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ASSESSMENT OF THE PREPAREDNESS OF THE

MANAGEMENT AND STAFF OF DEPARTMENT OF COMMUNITY DEVELOPMENT IN ASSISSTING PEOPLE (WOMEN GROUP) IDENTIFED BY MINISTRY OF HEALTH AS LIVING WITH HIV/AIDS TO INCREASE THEIR INCOME LEVEL

GHANA

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By

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DEDICATION

To

My loving children

**Dorcas O.Apronti, Lydia O.Apronti,
Priscilla T. Apronti and Deborah S. Apronti**

ACKNOWLEDGEMENT

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ABSTRACT

This study was undertaken to find the reasons for the Department of Community Development not being prepared to assist people who have been identified by the Ministry of Health as living with HIV/AIDS especially females (groups) to increase their income levels. The study was also done to identify the factors that contribute to the preparedness of the staff of the department to assist people who have been identified by the Ministry of Health as living with HIV/AIDS especially females (groups) to increase their income levels. As a result the focus was on the staff rather than the target groups and more related to HIV/AIDS. The study went further to recommend for more action on internal mainstreaming of HIV/AIDS in relation to gender perspective.

The study was an in-depth case study involving 16 respondents from the staff of the Department of Community Development at the head office and the Manya Krobo District.11 individuals and one focus group (5) semi-structured interviews were organized and recorded in collecting the primary data. Verbal and non-verbal behaviour were noted while leading questions were asked. Desk survey was undertaken to provide information to throw more light on the research problem studied. Data analysis was done with SWOT by looking at what should be there and comparing with what is there backed by concepts before giving opinion. The findings of the study were as the followings:

- The respondents' knowledge and experience on HIV/AIDS was influenced by the kind of workshops attended and this was more for the senior staff than the junior staff. The position in some way had influence at the district level where the workshops were attended by the district officer. DCD does not organize regular workshops on HIV/AIDS for the staff as a result the knowledge of majority of the staff on the subject was transmission and prevention. A few at the top knew something about stigma, mainstreaming and impact on development. But in the areas like HIV and gender, human rights issues and positive living they were lacking.

- The women had more knowledge on income generation than the men. More than seven years now there has been no in-service training organized by DCD especially for the field staff and this has affected their performance in the field. This makes some of the newly employed field staff not prepared to assist people identified by MOH as living with HIV/AIDS especially females (groups) increase their income level.

- As touching the skills of the respondents, 69.8% were very good at mobilisation, animation and sensitization but lacking in advocacy. It is through this that the staffs reach the rural and urban poor areas to assist them with whatever programmes available. These skills are used during collaboration and networking with other government and non-governmental agencies when dealing with rural and urban poor communities.

- Notwithstanding the above, staff of DCD also need technical skills in the area of income generation to help the target groups increase their incomes. The results revealed that income generation was in the domain of the female staff and that the males were not really handy with it. In addition no new skills have been added to the old ones therefore most of the staff are not abreast with time.

- In fact related to HIV/AIDS they are not equipped with adequate skills. About 75% of the respondents do not have the analytical skills to look at gender and HIV/AIDS or other issues related to the disease. They do not have the ability to confidently deal with HIV/AIDS issues in the field therefore these reasons also makes them less prepared to work with people identified by MOH as living with the disease.

- Some of the staff of DCD may not have the required attitude to deal with people identified by the Ministry of Health as having HIV/AIDS. Out of the respondents 1 was not ready to even shake hands with someone identified by the Ministry of Health as having HIV/AIDS. If none thing is done this will affect the preparedness of staff with this challenge to work with people identified by the Ministry of Health as having HIV/AIDS especially females (groups).

- Among all the resources the most lacking was the financial. About 93.7% of the respondents said it is not enough consequently travelling and transport allowance to the staff are at times not paid. Whilst this affects fieldwork, it also translates in the number of workshops organized to upgrade or improve the skills of the staff. At times only one is organised within a year and most of the time junior staff are not considered. As a result some of the staff depends on other agencies or the district assemblies to upgrade their knowledge which is not always forth coming.

- With material resources 87.5% of the staff expressed the view that it was insufficient and even affects the recording of activities in the field. They felt that the department should take bold steps to address the issue and provide enough for all the offices in the country including the vocational institutions. Most of the field and institutional staff do not have adequate materials to with people identified by the Ministry of Health as having HIV/AIDS especially females (groups).

- About 69.5% of respondents agreed that the equipment, vehicles and motors were inadequate. And that agencies help with whatever they have and at their own time therefore assistance may not come at the right time. Without motors how can rural communities in the interior areas be reached and benefit from programmes of DCD. If these communities can not be reached then the people living with HIV/AIDS can definitely receive assistance. Most of the district offices do not even have computers to work with. However the remaining respondents disagreed with them in the sense that it is compulsory for the district assemblies to cater for the staff in their respective areas. They also felt that as other agencies are helping in one way or the other, the staff should be content. Some went further to indicate that because the civil service does not encourage innovation, they were unwilling to take initiatives.

- In relation to the size of the staff in the department it is inadequate. Most of the respondents complained and said that without adequate staff the department cannot explore new areas to assist people who were in need like the people identified by the Ministry of Health as having HIV/AIDS. Except for one respondent the rest were of the view that the size of the staff was insufficient to take care of the whole country. The department, with the newly created district has increased its offices from 138 to 170 without any change in the size of the staff which is 900 (410females and 490males) including those at the head office and the regions. This is in view of the fact that the districts are the place where most development activities take place. In spite of the fact that most field staff are females the gender equation is not encouraging.

- The Department of Community Developments' programmes already indicated in sub-section 4.3 caters for rural and urban poor people especially the vulnerable and with its office location has an advantage to implement programmes to cover the vulnerable. These include people identified by MOH as living with HIV/AIDS especially women (groups) to increase their income levels.

- According to half of the respondents the department has just with the assistance of MLGRDE developed a work place policy which is yet to be implemented and majority of the staff are not aware of. In addition the goals, strategies and plans of the department have not been modified to cater for the people identified by the Ministry of Health as having HIV/AIDS.

- There is no specific policy in the department to target people identified by the Ministry of Health as having HIV/AIDS. Nevertheless the general government policy on the Millennium Development Goals (MDG) 6 and Growth and Poverty Reduction Strategy11 (GPRS11) informs the actions of DCD. The sixth (6th) goal is to combat HIV/AIDS, malaria and other disease and this is done through the use of education and sensitization which is intended to increase the adoption of preventive measures. The respondents said the department has not modified its mission, goals (annex -3) and the roles & responsibilities of the staff to explicitly include anything relating to HIV.

- There are also no national policies mandating the department to link up with MOH and assist the people identified by the Ministry of Health as having HIV/AIDS. The department is not backed by any policy to demand the names and places of residence of the people identified by the Ministry of Health as having HIV/AIDS. For that matter the only way it collaborates with MOH is at multi-sector meetings. Here the department is only concerned with awareness creation through education and sensitization. The department has no way of getting information from MOH.

- The department seems not to be proactive and not making any move to initiate policies in the interest of people identified by the Ministry of Health as having HIV/AIDS who are also vulnerable groups. However drafts have been made to include HIV/AIDS in the curriculum of the vocational institutes but they are yet to be operationalized. A respondent also indicated that budget line has been created for gender and HIV/AIDS which is yet to be implemented.

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ACRONYMS

FAO : Food and Agriculture Organization

NACP : National Aids/STD Control Programme

MOH : Ministry Of Health

GAC : Ghana Aids Commission

MLGRDE : Ministry of Local Government Rural Development and Environment

DCD : Department of Community Development

DBD : Department of Births and Deaths

DPG : Department of Parks and Gardens

DE : Department of Environment

PLWHA : People Living With HIV/AIDS

FEMA : Federal Emergency Management Agency

FASTS : Federation of Australian Scientific and Technological Societies

WHO : World Health Organization

UKCC : United Kingdom Central Council, for Nursing, Midwefry Education

SWOT : Strengths, Weakness, Opportunities and Threats

EU : European Union

UNICEF : United Nation International Children Education Funds

JHS : Junior High School

MDG : Millennium Development Goals

GPRS : Growth and Poverty Reduction Strategy

CHGA : Commission on HIV/AIDS and Governance in Africa

NVTI : National Vocational Training Institute

CHRAG : Commission on Human Rights and Administration of Ghana

VTI : Vocational Training Institute

CHAPTER ONE: INTRODUCTION

1.0 Background

This chapter looks at the literature upon which the various concepts of the study is based on and it gives an insight into how the analysis will be done. As a government organisation, the Department of Community Development needs to be prepared to perform its mandate. HIV/AIDS is a serious issue that all efforts are made from all fronts to tackle the epidemic. The Ghana Aids Commission is using the multi-sectoral approach to reduce the rate thereby keeping the prevalence rate of HIV/AIDS below 5%. For organisations to be prepared there is the need for internal and external mainstreaming of HIV/AIDS. Mainstreaming is a process therefore actions can be taken after identifying an entry point and can be started with three issues. The preparedness of Department of Community Development will be considered by looking at the competency in the area of HIV/AIDS and income generation (knowledge/experience, skill, attitude), resources, staff strength and policy.

1.1 Global/ Sub-Saharan African situation of HIV/AID

Since the detection of HIV/AIDS over twenty years ago, the global infection is now 33.2 million, with Sub Saharan Africa taking 22.5 million (UNAIDS: 2007). During the last decade, HIV/AIDS has come to be seen as a complex "medical, social, economic, political, cultural and human rights problem" (UN Declaration of Commitment 2001 cited in Kamminga et al., 2003, p.7). The epidemic has also become a global crisis and constitutes one of the most formidable challenges to development gains undermining economies, threatening security and destabilizing societies. Sub-Saharan Africa remains the most affected region in the global AIDS pandemic. More than two thirds (68%) of all people HIV-positive live in this region. Unlike other regions, the majority of people living with HIV in the Sub Saharan Africa (61%) are women (UNAIDS: 2007).

Table: 1 Adult (aged 15-49 years) HIV prevalence in some SSA countries %.

Countries	2003 HIV prevalence (%)	2005 HIV prevalence (%)
Benin	1.9	1.8
Bostwana	38.0	21.1
Burkina Faso	4.2	2.0
Cameroon	7.0	5.4
Ghana	3.1	2.3
Zimbabwe	24.6	20.1
South Africa	20.9	18.8

SOURCE: UNAIDS report (2007)

From the table above, the effects of the disease are more felt in eastern and southern part than the West Africa. And it has been indicated that downwards changes in the rates of some countries are due to the reduction in new infection as a result of reduction in the risky behaviour coupled with refinement in methodology (UNAIDS: 2007).

Studies conducted in East and Southern African countries have concluded that AIDS has a disproportionate impact on the morbidity and mortality of the most productive age groups. Its impact on the households is characterised by sharp reduction in the available time, labour and other resources of individuals and households, leading to loss of assets (Rugalema, 1999; Yamano and Jayne, 2004). In Tanzania, studies indicated that rural households which supplemented their income with non-farm activities that are often home-based, required low labour and are involved in fairly large number of such income generating activities, as well as farming were able to buffer themselves against the impact of the HIV/AIDS (FAO, 1995:1998). Therefore all efforts marshalled should be organized in a way to make implementers prepared.

1.2 Ghana Situation of HIV/AIDS

The HIV/AIDS epidemic in Ghana like other West African states has developed at a relatively slower pace but infection rates are rising fast (Hilhorst et al; 2006). In Ghana there are 350,000 people living with the disease and 250,000 orphans. Though the prevalence rate in Ghana has remained below 5%, for over the past 16 years, the number of persons living with HIV continues to rise daily. Although official reports shows low HIV/AIDS prevalence rate of sexual active adults within the ages of 15-49 as 3.2% (Ghana Aids Commission: 2007), the figure of the people having the disease is believed to be more.
This is due to the fact that many seek assistance traditionally for fear of stigmatization and are therefore not recorded at the health centres. The figure varies from region to region and eastern region tops the list with 4.2% (Ghana Aids Commission: 2007). It is often said that the impact of the disease differs from household to household, but just as vulnerability and susceptibility differs from household to household so also impact differs (Whiteside, 2005). This calls for preparedness from all levels so that the prevalence can be kept very low.

