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STRENGTHENING HIV/AIDS PARTNERSHIPS IN EDUCATION (SHAPE I AND II) EVALUATION REPORT

April 2007

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STRENGTHENING HIV/AIDS PARTNERSHIPS IN EDUCATION (SHAPE) I AND II EVALUATION

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DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Without these thoughtful and dedicated individuals, the SHAPE Project and this evaluation would not have been possible. We hope this report will support the quality of the project in its remaining year and provide guidance for future HIV/AIDS programming in the education sector.

C. Howard Williams, Team Leader.

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communication
CA	Cooperative Agreement
CCV	Crisis Corps Volunteer
CSO	Civil Society Organization
DDE	District Directors of Education
ESP	Education Strategic Plan
HIV	Human Immune-deficiency Virus
IEC	Information, Education and Communication
IOE	Institute of Education (University of Cape Coast)
IR	Intermediate Result
JSS	Junior Secondary School
MOESS	Ministry of Education, Science and Sports
NGO	Non-governmental Organization
NSP	National Service Personnel
PLWHA	People Living With HIV/AIDS
PTA	Parent Teacher Association
ROA	Rapid Organizational Assessment
SHAPE	Strengthening HIV/AIDS Partnerships in Education
SHEP	School Health Education Program
SMC	School Management Committee
SO	Strategic Objective
SSS	Senior Secondary School
STI	Sexually Transmitted Infection
TAD	Teachers - Agents for Dissemination and Change
TED	Teacher Education Division
TTC	Teacher Training College
USAID	United States Agency for International Development
VP	Vice Principal
WoH	Window of Hope

EXECUTIVE SUMMARY

USAID/Ghana awarded a Cooperative Agreement in 2001 to World Education to provide support for a program in Strengthening HIV/AIDS Partnerships in Education (SHAPE), referred to as SHAPE I. In 2004, USAID/Ghana awarded a follow-on three-year Cooperative Agreement, referred to as SHAPE II. The project's objective was to reach students, teachers, and parents with information necessary to prevent the spread of HIV/AIDS to themselves and mitigate its impact on the education sector as a whole.

World Education's approach in meeting its primary program objective was to work with and strengthen the capacities of the Ministry of Education, Science and Sports/Ghana Education Services (MOESS/GES) and local Civil Society Organizations (CSOs) to more effectively design, deliver, and monitor HIV/AIDS prevention programs. The scope of services began with approximately 90 school-based peer education programs supported by nine CSOs. SHAPE II increased this scope to approximately 250 schools through 12 partner CSOs.

This report on the evaluation of the USAID-supported SHAPE Project contains a review, lessons learned and recommendations for program implementation and sustainability, and identifies future directions that are likely to be effective, sustainable and practical within the Ghanaian context. Each of the program components and associated results were reviewed and assessed by this evaluation. Additionally, observations and analysis by the evaluation team were added to the challenges and adaptations that were documented by the SHAPE Project, based on its own internal monitoring and evaluation. Implications for sustainability were developed and included, along with recommendations for program activities and components. Overall findings also were derived for the contributions of SHAPE to HIV/AIDS prevention and recommendations are made for USAID/Ghana HIV/AIDS programming in the education sector.

Principal Results and Lessons

The documented results for SHAPE I and SHAPE II present a picture of a project that has met or is exceeding most expectations for its school-based peer education program, including building capacities and partnerships between the GES/School Health Education Program (SHEP) and CSOs, and for the pre-service HIV/AIDS teacher training program, the Window of Hope curriculum.

School-Based Peer Education Programming

1. The School-based peer education program has demonstrated effectiveness in engaging youth in HIV/AIDS discussion and sustaining their interest over time. The National SHEP Coordinators, present and previous, concur that SHAPE peer education has had a powerful effect on students and teachers, though limited to the number of schools reached.
2. SHAPE I served 89 schools in 15 districts, established 94 HIV/AIDS clubs, in which 5,140 youth participated. SHAPE II is serving 252 schools in 11 ("hot spot," or exceptionally high prevalence) districts, supporting 215 HIV/AIDS clubs in which 38,691 students are participating. Almost 55,000 students have participated in a program of six SHAPE HIV/AIDS

education sessions. As a result of these activities, 24,904 youth have requested RH information from Peer Educators and CSOs.

3. Though the number of peer educator-led activities is somewhat less than expected (87% for SHAPE II), the number of students participating in HIV/AIDS clubs in the six SHAPE HIV/AIDS sessions is 100% of expected results.
4. A Peer Educator's Manual has been produced by SHAPE for use in Upper Primary (UP) Schools, Junior Secondary Schools (JSS), and Senior Secondary Schools (SSS) and is being referenced by UNICEF for their new program in the three Upper Regions.
5. The MOESS/AIDS Secretariat created the in-service HIV/AIDS TAD (Teachers - Agents for Dissemination and Change) program, building on SHAPE curriculum content and experience and is using SHAPE-trained SHEP Coordinators and CSO staff as TAD trainers.
6. SHAPE II encountered difficulty recruiting as many people living with HIV/AIDS (PLWHA) resource persons to participate in school activities as needed for the expanded number of schools being served. The stigma associated with HIV/AIDS in Ghana is high. PLWHAs do not readily admit their status in their own communities. SHAPE found a willingness for PLWHA resource persons to participate in school activities *if* the activities were in a community where they were not known. PLWHAs' willingness to participate under these conditions introduced logistical and increased cost factors into program planning, including transportation and per diem.
7. Attitudes of school heads towards HIV/AIDS prevention activities has substantial influence on the participation of teachers and students and on CSOs' ability to convene and conduct sessions with teachers, students, and SMC/PTA members. Limitations at some schools for additional space and time after school needed for club activities interferes with students' ability and willingness to participate.
8. Retraining of Peer Educators is an annual necessity to replace each transitioning cohort.
9. CSO training and support for teachers and students have been essential mechanisms for the success of this program; CSOs will require continued staff and operational funding to continue their support to the peer educators. Some may find funding from DAs, some are considering running businesses, and others will require donor support.

