

AFRICA EDUCATION WATCH

THE GHANA COVID-19 SCHOOL RE-OPENING MONITORING

A MONOGRAPH

Introduction

The Corona Virus Disease (COVID-19) and its attendant social distancing and lockdown has negatively affected the education sector of Ghana by cutting short the 2019/2020 academic year in the middle of March instead of July. While continuing students have lost over 14 weeks of instruction, Ghana's effort, synonymous with the continental norm has been to salvage the future of finalists-Junior High School (JHS) 3 and Senior High School (SHS) 3 students.

Consequently, the United Nations Education, Scientific and Cultural Organization (UNESCO) and World Health Organization (WHO) issued protocols to guide countries in planning the re-opening of schools. These were followed by guidelines by the Ghana Health Service (GHS) and the Ghana Education Service (GES). These protocols and guidelines were the embodiment of psycho-social, water, sanitation and hygiene, health and safety, pedagogic and behavioural pre-requisites to make schools safer for students, teachers and non-teaching staff.

The Government of Ghana on the 31st of May, 2020 issued a directive to the Ministry of Education (MoE) and the GES to re-open schools for finalists to prepare and write their examinations in August and September, and some continuing students in SHS (*Track Gold*) to catch up

with their counterparts in track green who had the better of the semester before COVID-19. In all, Ghana's pre-tertiary education system opened up for over one million students, about 12% of the total pre-tertiary population of 9 million.

As Civil Society Organizations, it became necessary to initiate the process of monitoring implementation progress, challenges and their impact on quality, equity and inclusion, with the view of engaging GES towards strengthening their approach in the anticipated opening of all classes for the next academic year. Consequently, with funding from Actionaid Ghana, Africa Education Watch and its regional partners purposively sampled two hundred schools (100 SHS & 100 JHS) across all regions of Ghana, from which the monitoring of the implementation of the COVID-19 school re-opening protocols and their impact on quality, equity and inclusion took place.

With a response rate of 87%, the team monitored compliance to health and safety, pedagogic, social distancing, psycho-social, water, sanitation and hygiene protocols and their impact on quality, equity and inclusion in the month of July, 2020, by engaging with management level staff in the schools.

This report is a documentation of the findings and recommendations of

Ghana's COVID-19 Back to School Monitoring.

What are the key highlights of the UNESCO & GES COVID-19 School Re-opening protocols and guidelines, and what did they require of GES?

The guidelines and protocols mandated the GES to among others:

1. Train and fully equip teaching and administrative staff in school on implementing physical distancing, school hygiene practices, including orienting cleaning staff on disinfection.
2. Equip schools with personal protection equipment to ensure schools are COVID-19 complaint before re-opening schools.
3. Screen and medically certify all kitchen staff before re-opening to ensure there is no possible transmission of COVID-19 from the kitchen.
4. Provide school leaders with clear guidance to establish procedures if students or staff become unwell. Guidance should include monitoring students and staff health, maintaining regular contact with local health authorities, and updating emergency plans and contact lists *for* their teachers to receive health and safety orientation ahead of re-opening.
5. Develop a decision model for re-closing, and re-opening schools as needed due to resurgence of community transmission.
6. Provide onsite medical facilities before re-opening schools.

7. Provide psycho-social and counselling services to students.
8. Waive school fees and other costs wherever possible and eliminate other barriers to entry to maximize re-enrolment rates.
9. Operate class sizes of twenty-five (25) for SHS and thirty (30) for JHS, and allow for at least one-metre all round distancing of school seats in classrooms to reduce the possibility of infections.
10. Take specific measures to support girls' return to school through increased community engagement.

Summary of findings

Were teachers trained in health & safety protocols, GES COVID-19 guidelines & classroom management?

Teachers in 52% of schools were not given any form of training before schools re-opened, even though 48% received some orientation on health and safety prior to re-opening. The schools without prior re-opening training included Nassah Junior high school (Upper West Region), Our Ladies of Lourdes Girl's SHS, Bawku SHS, Bolgatanga Technical Institute (Upper East Region), Darul Hardis JHS and Kpambegu Khalidiya Islamic JHS (Northern Region), Nyankumasi Ahenkro SHS, University Practice SHS (Central Region), Accra High School and Accra Girls SHS. It is worth noting however, that, many other teachers were later trained after schools reopened.

