediate impact

a) HIV/AIDS Sensitization

Target Groups

- Education Sector Policy' Makers (Senior Management Team) - 40
- Regional and District Directors of Education together with some of their line managers -150
- Headteachers of Senior Secondary Schools (SSS) - 470
- Headteachers of Junior Secondary Schools (JSS) - 6,100
- Parent Teachers Associations (PTA) - 15,000

Objectives

- Enhance knowledge of the target group about HIV/AIDS
- Ensure that target group owns MOE programme to reduce the incidence and impact of HIV/AIDS
- Secure the commitment of the target group to the programme

Timeline

Each sensitization workshop will last half day. Coverage of the target groups are as follows:

- Policy makers: 1st quarter of 1st year
 - Regional and District Directors: 1st quarter of 1st year
 - Headteachers: 1st quarter of 1st year
- PTAs: 1st and 2nd quarters of 1st year

Implementing Agency

- SHEP
- Guidance and Counselling -
- School Welfare

- National Aids Control Programme (NACP)
- Selected NGOs
- MOE HIV/AIDS Coordinating Unit

Inputs and Budgets

The total budget for this activity is \$605,540 and comprises the following:

Table 2: Inputs and Budget for Sensitisation Activities

Target Group	Qty	Direct Workshop Cost	Materials	Admin.	Personnel	Total
Policy Makers	40 — 1600		40	50	200	1890
Reg. & Dist. Directors	150	6000	150	150	600	6900
Headtrs(SSS)	470	15980'	470	600	2000	19050
Headtrs(JSS)	14,530	494,020	14,530	10,950	58,200	577,700
PTAs	15,000	-	-	-	-	-
Total		517,600	15,190	11,750	61,000	605,540

Notes

- Direct Workshop Cost is based on MOE approved-out of station allowance (boarding and lodging) for donor funded activities, that is, ¢200,000 for Directors and above and ¢150,000 for all others for the first ten days; and an estimated 'traveling and transport' cost of ¢65,000 per participant.
- Materials cost is based on an estimated per participant cost of \$1
- Administration cost is based on an estimated minimum cost of \$50 per sensitization workshop of not more than 50 participants and a maximum cost of \$150 per workshop for 200 participants.
- Personnel cost is based on an estimated consultancy cost of \$200/day/class of not more than 50 participants.
- PTA sensitization would be conducted by prior arrangements during PTA meetings by specialized GES personnel to be trained for that purpose. Cost to be incurred, which would generally be administrative in nature, are provided for under Inputs and budgets for Institutional Arrangements.

Indicators

- Policy Makers Workshop Reports
- Regional and District Directors: Workshop Reports

- Headteachers
- PTA's

Workshop Reports

PTA Agendas and Minutes

Risks and Assumptions

- Availability of resource persons -
- Attendance of participants/target groups
- Availability of funds
- Other competing sector activities

The risks can be overcome through the following measures:

- Collaborating with agencies/NGOs with good resource persons
- Minister's commitment to programme
- Early information to participants/target groups

b) Review, develop and distribute IEC materials

Target Groups

- Learners
- Educators
- Other education sector workers.
- Parents

Objectives

IEC Materials

- 15,000 Fleet of Hope Kit (with manual, video and facilitator's activity book) - 1 Kit for each JSS and SSS
- 1,350,000 AIDS Comic Book Series_ (i.e. 50,000 copies X 9 episodes X 3 for each JSS and SSS)
- 5,000,000 Informational leaflets (for all pupils/students, teachers and parents)
- 5,000,000 booklets (for all pupils/students, teachers and parents)
- Other promotional materials (i.e. stickers and buttons)

Timeline

- Trainer's follow-on kit: 1st and 2nd quarter of 1st. year

- HIV/AIDS Comic: Whole year beginning from 1st quarter
- Publicity material: Whole year beginning from 1st quarter

Implementing Agency

- CRDD
- Johns Hopkins University
- Health Education Unit
- Health Research Unit (MOH)
- SHEP Regional and District Coordinators
- MOE HIV/AIDS Coordinating Unit

Inputs and Budgets

The total budget for this activity is \$1,907,500 and comprises the following:

Table 3: Inputs and Budget for IEC materials

IEC Material	Qty	Unit Cost (\$)	Total Cost (\$)
Follow on Kit	15,000	60.00	900,000
HIV/AIDS Comics	1,350,000	0.45	607,500
Publicity Materials			400,000
Total			1,907,500

Indicators

- Fleet of Hope Kits in each JSS SSS
- HIV/AIDS comics in each JSS and SSS
- Publicity material in educational institutions

Risks and Assumptions

- Lack of funding
- Irregular flow of funds
- Effectiveness of distribution system

The risks can be overcome through the following measures:

- Secure funding from donor agencies before the beginning of plan period

- Monitor distribution system at early stages of implementation

Target Groups

- | | |
|-------------------------------------|-------|
| • Specialised Personal | 500 |
| • SHEP | |
| • Guidance Counselling | |
| • School Welfare | |
| • Focal Persons in JSS and SSS | 15000 |
| • Students as Peer Educators | 1000 |
| • Executives of Associations/Unions | |

Specialised personnel would be required to undertake training programmes for identified focal persons in each JSS and SSS. They would also develop, implement and generally oversee HIV/AIDS activities in respective districts at the pre-tertiary level under the umbrella of a Co-ordinating Unit to be established at each District.