Building Capacities and Partnerships between GES/SHEP and CSOs

1. The National SHEP Director supported District SHEP Coordinators in building successful partnerships with CSOs to deliver and support schools' peer education programs and produce district HIV/AIDS activity maps. GES' acceptance of CSOs as educational support partners now is established with SHEP.
2. SHAPE built capacities of CSOs as partners for the GES/SHEP to implement the school-based peer education program, through collaborative activities led by World Education. During SHAPE II, for example, there were 932 collaborative, team building activities between SHAPE CSOs and the MOESS/GES, including SHEP, District Directors, and head teachers.
3. Based on training from World Education and their performance against targets, most SHAPE CSOs (a) are programmatically capable of continuing SHAPE school support activities but (b) can benefit from additional organizational capacity building and (c) will require annual renewal of funding for staff and operating expenses.
4. District SHEP Coordinators are likely to be distracted from the peer education program at the end-of-project by other GES priorities and funded initiatives.

Pre-service HIV/AIDS Teacher Training: Window of Hope Curriculum

1. The GES/Teacher Education Division (TED) has led the introduction of Window of Hope, including formalizing it into the curriculum as an examinable subject, coordinating with the Institute of Education (IOE) to develop exams, and advocating among Principals for support of full and regular program implementation.
2. Although the TTC component may be considered sustainable, given the adoption of the Window of Hope as an accepted, examinable part of the TTC curriculum, establishing and sustaining the *quality* of the program will benefit from continued support for retraining and monitoring TTC staff.
3. TED expressed interest in monitoring and supporting TTCs for curricular consistency and quality but have insufficient travel funds and staff.
4. Infrequent or irregular supervision by TED after the end-of-project may allow teaching of the Window of Hope curriculum to revert to idiosyncratic implementation, becoming a "basic knowledge only" course at some TTCs (for test preparation), losing the learning and behavior change advantages of the participatory, adult education methodology.
5. Some retraining will be necessary to (a) replace tutor transfers and retirements and (b) be sure those assigned to teach Window of Hope are those trained to teach it.
6. Tutors frequently cite the need for "compensation" for extra work. Compensation can include participation in workshops and acknowledgements with T-shirts, etc. Reconciling and balancing tutors' teaching loads when the Window of Hope is assigned will eliminate the "extra work" of teaching it.

7. Reprints of Window of Hope curriculum will be needed at the TTCs. Currently, copies are kept in resource centers, 1 per 5 students. Reprints could be made for sale to TTC students, increasing dissemination and sustainability of the curriculum information.

Review of Project Component and Activity Costs

1. The comparative costs show that support for the TTC pre-service component may be financed for approximately half the cost of the school-based peer education component. (More than half the costs of the school-based peer education component are for CSO grants which are necessary to sustain that program.)
2. The school-based peer education program directly reaches four times as many recipients each year as the TTC Window of Hope program does. The “extended coverage” provided by the TTC program, however, is that each graduating teacher trainee will engage approximately 40 new students when s/he takes up her/his new teaching position. Each new cohort of teachers trained in the Window of Hope will engage 350,375 students annually in primary and junior secondary schools. These new teachers will have been trained with up-to-date HIV/AIDS prevention information and engaging methodologies by which to engage and pass this information on to their new students.

Impact on HIV/AIDS Prevention and Prevalence

The SHAPE project clearly addresses a key priority in the GOG’s Education Strategic Plan (ESP); *combat the spread of HIV/AIDS by increasing knowledge of consequences and encouraging behavior change*. More specifically, SHAPE contributes to USAID/Ghana’s SO8, IR5, *Improved HIV/AIDS prevention in the education sector*.

Baseline studies for SHAPE II were conducted with students, teachers, and parents in UP, JSS and SSS and with teacher trainees at TTCs. Positive KAP increases are expected when the follow-on studies are concluded in June 2007, based on the persistent high levels of student activity in HIV/AIDS clubs led by peer educators and teacher trainees, and descriptions (written and verbal) of the club discussions as being frequently oriented to personal behaviors and decision making.

Anecdotal evidence suggests that girls will continue to show more gains than boys since they recognize their greater risk of infection, share (and seek) information more than boys, and, culturally, are less risk taking than boys. Overall positive changes already have been observed, as evidenced by this comment from a TTC Principal and echoed by others: *Since the Window of Hope came to the college, the incidence of angry parents coming to my office complaining about the sexual behavior of our students during their practice teaching has almost stopped completely. It used to be an annual event, parents even bringing babies in, saying that they were the responsibility of the TTC.*

The impact of SHAPE on the overall HIV/AIDS prevalence rates in Ghana, however, is likely to be marginal, given the already high levels of knowledge and low prevalence and risk rates among the groups which SHAPE reaches: students and teachers.

I. Background

The purpose of the Cooperative Agreement awarded by USAID/Ghana to World Education in 2001 was to provide support for a program in Strengthening HIV/AIDS Partnerships in Education (SHAPE). The program's objective was to reach students, teachers, and parents with information necessary to prevent the spread of HIV/AIDS for themselves and mitigate its impact on the education sector as a whole. The World Education approach for SHAPE I was to work through Civil Society Organizations (CSOs) to implement school-based, peer education HIV/AIDS prevention activities, in cooperation with the Ministry of Education, Science, and Sports/Ghana Education Service/School Health Education Program (MOESS/GES SHEP), including District SHEP Coordinators, and in cooperation with Junior Secondary Schools (JSS) and Senior Secondary Schools (SSS) in areas of high HIV/AIDS prevalence (so called HIV/AIDS hot spots). World Education also focused efforts on institutional strengthening of the GES/SHEP and partner CSOs to build their capacities to continue HIV/AIDS prevention activities in the education sector after the completion of the SHAPE I Cooperative Agreement.

