



GOVERNMENT OF GHANA

**PRODUCTION AND DISTRIBUTION OF BRAILLE VERSION OF
THE HIV ALERT MATERIALS SCHOOLS FOR THE VISUALLY
IMPAIRED IN GHANA**



Ministry of Education/Ghana Education Service

December 2017

REPORT

A 3- DAY NON-RESIDENTIAL WORKSHOP FOR THE CONVERSION OF HIV ALERT MATERIALS INTO BRAILLE FOR VISUALLY IMPAIRED PUPILS /STUDENTS

1.0 Introduction:

A non-residential workshop was held from the 25th to the 27th of October, 2017 in Accra for the conversion of HIV and AIDS Alert Materials into Braille version for visually impaired pupils and students across Ghana. Participation were made up of a technical team from the Ghana Braille Press of the Ghana Education Service (GES) as well as other officers from the Ministry of Education, HIV and AIDS Secretariat, the School Health Education Programme of GES and Special Education Division of the GES. This exercise was made possible through financial support from the United Nations Educational, Scientific and Cultural Organization (UNESCO).

2.0 Welcome Remarks

In her welcome address, Ms. Amina Achiaa, the Director for special education, expressed her gratitude to UNESCO for providing funds for the brailing of HIV Alert materials for visually impaired students.

She said this intervention is very important for the visually impaired students because they are part of a special category of students, who are vulnerable in terms of a higher risk of contracting HIV. They also experience various forms of violence, stigma and discrimination. Ms Achiaa further stated that while education has been used effectively in regular schools to help young people develop critical life skills to take control of their lives including comprehensive sexuality education, physically challenged people are often left out in such programmes due to their special learning needs and the lack of appropriate learning resources and materials. This affects their ability to adopt healthy behaviours and to avoid or respond effectively to situations about their health and well-being. The implication in terms of quality education is detrimental; it is associated with low enrolment, high absenteeism and low academic achievement.

She was therefore very elated that at last, the brailing of HIV Alert materials was taking place in order to assist students acquire knowledge and skills for healthy living and in the long term better educational outcomes. She welcomed all participants and entreated all the technical team to ensure that they work hard in order to meet the deadline for production which is before the 20th of December, 2017.

3.0 Background to the HIV Alert Model

Mr. Steve Arko of the HIV Secretariat presented a brief background on the HIV Alert Model for schools. He said the HIV Alert Programme was introduced in 2005/2006 academic year by the Ministry of Education through the Ghana Education Service for the pre-tertiary level. He explained that it is a comprehensive model with three components: the Teacher pillar, The Child Pillar and Community Pillar. The teacher pillar is responsible for the integration of HIV and AIDS into lesson plans, notes and teaching, The Child Pillar is to offer peer education and the Community pillar is to reinforce what happens in school in terms of HIV education at home. All teachers at the pre-tertiary levels were trained between 2005 and 2008 to integrate HIV and AIDS issues in their lesson notes and teaching, selected students at the Junior High School level have also been trained to provide peer education using activity cards and the Parents are constantly updated on HIV issues during Parents Teachers Association (P.T.A). Meetings.

Mr Arko said, as part of the programme, educational materials for the HIV Alert model were produced and distributed to all the regular pre-tertiary schools. The materials included: The HIV&AIDS Teaching manual, The Peer Educator's session manual, the activity cards (The story of Ama, Kojo and Musah, the POWER model, the Assertiveness role play, the STI quiz and the Risk Game). He pointed out that, unfortunately, the materials were not made to suit the needs of special students such as the visually impaired, hearing impaired and mentally challenged.

4.0 Report on HIV Needs Assessment for Special Schools

Ms. Margaret Kaba of the Ministry of Education, HIV and AIDS Secretariat in her presentation on the report on the HIV needs assessment study conducted in 2012 revealed that some knowledge deficiencies existed among both teachers and pupils of special schools on basic issues in HIV and AIDS. Some of the reasons that accounted for this are that, the majority of teachers (63%) in special schools were not aware of the HIV Alert School model, a higher percentage (72%) reported that the HIV Alert School Model was not being implemented in their school.

On the part of the students, 73.2% reported that teachers had never used any of the recommended methods of teaching issues of HIV and AIDS to teach them. Special schools lacked the required resources and Information Education Communication (IEC) materials.