Focal persons would be required to supervise in-school peer education activities, implement co-curricular HIV/AIDS activities and provide feedback to District Co-ordinating Unit.

Peer Educators would be trained to provide interactive one-on-one knowledge building activities to students and generally provide leadership for student led HIV/AIDS co-curricular activities. --

Executives of Associations would be required to provide sensitization and focused group discussion activities for members during meetings of respective Associations

Objectives

- Build competence and confidence of target groups
- Improve communication skills of target groups
- Prepare target groups for advocacy roles

Timeline

- | | |
|---|--|
| • Finalize Roles, Functions, responsibility and operational framework for target groups | 1 st quarter of 1 st Year |
| • Select Target group Members for Training | 1 st quarter of 1 st year |
| • Specialised Personnel | 2 nd quarter of 1 st year |
| • JSS and SSS Focal Persons | 3 rd and 4 th quarters of 1 st year |

- Peer Educators 3rd and 4th quarters of 1st year
- Association/Union Executives 3rd and 4th quarters of 1st year

Implementing Agency

All target groups

MOE HIV/AIDS Coordinating Unit

- Specialised Personnel

Regional and District

Directorates

Consultants Selected NGOs

- JSS and SSS Focal Persons

Regional and District Directorates Specialised Personnel

Selected NGOs

- Peer Educators

Regional and District Directorates Consultants

Selected NGOs

- Association/Union Executives

Consultants

Selected NGOs

Inputs and Budgets

The total budget for this activity is \$1,366,850 and comprises the following:

Table 4: Inputs and Budget for Training Activities (\$)

Target Group	Qty	Days	Direct. Workshop Cost	Materials	Admin.	Personnel	Total
Spec. Personnel	500	2	34,000	2,500	150	4,000	40,650
Focal Persons	15,000	2	1,020,000	75,000	11,250	120,000	1,226,250
Peer Educators	1 000	2	68,000	5 000	250	8,000	85,250
Union Executives	150	2	12,600	750	150	1,200	14,700 _
Total			1,134,600	83,250	11,800	133,200	1,366,850

Notes

- Direct Workshop Cost for Specialised Personnel, Focal Persons and Peer Educators is based on MOE approved out of station allowance (boarding and lodging) for donor funded activities, that is, -¢200,000 for Directors and above and 0150,000 for all others for the first days; and an estimated 'traveling and transport' cost of ¢65,000 per participant. The related cost per participant is therefore computed as, •150,000+•65,000x2=¢430,000/¢6,300=\$68
- Direct Workshop Cost for Union Executives is based on the same computation for Specialised Personnel but at the upper limit of ¢200,000. It is computed thus, ¢200,000+65,000x2=¢530,000/¢6,300=\$84
- Materials cost is based on an estimated per participant cost of \$5 (including training manual)
- Administration cost is based on an estimated minimum cost of \$50 per sensitization workshop of not more than 50 participants and a maximum cost of \$150 per workshop for 200 participants.
- Personnel cost is based on an estimated consultancy cost of \$200/day/class of not more than 50 participants.

Indicators

- Number of trained people within each target group
- Workshop reports

Risks and Assumptions

- Availability of qualified resource persons
- Cooperation of target groups
- Ability to identify 'right' students and teachers as peer educators and focal persons

The risks can be overcome through the following measures:

- Strong message from Senior Management Team on importance of the exercise
- Careful planning and scoping of activities
- Early information to target groups

- Confirmation of interest of potential peer educators
- Confirmation of acceptability of potential peer educators to their peers

d) STI Treatment

Target Groups

- Senior Secondary School Students Tertiary Students
- Special focus on female students

Objectives

- Early detection
- Early treatment
- Reduced infection rates

Timeline

- Awareness creation: 1st quarter and through the year
- Knowledge Building: 1st quarter and through the year
- Counseling services: 1st quarter and through the year

Implementing Agency

- SHEP
- Guidance & Counseling
- School Welfare
- MOE HIV/AIDS Coordinating Unit
- Selected NGOs
- Ministry of Health

Inputs and Budgets

The main budget item will be IEC materials, which have been covered already. Students will use existing facilities with some modifications.