At the end of 2003, SHAPE added a fourth objective: *Increase the capacity of teacher training colleges (TTCs) to address HIV/AIDS*. The result of this initiative was to expand activities into TTCs to enhance teacher trainee preparedness for prevention of, and protection from HIV/AIDS.

The award to World Education for SHAPE I was for approximately \$1 million and ran for three years. The anticipated results for SHAPE I were:

- Increased specific knowledge for minimizing individual risk
- Increased school-based actions for prevention, education and support
- Increased education sector capacity to address HIV/AIDS.

USAID/Ghana awarded a follow-on three-year Cooperative Agreement in September 2004 to World Education for SHAPE II to expand the coverage of activities undertaken under SHAPE I, including adding upper primary to schools to be served, and improving the SHAPE program components, based on SHAPE I experience and accompanying studies. The new Education Strategic Objective (SO8), developed as part of the USAID Strategic Plan (2004-2010), had now incorporated a specific Intermediate Result (IR5) to: *combat the spread of HIV/AIDS by increasing knowledge of consequences and encouraging behavior change*. The anticipated results for SHAPE II are:

- Increased HIV/AIDS knowledge and improved behavior to reduce the spread of HIV/AIDS among target groups (teachers, teacher trainees, students, and community members); and
- Increased education sector capacity to address HIV/AIDS through improved training and increased collaboration with local partners.

2. Methodology

In January 2007, USAID/Ghana awarded a competitive bid contract to DevTech Systems, Inc. to conduct an evaluation of the SHAPE program as a whole. This report on the evaluation of the USAID-supported SHAPE Project contains a review, lessons learned and recommendations for program implementation and sustainability and identifies future directions that are likely to be effective, sustainable and practical within the Ghanaian context. Each of the program components and associated results were reviewed and assessed, observations and analysis by the evaluation team were added to the challenges and adaptations that were documented by the SHAPE Project, based

on its own internal monitoring and evaluation. Implications for sustainability were developed and included, along with recommendations for program activities and components. Overall findings also were derived for the contributions of SHAPE to HIV/AIDS prevention and recommendations are made for USAID HIV/AIDS programming in the education sector.

This evaluation activity included use of quantitative and qualitative data that was available from SHAPE studies, routine and periodic reporting, and internal documents. The evaluation team validated and complemented this information through review of additional documents supplied by USAID and other stakeholders and through structured interviews with project staff, participants, and beneficiaries at schools, district offices, CSOs, teacher training colleges (TTCs), MOESS/GES representatives, other stakeholders, and USAID representatives. For a listing of interview and consultative activities, please see Attachment 3.

This evaluation began with a review of documents in late January 2007. Field activities were conducted from January 31-March 19. A presentation with principal findings and recommendations was made to USAID on February 28. A full draft report was submitted to USAID on 19 March for review and comment.

3. Ghana and Education Sector Overview

The population of Ghana in 2000 was 18.9 million. Forty-one percent of the population were 14 years or younger, 53% were between the ages of 14 and 65, and 5% were 65 or older. Forty-three percent were living in urban areas. Life expectancy for males was 55.4 years and 59.6 years for females (GDHS, 2003).

Ghana has ten administrative regions and 138 districts. The education system includes nursery schools, kindergartens, primary (grades 1-6), junior secondary (grades 7-9), and senior secondary (grades 10-12) schools. The number of private schools is considerable, providing for approximately 15% of basic school enrollments. In the 2005/06 school year, there were 3,122,903 total enrollments for primary schools, 1,041,002 for Junior Secondary Schools (JSS), and 338,519 for Senior Secondary Schools (SSS).

Teachers for basic education (Primary + JSS) are trained by Ghana's 40 Teacher Training Colleges, 38 of which are public and two are private. There currently are 26,025 students (53.7% male, 46.3% female) enrolled at the 38 public TTCs (GES/TED, 2007). Teachers for the SSS are trained at one of Ghana's four major universities. It should be noted that the proportion of currently serving teachers who are "untrained," having not met the prerequisite training requirements, is 32% in public primary schools and 85% in private primary schools; 19% in public JSS and 74% in private JSS (MOESS/SRIMPR Division, 2006).

There are two substantive programs, aside from SHAPE, being supported in the education sector and both have origins related to SHAPE experience. The Teachers - Agents for Dissemination and Change (TAD) program is providing in-service teacher training in HIV/AIDS prevention to all currently serving teachers. It is supported by the MOESS HIV/AIDS Secretariat with funding from DFID and the World Bank. The TAD curriculum built on SHAPE materials and experience and many of the TAD trainers are District SHEP Coordinators, CSO staff and TTC tutors who were trained by SHAPE.

UNICEF reportedly is developing a child-centered, HIV/AIDS prevention program for use in the three upper regions of Ghana. This program is adapting SHAPE materials from the school-based peer education program.

UNICEF also is providing support to the National SHEP Office to develop a monitoring and dissemination system for information about HIV/AIDS prevention activities in schools, called *ALERT*. TAD monitoring groups assist in collecting data for SHEP.

School and TTC staff reported that there are other active NGOs supporting HIV/AIDS education but that they tend to be locally organized and operate independent from government (but with government recognition).

4. The SHAPE Project Overview

4.1 SHAPE Project Foundations.

The SHAPE I Project was developed as a means of addressing the threat that HIV/AIDS posed to the education sector, at a time when HIV/AIDS prevalence rates in Ghana were increasing and teachers and students were considered, by many, as potential high risk groups.