On account of the findings, the study made a number of recommendations including the following:

- That the Ministry of Education and the Ghana Education Service (GES) should collaborate to help deepen the knowledge of teachers and pupils/students in HIV and AIDS issues
- In-service training should be organized for teachers of special schools in the appropriate use of relevant Information Communication Materials for the teaching of issues in HIV and AIDS.
- The MOE and GES should take up the responsibility of supplying the needed resources and IEC materials to the special schools.

5.0 Purpose of the Workshop

Mr. Jeremiah Badu Shayar of special education, said the purpose of this workshop was therefore, to kick start the conversion of the HIV and AIDS Alert Model into Braille for visually impaired pupils/students in public specials schools across Ghana. He explained that the process is cumbersome and quite time consuming. As such, the entire process has been planned to take place in three phases. This first phase will focus on scanning, editing and conversion of the HIV and AIDS Materials into Braille. The expected output will be to produce a zero draft of the HIV Alert Model Brailled version. Few copies of the material will be printed for pilot testing in the second phase. Then, the third and final phase will consist of incorporating the comments, findings and lessons learnt from the pilot testing exercise and printing of the final document for distribution to schools for visually impaired students.

6.0 Scanning, Editing and Conversion of HIV Alert Materials into Braille

A technical team of brailists from the Braille Press of the Ghana Education Service was tasked with the conversion of the HIV Alert materials into Braille version for visually impaired pupils and students. The process included, drawing of images, photocopying, feeding the embosser with Braille sheets for the brailled work to be embossed on the paper, passing the photocopy diagram on the zychem paper through the zy fuse heater for the diagram to be felt by the visually impaired.

At the end of the first phase of production, five (5) copies of the draft of each of the HIV Alert materials were scanned, edited, and printed for pre-testing. The materials to be tested at Akropong School for the Blind in the Eastern Region are:

- The Child led peer education model
- The STI quiz
- The risk game
- The assertiveness role plays
- The POWER model
- The story of Ama, Kojo and Musah

THE BRAILING PROCESS IN PICTURES



Edited work from print to braille being explained to a team from the MoE, HIV Secretariat, Special Education Division and National SHEP Unit of the GES



The head of the Braille press explaining how the drawing of images is done to the team



A Brillist passing the photocopy diagram on the zychem paper through the zy fuse heater for the diagram to be felt by the visually impaired



An officer from the HIV Secretariat supporting the Brillist run photocopies of some of the documents

REPORT ON THE PRE – TESTING OF THE BRAILLE VERSION OF THE ALERT MATERIALS

INTRODUCTION

After the non-residential workshop held for the conversion of the HIV and AIDS Alert Materials into Braille Version from the 25th to the 27th of October 2017, the Personnel of the Braille Press started actual production of the Material. The Braille Press was able to produce some about twenty copies each of all the materials. It therefore became necessary for the team to pre – test the materials from the 19th – 22nd November 2017 before the training. After some deliberations from team members, Akropong School for the Blind was selected for the pre – testing exercise.

Selection Criteria

Akropong School for the Blind was selected for the pre – test due to the following reasons:

1. Cost Efficiency

In terms of cost, it will be cheaper to feed and take care of both student participants and teachers including the officials involved in the exercise. We also do not need to provide any special facility to conduct the pre-test since the school has all the necessary facilities for the exercise.

2. Proximity

It is also the closest school for the blind from Accra where the team of officials involved in the exercise will be travelling from, thus reducing the cost and time of travelling.

3. Human Resource

Akropong School for the Blind has well trained teachers and experts in Braille and Blind Education in the country. The team was of the opinion that they will be able to make the much needed inputs that will help in the final production of the materials. These teachers and experts are made up of both sighted, low vision and blind.

4. Different categories of visually impaired students

The school has various categories of visually impaired students who can be made available and used for the exercise to achieve the desired outcome. The various levels of braille readers can also be found in the school as well.

5. High Enrolment

It is the school with the highest enrolment as far as education for the visually impaired is concern.

6. Centre for Rehabilitation

Akropong School for the blind also serves as a rehabilitation centre for the adults with visual impairment. These adults interact with the students on daily basis and it is important for the students to be equipped with the knowledge on HIV.

7. Special Class

The school has a transitional vocational class who are being trained for various hands-on activities in the world of work. It is therefore important for them to be equipped as well with the knowledge on HIV and its related issues.

