

The role of open and distance learning in improving access to education for HIV/AIDS management and Control in a rural district in Ghana.

Proposal Feedback ID 690 - EBENEZER KOOMSON

Ghana has ten (10) administrative health regions of which the management of HIV/AIDS is one of the health priorities. The health communities- training schools, health facilities, health NGOs, communities, social organizations, educational institutions, non-formal institutions, National AIDS Control Programme (NACP), Ghana AIDS Commission (GAC) are all involved. Each stakeholder contributes resources to organize training programmes to create awareness on the need to understand the epidemiology of the disease, its control and prevention, where the services of Counselling and Testing, treatment, and prevention of Mother to Child Transmission (PMTCT) infection are, and the contribution of the community and the clients are.

The Ghana Health Service (GHS) works under the umbrella of the Ghana AIDS Commission through the Ministry of Ghana as a policy implementer. Guidelines and policies on HIV/AIDS developed by the government is utilized strictly and fully by the services provided by all the agencies mentioned above.

The GAC uses its links with the Districts and Municipal Assemblies and NGOs as points of contact into the communities, and the GHS manages the educational and the health training schools, HIV/AIDS clients associations using curriculum developed by the joint initiative of GAC, MOH, and GHS itself.

The Central region has an estimated population of 2,000,000 with at least 60% living in remote areas with no or very limited access to the internet.

The road net work is limited to the larger and some small communities. However, almost all the communities have at least a primary school or something above.

The Ghana Health Service (GHS) and the Ministry of Education, Science and Technology have developed a joint school – health educational programme where the GHS provides capacity building for the School Health Educational Programme Coordinators in all the 138 districts in Ghana. Printed text books, posters and pamphlets have been developed since 1986. International health agencies like the WHO, EC, UNDP, UNFPA, UNICEF, WORLD BANK have been instrumental in providing funds and learning materials regularly. The HIV/AIDS is made to run at the back of other health programmes- EPI/MCH – to reach the target communities and individuals.

Delivery of materials is difficult in the remote communities, however, the establishment of Community Health Planning Services Initiative (CHPSI), has been very successful in almost 80% of the communities

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The Central region has established 10 ART and 40 PMTCT/VCT centres in three years.

Strategies involved are seminars and workshops to teach health care workers and community at festivals, durbars, markets and church occasions. Internet and computer- based learning facilities provided by government and agencies are tools used. Programme facilitators are given free airtime on radio stations to create awareness and education for the larger community. There is at least three radios in every community of 30 people. The operating time is 24 hours a day.

The 13 districts are all connected to the internet at least at the district or municipal assembly and the district health directorates of the GHS. Since 1986 training workshops and seminars are continually organised for the stakeholders through open learning situations. The teaching of competencies aimed at controlling and treating HIV/AIDS starts from the Primary level to the University level.

Television studios have been given airtime for the health agencies in HIV/AIDS control to inform clients, at risk populations and the inhabitants as whole to have the graphical view of the menace of HIV/AIDS in many regions of the world, and prompt people to have a change of heart for better protective behaviours.

Seminars and training workshops are organised for peer educators, queen mother, opinion leaders, traditional leaders and leaders of identifiable social groups to facilitate the implementation of the HIV/AIDS programmes to reduce the use of health human resources which is very limited as a result of brain drain of staff in Ghana. Cultural display depicting the dangers of HIV/AIDS is organised frequently as a better source of information on attitudinal change for better living is a facility culturally acceptable in many areas. The information and knowledge acquired by the audience is rated highly among the folks as something coming among their own kinsmen and a balanced one without prejudice and misinformation.

Secondary and the tertiary institutions do participate in debates, essay writing competition and tours to treatment sites on the disease to create efficient involved and ownership even in schools to influence the decision to practise better and healthy live styles.

Service delivery could reach the target clients if health staff are given adequate support to assess the internet after a day's schedule. They would get enough time to build their capacity and efficiently affect quality health outcomes. Health staff and stakeholders who can access the Internet do receive monthly feedback from the local and the national levels. Reports from the local to the next levels are easily facilitated through the feedback process through the internet facility.

With establishment of the CHPSI, the GHS in conjunction with district assemblies, community members, health-related NGOs and identifiable social groups have pulled resources together to implement essential health delivery channels to all population settlements. Trained community health volunteers link their respective communities and the CHPSI centres where a team of at least two health staff stay and render basic and essential home-based care services on HIV/AIDS, TB, Malaria and Immunization serving a population of 500. Most of these areas are remote and inaccessible to the sub-district health centres with limited tele-communicational and transport systems.

Competency based and learner centred training periods is organized by all health related agencies for health staff in the 138 health districts from the training schools to the Postgraduate level with periodic and continuous emphasis on excellence.

By the end of 2007, one hundred (100) health staff was trained through open learning to improve their capacity on treatment and management of sexually transmitted diseases and rapid testing for HIV infection. Two hundred and sixty (260) health counsellors on HIV/AIDS have been trained to support the PMTCT/VCT service outputs throughout the region. All the 13 districts in the region have two ART and PMTCT/VCT centres to create more access for the ever increasing prevalence of HIV/AIDS.