At the time, education systems in several other high prevalence countries were being deeply affected by losses of experienced teachers and education officers at a rate that outstripped governments' ability to recruit and train their replacements. The World Education approach for SHAPE I was to work through CSOs to implement school-based, peer education HIV/AIDS prevention activities, in cooperation with the MOESS/GES SHEP, including District SHEP Coordinators, and in cooperation with JSS and SSS in areas of high HIV/AIDS prevalence. World Education also focused efforts on institutional strengthening of the GES/SHEP and partner CSOs to build their capacity to continue HIV/AIDS prevention activities in the education sector after the completion of the SHAPE I Cooperative Agreement.

As mentioned in the introduction, at the end of 2003, SHAPE added a fourth objective: *Increase the capacity of teacher training colleges to address HIV/AIDS*. The intent of this initiative was to expand activities in Teacher Training Colleges to enhance teacher trainee preparedness for prevention of and protection from HIV/AIDS. SHAPE developed and introduced an HIV/AIDS prevention curriculum, called Window of Hope, into all 38 TTCs, in order to reach future teachers and positively affect their HIV/AIDS prevention knowledge, attitudes, and behaviors before taking up their posts as the nation's new classroom and school leaders.

SHAPE I was amended twice over its three-year program: first in October 2002 and again in October 2003. Between 2002 and 2003, the end-date for the project was extended from March 2003 to August 2004, and SHAPE was provided with additional funds to carry out a number of activities with CSO partners and SHEP. Within this new framework, two additional initiatives were launched in 2003:

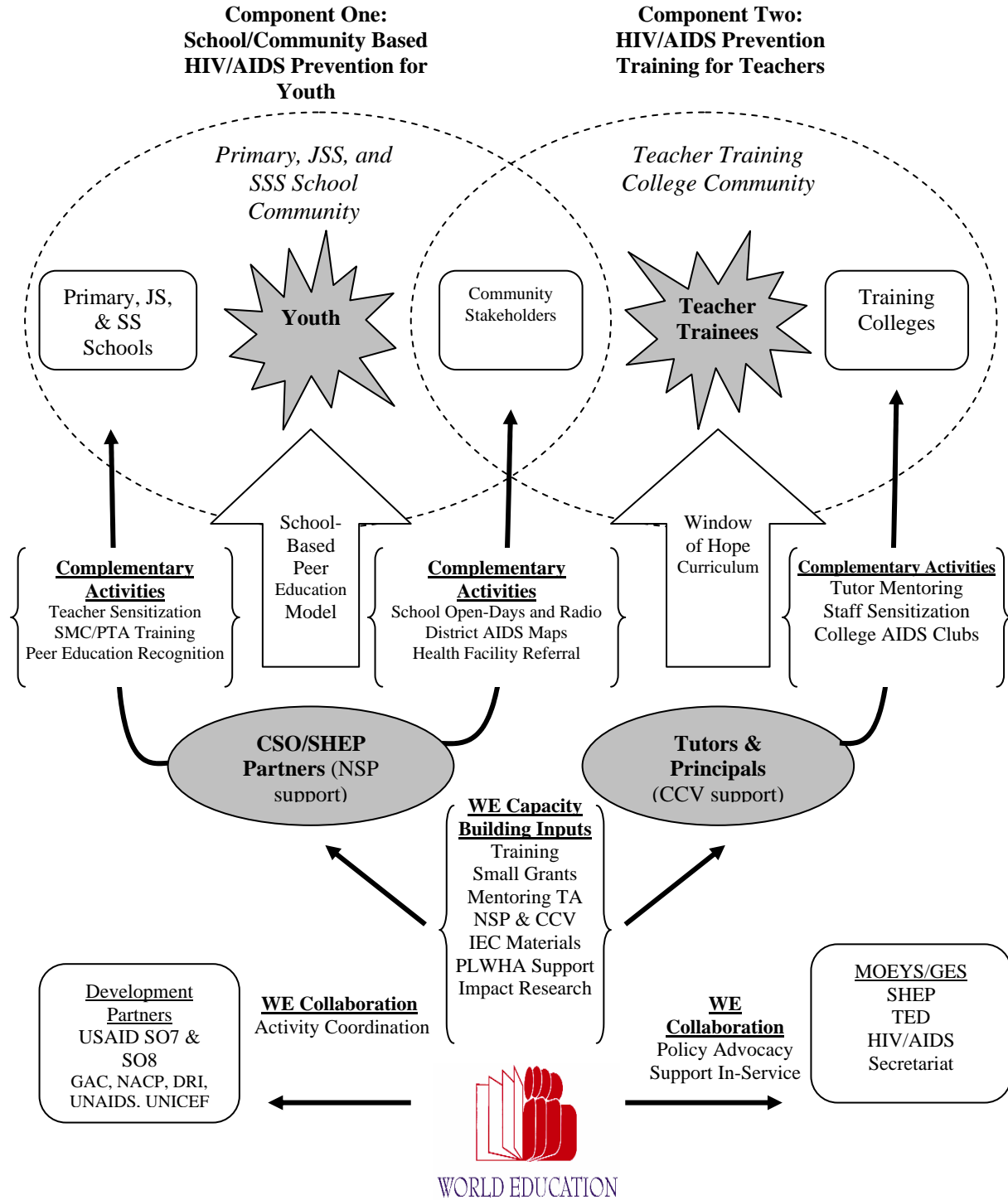
- Including the National Service Personnel (NSPs) in a "National AIDS Squad"; and
- Reaching primary schools in addition to the JSS and SSS, and targeting some out-of-school youth.