Indicators

- IEC Material distributed
- Incidence of STIs

Risks and Assumptions

- Cultural inhibitions

The risks can be overcome through the following measures:

- providing confidential services

e) **Condom Procurement and Distribution**

Target Groups

- | | |
|-----------------------------------|--------|
| • Tertiary students: | 40,000 |
| • National Service Personnel | 12,000 |
| • Newly posted teaching personnel | 17,000 |

Objectives

- Regular supply of condoms
- Affordable condoms
- Correct use of condoms
- Consistent use of condoms

Timeline

- 1st quarter of 1st year and ongoing throughout plan period.

Implementing Agency

- MOE HIV/AIDS CO-ordinating Unit
- Student Representative Councils (SRC) of Universities and Polytechnics
- National Service Secretariat
- National Service Personnel Association (NASPA)
- Planned Parenthood Association of Ghana (PPAG)
- Ministry of Health - Maternity and Child Health
- Ghana Social Marketing Foundation (GSMF)

Inputs and Budgets

The main requirement is seed money to procure the initial consignment. It is assumed that:

- Each individual from the target groups will purchase 120 condoms per year, based on an estimated condom usage of 10/month

- Each condom costs \$0.05
- The number of individuals to be covered is 59,000

Thus seed money of \$354,000 will be required as revolving fund.

Indicators

- Number of condoms distributed and used
- Regularity of purchase

Risks and Assumptions

- Cultural inhibitions
- Low risk perception of STI/HIV infection
- Condom price remains stable and affordable

The risks can be overcome through the following measures:

- Deepening knowledge through the effective distribution of IEC materials and the interaction they afford
- Having a secured marketing environment

Advocacy

Target Groups

- Senior Management Team
- Donors
- West Africa Examinations Council (WAEC)

Objectives

- Build support for entire programme
- Make Life Skills externally examinable
- Sensitise gatekeepers (e.g. parents, religious organizations, etc.)

Timeline

- 1st quarter of 1st year and throughout the plan period.

Implementing Agency

- MOE HIV/AIDS Coordinating Unit
- Senior Management Team

Inputs and Budgets

The main input is the time of the advocates. The training that is needed for advocacy has already been taken care of.

Indicators

- Number of representations made to target group
- Responses of target group to advocacy

Risks and Assumptions

- Advocates not well equipped with information
- Advocates not confident

The risks can be overcome through the following measures:

- Sensitization of advocates
- Training of advocates
- Equipping advocates with IEC materials and relevant tools

B. Activities with medium to long-term impact

Curriculum Review and Development

The main activity with medium- to long-term impact under knowledge building is curriculum development and review. This is to be done for the subjects with HIV/AIDS content at all the levels. MOE will use its existing system of curriculum review and development.

Target Group

- Subject teachers
- Students from JSS level

Objectives

- Incorporate HIV/AIDS issues into school curriculum and curricula of TTCs
- Emphasise application of knowledge and behaviour change in curriculum

Action Steps

The main action steps are as follows:

1. *Carry out content analysis*
 - 1.1. Determine what is currently in place
 - 1.2. Evaluate the adequacy of coverage
 - 1.3. Evaluate appropriateness for the level
 - 1.4. Set impact indicators
2. *Revise the syllabus*
3. *Conduct field test of the revised syllabus*
 - 3.1. Select pilot schools
 - 3.2. Train teachers on use of revised material
 - 3.3. Develop and administer questionnaires
 - 3.4. Observe teaching in selected schools
4. *Finalise syllabus*
 - 4.1. Analyse returns from field test
 - 4.2. Incorporate changes into syllabus
5. *Train teachers to use revised syllabus*
 - 5.1. Train trainers
 - 5.2. Downstream training
 - 5.3. Make materials based on new syllabus available
6. *Review progress and assess impact*

Timeline

- 1st quarter of 2nd year till end of plan period

Implementing Agency

- CRDD
- SHEP
- MOH
- Selected NGOs
- HIV/AIDS technical person (Consultant)

Inputs and Budgets

No special budget is anticipated for this activity as it will be integrated into MOE's existing operations.

Indicators

- Revised and relevant materials
- Availability of trained teachers who are confident to teach the subject in all educational institutions
- HIV/AIDS taught with more emphasis on application of knowledge and behaviour change

Risks and Assumptions

- Availability of competent curriculum developers
- Delay in the implementation of the recommendations

The risks can be overcome through the following measures:

- Senior managers in the Ministry and at GES should show effective support for the programme.
- Government of Ghana and donor funding should be secured for the programme.