What are the issues surrounding PPE supplies?

Schools received veronica buckets, sanitizers and face masks for students and staff in various quantities. The highest number of veronica buckets were received by Prempeh College (130) and Okuapeman SHS (100), with the lowest numbers to SHS being Peki SHTS (5), Sombo SHS (4) and Baidoo Bonsoe Senior High Technical School (3) in the Volta, Upper West and Western Regions respectfully.

In JHS, majority (78%) received between one and two veronica buckets and one thermometer. These include Kuncheni Roman Catholic J H S (Upper West Region), Kenyasi No. 1 JHS (Ahafo Region), Abura Gyabankrom D/A Methodist JHS (Central Region). Schools expressed worry about the inadequacies, calling for each classroom to have a veronica bucket at the entrance, instead of one or two buckets serving a floor of three to six classrooms.

There were delays in the distribution of the PPEs due to its centralized nature. PPEs were procured and distributed directly under the Office of the Senior Minister. The centralized nature of the procurement and distribution process caused extreme delays in their supply to schools, with 49% of schools receiving their face masks after schools re-opened. Only 13% of schools received their PPEs prior to re-opening, accordance to plan. The Ministry of Health has already indicated government's intention to decentralize PPE procurement and distribution.

Were face masks received at the right time and in right quantities as indicated by GES? There were delays

and numerical discrepancies in receipt of face masks as most schools received the full complement of three, with others receiving one or two. About 49% of schools received their face masks after re-opening with only 38% of teachers receiving all three (3) pieces. Majority (47%) of schools received two (2) with 15% receiving only one. This goes to confirm the complaints of teacher unions regarding poor supply of PPEs.

Did GES provide medical screening for kitchen staff? The only screening kitchen staff were taken through was the routine temperature checks on all resident within the school community. Contrary to the GES' guidelines, none of the 100 SHS sampled had their kitchen staff tested for COVID-19 or certified medically before or during re-opening.

Were school heads trained in COVID-19 school management? The 5-paged GES guidelines for school re-opening did not provide guidelines on COVID-19 risk management communication and case management. School heads were only directed to report any suspected case to the District COVID-19 Task force by calling a designated telephone number for medical support. The lack of any training for school heads in COVID-19 Case Management in School, including risk management communication, created a helpless situation in many schools that experienced outbreaks or suspected cases.

How efficient were the school COVID-19 teams? All schools had COVID-19 teams whose mandate was to coordinate the implementation of the guidelines at the school level. The teams,

headed by school headmasters, played key roles in educating, enforcing compliance to recommended guidelines, while liaising with district level health teams. It is worth mentioning that, the tedious nature of the work, especially in schools that recorded cases, made it difficult for some teachers to blend effective teaching with the Committees duties.

Were schools disinfected? All schools, both public and private were disinfected first against bedbugs and other insect pests, and later against COVID 19. The exercise, which was coordinated by Regional and District Education Directors, was completed prior to re-opening, in line with GES guidelines.

What was the science behind re-opening and re-closing? The absence of published guidelines on the scientific indicators that warranted re-opening, together with the magnitude of spread that could necessitate school re-closure were key gaps in the Ghanaian school re-open response. These only came into light when infections began to cross the 50% mark in schools; but when quizzed, health authorities were evasive, and later equivocal on whether or not there were any benchmarks for anticipated school closure. After persistent pressure by Civil Society and the media, a later announcement of 15% infection rate in a particular school as re-closure benchmark was an obvious afterthought.

What was the state of Health facilities on campuses? During our monitoring, a student died of non-COVID causes at KNUST SHS, partly because there was no healthcare professional on campus, nor equipped sick bay to provide

first aid. Although most (82%) SHS had sick bays, some 18%, mostly rural ones, did not have any. This included schools like Zorkor SHS (Upper East), Brekum SHS (Bono), KNUST SHS (Ashanti) and Takpo SHS in the Upper West Region.

Did GES provide healthcare professionals on campuses? Contrary to the GES guidelines assuring the assignment of a healthcare professional to each educational institution, there were no healthcare professionals in 36% of schools. The tremendous importance of the real time presence of healthcare professionals to government's re-opening plan, as pronounced by the President, suggests about one third of SHS were not ready to re-open. Notwithstanding, all SHS had designated isolation rooms.