4.2 Origins of the Strategy: HIV and Development Program.

World Education's fundamental capacity building approach for the SHAPE project is the *HIV and Development Program*. It was developed in 1990 by UNDP and has been updated and adapted by World Education. World Education has used the newest version with MOESS staff, physicians, and with the majority of USAID/Ghana staff. All HIV prevention education programs developed and implemented by SHAPE's partners are based on adaptations of this program foundation. The program engages participants, intellectually and emotionally, on personal and professional levels by employing interactive presentations, films, short videos, and music. Overall, the goal of the program is to motivate participants to commit to action (a change in attitude and behavior) to fight the epidemic, again both personally and professionally. The centerpiece of the program is the 'Wildfire' simulation exercise. The exercise walks the participants through each phase of HIV exposure, including getting tested and learning whether they are HIV positive or negative. It includes discussions about the repercussions of exposure and/or contraction and a testimony from a PLWHA resource person.

As mentioned above, the HIV and Development Program forms the core set of participatory activities employed by the CSOs and their peer educators, teachers, and parents. It also was used extensively in development of the Window of Hope HIV/AIDS pre-service teacher training curriculum.

Diagram I: SHAPE Project Overview
 (From 2003 SHAPE II Technical Proposal, World Education)



The design of SHAPE I addressed the knowledge, attitudes, and practices of teachers and students in selected schools in Ghana and in building the capacities of the GES SHEP and CSOs, as partners, to implement these programs. With the inclusion of the pre-service component at TTCs, building capacities at the TTCs and GES/Teacher Education Division (TED) became the other significant component of the SHAPE program. For purposes of cohesion in describing the SHAPE program and the implications for sustainability and replication, the school-based peer education program and the pre-service TTC Window of Hope program will be treated as the two main SHAPE components, with capacity building of the GES and CSOs presented within context of these two components. An overview of the SHAPE Project, featuring these two components, is depicted in Diagram 1 above.

As mentioned earlier, USAID Ghana awarded a follow-on Cooperative Agreement in September 2004 to World Education for SHAPE II, to expand the coverage of activities undertaken under SHAPE I, including adding upper primary to schools to be served, and improving the SHAPE program components based on SHAPE I experience and accompanying studies. The new Education Strategic Objective (SO8), developed as part of the USAID Strategic Plan (2004-2010) had now incorporated a specific Intermediate Result (IR5) to “combat the spread of HIV/AIDS by increasing knowledge of consequences and encouraging behavior change.” The expected results for SHAPE II are:

- Increased HIV/AIDS knowledge and improved behavior to reduce the spread of HIV/AIDS among target groups (teachers, teacher trainees, students, and community members); and
- Increased education sector capacity to address HIV/AIDS through improved training and increased collaboration with local partners.

5. SHAPE’s School-based Peer Education Program (Upper Primary, JSS, and SSS)

Peer education is SHAPE’s main approach for reaching youth with HIV/AIDS information and prevention messages. With awareness of HIV/AIDS nearly universal in Ghana, World Education cited peer education as a critical intervention for communicating accurate, relevant HIV/AIDS prevention information, and promoting assessment of self risk and supporting positive behavior change. Student peer educators trained by SHAPE CSOs were expected to form HIV/AIDS clubs, attended by fellow students on a weekly basis for information dissemination, discussion, debates, films, and games to promote HIV/AIDS prevention. HIV/AIDS clubs were to be endorsed and supported by participating schools, including allocation of space and time for meetings, and peer educators were supported by teacher “patrons,” who helped organize club activities and coach the peer educators. The Intermediate Results for this component focused on increasing the numbers of: (a) school-based HIV/AIDS prevention activities, (b) youth, teachers, and parents trained and reached with HIV/AIDS information and messages, and (c) subsequent changes in knowledge, attitudes and practices (KAP) regarding HIV/AIDS and risk reduction.

Peer educators were selected by head teachers using criteria provided by SHAPE CSOs for Junior Secondary (JSS) and Senior Secondary (SSS). Peer education programs were added to Upper Primary (UP) under SHAPE II. The peer educators, 4-10 per school depending on school size, were provided with a seven-day training by the CSOs. World Education developed and produced a peer educator manual for use at all three school levels. The training for peer educators included basic facts about HIV/AIDS and its prevention, use of the manual, Behavior Change Communication (BCC) tools, and other activities to engage fellow students, such as role plays, games, videos, guest

speakers, and discussions. Teacher patrons accompanied the peer educators from upper primary and JSS to the CSO trainings. Topics common to the manuals for all three levels (upper primary, JSS, SSS) include the following:

- HIV transmission and prevention
- Choosing to abstain
- Reducing risk behaviors
- Respecting human rights
- Compassionate attitudes toward PLWHAs
- Communication and decision-making
- Accessing accurate information about adolescent reproductive health
- Boosting self-esteem and assertiveness
- Coping with emotions and peer pressure.

Examples of age specific topics included the use of the Sara Communication Initiative (developed by UNICEF) to introduce positive and assertive role models for girls in upper primary and JSS.

The CSO-supported, school-based peer education approach also provided a basis from which teachers, parents, and out-of-school youth could be reached with HIV/AIDS prevention information. Teacher patrons were identified by the Head Teacher and trained to support the student peer educators. The teachers' role as a support to student peer educators, rather than as the primary communicator of HIV/AIDS information, was an acknowledgement by World Education that teachers faced time and schedule constraints in accepting new assignments, that many teachers were themselves poorly prepared to lead sensitive reproductive health discussions with youth, and that peer educators were more easily accepted by other students for sensitive personal discussions.