PRIORITY ONE - KNOWLEDGE BUILDING

Activity	Objective	Target Groups	Timeline	Responsible Agency	Input & Budget	Indicators	Risks & Assumptions
Sensitization	<p>Enhance knowledge of target group about HIV/AIDS</p> <p>Ensure that target group owns MOE HIV/AIDS programme</p> <p>Secure commitment of the target group to the programme</p>	<p>MOE Policy Makers</p> <p>Regional and District Directors of Education</p> <p>Headteachers of SSS</p> <p>PTAs</p>	<p>1st & 2nd</p> <p>quarters of 1st year</p>	<p>SHEP</p> <p>Guidance & Counselling</p> <p>School Welfare</p> <p>NACP</p> <p>NGOs MOE HIV/AIDS Unit</p>	<p>Allowances</p> <p>Materials</p> <p>Resource persons</p> <p>Admin support</p> <p>\$605,540</p>	<p>Workshop</p> <p>reports</p> <p>PTA Agenda and Minutes</p>	<p>Availability of resource persons</p> <p>Attendance of target groups</p> <p>Availability of funds</p> <p>Competing MOE activities</p>

IEC Materials	Support training programmes Deepen knowledge of target group Provide means of interaction among and between target groups	Learners Educators Other education sector workers. Parents	1st to 4th qtr of 1st year	CRDD Johns Hopkins University Health Research Unit (MOH) SHEP Regional and District Coordinators MOE HIV/AIDS Unit	Materials \$1,907,500	IEC Materials in educational institutions	Lack of funding Irregular flow of funds Effectiveness of distribution system
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Chapter Three Baseline Information and Research

Target Group

- Policy Makers
- Monitoring and Evaluation Staff
- Stakeholders in Education sector

Objectives

- Provide benchmark data
- Provide comparative data year on year

Activities

The main activities to be undertaken are:

1. *Problem definition*
 - 1.1. Define problem which study seeks to address.
2. *Data specification*
 - 2.1. Specify the data type to be collected. These should be linked to the key indicators to be assessed in future.
 - 2.2. Identify data sources (e.g. individuals, schools, districts, regions, national)
3. *Design of research/survey instruments*

- 3.1. Determine appropriate research instrument
- 3.2. Design research instrument
- 3.3. Pre-test instrument
- 3.4. Review and finalise instrument
- 3.5. Develop training manual for use of instrument

4. *Field Survey*

- 4.1. Print survey instrument
- 4.2. Train *RSOs*, *DSOs* and other data collection staff on use of instrument
- 4.3. Administer instrument
- 4.4. Monitor field work (include sample-checking on the field)

5. *Design computer application for data entry and report generation*

6. *Data processing*

- 6.1. Receive data collection instruments
- 6.2. Code instruments
- 6.3. Edit data
- 6.4. Enter data
- 6.5. Clean data

7. *Data Analyses*

- 7.1. Tabulation
- 7.2. Analyses of data

8. *Report Writing*

- 8.1. Write Baseline Survey Draft Report
- 8.2. Review Draft Report
- 8.3. Finalise Baseline Survey Report
- 8.4. Build database of key indicators

9. *Report dissemination*

- 9.1. Identify potential users
- 9.2. Photocopying and binding of report
- 9.3. Dissemination

10. *Feedback*

Three workshops involving both internal and external stakeholders would be organised for the following activities:

- Problem definition and Data specification;
- Training of Data collection staff; and
- Review of Draft Report

Annual Surveys

Annual surveys will be conducted to update the data provided by the baseline survey. The annual surveys would be linked to the surveys conducted by other organisations involved in HIV/AIDS intervention services (e.g. National Aids Control Programme of the Ministry of Health) to ensure comparability with national and other sectoral data.

Timeline

The activities will commence in the 2nd quarter of the 1st year through to the 1st quarter of the 2nd year. Updates will be conducted annually (or every six months).

The timeline per activity is summarised below.

Table 6: Activity Timeline for Baseline Research and Information

Activity	Duration (months)
1. Problem definition	0.5
2. Data specification	0.5
3. Design of research/survey instruments	1.5
4. Field survey	1.5
5. Design computer application	1.0
6. Data processing	2.0
7. Data analyses	1.0
8. Report writing	1.0
9. Report dissemination	1.0
Total number of months	10

Implementing Agency

Main responsibility

The Statistics, Research and Computer units of the Statistics Research Information Management and Public Relations (SRIMPR) Division of MOE will be responsible for conducting the survey. They will collaborate at various levels with other stakeholders in the education sector and the HIV/AIDS area.

Experience and Capacity

The division can conduct baseline studies. Its past experience includes:

- Conduct of Early Childhood Development Survey in 10 districts with support from UNICEF;
- Conduct of baseline survey (1993) and impact assessment survey of the Primary School Development Project (PSDP), covering 1983 primary schools, with the support of the World Bank;
- Participation in Action Research for Equity Improvement in Primary Schooling in 7 districts with support from UNICEF; and
- Processing of Literacy and Numeracy Survey data for 55 districts with support from DFID.