In Ghana the HIV epidemic continues to challenge the development and economy. Consequently the economic burden of the disease for households in rural areas of the country is catastrophic. HIV/AIDS increases the expenditure of people infected or affected thereby reducing their incomes and raising the poverty levels in rural areas especially women. They are further pushed into impoverishment leading to the adoption of risky livelihood option like prostitution. This exposes them more to the disease thereby making them susceptible and vulnerable to HIV/AIDS respectively. As a result of its tolling effects on humanity, government with assistance from international bodies have come together to find ways and means to reduce its spread and negative impact on the nation, communities and individual households.

The adverse impact on Ghana has made governments, present and past to take drastic effort in the areas of prevention, care and mitigation to tackle this pandemic. In an attempt to prepare for action in 1987 the state established the National AIDS/STD Control Program (NACP) within the Ministry of Health (MOH) to provide technical support to all relevant stakeholders in the campaign against the disease. The Ministry of Health was primarily responsible for implementing the early programs, as was typical in African countries. However, over time other public sector ministries, private sector, non-governmental organizations and people living with the disease became more involved in program

implementation. In 2001 the Ghana AIDS Commission (GAC) was set up to provide an overall leadership, advise to central government on all issues related to the disease and coordinate the national response to the epidemic in the country. Through the Ghana AIDS Commission, the Government has marshalled a comprehensive multi-sectoral response to prevent new infections, treat and care for persons living with HIV (PLHIV) and mitigate the impact of the disease. Through the implementation of the National Strategic Framework NSF I (2001 - 2005) and NSF II(2006 - 2010) various structures have been put in place, capacity has been built and resources mobilised towards an effective response. One of these responses by the government is the income generating activities.

It is believed that livelihood diversification like income generating activities could be a key factor to militate against the impact of such shocks as HIV/AIDS and strengthen resilience. It is assumed by FAO that generic development of policies and programmes need to be done based on poverty alleviation such as micro-credit, micro enterprises and rural employment creation particularly to meet the needs of the vulnerable rural groups (widows, youth and elderly). In most cases such programmes also provide training in functional literacy, book-keeping and financial management which enhances local capacity and self-esteem and enable beneficiaries to build up relatively efficient and well-managed enterprises (FAO, 1995:1998). These programmes are normally meant for poverty and for that matter to strengthen the resilience of individuals and households to AIDS.

In spite of such programmes by the government, a recent review of the national response to the HIV/AIDS epidemic stressed the importance of expanding the multi-sectoral approach to the disease. The Commission as the highest policy making body on HIV/AIDS and performing the roles in Ghana, makes policy guidelines with roles set out for all sector and ministries. This guides these agencies to design, develop, implement, monitor and evaluate their own specific sector response to HIV/AIDS. Before these agencies can handle their sector response well, they need to be prepared for the work.

The Ministry of Local Government, Rural Development and Environment (MLGRDE) is one of the sector ministries that has a very important role to play because it is in charge of the development of the regions and districts in the whole country. Under the ministry are the 170 administrative assemblies in the country and four departments. They are Department of Parks and Garden (DPG), Department of Births and Deaths (DBD), Department of Community Development (DCD) and Department of Environment (DE) (annex1- structure of MLGRDE and DCD).

The Department of Community Development implements the rural policies and programs of the ministry for the vulnerable including those associated with HIV/AIDS. It is of interest to note that HIV/AIDS if not checked can erode all the developmental gains in the country. Therefore the role of rural development in the nation is so important that it places the Department of Community Development at a strategic place and therefore must be prepared. Preparedness involves Internal and external mainstreaming. Internal looks at the organisation internally in the area of staff (attitude, knowledge, etc) to deal with the HIV/AID situation in the work place, policy put in place, resources, capacity building of the staff and networking. External mainstreaming considers how to strengthen and adapt the programs of the organisation to respond to changes at household and community level. It also looks at how to fight root causes in a more systematic manner by staff looking at the unintended negative side effects of the programs. At the same time strategies and plans are modified to suit the changes in the environment.

With staff all over the country both in the 10 regions and 170 districts, the department stands the chance of reaching majority of the rural people in the country.

As already indicated, its programs are targeted at the vulnerable in society including those living with HIV/AIDS to improve their lives and raise their standard of living. Through the programs it is expected the impact of HIV/AIDS on the lives of the rural people are reduced and their resilience strengthened. It is already known that HIV/AIDS decreases the income levels of those affected and infected with the disease since resources and time are diverted to care for these people at the expense of productive work. As a result material and financial assets are gradually depleted. This is due to decreasing incomes, increase cost of healthcare and breakdown of traditional support mechanisms thereby, heightening the vulnerability of rural communities to the shocks (De Waal 2002).

1.3 Problem Statement

The Ministry of Health in Ghana has the sole responsibility to identify People Living with HIV/AIDS (PLWHA) and in almost all cases the identity of these people are not revealed. This is based on their policy and ethical code on confidentiality which must be enforced (NACP, MOH, 3rded, December 2001). Notwithstanding that, some of these people come together and form groups to support each other. In spite of this, through quarterly reports from the field and my personal experience, there is no indication that the Department of Community Development works with these groups. That is groups made up of people identified by the Ministry of Health as living with HIV/AIDS (PLWHA).

The Department of Community Development in Ghana is mandated to organise programs to assist the vulnerable who includes people living with HIV/AIDS (PLWHA) in rural and urban poor society to improve their standard of living through their own initiative. Even though the Department officially has no way of identifying the people and for that matter households affected or infected by HIV/AIDS, the staff work all over the country including areas heavily affected by HIV/AIDS. For instance the staff works in the Eastern Region where figures from the Ghana Aids Commission indicate that the prevalence rate of 4.2% is the highest amongst the ten regions in the country and also above the national rate of 3.2% (Ghana AIDS Commission, 2007). The staff of DCD work to assist the people especially women most of whom because of their culture are poor, marginalised and relegated to the background. Through the programs organised by the Department, especially income generation activities the staff assist the women to improve their lives.

However in spite of this mandate the Department's activities does not reach people identified by the Ministry of Health as living with HIV/AIDS (PLWHA). As a result the research seeks to identify and explore the reasons for not reaching them. It also seeks to assess how the Department as well as the staff are prepared to assist people who have been identified by the Ministry of Health as living with HIV/AIDS and especially females(groups) increase their income levels.

1.4 Objective/ Questions
Objective

To make recommendation to improve the preparedness of management and staff in assisting people who have been identified by Ministry of Health as living with HIV/AIDS especially females (groups) to raise their income levels by studying the reasons why management and the staff are not doing it.

Main Question

What are the reasons that Department of Community Development is not prepared to assist people who have been identified by the Ministry of Health as living with HIV/AIDS especially females (groups) to increase their income levels?

Sub- Questions

1. What programs of the Department of Community Development are intended to assist the vulnerable including people who have been identified by Ministry of Health as living with HIV/AIDS especially females in the past to increase their income levels?

2. In what way has the staff of Department of Community Development been working with people who have been identified by Ministry of Health as living with HIV/AIDS especially females at all?

3. What are the factors that hinder the programs of the Department of Community Development from reaching the vulnerable particularly people who have been identified by Ministry of Health as living with HIV/AIDS especially females in the past to increase their income levels?

4. What do management and staff of the Department of Community Development need to be prepared to assist the vulnerable including people who have been identified by Ministry of Health as living with HIV/AIDS especially females increase their income levels?

5. What is preparedness in relation to the staff assisting the vulnerable including identified people who have been identified by Ministry of Health as living with HIV/AIDS especially females increase their income levels?

6. What are the barriers faced by DCD in getting information from the MOH on identified people who have been identified by Ministry of Health as living with HIV/AIDS?

1.5 Limitation of the study

The research process was characterised by a few challenges. **The first research topic: Assessment Of the Role Of Department Of Community Developments' Program 0n Income Generating Activity In Strengthening Resilience Of Rural Households Affected By HIV/AIDS In Dangme West Districts In Greater Accra Region – Ghana**, was abandoned.

It was abandoned because after interviewing 33 respondents I found out my research question would not be answered.

This was so because no one in the groups were affected by HIV/AIDS.

Secondly, HIV/AIDS issues were very sensitive and those affected were not willing to reveal information to people.

Thirdly the negative effects of stigma like people not buying or marrying from a house which has ever had an AIDS patient is preventing people from coming out to tell me their story. Again people still believed in superstition and attributed sickness related to AIDS with curses.

Lastly any family whose status concerning the disease is revealed faced ridicule from friends and community members. This discouraged them from making statements that will hurt their children or other family members.

One may then ask with all these problems surrounding the disease, why did I not use a different method? I thought I could get information about the people living with HIV/AIDS from the staff of DCD or the district assembly. Unfortunately this proved futile since those who have come out boldly to declare their status were not benefiting from the programs of the department therefore I could not link them to the department to answer my research questions. I therefore came to the conclusion that stigma and superstition was making people to hide their status and those of family members thereby not giving information about any AIDS related deaths in their family.

The process of data collection in general for the two was expensive in terms of time and money. I used 16 respondents for my second study because they were the only people who could give me the information I needed at the head office and at the selected district. Secondly time was not on my side. The sample size was 3 management staff, 6 from four sections at the headquarters, 2 representatives from the district and 5 from vocational institute. The time of data collection coincided with the vacation of the vocational institute therefore it affected my choice of respondent for the focus group discussion. I could not choose from among the whole staff but had to make do with what was there. Out of the 5 teachers one person came from each department (the dressmaking, tailoring, needlework & craft, catering and entrepreneurship). Generalisation of the results can be done only to a certain extent by the head office therefore it is important to point out.

CHAPTER TWO: CONCEPTUAL FRAMEWORK

2.0 Concept

The concept to be looked at is preparedness and it will give more insight into what the researcher is really looking at. The figure explains the concept

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                          ┌──────────────────┐
                          │   Competence     │
                          │   Knowledge      │
                          │   Experience     │
                          │   Skills         │
                          │   Attitude       │
                          └──────────────────┘

                          ┌──────────────────┐
                          │   Resources      │
                          │   Financial      │
                          │   Material       │
┌──────────────────┐      │   Equipment      │      ┌──────────────┐     ┌──────────────────┐
│  Department of   │      │  Vehicles/ Motor │      │ Preparedness │     │    Influence     │
│   Community      │─────▶│                  │────▶ │ Of Staff     │────▶│ programmes for   │
│  Development     │      └──────────────────┘      │ (DCD)        │     │ people identified│
│  (DCD)           │                                └──────────────┘     │ by MOH with HIV/ │
│  Staff           │      ┌──────────────────┐                           │ AIDS (Groups)    │
└──────────────────┘      │  Staff Strength  │                           └──────────────────┘
                          │  Size            │
                          │                  │
                          └──────────────────┘