Facilitators

The facilitators were drawn from the special education division, school health Education Unit all of the Ghana Education Service and the HIV/AIDS Secretariat of the Ministry of Education

Participants

In all, forty (40) students were involved. Twenty (20) from primary six and twenty (20) from the Junior High School. The ages of these students are between 14 – 22 years.

Supporting Staff

The unit heads of the primary and Junior High schools, the school health education focal person and two visually impaired teachers and an expert proofreader were co-opted to support the process. These teachers and experts made a lot of invaluable inputs during the process.

Pre-Testing Activities

The facilitators and Resource Persons put the students in groups and took them through the following activities listed below for the three days. The students read the entire braille materials and role played each activity in turn in their groups.

- The Peer Educators Training Manual
- The Risk Game
- The Story of Ama, Kojo and Musa
- STI Quiz
- The Assertiveness Role Plays
- POWER Model Activity Flowchart



A BRAILLIST IN DISCUSSION WITH A GROUP OF PARTICIPANTS



HIV/AIDS COORDINATOR AND SHEP PROGRAMME OFFICER WITH A GROUP OF PARTICIPANTS



A BLIND TEACHER AND A SHEP PROGRAMME OFFICER EXPLAINING SOME POINTS TO A GROUP OF PARTICIPANTS



STI QUIZ ROLE PLAY BY STUDENTS

FEEDBACK

- Some myths and misconceptions among students on SRH and HIV&AIDS were corrected.
- Students suggested that the Peer Educators Manual be produced front and back to reduce the volume.
- Teachers of the blind and students suggested that the tactile drawings be positioned horizontally or vertically only.

- Teachers and Students demanded that the vocabulary in the manual be made standard as pertains to the regular schools Manual.

NEXT STEPS

- Incorporation of feedback from the students and Teachers into the final documents
- Training of selected teachers and peer educators from schools for the visually impaired
- Monitoring of implementation in the schools for the blind

REPORT ON THE TRAINING OF SELECTED PEER EDUCATORS AND TEACHERS ON THE BRAILLE VERSION OF THE HIV ALERT MATERIALS IN BECHEM SCHOOL FOR THE DEAF FROM 4TH - 7TH DECEMBER, 2017

Introduction

As a sequel to the pre-testing of the in-school HIV and AIDS Alert Model Materials, one of the next steps was to organize the training for selected peer educators and teachers. This training was aimed at bridging the knowledge gap between the regular students and their visually impaired counterparts with regards to basic facts about the HIV and AIDS menace.

It was also tailored to expose the peer educators on how to manage peer education sessions in their schools and the skills needed to facilitate peer education sessions.

Participants

Participants were drawn from the two main schools for the blind and the six unit and inclusive schools where children with visual impairment have been integrated namely:

- Akropong School for the Blind
- Wa Methodist School for the Blind
- Bechem school for the deaf, unit for the Blind
- St Joseph Practice School, Bechem
- Ghana National Basic Inclusive School, Cape Coast.
- Avapkedome Unit for the blind, Three Kings Special School, Battor.
- Volta School for the Deaf – Hohoe, Unit for the Blind.

The deaf/blind units in Demonstration School for the Deaf in Mampong - Akwapim and Ashanti School for the deaf in Jamasi could not be represented because there was no blind student without deafness. In all fourteen students made up of five boys and eight girls participated in the training. Eight teachers were represented in the training with at least one from each school.

Day One

Facilitators and the Resource Persons gave an overview of the HIV Alert Model, the Peer Educators Manual and demonstrated how the Peer Educators Manual is expected to be used. Participants were assigned in groups to specific activities in the Child – led Manual. After which they went into plenary for discussion.



A teacher asking a question during the overview



A student making a contribution during the overview

Day Two

Students were put in groups and the facilitators and Resource Persons, introduced and demonstrated how the Activity Cards should be used. Students were taught how to organize their Peers in groups during activity sessions. Facilitators discussed with the students some of the ground rules to observe during group activities to enhance effectiveness including the qualities that must be used as criteria to guide the appointment of group leaders.



Students discussing activities in groups

Day Three

Students were put in groups for demonstrations and role play of all the activities and sessions outlined in the manual and the activity cards. Facilitators and Resource Persons guided students to smoothen all the rough edges. Students demonstrated a lot of innovation at this stage which was very encouraging.



Students' role playing an activity in a group



Demonstration by Peer Educators

Evaluation

At the end of the 3-day training programme, both students and teachers were made to evaluate proceedings. Below are some of the responses from the students and teachers.