Parents were "reached" through sensitization workshops conducted by SHAPE CSOs for members of the School Management Committees (SMCs) and Parent-Teachers Associations (PTAs). The SMC/PTA representatives were given an orientation to: (a) HIV/AIDS awareness raising, including relevant data and an interactive presentation and discussion with a person living with HIV/AIDS (PLWHA), (b) the discussion topics for the students' HIV/AIDS clubs, and (c) an exercise to model effective parent-child communication on reducing risk behaviors. The expectation was that HIV/AIDS would become a regular agenda item for discussion among parents at SMC and PTA meetings.

Peer educators and teacher patrons also were supported by CSOs to conduct outreach activities for out-of-school youth with HIV/AIDS information and prevention messages, including conducting community events on World AIDS Day, "compassion marches," use of traditional community drama, and radio call-in shows.

5.1 Results for the School-based, Peer Education Program.

The documented results for SHAPE I and SHAPE II present a picture of a project that has met or is exceeding most expectations. The National SHEP Coordinators, present and previous, concur that the school-based peer education program has had a powerful effect on students and teachers, though limited to the number of schools reached. The data indicate that the program has demonstrated effectiveness in engaging youth in HIV/AIDS discussions in the school clubs and, importantly, that their engagement in the clubs has persisted over time. SHAPE's development and

production of a peer educator's manual is a contribution that supports the consistency of program quality across the schools supported by different CSOs.

The more salient intermediate results for the school-based peer education component are presented below. A complete listing of results definitions, targets and achievements is included in Attachment 2.

5.1.1 Intermediate Results for SHAPE I.

Result 2: Increased number of school and community based actions for HIV/AIDS education, prevention, and support.

Under SHAPE I, SHAPE CSOs and District SHEP Coordinators met or exceeded targets by serving 89 schools in 15 districts, establishing 94 HIV/AIDS clubs, in which 5,140 youth participated. SHAPE I reached more youth with HIV/AIDS prevention messages through peer educators than expected: 28,678 in-school youth (131% of the project target) and 10,457 out-of-school youth (171% of target). SHAPE I documented 1,685 HIV prevention activities taking place in the 89 schools (exceeding the target).

To support these achievements, SHAPE's nine CSOs conducted:

- 73 training workshops for students, teachers, and parents (70% of target)
- 698 educational sessions for students, teachers, and parents (more than double the expected number)
- 619 school-community monitoring visits, and
- Supported 169 interactions between PLWHAs and school-community populations.

As a result, 9,695 (60% of target) students requested reproductive health information from the CSOs, 654 (95% of target) teachers discussed HIV/AIDS with students, and 5,652 (245% of target) parents reportedly discussed reproductive health in the home (World Education, SHAPE I Final Report, 2004).

5.1.2 Intermediate Results for SHAPE II (Years 1 and 2 of the 3-year Project).

IR 1.4 Increased number of school and community based actions for HIV/AIDS education, prevention, and support.

SHAPE CSOs and the District SHEP Coordinators are serving 252 schools in 11 (hot spot) districts, supporting 215 HIV/AIDS clubs in which 38,691 students are participating. The number of schools being served meets expectations, although the number of clubs is somewhat less than expected (86% of target) and the number of participating students currently is at 71% of expectation.

The training of 2,384 peer educators is 50% more than was planned for this period although peer educators have organized somewhat fewer activities (17,201 or 87% the target) than expected. Activities (4,035) organized by teacher patrons, however, exceeded expectations by nearly half and CSO-led activities (10,129) also exceeded expectations by 35%. The number of students (55,000) participating in the six-session education program is as expected.

The actual number of PLWHAs (648) interacting with schools and communities has increased dramatically under SHAPE II, although is only 59% of the expected number, for reasons discussed

below. In addition, 7,138 SMC/PTA members reported discussing prevention methods with their children (exceeding expectations). As a result of these activities, 15,209 youth have requested reproductive health information from peer educators and CSOs (50% more than expected).

5.2 Challenges and Adaptations for the School-based, Peer Education Program.

As an innovative project, SHAPE, not surprisingly, encountered challenges to its design and implementation with implications for sustainability and replication. Several challenges were observed and addressed through routine monitoring, evaluation, and consultation among SHAPE partners, led by World Education. These are described and discussed below:

5.2.1. Attitude and motivation of the school leadership.

The quality of school operations and activities, and results on student participation and achievement, is largely a function of school leadership. Where school heads have attitudes that teachers and students should be well informed and high performers, are interested in their well being and success, and are motivated to support them, then the performance of teachers and students are likely to show positive results. The same appears to hold true for the introduction of an innovation, such as SHAPE's HIV/AIDS prevention program. The attitudes of school heads was reported by SHAPE CSOs to be a substantial influence on the participation of teachers and students and on CSOs' ability to convene and conduct sessions with teachers, students, and SMC/PTA members. This might have been expected, since many school teachers and leaders find discussion of HIV/AIDS, and the broader topic of sexuality among youth, awkward subjects to lead with their students. Added to this is the familiarity with, and preference for didactic, teacher-centered approaches to information delivery that is common among teachers in Ghana, compared with the non-formal, peer education approach used by SHAPE which are designed to simulate student interest and participation in the discussions.

At the beginning of SHAPE I, CSOs approached their constituent schools to get the program started. According to SHAPE reports, there was considerable variability in the approach used among CSOs for school entry. Some District SHEP Coordinators were involved in school selection; others were not. Some District SHEP Coordinators were involved in introducing the SHAPE program to the school head teacher, others were not. Some head teachers were provided an orientation to the SHAPE methodology, and to current HIV/AIDS data and information, others were not. In schools where head teachers were not introduced to the program by the CSO and District SHEP Coordinator, provided with an orientation to HIV/AIDS and the SHAPE program, and where head teachers did not exhibit positive attitudes and motivation towards the program, SHAPE CSOs reported being made to feel unwelcome at the schools and unsupported in their program.