                          ┌──────────────────┐
                          │    Policy        │
                          │  assist people   │
                          │  identified by   │
                          │  Ministry of     │
                          │ Health (MOH) with│
                          │ HIV/AIDS (Groups)│
                          └──────────────────┘
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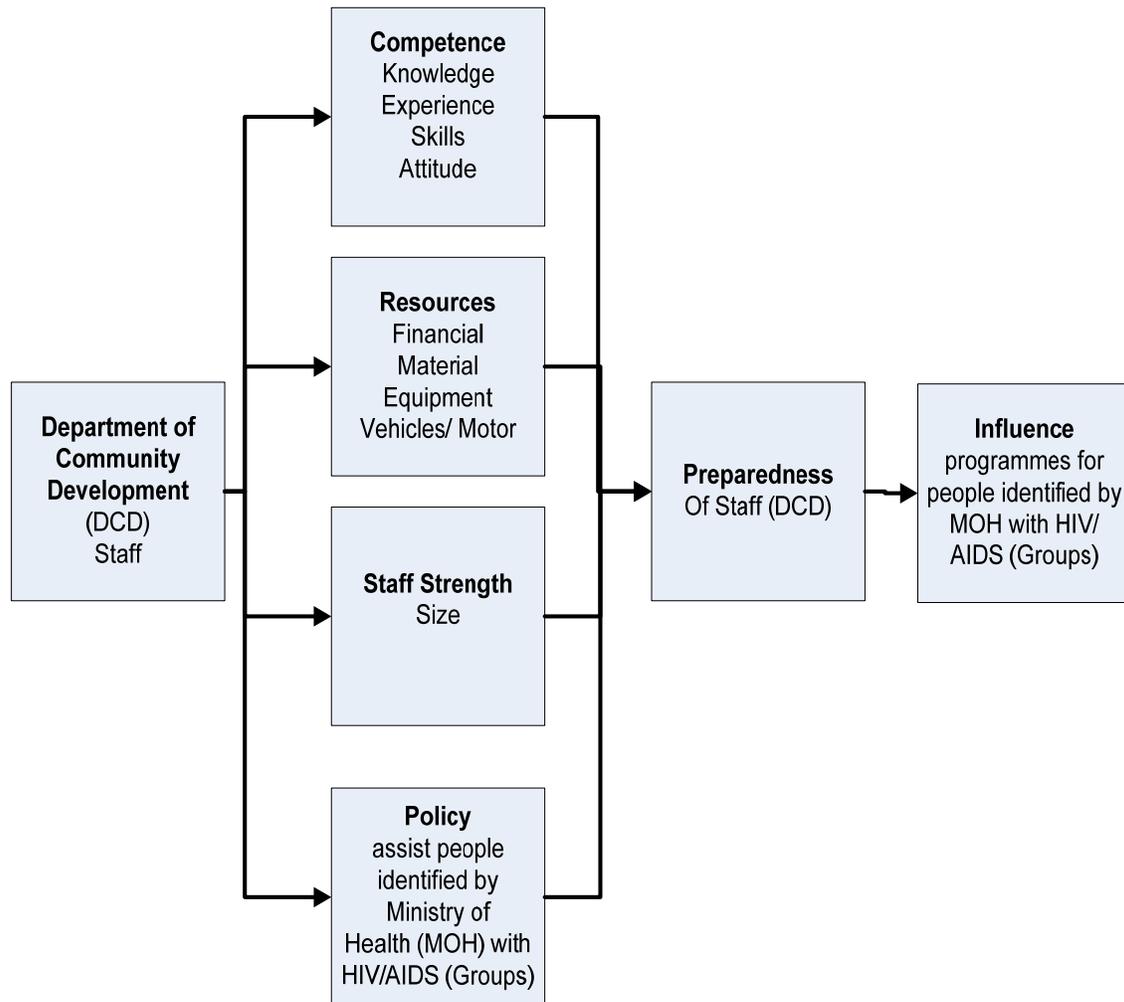
Figure: 1 Framework

Source: Author

2.1 Preparedness

.According to a discussion paper by the Federation of Australian Scientific Technological Societies (FASTS: 2007, p.2), preparedness as a concept needs to be operationalised and therefore see it as distinct outcomes. It was indicated that as distinct outcomes that is, as a public policy it is associated with risk minimization, developing options for future action and critically building the capacity to meet future contingencies. Accordingly preparedness is the desired outcome of government activities and so should be expressed in the outputs. It is also something that can be manipulated, it can be decreased or increased or made less relevant to socio economic goals. Government agencies are therefore required to report on

their performance in achieving outcome targets in their annual reports. In practice, preparedness cannot be disassociated from skills formation, education and Research and Development for each is involved with preparedness (FASTS: July 2007).

On the other hand preparedness according to Federal Emergency Management Agency (FEMA) Is the leadership, training, readiness, exercise support, technical and financial assistance to strengthen citizens, communities, state local and tribal government and professional emergency workers. It is done as they prepare for disasters, mitigate the effects of disasters, respond to community needs after a disaster and also launch effective recovery efforts (www.femagov 13-8-08). It says the concept of preparedness is multidimensional covering some areas such as awareness, analysis, formal plans, resource acquisition, training and education. Therefore preparedness is seen from the input perspective where competences, resources, staff strength and appropriate policies are considered.

The World Health Organization (WHO: 2005, p. 10) in a publication described preparedness to meet pandemic (HIV/AIDS etc) to include plan development, human resource, networking, technical & practical guide lines-policy, expansion of roles and responsibilities, capacity of staff and strategies to implement.

Sutton and Tierney (2006, p.3, 28) in a report looks at preparedness as consisting of measures that enable different units; individuals, households, organizations etc to respond effectively and recover more quickly when disaster (HIV/AIDS etc) strikes. Necessary elements are resources, plans, skills and competences, policies, logistics, training, exercises and information to target groups.

Preparedness of an organization in relation to HIV/AIDS is seen as mainstreaming. Mainstreaming generally refers to systematic and effective anchoring of major issues or problem in the mainstream of an organisation. It applies both to the internal operations of the organisation and to the strategic planning of all external programmes aimed at the organisation's target groups. For the organization, mainstreaming entails modifying core activities in order to fight the root cause of the problem in question and to mitigate its effects. These changes permeate the whole organization say (Onipede and Dorlochter-Sulses, 2005, p.15). It is shown that generally, in the external mainstreaming process; projects may modify their overall strategy and their detailed planning and implementation of project components. The core business of the organization is not changed (Mullin, 20002:3, Onipede; Dorlochter-Sulses, 2005, p.15).

Groverman (2007, p.114-115) also states that for an organization to be prepared to deal with HIV/AIDS it needs to mainstream HIV/AIDS in the organization. The organization has to have a good workplace policy, budget allocation for HIV/AIDS activities, sustainable strategies, systematic capacity building, include HIV/AIDS in mission, use of external experts, staff with supportive attitude, gender issues considered and many others.

The study will look at preparedness as the competence, resources, staff strength and polices formulated which will be viewed from HIV/AIDS perspective. The preparedness will influence the programmes for people identified by MOH as living with HIV/AIDS.

2.2 Competence as an aspect of preparedness

The element of competence cuts across all areas (HIV/AIDS etc), subjects (HIV/AIDS etc) and organisations.

The history of the concept of competence dates back to the 1860's (Biemans et al : 2004 cited by kakuru:2006). It indicated that the definition of competence vary from country to country, organization to organization and profession to profession. These includes the functionalist approach (Characteristic of United Kingdom), the behaviorist approach (Characteristics of United States), and holistic approach (Austria, France, Germany and the Netherlands) (Le Deist & Winterton: 2005 cited by Kakuru: 2006). It is also stated that the concept of competence is so broad that, it can mean anything from ready to start work based learning to being highly reliable and proficient (Eraut ,1994:168 : Kakuru, p32). According to her its development takes place in a continuum from novice to expert cited in (Dreyfus & Dreyfus).

In 1999 the UKCC Commission for Education created the following definition "Competence is the skills and ability to practice safely and effectively without the need for direct supervision" (storey, 2001). This view is really true in the field where most extension workers are expected to solve problems faced directly in the field without always referring to the office.

The World Health Organization in 1988 described competence as "Competence requires knowledge, appropriate attitude and observable mechanical or intellectual skills which together account for the ability to deliver a specified professional service" (WHO 1988, p68 cited by Edgar H. Schein 1996).

Notwithstanding the above, Storey looked at competence as knowledge, skill, understanding and application. He stated that knowledge, skill and understanding of students without proper application at work place will not meet market needs.

As competence is defined in a number of ways Eraut (2001) defines two types of competence that is Socially Defined Competence and Individual Situated Competence.

The first one is the ability to perform the task (HIV/AIDS) required to the expected standard and this applies to any career stage. Which follows that experience and responsibility varies over a period of time. Even though here long life learning and changes in good practices are considered nothing is specified about whose requirement and expectations are to be taken into account.

The second type that is, Individual Situated Competence has an underlying characteristic of an individual that is causally related to criterion-referenced effective and/or superior performance in a job situation. In this case it is psychometrically derived, where it is used for selection or assessment of training needs and accounts for some variation in performance. Competence can be considered as a dynamic process that changes as experience, knowledge (HIV/AIDS, income generation etc) and skills develop through and in practice. Competence as a continuum ranges from just knowing how to do something at the one end, to knowing how to do something very well at the other. It indicates that knowing how to do something competently could fall somewhere along the continuum and that through development of experience and knowledge, competence can fluctuate throughout practice.

Mitchell (2001) in support of previous authors suggests that even though competence models can come in a number of forms, they can be generalised under the following three types; models based on personal characteristics or individuals behaviour, those based on acquiring knowledge (HIV/AIDS etc), understanding and skills and those based on outcomes and standards including underpinning knowledge and skills. Amongst the three, it is the last model that is accepted as the preferred one in most organisations and a number of competency frame works are emerging based on this model. According to Mitchell the issue

of competence pervades all professional areas. Much work has been undertaken in the last few years to develop competences or national occupational standards for professionals, these include social workers, probation officers, civil servant, accountants and many others. Normally National Occupational Standards are defined by the occupational sector and specify the outcome of work activities. They describe what should happen and what should be achieved.

As a contribution to competence, Weinert states that competence can generally be understood as knowledge times experience times power of judgment. He sees knowledge as the necessary foundation of competence and experience is the habitual ways one deals with acquired and continuously changing knowledge. Power of judgment is a criterion for the independence of knowledge and its use. Thus, competence is always more than just knowledge or just experience" (BMBF, 1998, p.10).p.6 Weinert.

Attitude a part of competence, involve what people think (cognition), feel (affect) and how they behave towards an attitude object (connotation). Behaviour is not only what people would like to do but also what they think they should do, that is the social norms, habit and the expected consequences of their behaviour. An attitude contains beliefs, evaluations and action intentions that may affect behaviour (Rosenberg and Hrvland,1960; Triandis, 1971; Uutela, 1985; cited by Potsonen and Kontula; 1999).
To sum it up competence is the knowledge, skills, abilities and behaviours that staff needs as part of preparedness to perform their work to a professional standard. It is also one of the keys for achieving results that will enable the organisation achieve its objectives and this can be linked to HIV/AIDS.

The study will consider knowledge and skill in the area of income generation & HIV/AIDS and attitude in the view of HIV/AIDS. Experience will also be looked at.

2.3 Resource as a feature of preparedness

Just as natural resources plays a critical role in nations in wining wars or gaining economic superiorities, financial and human resources were seen as vitally important factors in wining in the market place. Consequently resources have a part to play in making nations and organizations to be prepared for victory. Various social theories have been based and operate within the natural, financial and human context. There is a new approach to resources theory which introduces two types of resources namely:
Basic or natural resources, including productive land, oil, gas, metal and minerals, wood etc and each of these resources considered separately might be limited.
 Then superior or man-made resources include knowledge (HIV/AIDS, income generation etc), skills, abilities (creativities), motivation, dedication etc enabling people to produce and invent. Superior resources ensure that people use limited basic resources in the most effective way, while continuously discovering new basic resources (Zlotin B, Zusman A; pg 2, 22).
In fact resources can be seen as all the things that assist individuals, families, communities, organizations and nations in preparedness to function well and achieve their goals.

Rollinson (2005: p.452) indicates that conventional resources are (money, raw material, physical facilities and labour), in appropriate circumstances, it views such things like knowledge, ideas and reputation as scarce and valued resources. For the purposes of this study I will consider resources as money or finance (budget), materials, equipments and

vehicles & motor bikes which staff needs to be prepared to work with people identified by the MOH as living with HIV/AIDS especially.

2.4 Staff strength as an aspect of preparedness

In Rollinson (2005, p.494-495) size is normally taken to refer to the number of employees in an organization. As the organization grows so also the number grows and the structure becomes more elaborate. Consequently internal activities become more specialized but routine makes job satisfaction lower. As organization grows in coverage area so also the size of the staff does to keep pace with the activities.

Size appears to play a decisive role in the behaviour of firms and organizations. This happens when they have put in place an explicit management arrangement for at least one of the following intangible components of their activity. Which include marketing, innovation, research and development or intellectual property rights protection. Differences in involvement in intangibles policies are far less affected by the sector and organization.
After taking into account other structural factors, size remains an essential element for analyzing the implementation of innovation in enterprises (Krempe, p. 221-2). Therefore if an organization wants to venture into new areas, there is the need to increase the size to enable it to be prepared for the task ahead.