Teachers	Students
<ul style="list-style-type: none"> • The programme has enlightened us as far as HIV and AIDS activities for students are concerned. • The activities were all child centered • Students have performed beyond our expectation. • Facilitators have exhibited their teaching skills very well. • Copies of the material should have been sent to them ahead of time. • Monitoring is needed to keep the programme alive in the schools 	<ul style="list-style-type: none"> • It is beneficial because we have learnt about the causes of HIV and how to take preventive measures. • Sharing experiences with friend from other schools was very helpful. • We now know how to be assertive without being rude.

Recommendations

It came to light that some of the students from other schools with low vision cannot read the front and back braille material as suggested after the pre – test by some teachers and students at Akropong School for the blind to reduce the sizes of the materials. As a result,

- The final print for distribution will be done in both front and back and on one page to cater for the needs of all students.
- The standard Braille as adopted by the braille press must also be maintained for effective reading.
- It is also recommended refresher training should be considered for new students who will take over from the current Peer Educators.

MONITORING THE IMPLEMENTATION OF THE BRAILLE VERSION OF HIV & AIDS ALERT MODEL IN SCHOOLS FOR THE VISUALLY IMPAIRED

(VOLTA REGION)

Introduction

Following the training workshop organized for selected teachers and students from schools for the blind in Bechem, it became necessary to do a follow up to find out what was happening on the ground. The Volta region Team was made up of: Mr Lawson Ameyo – a Brilist from the Special Education Division (SpED), Mrs Marvi Colerangle – Ashun – SHEP and Ms Faustina Alimatu Braimah – SHEP.

The Team visited two schools; Volta School for the Deaf in Hohoe and 3 kings Special School for the blind in Avakpedome.

School profile:

Volta School for the Deaf, Hohoe, Unit for the Blind is in the Hohoe Circuit of the Hohoe Municipality in the Volta region. It has a total enrolment of 13 students, 9 boys and 4 girls.

Training:

One teacher who has been trained in the use of the Braille Version of HIV Alert Manual and two students were present at the time of our visit.

Opinion about the HIV Alert Programme

The trained Peer Educators attested to the fact that, the programme was good and should be continued. The trained teachers also mentioned that, the students would be empowered to know their rights and responsibilities. They added that the programme would equip pupils with the right information about HIV and therefore should be maintained.

Head teacher:

The Head teacher exhibited some level of understanding of the HIV Alert Concept and indicated that activities have been incorporated into their work plan and time allotted for the Peer education sessions; teachers also integrated HIV in their lesson notes.

Activities carried out by Teachers who were trained

The trained teachers threw more light on points which are not well explained by students. They also wrote names of students' present in the Peer Education Session register and marked. Other teachers demonstrated their full support for the programme.

Peer Educators

One Peer education session has been held with 9 students participating. Four topics have been treated namely; Information on HIV & AIDS, how HIV & AIDS is contracted, how HIV & AIDS is prevented and the Risk Game.

Three Kings Special School for the Blind

School Profile

Three Kings Special school, Unit for the Blind is in the- Circuit of the Central Tongu district of the Volta region. It has a total enrolment of 35 students comprising 17 boys and 18 girls.

Training

One teacher and two students who have been trained in the use of Braille Version of the HIV Alert Manual were present in the school as at the time of our visit.

Opinion about the HIV Alert Programme

The trained teachers and students commended the programme and said it was helpful and beneficial and should be continued. According to the teachers, the programme was a good one because it would help the visually impaired pupils to be well informed so that people would not take advantage of them.

Head teacher

Head teacher did not have any plan available. The head teacher expressed a lot of enthusiasm about the programme and said it was helpful because it would equip the pupils with skills and expose them to dangers of HIV & AIDS.

Activities carried out by Trained Teachers were:

The teachers supervised the start of the programme, marked the register and helped Peer educators to explain things further when the need arose. All the resource teachers attended the session and offered assistance where necessary.

Peer Educators

The school has held 1 Peer education session with 14 students in attendance. The topic treated was "Saying No".

In both schools, the following Challenges were outlined:

- ✓ The students felt shy to mention the real names of the sex organs (vagina and penis)
- ✓ Students would like to be refreshed after sessions.