From this experience the division has built and/or enhanced its capacity to:

- Develop of data collection instruments;
- Train of data collection assistants, data entry clerks; and
- Process and analyse of data

Normally the division collaborates with other MOE divisions and other stakeholders with expertise in technical area. . Thus in the case of HIV/AIDS. baseline survey they would need to collaborate with the Ministry of Health (National AIDS Control Programme, Health Research Unit), Schools Health Education Programme (SHEP) and others with the technical expertise.

Organisational infrastructure

MOE also has the organisational infrastructure on the ground to conduct such studies. There are Regional Statistics Officers (RSO) and District Statistics Officers (DSO) in each regional and district office respectively. About 55 districts have District Monitoring Assistants (DMA). Annual training workshops are organised for Regional and District Statistics Officers as well as the District Monitoring Assistants. At the meeting the participants are briefed about the annual education census and the questionnaire material. The District Statistics Officers, with the assistance of Circuit Supervisors, train headteachers and head masters to complete the questionnaires.

Equipment

With regards to equipment, the division has computers and other accessories procured under the EMIS project. During the pilot phase of the project computers were put in 12 districts and 3 regional sites. They are now looking at the expansion phase of EM IS. The division will set up EMIS teams in all districts where computers will be put. The teams will comprise District Statistics Officer, Computer programmer, Geographic Information Systems (GIS) Officer and data entry staff. Teams will also be set up within Regional Offices. The commencement of the expansion phase is already running

late - due to lateness of consultants (from Harvard University).

Core Team

A core team comprising 5 people representing both internal and external stakeholders (such as GES, NCTE, NFED, SRIMPR, and MOH) should be established right at the onset. The main remit of the core team is to drive the process and resolve any issues that might hinder the smooth running of the survey. The members will also be responsible for the preparatory work to be done before the three workshops outlined above.

The criteria for inclusion in the team should be:

- Ability to conduct/supervise conduct of baseline surveys
- Understanding of organisational, infrastructure and other education sector specific issues needed for the survey
- Understanding of HIV/AIDS issues

The process will be carried out with the assistance of representatives of both internal and external stakeholders. These will include:

- Internal stakeholders:
 - National Service Secretariat
 - Ghana Education Service
 - National Council for Tertiary Education
 - Non-Formal Education Division
 - Planning Budgeting Monitoring and Evaluation
 - Research and allied institutions (such as ISSER)
- External stakeholders:
 - Statistical Services
 - Ministry of Health (e.g. NACP)
 - Ministry of Local Government
 - NGOs

Inputs and Budgets

The costs given below are indicative and not detailed. The table below gives the breakdown of the costs in US dollars for each activity.

Table 7: Inputs and Budget for Baseline Research and Information

Activity	Input	Frequency	Unit Cost	Total
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1. Problem definition	Workshop	1	2,000	2,000
2. Data specification	Workshop	Combined with activity 1		
3. Design research instruments	Resource person	15 man days	200	3,000
	Stationery	1	200	200
	Transport		100	100
4. Field survey	Workshop	1	2,000	2,000
	Stationery	110 X 5 X 10	5	10,000
	Transportation			10,000
	Data staff			27,500
Design computer application	External	40 man days	250	10,000
	Consultant			
6. Data processing	Data entry staff	40 days X 5	5	1,000
7. Data analyses	SRIMPR Staff			
8. Report writing	Stationery	1	200	200
	Workshop		2,000	2,000
9. Report dissemination	Stationery		200	200
Sub Total				68,200
Add 10% contingency				6,820
Total				75,020

Indicators

- A baseline survey report showing HIV/AIDS key indicators and their levels in the education sector,
- A database management system with the current baseline information but which can be updated in future and compared with the current information.

Risks and assumptions

- Data specification which will be useful to the educational sector but which can interface with the national data collected from time to time.

- Availability of capacity within MOE for activities to be carried out

The risks can be overcome through the following measures:

- Coordinate work with experts (both internal and external)
- Use of competent external consultants

PRIORITY TWO - BASELINE INFORMATION AND RESEARCH

Activity	Objective	Target Groups	Timeline	Responsible Agency	Input & Budget	Indicators	Risks & Assumptions
Baseline survey	Provide benchmark data	Policy Makers Monitoring and Evaluation Staff	2nd qtr of 1st year to 1st qtr of 2nd year	SRIMPR NSS GES NCTE NFED PBME ISSER Statistical Services MOH NACP Ministry of Local Gov't NGO's	Workshops Materials Stationery Allowances Resource persons Transport \$75,020	Baseline survey report showing HIV/AIDS key indicators and their levels in the education sector Database with current baseline information to be updated in future and compared with the current information.	Specification of Data useful to the education sector and interfaced with national - data collected from time to time. Availability ' of capacity within MOE for activities to, be carried out