Lex Donaldson (2001, p.1-3) said that contingency theory sees organization effectiveness as resulting from fitting characteristic of the organization such as structure to contingencies that reflect the situation of the organization. He also indicated that contingencies include environment, organization size and organization structure. As fit organization a characteristic in contingency which leads to high performance, organizations seek to attain fitness. In his book he showed that organizations are shaped by the contingencies because it needs to fit them to avoid loss of performance therefore organizations adapt over time. In order to be a fit organization and performing, the organization has to be prepared in the area of its size, structure and environment. This is what DCD needs to be able to assist people who have been identified by the MOH as living HIV/AIDS. He went further to say that organizations with mechanistic structure in an unstable environment and unable to innovate becomes ineffective.
On the other hand universalities theory says that there is one best way to organize and that maximum organization performance comes from maximum level of a structural variable like specialization.
However classical theory says organization performance results from maximum formalisation and specialization. This normally deals with large organization.

2.5 Policy a feature of preparedness

Policy normally spells out the roles and responsibilities of the organization implementing a program. They are also formulated and implemented at different governmental levels and influence households decision making and their access to and control over livelihood assets(Ellis 2000 : Esther 2008, p49).

At the IEEE policy conference in 2003, Andrea Westerinen viewed policy as a definite goal, course or method of actions to guide and determine present and future decisions. Or as a set of rules to administer, manage and control resources.

According to Sherri Torjman policy influences the day to day lives of people and can be classified into vertical and horizontal policy. Vertical policy is the normal or traditional way in which policy decisions are made within a single organizational structure and generally start with broad overarching policy. This is sometimes called cooperate or framework policy decision made at head office and it guide subsequent decisions throughout the organization, regional level development strategic or regional policy which translate national decisions to the regional level. This takes into consideration the specific context, so that regional policy is made specific to guide operational decision making (Smith 2003: 11 Torjman: 2005, p 2). Therefore policy on HIV/AIDS be initiated at the head office to be implemented by the district level downwards.

She went further to indicate that policy can be looked at as Reactive and Proactive where reactive emerges in response to a concern or crisis that must be addressed eg. Health emergency or HIV/AIDS. And proactive is where policy is introduced and pursued through deliberate choice. She also stated that public policy seeks to achieve a desired goal that is considered to be in the interest of all members of society like HIV/AIDS (Sherri: 2005, p3-4). From the above HIV/AIDS issues are of national interest therefore policies made in that respective confirms what Sherri Torjman has said.

Consequently policy within an organisation concerning HIV/AIDS is seen by ILOAIDS as that which provides the framework for action to reduce the spread of HIV/AIDS and manage its impact. It provides guidelines for the development of policies and programs on HIV/AIDS in the workplace (ILOAIDS).

Mullin cited by Onidepe and Dorlochter-Sulses (2005, p. 18-19) states that efforts in internal mainstreaming of HIV/AIDS should have policy covering staff awareness creation, staff health issues, performance management system, budget and financial planning and human resource planning. Measures taken should focus on the promotion of staff awareness (understanding basics of HIV transmission, risk situations, risk behaviour, progression from HIV to AIDS, living positively, etc), staff health issues (confidentiality, legal frame work, good practice guides etc), performance management system (job objectives and reporting reflect HIV/AIDS-related aspects of the job etc), budget and financial planning (programme budgets for focused HIV/AIDS interventions, cost implications projected over 5 to 10 years etc), and human resource planning (human resource implications projected over 5 to 10 years anticipate employee absenteeism etc).

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Methods

The research was a case study of the staff in Department of Community Development and for that matter, qualitative and I used relatively small number of 16 staff as the population from the Department. It also looked at the method I used for the whole research work including the field work which entailed study area, sample size and selection, desks study, data management and analysis. The study combined literature review on the conceptual areas and analytical review of the qualitative research on the preparedness of management and staff to assist the vulnerable especially people identified by the MOH as living with HIV with special emphasis on females (groups).

Pre-testing of the check list and for that matter research sub- questions was not done because of inadequate time as a result of change in the original research topic. The change in topic was as a result of not receiving information in the field to answer my research question. The initial plan of using 23 respondents for my second research topic was modified to 16 because the number of respondents to give the relevant information was not available at the head office and the district. Therefore I interviewed 3 management staff at the national level, 6 staff, 2 district staff and had 1 focused group (5) discussion.

3.1 Study area

Department of Community Development

The research focuses on the preparedness of the staff of Department of Community Development at the head office and Manya Krobo district.

The Department as a government agency with staff all over the country is mandated to help the vulnerable in society which includes people identified by the MOH as living with HIV/AIDS to improve their standard of living. However in spite of this mandate and also working in high HIV/AIDS prevalence areas, the department's programs are yet to reach these people. It may be that they are prepared or not prepared for the task. Consequently there is the need to look at the factors that prevents it from reaching and therefore not assisting people identified by the Ministry of Health as living with HIV/AIDS especially females (groups).

The Manya Krobo District was also chosen because of its HIV prevalence rate of 8.0% which is high as opposed to that of other districts in Ghana (Ghana Aids Commission: 2008)

3.2 Sample size and selection

The table 2 below presents the number of respondents per category and methods used for data collection.

Table 2: Number of informants per category

Category	Method	Number of respondents
Management staff -head office	Interview	3 males
Head office staff	Interview	3males + 3 females
District office staff	interview	1male + 1 female
Teachers – National Vocational Institution, Madina.	Focus group discussion	1 male + 4 females
Total		8 males + 8 females

Source: Author

There is gender balance in the population sample. Three management staff at the national level (deputy director of Budget & Planning, deputy director of Mass Education and chief Works Superintendent) that is, from the head office was chosen because policy for implementation emanated from there. It is therefore the right place and right people to get the necessary information and opinion on policy matters concerning HIV/AIDS respectively.

The six other staff from the head office was also selected based on their schedule of work in relation to the topic. Some were sectional heads who could give views representing their various sections. These were from the women empowerment, budget and planning, projects and audio visual aids section. They were the only people who could give the needed information to add on to what management has already given to help answer the research questions adequately.

The respondents for the focus group discussion were selected from National Vocational Institute because the department operates 24 technical and Vocational Institutes with at least one in all the regions providing sustainable and employable skills for the disadvantaged youth which may include those living with or affected by HIV/AIDS. Since National Vocational Institution, Madina is directly under head office and at times represent the remaining 23 Institutions they could give information from the perspective of the institutions.

Manya Krobo District

The remaining two staff was chosen from the Manya Krobo District to obtain an HIV/AIDS point of view from an heavily infested area, gave more insight into the situation. And also they were the only staff there to give me the needed information.

3.3 Method of data collection

For the data collection, I used the semi-structured interview and focus group techniques. The art of listening, observation and interpretation of gestures and facial expressions were prioritized and brought to bear on the field work. The interviews and focus group discussion were personally done by me. My first task was to inform the director of Department of Community Development about the objective of my research and asked permission to interview the staff. The aim of the study was to find the reasons for the department's

program not reaching the people identified by the Ministry of Health as living with HIV/AIDS especially females who are more vulnerable.

Interview of respondents

It was an open interview and I personally organized meetings with the individual staff to be interviewed. I sought their permission before the interview was recorded on an audio tape so that the process will flow without unnecessary interruptions. Before the interviews started the respondents were briefed about the whole study including the objectives and the reasons for the change of topic. After which they were asked about their background information. I used the check list throughout the interviews and it was more of discussions as I probed further for more information. Apart from a deputy director who was sick and the principal of the vocational institute whose interviews were done at home, the rest were done at the office. When I finished with the interviews at the head office I moved to the district to conduct the remaining 2 with the staff there.

The first to be interviewed was the district officer who elaborated on the situation at the district based on the check list and it was done without the presence of the field staff so that the response of the district director will not influence her answers. Just before the field staff was interviewed, she was assured of no discrimination as a result of any information given therefore she went out with all relevant information and expressed her opinion openly. The check list was followed but not sequentially rather according to the flow of answers and each interview lasted more than one hour. The tapes were played after every interview to see if the recordings were clear and everything captured.

Focus groups discussions:

The group discussion was conducted at the vocational institute. Five teachers made up of one male and four females participated in the focus group discussion which lasted for almost two hours. I was able to observe the teachers reactions in group and they were frank, open to discuss issues. Prior to the focus group discussion, the respondents were brief on the topic, objectives and other related issues.

Desk study

This included studying quarterly and annual reports of the Department of Community Development, ministry policy documents, books and specific literature relevant to the study. They all provided the background materials and they are acknowledged.

3.4 Data management and analysis

I will use SWOT analysis by looking at the ideal situation and compare it with what is in the field and support it with a concept before giving my opinion.

Data collected for focus group discussion and interview were listened to and interpreted. Interview and Focus group discussion with all data analysed by reading and interpreting.

CHAPTER FOUR: STUDY AREA

4.0 DCD/MKD

The study was done in Ghana at the Department of Community Developments' offices nationally and at Manya Krobo District.

4.1 Ghana

Ghana is located in West Africa and bordered to the west by Cote d'Ivoire, to the east by Togo, to the north by Burkina Faso and finally to the south by Atlantic Ocean. The country covers an area of 239, 460 sq kilometres with a coastline of 554 kilometres. It has three types of vegetation from north to south which are northern savannah zone, middle forest zone and coastal savannah. The climate is hot with two main seasons; the dry and the rainy seasons which has two rainfall patterns in the south (between May-June and August-September) and one in the north (May and July). Its annual temperature ranges between 25 and 37 degrees Celsius and the annual rainfall figures between 750 mm to 2150 mm.

As an agricultural country, with 60% of its population engaged in farming, it produces cash and non- traditional crops such as cocoa, timber products, and yams, pineapples, pepper bananas respectively. In addition, it exports minerals such as gold, diamond and bauxite. Some staple crops and vegetables grown in Ghana are cassava, maize, millet and okra, cabbage. In addition to the above, the people are also engaged in animal production and fish farming. The number of people engaged in other sectors of the economy is 25% and 15% of service and industry respectively.

The general population of Ghana is 22,931,299 with a growth rate of 2.5%, made up of 51% females, 49% males and a life expectancy rate of 59.1% (2000 population and housing census). Ethnically, it is made up of small groups speaking fifty languages and dialect including four main ones as Akan, Moshi-Dagomba, Ewe and Ga-Dangbe. English is the official language and the literacy rate is 73.5%.The Akans make up of 45.5%, Moshi-Dagombas 16%, Ewes 13%, Ga- Dangbes 8% and Gurmas 3.5%. Ghana is often said to be a christian state, having 63% of its people as christians, indigenous beliefs 21% and islam 16%. The country has a constitutional democracy with 10 administrative regions and 170 assemblies practising the decentralised system of government (annex 2 regional map).

The country as a result of the present HIV/AIDS prevalence rate of 3.2% and not wanting it to rise has put in place various policies to tackle HIV/AIDS epidemic and its impact. Like Uganda, Ghana's shift to the multi-sectoral response was after a stakeholders meeting and finding it prudent not to rely solely on the NACP. This was so because the NACP dealt more with issues on epidemiology, surveillance, education and prevention and other services (Barnett and Whiteside, 2006, p.347). In the country, the AIDS leadership is located outside the Health sector and in the President's office. Even though there seems to be high level leadership involvement, this has not resulted in destigmatisation and openness about the epidemic. This is in contradiction to what is happening in Senegal as reported (Barnett and Whiteside, 2006, p.360).

4.2 Manya Krobo District

Manya Krobo District is one of the seventeen districts in the Eastern region. It is located in the eastern part of the Region along the south-western corner of the Volta River. Lying between latitude 6005S and 6030N and longitude 0008E and 0020W, it covers an area of 1,476 square kilometres constituting about 8.1% of the total land area within the region (18,310sq km). The population of the district during the 2000 population and housing census is 154,301 with 50.7% males and 49.3% females (District Profile: 2007). The economically active people between the ages of 15-64 constitute 58.5% of the total population which is made up of various ethnic groups and religious back ground.

The main occupation of the people is farming constituting 82.5% of total work force which done is on subsistence basis. The major and minor crops grown are maize, cassava, vegetables, plantain and yam, cocoyam, sweet potatoes respectively. Besides these crops groundnuts, cowpeas, mangoes, palm tree product and rice are produced on small scale. Animal rearing and fishing is also done in the district. There is also a lot of tourist attractions in the district ranging from Kpong dam, Krobo mountain and caves to waterfalls. The district has a rich culture in dipo tradition, beads and pottery making.