World Education, in consultation with the SHAPE CSOs and SHEP representatives, addressed these inconsistencies by appropriately adding orientation sessions for school leaders, involving District SHEP Coordinators consistently in meeting school heads to explain the issues and SHAPE program, and expecting partner CSOs to provide a formal orientation for school heads during refresher training for teacher patrons. Future selection of participating schools would be done in consultation with the District SHEP Coordinator to factor in leadership qualities as it was expected to impact success of this innovative program.

The issue of school leadership also has implications for sustainability and replication of the SHAPE program. The acceptance by the school head of a program such as SHAPE should be seen as a prerequisite for adoption of the SHAPE methodology, including teachers' time and commitment, support to students, provision of meeting space and time, and the ability of CSOs or teacher patrons to call on SMC/PTA and parents to support the HIV/AIDS prevention messages and behavior change among the youth.

If the school leadership is committed and motivated to the program, so much the better for participation of teachers and students and for results in knowledge, attitudes and behavior change. If the school leadership is apathetic and antagonistic to the program, its chances of success become substantially constrained. Of course, youth and teachers at schools with poor leadership equally deserve HIV/AIDS information and prevention messages. For a voluntary, non-mandated program such as SHAPE's peer education program, however, CSO and SHEP efforts are likely to find greater success and effectively reach more youth with prevention messages in schools with supportive leadership. Schools with poor leadership should be a priority for the District Directorates of Education (DDE) for supervision, leadership and management training, and for community mobilization to hold school leadership accountable for performance.

5.2.2. Quality of Peer Educators.

The quality of the early cohorts of student peer educators was reported by SHAPE CSOs to be somewhat inconsistent, some leading schools with active HIV/AIDS clubs and activities and others struggling with the subject matter or unable to handle large group interactions. Initially, SHAPE CSOs left the criteria for peer educators (and teacher patrons) with schools for their selection and nomination. Following up on observed inconsistent results, SHAPE CSOs learned that some schools had selected peer educators who later had difficulty leading group discussions effectively. World Education and SHAPE conducted retraining for some peer educators and, collaboratively with school heads, selected replacement peer educators, resulting in more consistent performance across schools.

The annual retraining of peer educators at participating schools, necessary to replace each departing cohort with new entry level cohorts, is a significant factor for considering program sustainability and replication. CSO training and support for teachers and students have been essential mechanisms for the implementation and success of this program; and CSOs will require continued staff and operational funding to continue their support to the peer educators after the end of the SHAPE project. Furthermore, with the rising costs of items, driven by the rising cost of fuel in Ghana (as Ghana slowly removes subsidies to approach regional market value), costs for some line items was driven higher than expected, notably, training costs. Within the SHAPE project, training was reduced somewhat to account for rising costs and targets for school results were still achieved. Higher costs for training will need to be considered for sustained support or replication in other schools.

5.2.3. School HIV/AIDS Clubs: Meeting Space and Time.

SHAPE CSOs reported that several schools had difficulty providing meeting space, such as a classroom, for the HIV/AIDS club meetings. In cases where two schools shared the same building, there was insufficient time between school schedules for meetings and after the second school schedule, students were often expected to leave the campus. SHAPE partners resolved to work more closely with the District SHEP Coordinators to identify schools that could commit time and

space for the HIV/AIDS activities. Some individual schools elected to allow students access to rooms during free periods within the regular schedule, allowing students to meet on campus before the end of the daily schedule. Anecdotal evidence suggests that students were willing to use their free period for HIV/AIDS discussions instead of study for required subjects, which speaks well of students' interest in the HIV/AIDS clubs but potentially conflicts with pressure from parents and teachers to study and perform well on exams for required subjects.

5.2.4. Mobilizing Parents around HIV/AIDS Messages.

Reaching parents with HIV/AIDS information and prevention messages was considered to be a supplemental part of the program, in part to provide parents with prevention information and in part to support and reinforce the information being provided to students. The principal means of reaching out to parents was to train SMC/PTA members, who, in turn, were expected to involve parents in HIV/AIDS discussions during regular meetings. SHAPE CSOs found difficulty mobilizing parents as part of the schools program. CSO partners later learned that most parents do not attend SMC/PTA meetings on a regular basis, primarily for work related reasons, and some SMCs and PTAs do not themselves meet regularly. The SMC/PTA linkages for *mobilizing* parents proved too weak to be effective.

It might be said, however, that the SMC/PTA linkages are better suited to inform parents, through community discussions, with information about the SHAPE program, whereby SMC/PTA members provide a legitimizing reference for discussion of HIV/AIDS prevention within the community, between parents and their children, and among youth. World Education's baseline information indicates that while parents may voice concerns that sex education and promotion of condom use may stimulate sexual activity among youth, they also support increasing knowledge about HIV/AIDS among youth, support for primary and secondary abstinence, and view peer educators as a legitimate source of information regarding HIV/AIDS (Adamchak et al., 2005). Given parents' schedules for work, other income generating activities, and household requirements, *mobilizing* parents through SMC/PTAs may not be an appropriate expectation; however, *informing* parents about the program, so that, at a minimum, they do not object or, preferably, they support or participate in HIV/AIDS discussions, may be a more realistic result.

5.2.5. Involvement of PLWHAs in School Activities.

There was a concerted effort by SHAPE CSOs to involve PLWHAs resource persons in school activities to bring first hand HIV/AIDS experience to students and teachers, helping to demystify the disease, provide accurate information about life after infection, and to stimulate a more realistic and positive attitude towards PLWHAs. Baseline research findings conducted by SHAPE mirrored data from the 2003 Ghana DHS: students and adults were generally positive towards PLWHAs in the abstract but less favorable when queried about specific examples that suggested personal interaction, such as food handling by PLWHAs. Nonetheless, the involvement of PLWHAs has been widely seen as positive for participants in all settings. Wisdom (PLWHA) Association was an early partner in this endeavor.