Where were the professional counsellors? Only 12% of schools had professional counsellors. Schools with professional counsellors were mainly mission schools who were supported by their faith based sponsors to engage these professional counsellors. The majority (88%) of schools sampled had teachers deputizing as counsellors, albeit untrained ones.

Which fee did government absorb due to COVID-19? Government decided to absorb the West Africa Senior Secondary Certificate Examinations (WASSCE) examination fees of 313,837 students in the public sector, amounting to over GHC 75.4 million (Approximately US\$ 11 million). This is highly commendable, in cognisance of potential economic barriers to examination registration, coming from a period of lockdown which crippled the economies of many vulnerable households.

How many schools recorded girls-dropout after the prolonged school closure and why? Consistent with available literature on post-pandemic girls' re-enrolment, specifically from Liberia and Sierra Leone after Ebola, 22% of schools had issues of girls not returning, barely one month into re-opening for SHS and three weeks for JHS. Two reasons were adduced for the absence of girls from school; pregnancy (75%) and marriage (25%), with SHS in the Upper East Region having the most cases.

The current design of SHS admissions will make it impracticable for these pregnant girls to re-enter school under the GES re-entry policy for pregnant girls. This is because, admissions are centralized through the Computerized School Placement System, and also only permitted at SHS 1, where a unique Student Code which is valid for a three year period, coterminous with the three year duration of SHS education in Ghana is assigned to students. This means, whenever girls drop out of school due to pregnancy in their final year, the unique Student Code would have expired after childbirth, leaving the only option for re-entry to private SHS.

How did schools observe physical distancing? Physical distancing was generally observed in class, dormitories and dining halls. Class seating arrangements were adequately spaced in line with the GES/UNESCO protocols, with 82% of sampled SHS recording maximum class sizes of twenty-five (25). Nonetheless, 13% of SHS had maximum class sizes of thirty (30). There were also about 5% SHS that had maximum class

sizes above 30 in the Upper East, Bono East and Greater Accra Region. It is praiseworthy that at the JHS level, the class limit of thirty (30) was fully observed in all schools.

Were dining hall seating COVID-19 compliant? In dining halls, a significant (60%) number of schools operated a 6 to 8 students per table policy, with the remaining 40% hosting 9 to 14 students on a table. Whereas the 6 to 8 students per table situated fairly within the recommended physical distancing of one-metre, same could not be said of the 9 to 14 per table, which only allowed about a half metre distancing, making such dining halls a high risk area for COVID-19 infection.

Is there adequate security in our schools? SHS were largely unfenced, making it possible for students to sneak out and vice versa. In fact, 90% of schools did not have fenced campuses, whereas 85% lacked adequate security officials to man all the points of entry into the schools. Schools like St Augustine's College (Cape Coast) and St John's SHS (Sekondi) with a land area of about 50 or more acres had only three security men at post at any particular time. This posed great difficulties in enforcing the COVID-19 guidelines.

Recommendations

1. GES should amend the SHS admissions system to allow school heads to re-admit pregnant girls after delivery.
2. Government must decentralize the procurement and distribution of PPEs to avoid the delays in supply.

3. GHS must set and publish COVID-19 incidence thresholds for school re-opening and re-closure even before schools are re-opened.
4. GHS must establish and implement a regular randomized sampling testing protocol of the school population to inform policy on the incidence in schools.
5. GHS must provide nurses in every secondary school.
6. GES must provide sick bays in every secondary school.
7. GES must ensure every school receives PPEs and sanitation logistics before re-opening.
8. GES must increase the number of veronica buckets per school to enable each classroom to have its own bucket.
9. GES must develop a COVID-19 School Management Manual to guide school heads, and train them on it before re-opening schools.
10. GES must ensure Health and Safety training for school staff precedes school re-opening.
11. GHS must produce and display IE&C materials on COVID-19 protocols and compliance across campuses to help in Behaviour Change of students.
12. Civil Society Organizations must collaborate with the media to broadcast sex/moral education content targeting adolescent girls at home.
13. Teachers who serve on the School COVID-19 teams should be excluded from teaching, to strengthen their focus.

The Ghana COVID-19 School Re-Opening Monitoring Report is an initiative of Africa Education Watch, as part of the Africa COVID-19 Back to School Campaign with support from Actionaid Ghana.



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