There are three hospitals and six health centres in the district. Besides other diseases, HIV/AIDS is a source of worry to the district because of the continuous trend of increase (District Profile: 2007). Generally, Aids and poverty are intricately linked through ill health and associated cost for patients, families and society. The district has the highest prevalence rate of 8.0% and for that matter above the national rate of 3.2% (Ghana Aids Commission: 2007). As a result much has to be done to prevent new infection, provide care and strengthen resilience of affected individuals and family through income generation. There are a few support groups of identified people living with HIV who have been bold to come together to support each other and need assistance. The identification was done by health personnel at the hospitals.

 In spite of the vast area, number of communities and the population, the Department of Community Development has only two staff (one district officer and one field staff) operating in the district which is awfully inadequate.

4.3 Department of Community Development

The Department of Community Development is under the Ministry of Local Government, Rural Development and Environment in Ghana. It has the mandate to promote the socio-economic wellbeing of the people in rural and urban poor areas through their own initiative with their active participation. The Department operates a machine bureaucracy with many levels from head office throughout the 10 regions and the 170 assemblies of Metropolitan, Municipal and Districts in the country. It has a total staff of 900, males 490 and females 410 with most of them being fieldworkers.

Since there is a lot of staff at the lower level, a fixed system is used to ensure stability and uniformity. Mintzberg (1981,p.108) described machine bureaucracy 'as an offspring of industrialization, with its emphasis on the standardization of work for coordination and its resulting low skilled, high specialized jobs'. This description fits the structure of the

department. All policies of the department (on employment, training, resource allocation etc) are influenced by the central government.

Management/ Leadership Style

The main decision making body is the strategic apex made up of the director, three deputies, chief works superintendent, chief personnel officer at the head office and ten regional directors. Senior staffs have limited power to make decisions at the various levels in the organization structure; that is from head office, to regions and district offices. As the head of the department the National Director with the management develops the vision and mission (annex 3 mission etc). He also directs controls and monitors the affairs of the Department. Even though the director uses the top down approach in managing the affairs of the department, he consults the apex on important issues during meetings. But because he has the final say, the director most of the time veto's decision therefore it can be seen from the above that he combines democracy with autocracy in dealing with issues of the department. The staff is not given the free chance to make decisions in their capacity as workers therefore act based on directives from above.

Personnel

Even though the strategic apex constitute the above people, because the regional directors are far away from the head quarters, the national director and the rest take the decisions without the regional directors who are made up of eight men and two women.

At the middle level management, the sub-unit heads consult each other and there are seven sub-unit heads including three women who assist unit heads to work. The total staff establishment is 1500 but at the moment the staff strength is 900 and it is also worth noting that 70% of the district officers are men whilst 30% are women (DCD annual report 2007). Every staff member has job description which shows duties and responsibilities.

The government has started implementing the decentralization system where officers are expected to collaborate with district assemblies in their day to day affairs. To make the work more efficient and effective, the core staff is assisted by supporting staff like administrative officers, purchase officers and secretaries.

Human Resource Management Policy

Recruitment and Training

The Head of Civil Service and the Public Service Commission are responsible for the recruitment of senior staff with degrees whilst the department is in charge of recruiting technical and junior staff majority of which are women. Some years ago the government placed a ban on recruitment therefore only replacements are done in the department through interviews based on qualifications and performance to fill vacant positions. Equal opportunities and treatment exist for both men and women for training but most often than not men benefit more because they are qualified to take advantage of opportunities in the system. In spite of this, efforts are made to improve the competences and upgrade skills of women by organizing short courses for them. Promotions are done every three years based on civil service regulation depending on availability of vacant position.

Organizational Culture/ Staff Motivation

The organization has a role culture, whereby the various units in the organization are split into various functions individuals within the function are assigned particular roles and activities are regulated by rules and procedures. Motivation in the department differs from person to person and from position to position. Some of the strategies used to motivate staff in the department are verbal appreciation, opportunity to attend courses, being selected for award as best workers and getting adequate inputs to work with.

Communication

Information flow in the department concerning directives is normally top down whilst reporting is done bottom up and laterally. Coordination, supervision and control is done from above to ensure efficiency and effectiveness in the work and because programmes are interrelated, there is easy flow of information among section heads. Team work is encouraged to address the needs of target groups whenever the opportunity arises. In looking at the preparedness of staff to assist HIV/AIDS some aspects of internal mainstreaming will be considered. The above information shows the extent to which the department can go in its affairs.

4.4 Programs

The Department has four major divisions and they are Mass Education (Women Work and Youth Skill Training programs), Technical Service (Self Help Construction program), Budget & Planning and Finance & Administration (Adult Education, Adult Literacy, Extension Service- general). The department through programs assists vulnerable people in the rural and urban poor areas to improve their living standards. A few are highlighted below.

Adult Education

This is one of the vital programmes of the Department and it involves sensitization of the people in the communities especially on issues that affect them through public animation. The people are educated on current topical issues like HIV/AIDS and government policies that make them more enlightened and abreast with current socio-economic trends.

Extension Service

The Department collaborates with agencies/organizations (governmental and non-governmental) for the provision of essential socio-economic infrastructural services, projects or programs to the various deprived areas of our communities so that their living standards will be improved. In addition to the mobilisation of resources the field staff provides sensitization and animation services to ensure the smooth take off of the projects. Some of the agencies and the projects are; EU, UNICEF, WHO etc (DCD, 2007).

Women's Work Program/ Home Science Extension Program

This programme is geared towards empowering women to make them independent, self-assertive, productive and hence improve their living standards in general. Skills are imparted to the women especially the deprived rural ones, which help them gain incomes that tend to increase their family incomes and hence improve their living standards and that of their communities as a whole. Some of the skills include batik, tie and dye, bakery, fish mongering

and preservation, basketry, pottery and ceramics, making of mats, bags, crafts etc. The income generating activities organised by the women with the assistance from the staff include palm oil and palm kernel oil extraction, pito brewing, bee keeping, bead making, shea butter processing fish mongering, pig rearing and others. They also get micro credit assistance from development partners and donors (DCD, 2007). The Millennium Declaration adopted by all UN Member States in 2000 declared that all people have the right to live free from fear and want. The eight Millennium Development Goals set up by the international community include eliminating poverty and hunger, reducing the spread of HIV/AIDS and achieving gender equality and empowering women. In working towards HIV/AIDS prevention, former UN Secretary-General Kofi Annan has called for a "deep social revolution that transforms relations between women and men, so that women will be able to take greater control of their lives–financially, as well as physically."

Youth Skills Transfer Program

The Department operates twenty (20) vocational and four (4) technical institutes all over the country to give Junior High School (JHS) leavers and dropouts skills training that will give them sustainable employment. Some of the skills include batik tie and dye manufacture, Catering, Dressmaking, Needle work Handicraft making. Other curricular subjects are taught at these Institutes and they include English, Maths, Computer, Literacy, Home Management/Economics, and Housewifery. Training also covers professional subjects such as Carpentry and Joinery, Masonry (Concreting), Plumbing Works and also other subjects such as English Language, Physics (science) and Technical Drawing. At the moment co-education is also encouraged in the Institutes and this program also helps reduce idleness and vagrancy among the youth (DCD, 2007).

CHAPTER FIVE: IS THE DEPARTMENT OF COMMUNITY DEVELOPMENT PREPARED

5.0 Preparedness

This chapter present the results of the field research which was conducted to collect information and data in response to research questions. The results focus on the educational back ground, roles, experience, skills and attitude of the staff in the department which is their competences. Then it captures their general knowledge about the goals of the Department of Community Development and those on policies made to assist people identified by the MOH as living with HIV/AIDS especially women (groups). In addition their views on the size of workers and resources for implementation of programs were also obtained.

A check list was used to collect the information from staff responses at both individual and the focus group level.

5.1 Competence as an aspect of preparedness

5.1a Educational background/experience/ knowledge

Table3. Educational background and experience

Category	NVTI	Rural Dev./T College	Polytechnic	University	Experience in Years	Total No of People
Management staff			1	2	30 - 35	3
Head office staff		2	1	3	7 - 34	6
District office staff		2			2 - 12	2
Teachers – National Voc. Institute	3		1	1	5 - 20	5

Source: Author

Among the whole population, 5 respondents interviewed have had quite a lot of experience and have been working in the department for between 30 to 35 years. In addition to that they have all started as junior staff and worked their way through district, region to where they are now. They said it was not easy but through hard work they had risen through the ranks in the civil service. However 7 out of the remaining respondents also said they have worked with the department for quite some time now. Their experience ranges from 10 to 20 years but 2 of them came in as officers and they have also worked their way to the top. The rest of the 4 .respondents working experience covers a period of 1 to 10 years. One has 2 years of working practice and another started as an officer. There is a correlation between the number of years experience and the number of workshops attended. The more experienced respondents are the more workshops they have attended. Some of the workshops are

HIV/AIDS related. Some have also attended courses within and outside the country. One respondent said he went to Britain for a six months course in community development and another went for a supervisory course in Ghana. However the less experienced ones have less privilege to go for workshops and are always at a disadvantage. For instance a respondent who has been in the department for 2 years and working in the field was not happy. She indicated that since she was employed she has never attended any workshop or course. 2 respondents stated that they have not had any in-service training ever since they started work. Therefore it shows the department for the past 10 years has not organized any in-service training for newly employed staff especially field workers.

 The qualifications of the respondents according to the interviews are as follows; 1 masters, 1 post graduate diploma, 2 graduates and 6 diplomas. 1 also has certificate, 3 have advance in NVTI and 2 are pursuing degree & diploma courses. The respondents stated that because of financial constraints any staff who is qualified and can sponsor him or herself is given the opportunity to do so. Their roles and positions were revealed during the interviews. There were 3 deputy directors, 1 chief technical officer, 3 assistant directors (sectional heads), 2 principal officers,1 mass education officer, 1 assistant community development officer (field) and 5 NVTI advance teachers. The roles of the respondents were well articulated. For instance 1 said his section was responsible for the generation & monitoring of resources from both government and non- governmental organisations. The roles were looked at in relation to the programs which has been previously mentioned in chapter 3.

The study revealed that all the respondents were aware of the basic facts about HIV/AIDS that is; what it is, mode of transmission and prevention. One of the respondents went further to talk about the impact looking at the link between HIV/AIDS and other developmental efforts. For instance he stated that the disease can decrease production levels if majority of staff are affected or infected and that the department can lose experienced workers as a result of HIV/AIDS. Two other respondents talked about stigma and main streaming of HIV/AIDS in the curriculum of the vocational institutes. A respondent indicated that he was part of the HIV/AIDS response team in his district and was involved in HIV/AIDS awareness creation in some communities. This shows the level of knowledge some of the respondents have. In spite of this general knowledge almost all of them lack in the area of gender & HIV/AIDS, human rights issues in relation to HIV/AIDS, positive living and many others. This calls for action to increase the awareness of the staff for they are not fully prepared to assist the people identified by MOH as living with HIV/AIDS.

The respondents had knowledge about the basic facts of HIV/AIDS that is; what it is, mode of transmission and prevention. One respondent went further to talk about stigma which is a problem and need to be addressed. A respondent indicated that HIV/AIDS needs to be mainstreamed in the therefore it shows his level of knowledge. Most of the respondents revealed that their main source of knowledge was from NGOs and that the department did not organize workshops on HIV/AIDS for the staff.

5.1b Skills on community animation, income generation, HIV/AIDS and roles

Table 4: Skills on community animation/ income generation and HIV/AIDS

Category	Community animation- adequate	Community animation- inadequate	Income generation- adequate	Income generation- inadequate	HIV/AIDS adequate	HIV/AIDS inadequate
Management staff	3			3	1	2
Head office staff	6		2	4	2	4
District office staff	2			2	1	1
Teachers – National Voc. Institute		5	5			5
Total	11	5	7	9	4	12

Source: Author

Except for 5 all the other respondents said they were good at community mobilisation, animation and sensitization. They stated that they had the skill to educate the communities on any prevailing issues they were familiar with including HIV/AIDS. The respondents even vouched for the other staff in the field. They said the skills in animation and sensitization was basic for every community development officer. A respondent indicated that he has been using this skill during team work with staff from Department of Social Welfare (DSW) and Public Health during programs organised by the District assembly. All the remaining respondents (teachers) said they did not have the skill in community mobilisation, animation and sensitization because they were not field officers.