Chapter Four Development of HIV/AIDS Policy

A) Development of an education sector AIDS specific policy

Target Groups

- Senior Management Team MOE

- Management Team of Regional and District Offices
- Management Team of all Tertiary Institutions
- Executives of Employee Associations/Unions
- All Education workers
- All teachers
- Learners in the education sector

Objectives

- Regulate sector's response to HIV/AIDS
- Guide actions and activities of Units of MOE
- Coordinate actions and activities of Units of MOE

Activities

The main activities to be undertaken are:

1. *Review existing policies*
 - 1.1. Collect information on existing policies (national, MOE, policies from other countries)
 - 1.2. Identify key areas and issues that policies deal with
 - 1.3. Prepare summary of key policy dimensions
2. *Formulate Policy*
 - 2.1. Establish principles that should guide the formulation of the policy
 - 2.2. Specify the goals and objectives of the policy
 - 2.3. Set out the areas to be covered by the policy
 - 2.4. Identify and analyse strategies that can be used to achieve goals
 - 2.5. Select and prioritise implementing strategies
 - 2.6. Determine institutional implications of policy
 - 2.7. Prepare draft policy
3. *Consult on draft policy*
 - 3.1. Circulate draft policy to stakeholders
 - 3.2. Invite and collect comments on draft policy

3.3. Review and integrate comments into policy

3.4. Prepare final draft of policy

4. *Finalise Policy*

4.1. Discuss final draft

4.2. Amend final draft as necessary

4.3. Write up policy

4.4. Promulgate policy

4.5. Circulate policy

It is anticipated that two workshops will be organised to carry out some aspects of the following activities:

- Formulation of draft policy
- Finalisation of policy

Timeline

The policy review and development will commence in the 3rd quarter of the 1st year and run through to the 4th quarter of the 2nd year of the plan period.

Table 9: Activity Timeline for Policy Development

Activity	Duration (months)
1. Review existing policy	2
2. Formulate policy	4
3. Consult on draft policy	4
4. Finalise policy	4
Total number of months	14

Implementing Agency

- Policy Budget Monitoring and Evaluation (PBME) Division
- MOE HIV/AIDS Coordinating Unit
- SHEP

- 1VAC P
- Selected NGOs
- Representatives of related sectors and agencies

Inputs and Budgets

The budget for this activity for the fourteen-month period will be \$15,620, broken down as follows:

Table 10: Inputs and Budget for Policy Development

Activity	Input	Frequency	Unit Cost \$	Total \$
1. Review existing policy	Resource person	10 days X - 2	250	5,000
2. Formulate policy	Workshop	1	2,000	2,000
3. Consult on draft policy	Stationery		200	200
4. Finalise and disseminate policy	Workshop Stationery	1	2,000 5,000	2,000 5,000
Sub Total				14,200
Add 10% contingency				1,420
Total				15,620

Indicators

- The sector policy
- The effective dissemination of the policy to target groups

Risks and Assumptions

- Capacity to formulate HIV/AIDS policy which fits within the national HIV/AIDS policy framework.

The risks can be overcome through the following measures:

- Collaboration with the group responsible for the national policy should help mitigate this risk.

B) Establishment of an Education AIDS Fund (EASF)

Target Groups

- Infected learners
- Orphaned Children (below 18 years)
- Infected educators

Objectives

- Retain infected and affected children in school
- Retain infected educators for as long as possible

Intervention Activities

The following activities will be undertaken:

1. Sensitization of MoE policy makers and other stakeholders
2. Development of principles, criteria and guidelines of the fund
3. Establishment of the fund
4. Fund Raising

These activities will be carried out following the development of the policy

Timeline

18 months from 2nd quarter of 2nd year of the plan period so that fund would be in place by the first quarter of the 4th year.

Table 11: Activity Timeline for the establishment of AIDS Fund

Activity	Duration (months)
1. Sensitization of MoE policy makers and other stakeholders	3
Development of principles, criteria and guidelines of the fund	
Establishment of the fund	
4. Fund Raising	6

Total number of months

18

Implementing Agency

- PBME
- MOE HIV/AIDS Coordinating Unit

Inputs and Budgets

40 man days for consultants @ \$250 per man day (year 2)

Consensus Building Workshop \$2,000 (year 3)

Establish Fund \$500,000 seed money (year 4)

Indicators

Number of children assisted

Reduced fall out rates due to HIV/AIDS

Risks and Assumptions

- Fund not available
- Fund volume underestimated
- Limited inflow into fund
- Misapplication of funds