Recommendations for both Schools:

- ✓ The programme was a good one as it took into consideration the right information that pupils needed to know about HIV & AIDS. More teachers and students should be trained so that they can complement the efforts of each other.
- ✓ It was recommended that the print copy of the manual should be made readily available to teachers as soon as possible.
- ✓ Regular monitoring is needed to sustain the interest

The monitoring Team recommended stakeholder engagement as well as staff involvement. The programme should also take into account low vision students and cater for them. From all indications, the programme should be sustained and further extended to all Special Schools in the country.

MONITORING REPORT ON THE IMPLEMENTATION OF THE BRAILLE VERSION OF HIV&AIDS ALERT MODEL IN SCHOOLS FOR THE VISUALLY IMPAIRED

(CENTRAL AND EASTERN REGIONS)

Introduction

A team made up the National SHEP Coordinator, Mrs. Nana Esi Inkoom, Budget/M&E Officer of the HIV&AIDS Secretariat, Mr. Steve A. Arko and a Brilist from the National Braille Press, Ms. Deborah Awuku undertook a monitoring visit to two schools in the Central and Eastern regions from the 22nd to the 26th of January 2018. The schools were Akropong School for the Blind in the Akuapem North Municipal and Ghana National Basic Inclusive School in the Cape Coast Metro.

No. Trained on the use of the Braille HIV Alert Materials

The team found that one teacher and two pupils, a boy and a girl were trained in the use of the Braille HIV Alert Manual and they were all in school. The boy is in class 6 while the girl is in JHS 2.

Implementation of the HIV Alert Programme

Head teacher

The Head teacher of National Basic Inclusive School, Mrs. Susana Marian Holdbrook had a good understanding of the HIV Alert Concept. She was able to explain the Alert concept and its components (teacher-led pillar, child-led pillar and school-community pillar) and the responsibilities of the role-players under each component.

The Head of Akropong School for the blind, Ms. Narh could describe the infusion and integration of HIV&AIDS issues in teaching and learning activities. The team took the opportunity to explain the details of the HIV Alert programme and the expected roles of school heads, teachers, pupils and parents to ensure the goals of the programme is achieved.

Both Heads showed great commitment to the HIV Alert programme. The team observed that work plan for the schools' activities including HIV and other health issues, have been pasted at the head's office in the schools. They supervised and encouraged teachers to integrate HIV issues in lessons; the Head of National Basic Inclusive School for example brought children's exercises in composition and comprehension where HIV questions had been answered and marked by the teacher.

Teachers

The first activity conducted by the teachers who were trained on the use of the Braille materials was the briefing of the staff about the HIV programme in Braille and the role of teachers to ensure the successful implementation of HIV peer education activities in the schools.

The trained teachers had also developed action plans with activities including preparatory meetings of SHEP committee and peer educators to plan for effective peer education sessions, training of two students from each class to do HIV peer education on class-basis, talk on HIV during entertainment, organize HIV quiz competition between boys and girls, and organize role plays on comprehensive sexuality education during entertainment.



Members of the monitoring team interacting with the Headmistress, Health Teacher and Peer educator during the visit to Ghana National Basic Inclusive School, Cape Coast.

Peer Education

The schools have developed action plans for the implementation of the HIV peer education activities in their schools. The trained peer educators and their school health teachers have organized preparatory meetings to assign responsibilities and roles to ensure successful implementation of the programme. This is because peer educators and their health teachers were trained in the last week of the first term and therefore effective implementation of activities will commence during the second term.

HIV Alert Materials

The Headmistresses of Akropong School for the blind and Ghana National Basic Inclusive School Cape Coast received five (5) copies each of the following Braille materials to be used for peer education activities in their schools:

Peer Educators' Training Manual for the Blind

The Risk Game

The STI Quiz

Assertiveness Role Plays

The Story of Ama, Kojo and Musa

The POWER Model

In addition to the above listed materials, the schools were given two (2) print copies of the Child-Led Pillar: Trainer of Trainers manual and one (1) print copy of the Life Skills Based School Health Education: Teacher Led manual.

Mampong Demonstration School for the Deaf/Blind

The team visited the Mampong Demonstration School for the Deaf/Blind and interacted with the Headmaster, Mr. Abraham Yemoson. He indicated that the school had 14 students who are deaf/blind and for that matter tactile is the methodology used in teaching them. There were seven (7) resource teachers teaching the deaf/blind students.

The Head was given two print version of the Child-Led Pillar: Trainer of Trainers Manuals and one Life Skills Based School Health Education: Teacher Led Manual to facilitate the teaching and learning of life skills based HIV education.