As concerning income generation, 9 of the respondents stated they were not skilful in that and the 7 males among them said it was within the domain of the Women section. The 2 female respondents indicated that because they have not had any in-service training they lack the skill to impact to people identified by the MOH as living with HIV/AIDS. A male respondent among the 7 even said the women in the groups within the communities are taught the income generating activities to help them generate income for the families. Another stated that people living with HIV/AIDS can be taught soap making and mushroom growing to generate income. They meant the staff in the field could do that. The remaining 7 respondents including two female from Women section indicated they had adequate skills related to income generation to impart to the target groups. They also include students identified by the Ministry of Health as living with H IV/AIDS

Even though the respondents had the skill on HIV/AIDS to impart, only 4 said he had adequate to do it well. The remaining 12 indicated they were not skilled enough to deal with HIV/AIDS issues and that they would need more upgrading of their skills. They said their knowledge covered only what HIV/AIDS was, the mode of transmission and prevention. One

stated that some of the staff under her section were not adequately skilled in the area of income generation and HIV/AIDS to impart to assist people identified by Ministry of Health as having HIV/AIDS. This show most the staff is not skilled in the above and therefore not prepared to help the target groups.

5.1c Attitude

The entire respondents said that the attitude of majority of the staff is right and therefore prepared to assist HIV/AIDS. They felt it was so because the staff are able to discuss HIV/AIDS issues openly and also together. They stated that even though most of the staff have good attitude towards people living with HIV/AIDS, they are less motivated. They said attitude is influenced by various factors including motivation which comes in various forms. Some depend on other agencies for assistance and this at times affect their output. They indicated that when the staff is given the chance they will work with people identified by the MOH as living with HIV/AIDS. In spite of what the respondents above said, one of their colleague respondent stated that she cannot imagine herself shaking someone identified by the Ministry of Health as having HIV/AIDS. She said even though she has attended workshops on HIV/AIDS, she still has this problem which can be seen as stigmatization. How can such a person and for that matter other workers who have the challenge assist the people who identified by the Ministry of Health as living HIV/AID. This shows that some of the staff are not prepared to assist the target groups because of their attitude.

5.2 Resource as a feature of preparedness

Table 5: Units of resources

Category	Financial adequate	Financial In-adequate	Materials adequate	Materials in-adequate	Equipment adequate	Equipment in-adequate	Vehicles/ motor adequate	Vehicles/ motor in-adequate
Management staff		xxx		xxx	x	xx	x	xx
Head office staff	x	xxxxx	x	xxxxx	xx	xxxx	xxx	xxx
District office staff		xx		xx		x x	x	x
Teachers – National Voc. Institute		xxxxx	x	xxxx	xx	xxx		xxxxx

Source: Author (x – no. of respondents)

Concerning resources like financial, material, equipment, vehicle and motor the respondents said they were inadequate and as a result make the department not prepared for the work. Financial was top on the list and a respondent stated that no specific budget has been allocated for work with those people identified by the Ministry of Health as living HIV/AIDS. Respondents were of the view that the Ministry of Local Government, Rural Development

and Environment (MLGRDE) is also not assisting much because it has four departments under it. Therefore the small fund from government needs to be shared among the departments. In addition to that government keeps cutting the department's budget by half every year.

The only help which at times comes from NGOs (Danida, Actionaid and World Vision International) and other bodies like (UNICE,WHO) is when they have specific projects or programs to be implemented by DCD. Even though the department has therefore benefited from them in the form of 3 vehicles, a few motors and some computers resources are still not adequate.

He went further to say that inadequate financial resources make it difficult for DCD to organise internal workshops to upgrade the skills of the staff including those on HIV/AIDS. Hence DCD depends on other developmental agencies to build the capacity of the staff. Not with standing this the analytical ability of some staff is inadequate. Another respondent stated that the director once prevented him from sending a proposal to an organisation for assistance because no prior approval was sought from the ministry. In addition he pointed out that the civil service regulations do not give room for people to be innovative consequently people were willing to take initiatives. He informed me that requesting funds from Ghana Aids Commission is always a problem because counterpart funding is always demanded which the department cannot always meet.

Respondents also said that due to lack of travelling and transport allowances some staff get to project site late and they are not reprimanded. One of them complained that at times monitoring is done once a year due to lack of fuel which does not help the work to progress. Contrary to the views above one respondent indicated that, with the decentralization the district assemblies are expected to assist the staff with resources in the district to do their work. This was later disputed by the staff at the district. They said because of lack of motivation in the form of travelling and transport allowances and nights out, some of the staff are unwilling to report the work they do. They rather prefer to report to the NGOs that support them in the communities than the department that pays them. And when asked they reply how much have you brought to demand report.

The respondents at the district level complained that neither received anything from DCD, nor from the district assembly. He also said the district assembly does not provide funds for the work with the vulnerable and that includes HIV/AIDS people. Therefore there were no resources to assist women groups operated by DCD in the district or travelling allowance to go to the field. How can such staff be prepared to assist the people identified by the Ministry of Health as living with HIV/AIDS. All the above was confirmed during the focus discussion. .

5.3 Staff strength as an aspect of preparedness
The staff size is not enough for them to adequately cater for the people identified as having HIV/AIDS by MOH to increase their income, says the respondent. This indicates that the department's preparedness is fallen short. Even though all the respondents pointed out that the size of the staff is awfully inadequate as compared to the size of the country, it was only one respondent who gave the details. He said in 1980 when the districts were 65 the staff strength was 1500 and now with 170 districts it is only 900. He made this comparison because all the work is implemented at the district level. In the process of explaining he indicated that a ban on employment by the government only allow for replacement. This

keeps the number of staff constant and the desired type of staff is not always attainable. The respondents said they expected that at least there should be 4 staff in each district including the district officer but at the moment averagely there are about 2 in a district. In support of that another respondent stated that his section was under staffed and the number of 182 nationwide was insufficient. This needs to be increased to 300.

Except for one all the other respondents at the head quarters complained about the number of staff in the department as inadequate. He said since the staff is part of the district therefore things should be done in teams and voluntary leaders used every often. He indicated that people identified by MOH as living with the disease can be assisted to increase their income levels. On the other hand the others stated that looking at the vast areas of the districts it is better to have at least 4 people at each district for effective work.

With the institution, two of the respondents felt the number of people in their department was enough even if the people identified by MOH as living with HIV/AIDS are added to their student. Others also felt their number was inadequate to include other students identified by MOH as living with HIV/AIDS. For instance at the entrepreneurship department the respondent said there was the need for more staff since she was alone in that department with over 300 students offering the course.

5.4 Policy as a feature of preparedness

Policy can be looked at from within (internal for staff) and without (external for target groups). The result has actually helped me to answer my research questions.
As touching a specific policy directed at households affected by HIV/AIDS the respondents indicated that, there were no such direct policy targeting those affected by HIV/AIDS but general education and sensitization on HIV/AIDS were done in the communities. In addition, one respondent said MLGRDE has assisted the department to formulate a work place policy this year which is yet to be implemented. He stated that even though work place policy had been drafted, it was done without any baseline study on the situation in the organisation and in relation to the target groups. In the course of the interview, two respondents stated that the mission of DCD should be modified; one said it was too general and another indicated that it has been there for quite some time now that is over 15 years and need to be changed.

Another respondent mentioned the general government policy on the Millennium Development Goals (MDG) 6 and Growth and Poverty Reduction Strategy11 (GPRS11) which informs the actions of DCD. And he said since we use it in our daily work in the field, it is inferred that DCD assist vulnerable people including those identified by the Ministry of Health as having HIV/AIDS. The goal (6) of the MCG has a portion that deals with combating HIV/AIDS, Malaria and other disease and GPRS which deals with poverty to reduce the spread of HIV/AIDS are all considered when working with the vulnerable. Another respondent indicated the policy on Abstinence, Be faithful and Condom (ABC) are messages the staff spread in the communities. In addition to the above a respondent thought that DCD should intensify the awareness creation about HIV/AIDS since it is not the core business to deal with the disease.

He also said the departments' mission is good and should not be changed even though it is not explicit on HIV/AIDS. But before coming to the goals the respondents talked about the programs through which the goals can be achieved. Most of the respondents agreed that they were adequate to assist the vulnerable including people living with HIV to better their lives if properly implemented and resources are adequate. They also explicitly mentioned the programs that were geared towards increasing the income levels of the vulnerable as income generating activities of the women's work program and youth skill training. It was also realised that most of the staff do not know about the MDG and GPRS11 therefore there is a problem with flow of communication.

Their opinion was that the goals are worth pursuing since its achievement will help to improve the lives of the vulnerable that benefited from the departments programs in rural and urban poor areas. These include people identified by MOH as affected by HIV/AIDS. The goals did not anywhere indicate explicitly assistance for people identified by the Ministry of Health as having HIV/AIDS. The other respondents stated that there is no direct policy, strategies or programmes in the department to assist people identified by the Ministry of Health as having HIV/AIDS.

CHAPTER SIX: DISCUSSIONS OF RESULT

6.0 Discussion

This chapter discusses the results from literature review and interviews done from July to September 2008. It is hoped that the study will stimulate further research in my organization. Data collection and writing covered 2 months. The discussions focus on results that seek to address the objective and to respond to the research questions. Triangulation of the data has proven to be very useful.

6:1 Preparedness

Federation of Australian Scientific Technological Societies (FASTS: 2007), operationalised preparedness as distinct outcomes. This was looked at as the performance of government organizations in achieving outcome target and submitting at the end annual reports. What can be reported if no work is done in the area of assisting people identified by the MOH as living with HIV/AIDS. Even though respondents from the VTI supported the submission above and expressed it in the form of final results of their students they are unprepared so also the school. They could not link preparedness practically to their school for there were no students identified by the MOH as living with HIV/AIDS. The department at the districts and the VTIs cannot report any activity involving the people identified by the MOH as living with HIV/AIDS since they are not working with them. Therefore to prepare to look at HIV/AIDS needs commitment by DCD to put it on its agenda and so concerted efforts should be made on all front.

The situation at the head office does not help the districts because management is not proactive or creative to see changing environment and act accordingly. As Elsey et al (2005, p.992) stated that the sectors at both national or district level instead of developing new approaches to deal with HIV as part of their core work, they rather see it as addition to their existing work.

On the other hand other authors also are of the opinion that inputs can really indicate preparedness. The department in this vain is not prepared because its inputs are insufficient to deal with the present situation. Government through the multi-sector approach has involved all organizations of which DCD is part. In spite of the fact that DCD is engaged in awareness creation and sensitization that is not enough. For in actual fact it has comparative advantage of having offices all over the country with staff working in the rural areas which can be used to seek assistance.

According to a study in Uganda (Elsey, p.990) states that HIV/AIDS is changing the needs of service users and affecting the ability of the sectors to respond to these needs. It is also reducing the economic capability of the state to finance and support each sector.

In Ghana the government is depending on donors in its efforts to handle HIV/AIDS therefore sustainability is an issue that should be considered. The DCD does not receive budget for HIV/AIDS activities from government and management is not prepared to allocate some funds to that area. Even though one of the respondents indicated that a budget has been prepared for gender and HIV/AIDS it is yet to be implemented.

Sutton and Tierney (2006, p.3) and the World Health Organization (WHO: 2005, p.10) see preparedness to meet disaster or pandemic (HIV/AIDS) as a multidimensional matter and covered a lot of elements. In the Department of Community Development this cannot be achieved at ones due to a combination of factor, including lack of policies to back actions related to HIV/AIDS, low capacity of staff, unexpanded roles and responsibilities.

Onipede; Dorlochter-Sulses (2005) & Groverman (2007) have both shown that for an organization to be prepared in mainstreaming, it has to put things in order at the organization. Some of which has been corroborated by the authors above.