The risks can be overcome through the following measures:

- Properly publicized fund
- Properly managed

PRIORITY THREE - DEVELOPMENT OF MOE-SPECIFIC HIV/AIDS POLICY

Activity	Objective	Target Groups	Timeline	Responsible Agency	Input & Budget	Indicators	Risks & Assumptions

Develop Education sector HIV/AIDS Policy	Regulate sector's response o HIV/AIDS Guide actions and activities of Units of MOE Coordinate actions and activities of Units of MOE	MOE SMT Regional and District Mgmt Teams Mgmt Teams of Tertiary Institutions Executives of Unions Teachers and other education workers Learners in SSS and at Tertiary level	3rd qtr of 1st year to 4th qtr of 2nd year.	PBME MOE HIV/AIDS Unit SHEP NACP NGOs Related sectors and agencies	Resource persons Workshop Stationery \$15,620	Sector policy The effective dissemination of the policy to target groups	Capacity to formulate HIV/AIDS policy which fits within the national HIV/AIDS policy framework.
Establish Education AIDS Fund	Retain infected and affected children in school Retain infected educators for as long as possible	Infected learners Orphaned Children (below 18 years) Infected educators	2nd qtr of 2nd year to 1st qtr of 4th year.	PBME ~' MOE HIV/AIDS Unit	Consultant Workshop Seed money \$512,000	Number of children assisted Reduced fall out rates due to HIV/AIDS	Lack of funds Fund volume underestimated Limited inflow into fund Misapplication of funds

Chapter Five Institutional Arrangements

Target Groups

- Senior Management Team MOE
- Management Teams at Regional and District Levels Management Teams at institutional levels

Objectives

- Create HIV/AIDS focal points within the existing structure of MOE at all levels of education sector
- Empower the focal points to proactively drive the HIV/AIDS programme
- Support the implementation of operational plan using the focal points
- Coordinate the activities and programmes of units of MOE through the focal points
- Establish suitable financial arrangements for the implementation of the programme
- Establish systems for periodic review (i.e. annual and mid-term) and end--term project evaluation

Activities

1. *Create HIV/AIDS Coordinating Unit at MOE Headquarters*

- 1.1. Convert Education Sector HIV/AIDS Task Force into supervising board of MOE HIV/AIDS Coordinating Unit
- 1.2. Prepare Terms of Reference for HIV/AIDS Coordinating Unit
- 1.3. Appoint Coordinator to be responsible for the Coordinating Unit

2. *Set up appropriate financial systems*

- 2.1. Ascertain accountability and reporting requirements of donors
- 2.2. Ascertain MOE accountability and reporting requirements
- 2.3. Create system to incorporate accountability and reporting requirements of MOE and donors

3. *Set Up systems for periodic review*

4. *Establish Regional Coordinating Units*

- 4.1. Prepare Terms of Reference
- 4.2. Appoint Coordinator and team

5. *Establish District Coordinating Units*

- 5.1. Prepare Terms of Reference
- 5.2. Appoint Coordinator and team

6. *Establish Institutional Coordinating Units*

- 6.1. Prepare Terms of Reference
- 6.2. Appoint Coordinator and team

Timeline

12 months from 1st month of the 1st year of the plan period

Table 13: Activity Timeline for Institutional Arrangements

Activity	Duration (months)

1. Create HIV/AIDS Coordinating Unit at MOE Headquarters	1
2. Set up appropriate financial systems	3
3. Set up systems for periodic review	3
4. Establish Regional Coordinating Units	1
5. Establish District Coordinating Units	2
6. Establish Institutional focal persons	2
Total number of months	12

Implementing Agency

MOE HIV/AIDS Coordination Unit

Senior Management Team (MOE)

Financial Systems

HIV/AIDS Task Force

MOE HIV/AIDS Coordination Unit Finance &
Admin Directorate

Periodic Review Systems

HIV/AIDS Task Force

MOE HIV/AIDS Coordination Unit PBME

Regional Coordinating Units

MOE HIV/AIDS Coordination Unit Regional
Directorate

District Coordinating Units

MOE HIV/AIDS Coordination Unit District
Directorate Regional Coordination Unit

Institutional focal persons:

MOE HIV/AIDS Coordination Unit District
Coordination Unit Heads of Institutions

Supervision will be at the district level whilst monitoring and review will be at the regional and national levels

Inputs and Budgets

The cost of this priority area is \$2,397,640 and comprises the following: *Table 14: Inputs and Budget for Institutional Arrangements*