Headmistress, Health Teacher and Peer educators of Ghana National Basic Inclusive School, Cape Coast examining the Braille HIV Alert materials they received

Challenges

- Majority of students usually report to school on re-opening in the second, third or even fourth week and that affects timely implementation of school programmes and activities.
- Most Perkins Brailers in the schools have broken.
- Inadequate white canes for visually impaired students.
- Faulty photocopier machine.
- Malfunction embossers.

Recommendations

- Build the capacity of all teachers on the HIV Alert programme so that they can support the effective implementation of the HIV Alert activities at the school level.
- Supply schools with more of the Braille HIV Alert materials to enable as many students as possible to have access to the information to make informed choices.
- The schools require embossers and photocopiers to print educational materials including materials on comprehensive sexuality education to enhance effective teaching and learning in the schools.

MONITORING REPORT ON THE IMPLEMENTATION OF THE BRAILLE VERSION OF THE HIV ALERT MODEL IN SCHOOLS FOR VISUALLY IMPAIRED PUPILS

(BRONG AHAFO AND UPPER WEST REGIONS)

1.0 Introduction

A monitoring team made up of Ms. Margaret Kaba, of the Ministry of Education HIV and AIDS Secretariat, Mr. Jeremiah Badu Shayar of SpED and Mr. James Amoabeng a Brillist at the Ghana Braille Press visited the Bechem School for the deaf & blind as well as the Wa Methodist School for the Blind. The purpose was to collect first hand information on the implementation of the HIV Alert model in these schools.

1.1 Bechem School for the Deaf and Blind

Bechem School for the deaf and blind is located in the Brong Ahafo Region of Ghana. The blind component has a total of 44 students, comprised of 28 boys and 16 girls.

Training

At Bechem School for the deaf and blind, all the three teachers and four students who participated in the training held in December, 2017 on the HIV Alert model were present.

Implementation

The team had a discussion with the teachers and students concerning the model. According to the teachers and the students, not much had been done in an organized manner because the students had just reported to school. However, the peer educators said they had shared HIV and AIDS messages with their peers in their various dormitories and at home during the vacation. Both teachers and students assured the team about their commitment to the programme.

Challenges

- Due to the special nature of the students, they do not report to school early when school reopens so, it has delayed the programme.
- Some of the teachers are unable to read the Braille, therefore will need the original copy to enable them assist the students.

Recommendations

- Print version of the model should be supplied along side with the Braille version so that teachers who cannot read Braille will use it.

- An appeal was made to a visually impaired teacher who is competent in Braille to support a student who has a challenge in reading double sided Braille
- In-service training on the HIV Alert Programme should be organized for the rest of the teachers in the school by those who attended the training programme
- Regular monitoring in order to sustain the HIV Alert programme in the school.

1.2 WA METHODIST SCHOOL FOR THE BLIND

Wa Methodist School for the blind is in the Upper West Region of Ghana and has a total of 232 pupils, made up of 131 boys and 101 girls.

Training and Implementation

In this school, two students, a boy and a girl were trained but the boy had not yet reported to school since schools re-opened on the 9th of January, 2018. Charity, the female peer educator shared informal discussions she had with her peers in the dormitory. This included information about, good and bad touches, ways of contracting HIV, prevention and symptoms of AIDS. She said she had no difficulty reading the brailled version of the HIV Alert model.

The teacher, who was part of the training on the HIV Alert model, said she had enrolled a batch of 22 students to undertake the peer education sessions and they have started with the first topic which is *Adolescent Growth and Development*.

Challenges

- The teachers said because the training was conducted too close to vacation and some students have not yet reported to school, not much has been accomplished.
- The lack of printed copies makes it difficult for the teachers who cannot read Braille to assist the peer educators.

Recommendations

- Regular monitoring of the program
- Printed version of the model should be supplied to teachers
- Weekend programs should be organize to speed up the training
- The school head should give the peer educators some time to give a talk to both teachers and students during morning assembly
- Refreshment for the students who participate in the peer education sessions



The monitoring team interacting with the pupils and some teachers

HIV Alert Materials

Both schools received five (5) copies each of the following Braille materials to be used for peer education activities in their schools:

- Peer Educators' Training Manual for the Blind
- The Risk Game
- The STI Quiz
- Assertiveness Role Plays
- The Story of Ama, Kojo and Musa
- The POWER Model