6.2 Competence as an aspect of preparedness

Eraut at a conference in Dublin stated that competence can be applied to any career stage and that the expected standard will vary over a period of time with experience and responsibility. The competence of the staff of the DCD is to some extent affected by their responsibility and experience. Their experience depends on the area of consideration which is HIV/AIDS but in spite of their experience their competence on the subject is not so high. This shows that the subject area has been at a low level. It develops over time and no matter where the staff is whether at management or junior level responsibility and experience has affected them. The responsibilities of the staff at the district affect the experience for field officers have less chance to attend workshops. Therefore the district director most of the time attend workshop and so he is more experienced in HIV/AIDS matter than the field staff.

Storey state that competence can be seen as a continuum ranging from just knowing how to do something at the one end and to knowing how to do something very well at the other. This is exhibited in DCD where field staffs start with no experience but after some years of working and change of responsibility, become competent. For instance the management staffs started as junior workers but are now in high position and some of them are very well experienced in HIV/AIDS.
However Mitchell (2000, p.2) notes that in spite of fluctuations competence can improve through development of experience and knowledge. This is confirmed by the number of workshops and courses the experienced respondents have been privileged to attend. Through the courses and workshops the general knowledge of the 15 respondents were improved.
On the other hand the study has revealed how junior staff are most often relegated to the background and do not have the chance to attend workshops in the districts. For instance a respondent have been in the district for two years without attending any seminar or workshop. What type of experience will she have and how will her competence improve? There is the need for decisions to be taken at the head office to change that trend.
The level of knowledge seems to be critical to the staff of DCD when involved in mainstreaming of HIV/AIDS. The staffs need it to be able to impart it to the target group and they seem to lack some specific knowledge like gender and HIV/AIDS, positive living and human rights issues. Collaborating Elsey (2005, p. 996) the training of the staff of DCD has often been reduced to HIV/AIDS awareness and is rarely applied to realities of the area of work of those being trained. This was reflected in the answers given by majority of the respondents therefore training session should move from general knowledge to advance. It should be done on regular basis.

As touching the skills of the respondents, majority of were very good at mobilisation, animation and sensitization but lacking in advocacy. It is through this that the staffs reach the rural and urban poor areas to assist them with whatever programs available. In addition the results showed that the skills are used during collaboration and networking with other government and non-governmental agencies when dealing with rural and urban poor communities. Groveman (2007, p. 78) shows that team work and net working was important in mainstreaming this came out during the study.
Notwithstanding the above, staff of DCD also need technical skills in the area of income generation to help the target groups increase their incomes. The results revealed that income generation was in the domain of the female staff and that the males were not really handy with it. The findings also showed that the women had more knowledge on income generation than the men. For instance a male respondent answered a question on income generation by saying "*that is in the domain of the women section"* therefore leaving the most

important aspect that can assist people identified by MOH as living with HIV/AIDS increase their income to female(groups) staff alone. Except a few males in the field and vocational institutes, this type of work is done by the females with the women groups in the communities.

However in their endeavour to address the needs of the vulnerable including people identified by MOH as living with the disease the staff lack some essential skills.

UNICEF (2003, p.11, 17) stressed the need for people involved in HIV/AIDS activity to have analytical skills to be able to deal with gender & HIV/AIDS etc. Groveman (2007, p. 78) also indicated that the staff of organisations should have the capacity and ability to modify their existing work to address HIV and gender inequalities.

In fact related to HIV/AIDS the staff are not equipped with adequate skills. Most of the respondents do not have the analytical skills to look at gender and HIV/AIDS or other issues related to the disease. They do not have the ability to confidently deal with HIV/AIDS issues in the field. All those mentioned above does not reflect in most of the staff of DCD and this makes them less prepared to work with people identified by MOH as living with the HIV/AIDS especially female (groups).

Drexel (2003, p.7) in a working paper on the concept of competence indicated that competence does not include only formal and informal knowledge and skill but also personal values, motivations and behaviour. The importance of this has been emphasized by Onipede and Doriochter-Suises (2005) that when dealing with HIV/AIDS there is the need to change the overall organizational culture, partly through attention to individual attitudes and skills. The critical nature of attitude has made Elsey (2005, p. 996) to stress that training in mainstreaming of gender & HIV/AIDS must start with participants looking within to explore personal perceptions, myths and attitude. This is very important for DCD, since the study revealed that one respondent's attitude towards people with the disease is much to be desired. Mary said *"I cannot imagine myself shaking hand with a known HIV/AIDS person".* Even though this is only 1 person out of the 16, Imagine if there are other workers with the same attitude how will they handle the work in relation to the people identified by the Ministry of Health as living with HIV/AIDS. A representative of 1/16 out of 900 staff that is 58 workers may have the same attitude then the department will have to pay particular attention to individual attitudes. So that the people identified by the Ministry of Health as having HIV/AIDS will not be neglected by a fraction of the staff as a result of stigmatization.

6: 3 Resource as a feature of preparedness

Resources are very important for organizations to function effectively to achieve their goals. This is expressed by Elsey (2005, p.997) that sourcing for funds for mainstreaming HIV/AIDS within the new environment Sector Wide Approaches (SWAPs) poses challenges. Here donors contribute to central government sector budget funding than individual projects therefore seeking funds from donors may prove difficult. In line with resources the respondents expressed their views as inadequate and made the staff unprepared and therefore it needs to be addressed. As a result they all agreed that since MLGRDE does not give enough funds, more networking and collaboration should be done to improve the situation in the department. Studies in Uganda showed that through World Bank the country establish Uganda Aids Control Programme with specific aim of supporting all sectors to address HIV/AIDS.

Financial resources topped the list as the most insufficient, the respondents said that it was not enough consequently travelling and transport allowance to the staff are at times not paid. This also translates in the number of workshops to upgrade or improve the skills of the staff

on HIV/AIDS. At times only one is organised within a year for senior staff and most of the time junior staff are not considered. As a result some of the staff depends on other agencies or the district assemblies to upgrade their knowledge including those in HIV/AIDS.

Finance most of the time is linked to the other resources and as already indicated above its scarcity is reflected in the other areas. With material resources 87.5% of the staff expressed the view that it was insufficient and even affects the recording of activities in the field. They felt that the department should take bold steps to address the issue and provide enough for all the offices in the country including the vocational institutions. In order for staff to be prepared to assist people identified by the MOH as living with HIV/AIDS especially females (groups).

Accordingly respondents went further to agree that the equipment, vehicles and motors were inadequate and that agencies help with whatever they have and at their own time therefore assistance may not come at the right time. As a result the department should take the initiative to find a regular source so that others can add on to. However the remaining respondents disagreed with them in the sense that it is compulsory for the district assemblies to cater for the staff in their respective areas. They also felt that as other agencies are helping in one way or the other, the staff should be content. However some of the respondent went further to state that because the civil service does not encourage innovation, some of them were afraid to take initiatives.

6.4 Staff strength as an aspect of preparedness

After taking into account other structural factors, size remains an essential element for analyzing the implementation of innovation in enterprises (Kremp; p221-2).
To innovate, to add on to and modify the programmes of an organization to meet challenges may need more staff to assist it to be prepared.
In relation to the size of the staff in the department, most of the respondents complained and agreed with the above author that without adequate staff how can new areas be explored to assist people who were in need like the people identified by the Ministry of Health as having HIV/AIDS.

In Rollinson (2005, p.494-495) size is normally taken to refer to the number of employees in an organization. He also went further to state that as the organization grows so also the number (size) grows and the structure becomes more elaborate. This is not so with the department for except for one respondent the rest were of the view that the size of the staff was insufficient to take care of the whole country. The department, with the newly created district has increased its offices from 138 to 170 without any change in the size of the staff which is 900 (410females and 490males) including those at the head office and the regions. In spite of the fact that the districts are the place where all development activities are centred and therefore offices should have adequate staff to implement programmes of the department, it is not so. The increase will enable staff to assist people identified by the Ministry of Health as having HIV/AIDS.

The Department of Community Developments' programmes already indicated in sub- section 4.3 caters for rural and urban poor people especially the vulnerable and with its office location has an advantage to implement programmes to cover the vulnerable. These include people identified by MOH as living with HIV/AIDS especially women (groups) to increase their income levels.

A document, HIV/AIDS, Ghana, Background, Projections, Impacts, Interventions, and Policy (2001, p.61) stressed the need to help HIV/AIDS persons especially groups such as women who have been found vulnerable to the disease. As a government organization, DCD therefore need adequate staff to assist achieve this which is in line with its goals which are found in annex-3. Most of the respondents stated that the ban on employment is not helping DCD to reach its target groups and that replacements which is allowed does not increase the number.

6.5 Policy a feature of preparedness

Mainstreaming generally refers to systematic and effective anchoring of major issues or problem in the mainstream of an organisation. For the organisation, mainstreaming entails modifying core activities in order to fight the root cause of the problem in question and to mitigate its effects. These changes permeate the whole organisation (Onipede and Dorlochter-Sulses, 2005 p15). Onipede and Dorlochter-Sulses, 2005 p.19 went further to say that organizations may modify their overall strategy and/or their detailed planning and implementation of programme components. However according to 50% of the respondents the department has just with the assistance of MLGRDE developed a work place policy which is yet to be implemented and majority of the staff are not aware of. In addition the goals, strategies and plans of the department have not been modified to cater for the people identified by the Ministry of Health as having HIV/AIDS.

They said as touching specific policy in the department to target people including those identified by the Ministry of Health as having HIV/AIDS, it is not there. Nevertheless the general government policy on the Millennium Development Goals (MDG) 6 and Growth and Poverty Reduction Strategy11 (GPRS11) informs the actions of DCD. The sixth (6th) goal is to combat HIV/AIDS, malaria and other disease and this is done through the use of education and sensitization which is intended to increase the adoption of preventive measures. With the World Health Organization (WHO: 2005, p. 10) description on preparedness to include technical & practical guide lines-policy, expansion of roles and responsibilities, strategies to implement etc, all indications show that the department has not yet fulfilled them. This became clear when the respondents said the department has not modified its goals (annex -3) and the roles & responsibilities of the staff to explicitly include anything relating to HIV.

There are also no national policies mandating the department to link up with MOH and assist the people identified by the Ministry of Health as having HIV/AIDS. The department is not backed by any policy to demand the names and places of residence of the people identified by the Ministry of Health as having HIV/AIDS. For that matter the only way it collaborates with MOH is at multi-sector meetings. Here the department is only concerned with awareness creation through education and sensitization.

The department seems not to be proactive and not making any move to initiate policies in the interest of people identified by the Ministry of Health as having HIV/AIDS who are also vulnerable groups. This is in contradiction with what Sherri (2005, p3-4) indicated that policy can be looked at in a proactive manner where it is introduced and pursued through deliberate choice. She also stated that public policy seeks to achieve a desired goal that is considered to be in the interest of all members of society.
Groverman suggests training sessions on HIV/AIDS awareness, prevention, human rights, gender, legal issues, domestic counselling, peer education, life skills, behaviour change communication and community research. All these should be in the policy but it is yet to be

done by DCD. However drafts have been made to include HIV/AIDS in the curriculum of the vocational institutes but they are yet to be operationalized. A respondent also indicated that budget line has been created for gender and HIV/AIDS which is yet to be implemented.

CHAPTER SEVEN: CONCULSION AND RECOMMENDATION

7.0 Conclusion/ Recommendation of the study

The conclusions and the recommendations are presented concurrently in this chapter.

7.1 Competence as an aspect of preparedness

On the staff knowledge and experience on HIV/AIDS & income generation, it is concluded from the findings that for the department to be prepared it should be improved. In fact it was realised that all the staff have some knowledge on HIV/AIDS but this was in the area of transmission and prevention of the disease. It is also concluded that experience and workshops does not automatically increases the knowledge on HIV/AIDS if the training is not related to the subject. The content of the subject taught and discussed also adds on to the level of knowledge acquired. Therefore it can be seen from the findings that the workshops attended by most of the staff are on transmission and prevention.

Concerning income generation, the findings have revealed that most of the men and newly employed field staff do not have the knowledge to share with the people identified by MOH as living with HIV especially females (groups). Since DCD does not organise in-service training for newly employed staff thereby not exposing them to income generation and this is due to inadequate funds.