Activity	Input	Frequency	Unit Cost \$	Total Cost \$
Task Force	Meetings	6	200	1,200
MOE Coordination Unit	Vehicle	1 (4X4)	50,000	50,000
	IT with internet	2	5,000	10,000
	Operational and Admin Expenses	12	500	6,000
	Co-ordinator	1X12	1,200	14,400
	Assistant Coordinator	1 X 12	1,000	12,000
	Driver	1 X 12	170	2,040
Regional Coordination	Admin support	10X12	500	60,000
District Coordination	Coordination support	110 X12	1,000	1,320,000
Institutions	Focal person	15,000 X 12	5	900,000
	Peer Educators	1,000 X 12	1	12,000

Financial Systems	Consultant	20 days	250	5,000
Periodic Review Systems	Consultant	20 days	250	5,000
Total	-	~	---	2,397,640

Notes

- Task Force - It is anticipated that four quarterly and two emergency meetings would be held for the Task Force at a 'servicing cost' of \$200 per meeting. This shall comprise of refreshments, 'traveling and transport' where necessary, incidentals and other stationery requirements.
- MOE Co-ordinating Unit - The proposed salary levels of the Co-ordinating Unit are based on reduced prevailing levels of Consultancy positions in the Ministry of Education.
- Regional Co-ordinating Unit - Provision of \$500/month/region is made for costs of monitoring, feedback and reporting to MOE Co-ordinating Unit.
- District Co-ordinating Unit - Provision of \$1000/month/region is made to facilitate the implementation of in-school co-curricular activities such as

PRIORITY FOUR - INSTITUTIONAL ARRANGEMENTS

Activity	Objective ,	Target Groups	Timeline	Responsible Agency	Input & Budget	Indicators	Risks '& Assumptions
Institutional Arrangements	Create AIDS focal points at all levels of MOE's existing structure Empower focal points to drive HIV/AIDS	MOESMT Regional and District Mgmt Teams Mgmt Teams at institutional levels	1st qtr of 1st year	MOESMT HIV/AIDS Task Force MOE HIV/AIDS Unit Finance/Admin	Meetings Vehicles IT Equipment Personnel Consultants	Financial System Periodic Review Systems Coordinating Units in place	Availability of competent and interested focal persons at all levels Authority of focal persons to drive HIV/AIDS

<p>programme</p> <p>Use focal points to implement OPD</p> <p>Coordinate the activities and programmes</p> <p>Set up suitable financial arrangements to implement programme</p> <p>Set up systems to review and evaluate project from time to time</p>			<p>Directorate</p> <p>PBME</p> <p>Regional Directorates</p> <p>District Directorates</p> <p>Heads of Institutions</p>	<p>Admin Support</p> <p>Operational Expenses</p> <p>\$2,397,640</p>		<p>programme at relevant level</p>
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Chapter Six Programme Budget

Priority Areas

The four priority areas are:

- Knowledge Building
- Baseline Information and Research ..-
- Development of Education Sector Policy on HIV/AIDS

- Institutional Arrangements

Budget Components

- Budgets have been developed for each priority area and its sub-components.
- The programme budget is the sum of the budgets for each priority area.

Budget Period

5 years to conform with operational plan period

Budget Assumptions

- First year budget assumptions are provided in the relevant chapters
- Second to fifth year budgets for recurring activities are assumed to be half of the first year budget except in the case of:
 - policy review which takes a third of first year budget
 - Institutional arrangements which is the same as the first year budget; and
 - The establishment of the Education AIDS Fund with the seed money –expected in the fourth year

Budgets

The budget for the plan period is \$24,755,377. The summary yearly breakdown is as follows:

- Year 1 \$6,722,170
- Year 2 \$4,390,302
- Year 3 \$4,382,302
- Year 4 \$4,880,302
- Year 5 - \$4,380,302

The detailed annual breakdown is shown in the table below.

Table 16: Detailed Programme Budget (\$)

Activity	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5	Total
Knowledge	4,233,890	1,939,945	1,939,945	1,939,945	1,939,945	11,993,670
Building						

Sensitisation	605,540	302,770	302,770	302,770	302,770	1,816,620
IEC Materials	1,907,500	953,750	953,750	953,750	953,750	5,722,500
Training	1,366,850	683,425	683,425	683,425	683,425	4,100,550
STI Treatment		-	-		-	-
Condom Distribution	354,000		-	-	-	354,000
Advocacy		-	-	-	-	
Curriculum Development		-	-	-	-	-
Baseline Research	75,020	37,510	37,510	37,510	37,510	225,060
Policy	15,620	15,207	7,207	505,207	5,207	548,448
Policy Dev't	15,620	5,207	5,207	5,207	5,207	36,447
AIDS Fund	-	10,000	2,000	500,000	-	512,000
Institutional Arrangements	2,397,640	2,397,640	2,397,640	2,397,640	2,397,640	11,988,200
Total Amount	6,722,170	4,390,302	4,382,302	4,880,302	4,380,302	24,755,377