The Regional Coordinating Council (RCC) in conjunction with the Regional Health Directorate (RHD) have been using the departmental heads and representatives from government agencies, NGOs, Churches, identifiable social groups, tradesmen and women, artisans, hoteliers, and at risk groups to use them as agents of communications, advocacy, and behavioural change to reduce the impact of the pandemic in the region. Quarterly review meetings are organised by the RCC and RHD to improve the activities of all the stakeholders as per schedule given them in the previous quarter.

Two hundred second cycle teachers were trained to communicate with community members in their localities to wilfully accept and utilize the PMTCT/VCT services closer to them as a public good.

The GHS also organizes monthly review of data, and analyze the activities performed by each district in the light of action plan each respective district had set. Challenges and lessons learnt

are fully discussed to the understanding and the aspirations of the national policy on HIV/AIDS in Ghana.

Distance learning training programs are also organised for the Ghana Health Service staff – namely- doctors, surgeons, dentist, nurses, mid-wives, paramedics, at their work places with the help of the Internet and distribution of teaching and learning materials at quarterly basis. These activities have made it possible for the region to create enough access for the Prevention of Mother to Child Transmission of HIV, and Voluntary Counselling and testing services.

Feedback from the learners is sent through the RHD to the national level. The capacity of the staff and their understanding is demonstrated by the ability to coach and teach their colleagues and peer in their localities and work places to accept AIDS as a chronic disease without cure for now, but preventable with an identifiable causative agent.

Client counselled. In 2006, a total of 9898 pregnant women attending antenatal clinics were counselled on the importance of taking the HIV testing and utilizing the services of Prevention of Mother to Child Transmission of HIV facility. In addition, 7545 blood donors were also provided with the counselling services.

Educating the folks. Every community is having at least one person associated with HIV/AIDS education who serves as a potent link between the community and the health sector. They are respected by the community as sources of knowledge and information not only for HIV/AIDS but also for other communicable diseases like malaria, gonorrhoea, vaginitis measles, etc. These people highlight key prevention services, including HIV testing, condom promotion, mass media campaigns, and focused programmes for youth, mothers, injection drug users, sex workers, and men who have sex with men (MSM).

Media and art advocacy and research organizations that use information and communication technology (ICT) and other forms of media for development are also employed as collaborators in educational activities in improving the information and knowledge base of HIV/AIDS clients, their relatives and neighbours. Their mission is to advance the skills and prominence of photojournalists so that they might effectively advocate for the rights and development of minority groups, especially women and children. They carry this out by documenting and increasing society's awareness of the achievements and challenges of women and children through photography and video, by building the capacity of visual communicators and the media to respond to communities' rights issues, and by creating and providing useable and accessible information for the development of women and children. Motivated by the belief that access to information is a key issue to women's and children's development, they also produce audiovisual and artistic information, education, and communication (IEC) materials. These materials are design to enable the organization to overcome language barriers and illiteracy in their advocacy and research initiatives.

The UNFPA, European Community (EC), and the Ghana Health Service (GHS) have pulled resources in collaborating with Queen mothers, adolescences, church leaders, faith based organizations, health advocates, opinion leaders, Assemblymen and women, school teachers health agencies to discuss and share and ideas on the content and form of messages appropriate in fighting stigma and other social vices against the HIV/AIDS pandemic in the region. Giant billboards are place at vantage and strategic sites in the communities to attract attention of the intended audiences and other residents and would be passer-bys. These are done with the critical involvement of sociologist and health promotion practitioners who are employed to facilitate the effective implementation of health activities and perfect realization of the set goals of creating awareness and improving the skills of community and at risk groups for preventive health care and sustainability. Community and public health workers and other health related agencies and NGOs distribute T shirts, pamphlets, posters, and flyers on the health messages developed to reach the remotest villages and habitats during outreach health programme. Drivers from identified transport unions and school children from first, second and third cycle schools participate in distributing the materials developed.

The health promotion unit of the Regional Health Directorate organizes monthly video show and mass media sensitization of community members on the current developments in HIV/AIDS care especially in hard –to-reach communities in consultation with the respective Directorate Health Directorate. School children and other social groups are mobilized to use placards filled with meaningful preventive messages on HIV/AIDS written by themselves through major towns, streets ,at durbars and social festival grounds to maximize communal association with the aspirations of the stake holders in it.

A viable team of researchers from research units of the UNFPA, EC, and the GHS evaluated the first set of developed health material in 2005 and certified the impact and acceptance as satisfactory. A recommendation was made for the use of the radio and television also as alternative media but not forgetting the cost involved and where it would be coming from.

Delayed budget quotas from the organizations involved has been the major problem ; it affects the smooth implementation of the programme in some quarters but pooling of resources from other funding sources do usual mitigate the expected effect.

The group meets monthly to review activities performed in the previous month, assess the need for any re-designing or additions to the educational materials developed.

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