Consequently I recommend that DCD should organize regular workshop at least once every quarter for all the staff not only the senior officers to upgrade the knowledge of the staff. This should cover areas such as transmission in risky situation and risky behaviour, human rights, HIV/AIDS and gender, positive living, effects of the disease on development and many other topics. At the same time income generation should be included as subject area during the workshops. My skills and knowledge will be used during those workshops. Curriculum of the school for training field staff should be modified so that HIV/AIDS and income generation will place prominent on it. When the opportunity comes more females should be employed to bring balance in the staff of the department.

Coming to the skill of the staff, the conclusion from the finding is that some of the staff have skills to mobilize, sensitize and animate. Therefore general education has been going on in some communities particularly in the rural areas. Here the field staff organizes awareness creation and sensitization on various topics including HIV/AIDS and it is assumed that these people living with HIV may be part of the audience. As a result they may have benefited from that programme and as a result the department is prepared in that area. This really shows that the staff of DCD has not been dealing directly with the people identified by MOH as living with HIV and especially with females (groups).

In spite of that most of them lacked the analytical skill to analyse issues like gender and HIV/AIDS when it come up in the field to be able to respond appropriately. Majority also do not have the ability to impart income generation skills to the people identified by MOH as living with HIV and with special emphasis on females (groups).

Subsequently the Department of Community Development should train the staff in analytical and other necessary skills. Those with these skills in the department and the premises of the vocational institutions can be used to reduce cost.

In connection with attitude, the conclusion is that a fraction of the staff may have negative attitude towards people identified by MOH as living with HIV and this will not be good for the image of the department. Therefore there should be a change in the attitude of the staff before they will be prepared.

This can be achieved by conducting a further research to see the real extent of the problem and then based on the outcome workshops can be organized to change the attitude of the staff. Before the survey meetings can be organized to throw more light on stigmatization of the people identified by the Ministry of Health as living with HIV/AIDS. After the survey training programmes can be organized by team of experts in the department for the staff.

7.2 Resource as a way of preparedness

The findings on resources indicate that they are inadequate therefore the staff is not prepared for the work with the people identified by the Ministry of Health as living with HIV/AIDS. Among the 4 component of resources considered, it was realised that financial was the most lacking followed by materials then equipments and vehicles/motors. For example money for travelling & transport allowance and nights out allowances are not forth coming. Monies for petrol are irregular and none of the 170 districts have vehicles for going into the rural communities even though fewer than 50 have motors. About 130 of the districts do not have computers to work with. All the vocational institutes need more equipment like sewing machines and demonstration tables to use.

Therefore as a government organization the department should sort it out with MLGRDE so that it can start some activities to generate income to supplement what the department gets from the government. For instance the artisans can be used to work to get funds and this in a way will assist the department to get prepared.

Meetings should be held with MLGRDE to increase the budgetary allocation to the department. This can be done by emphasizing the importance of helping the people identified by the Ministry of Health as living with HIV/AIDS to increase their income which may prevent risky behaviour and as a result reduce new infections.

The department through MLGRDE can also connect to GAC to release resources for the activities connected with people identified by the Ministry of Health as living with HIV/AIDS especially females (groups). This may influence GAC from requesting for counterpart funding which is most of the time insufficient in the department.

More net working can also be done by writing proposals and giving more room for decision making for staff to take the initiatives and link to other areas for funds.

A web site should be created giving information about the department, its programmes, target groups and areas of need so that philanthropist and other organizations who can afford can access the information and assist.

The department should also be proactive and such on the web site to find out organizations who are ready to assist and get in touch for the necessary help.

Monies sought in favour of the people identified by the Ministry of Health as living with HIV/AIDS especially females (groups) should be used for the interest of those people.

Since the department is one of the organizations having the comparative advantage of having staff all over the districts, economic assistance to the people identified by the Ministry of Health as living with HIV/AIDS especially females (groups) should therefore be channelled through the department just for proper monitoring to be done. This can be done with the help of the MLGRDE.

7:3 Staff strength as an aspect of preparedness

Relating to the size of the staff the conclusion from the findings is that it is inadequate. Looking at the size of Ghana and the number of districts the department is operating in, there is the need to have additional for it to be prepared for the task ahead. As already indicated the size of 900 hundred staff and the ratio of males to females indicated that males are more than females therefore females should be considered when any opportunities for employment come. This will make up for the gender imbalance in the organization.

Based on the above the size should be increased to at least 1,100 and this can be done by lobbing and making a case in parliament. The case should be based on the need to assist people identified by the Ministry of Health as living with HIV/AIDS especially females (groups) to reduce the spread and prevent new infection.

There should also be transfers so that districts that have more than three staff can give to those who have only one officer.

The department should also apply to the national service and voluntary employment scheme for students and retired people who want to still work to come and assist with the field activities.

7:4 Policy a way of preparedness

In relation to the findings the conclusions are that since 2001 that multi-sector approach was intensified, the mission, goal and objectives of the department remains the same. The core programmes have not been modified or strategic plans made to reflect specific assistance to the people identified by the Ministry of Health as living with HIV/AIDS especially females. There is no specific policy to back the staff to get information from MOH about the identified people living with HIV/AIDS. The mandate of the department does not specifically include people living with HIV/AIDS and the staff is not proactive to approach such groups and work with them.

From the above conclusions, the department should inform MLGRDE about the situation so that at the ministerial level the issue of access to information can be settled. Specific policy should be formulated to back the department to work with the people identified by the Ministry of Health living with HIV/AIDS especially women (groups).

The department should be proactive to make internal policy, strategies and plans to guide and request the staff to explicitly work with the groups of people identified by the Ministry of Health as living with HIV/AIDS.

The mission and goals of the department should be modified to specifically include the concerns of the people identified by the Ministry of Health as living with HIV/AIDS.

The staff should also be proactive to find out and approach the groups made up of people identified by the Ministry of Health as living with HIV/AIDS especially women to work with and increase their levels of income.

Based on the above recommendations my department and I will meet to discuss the outcome of this research and develop a plan for implementation. Those that can be done in the short term will be started whilst arrangements are made to execute the rest.

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ANNEX: 1 MLGRDE: STRUCTURE & DCD (Divisions- ME, B&P, A&F and TS)

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                    ┌─────────────────────────┐
                    │   Ministry of Local     │
                    │   Government Rural      │
                    │   Development and       │
                    │ Environment (MLGRDE)    │
                    └─────────────────────────┘
                                 │
        ┌───────────────┬────────┴────────┬───────────────┐
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│ Department of │ │ Department of │ │ Department of │ │ Department of │
│ Parks and     │ │ Births and    │ │ Community     │ │ Environment   │
│ Gardens (DPG) │ │ Dirths (DBD)  │ │ Development   │ │ (DE)          │
│               │ │               │ │ (DCD)         │ │               │
└───────────────┘ └───────────────┘ └───────────────┘ └───────────────┘
                                 │
        ┌───────────────┬────────┴────────┬───────────────┐
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│ Mass Education│ │ Budget and    │ │ Administration│ │ Technical     │
│ (ME)          │ │ Planning (B&P)│ │ and Finance   │ │ Service (TS)  │
│               │ │               │ │ (A&F)         │ │               │
└───────────────┘ └───────────────┘ └───────────────┘ └───────────────┘
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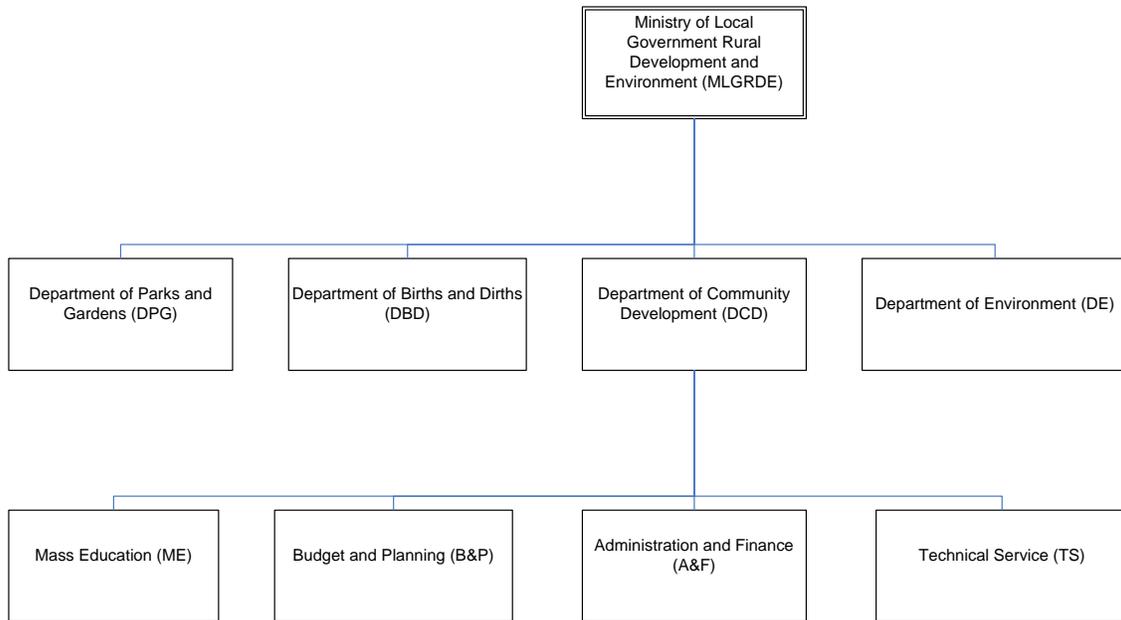
Annex: 2   Regional map of Ghana

Annex: 3 DEPARTMENT OF COMMUNITY DEVELOPMENT

Vision of DCD

The vision of the Department is to 'Become a role model in community development programs and activities'. With the

Mission

> 'The Department of Community Development exists to facilitate the mobilization and the use of available human and material resources to improve the living standard of people in the rural areas and disadvantaged sections of urban communities through their own initiatives and their active participation within an effectively decentralized system of administration'.

> Goals

1. To contribute towards reducing level of illiteracy in Ghana to a low level.
2. To provide a two-way communication channel between the people and the Government by increasing awareness about and disseminating information on Government policies and development programmes and sending feedback on the needs of the people to the government.
3. To increase community understanding and participation in development programmes.
4. To reduce poverty levels in the society through skills training and micro-credit assistance.
5. To enhance socio-economic opportunities for women to enable them improve upon their well-being and increase their participation in the decision-making process.
6. To improve leadership skills of unit committee members, assembly members and other community/opinion leaders through counseling, group dynamics and other supporting services and training.
7. To train the youth in employable skills and thereby slow down the drift of the unemployed youth to urban centres in search of non-existent white collar jobs and hence reduce idleness, vagrancy, thievery, prostitution and other vices and immoral behaviour among the youth.. To promote and support services in community entry, community animation, grassroots education and other key areas to partner development agencies to assist them in the implementation of their development programmes.

Annex 4: Checklist

Checklist for Department of Community Development Staff.

Background information of the staff

What is your educational background

What is your grade

How long have you been working in the DCD - experience

What position do you hold in DCD

What are your roles as a member of staff in DCD

What are the goals of DCD

Preparedness as seen by the staff in relation to HIV/AIDS

What do you understand by preparedness

What are the areas to consider when looking at preparedness (HIV/AIDS)

How adequate is the staff strength/size

To what extent are the staff prepared in skills, knowledge and attitude (HIV/AIDS, etc)

What are the resources needed for the work

Where do we get resources

Are the resources adequate for the work

Programmes for target groups

What programmes of the DCD are there to assist the people identified by the MOH as living with HIV/AIDS especially females (groups) increase income levels

What are the specific policy in the DCD to assist the people identified by the MOH as living with HIV/AIDS especially females (groups) increase income levels

Does the programmes reach the them, if yes how, if no why

Factors/reasons for the programmes of the DCD not reaching the people identified by the MOH as living with HIV/AIDS especially females (groups) increase income levels

How can you be prepared for the programmes to reach the people identified by the MOH as living with HIV/AIDS especially females (groups) increase income levels

Access to information

What are the barriers for the DCD to get information from the MOH on people identified by the MOH as living with HIV/AIDS increase income levels

How can the barriers be overcome

Mission of DCD

What is the mission of the DCD

Is it in any way specifically directed at the people identified by the MOH as living with HIV/AIDS especially females (groups)

How do you see the mission of the DCD