Unexpectedly, SHAPE encountered difficulty recruiting as many PLWHA resource persons to participate in school activities as needed for the expanded number of schools being served under SHAPE II. The stigma associated with HIV/AIDS in Ghana is high. PLWHAs do not easily admit their status in their own communities. SHAPE found a willingness for PLWHA resource persons to participate in school activities *if* the activities were in a community where they were not known.

PLWHAs' willingness to participate under these conditions was accepted by SHAPE CSOs, but introduced logistical and increased cost factors into program planning, including transportation and per diem.

In addition, another characteristic of PLWHA participation was the request for remuneration by some for each activity. Numerous INGOs, NGOs, and CSOs are conducting HIV/AIDS activities and seek to involve PLWHAs to improve information, reduce stigma, and promote testing, treatment and care. Some PLWHAs have begun charging high fees for speaking, since their condition is now a sought after resource. This also puts limits on the numbers of PLWHAs available for program participation until a reduction in stigma allows PLWHAs to participate more freely in social activities, such as school events in their own communities.

5.2.6. The High Cost of Materials Production.

IEC materials proved popular with HIV/AIDS clubs yet CSOs had difficulty producing and disseminating sufficient materials to satisfy the demand from the schools (and TTCs). Similarly, curricula and manuals were provided to operate the program but will be insufficient to sustain the program and to replicate it in other schools without financial support for that purpose. World Education responded to this observed need and was successful in mobilizing additional materials, e.g., the *Protect Your Dream campaign*, and financial resources, e.g., from Nestle, for that purpose. The cost of IEC and other program materials should be factored as a substantive line item project cost, as an in-kind cost, or as a separate resource mobilization activity as was demonstrated by World Education in these examples.

5.2.7. Incentives for SHAPE participants.

The need for "incentives" was cited frequently in reports and personal interviews by teachers at schools (and TTCs) for their continued involvement. Incentive requests from peer educators appeared to have been satisfied by public acknowledgment of their roles and responsibilities, including certificates for completing training and T-shirts designating them as SHAPE peer educators.

Teachers cited salary increments as a legitimate expectation, since teachers and tutors assumed (or were assigned) responsibility for SHAPE activities over and above their normal teaching loads. There are three aspects of incentives worth noting in this regard:

- a. SHAPE has operated for five years providing incentives that are better characterized as acknowledgements than as remuneration and has reached its targets for teachers' participation. While teachers may consider salary increments as a reasonable incentive or reward for their participation, it does not appear to have been a prerequisite for their participation.
- b. Participation in off-site training workshops does appear to constitute a reward, since it is a sanctioned time away from teaching duties, allowing time with peers, superiors, and NGO staff, in a paid hotel, and providing meals and money for associated expenses. The reward nature of a training workshop is evidenced by an unexpected phenomenon: some of the teachers trained by SHAPE were not actually assigned by school heads to participate in SHAPE activities; rather, they were selected to attend the workshop by school leaders as a reward for other, unrelated services, including loyalty to the school leader. It might be

considered for the future that off-site workshops be conducted at the end of an implementation period, to garner lessons learned and to serve as a reward to those actually serving the program. Initial training could be conducted on site at a school, on a cluster basis, so that it is seen as less “rewarding” and more focused on the realities of upcoming responsibilities.

c. Training certificates, T-shirts, and acknowledgements in media of their accomplishments also serve as incentives and rewards for teachers participating in the program. These acknowledgements also increase the chances that trained teachers will be picked up as qualified for other related GOG or donor-funded training activities.

5.3 School-based Peer Education Program: CSO Capacity Building

As stated above, SHAPE’s methodology included strengthening the capacities of CSOs and SHEP to better plan, design, and implement effective activities to prevent the spread of HIV/AIDS in the education sector. The criteria for selecting specific regions for schools to be supported by SHAPE included the following:

- Relative HIV prevalence rates
- Activities currently conducted by partners
- Activities of QUIPS partners
- Active SHEP coordinators present
- District response initiative activities
- Health infrastructure (condom availability, plans for VCT, etc.)
- Opportunities for collaboration programs

Based on these criteria, three regions were selected for the SHAPE program to be implemented: Eastern, Greater Accra, and Volta. The selection process to identify local partners began with advertisements for CSOs participation in the SHAPE program. Following an initial assessment of 30 applicants, SHAPE staff observed 20 prospective partners’ activities on the ground. The final selection of CSOs was based on the following criteria and resulted in the identification of nine partners for SHAPE I:

- Currently implementing HIV/AIDS activities at community-level centered around the school (i.e. targeting parents, teachers, or students)
- Possessing existing institutional capacity (i.e. trained staff, previous donor support, physical infrastructure and assets)
- Demonstrated commitment to ongoing sharing with the wider community
- Acknowledged commitment to the SHAPE program goals
- Recognized by the District Education Office

The selected CSOs varied significantly across a range of characteristics including size, institution maturity, and urban, peri-urban, and rural programmatic responses. Most had been working on HIV/AIDS for at least three years; all had established programs in schools targeting students and, in some cases, teachers, and all presented links with the local communities.

As noted in the USAID/Ghana HIV/AIDS strategy, most local CSOs lacked programmatic and management capacity to effectively scale up interventions. World Education developed a program

of training, technical assistance, and small grants to support the institutional needs of the partner CSOs. A tool for this support program is the Rapid Organization Assessment (ROA), used with each CSO to serve as a baseline and reference for their institutional development. In addition to this baseline, other activities conducted by World Education included HIV/AIDS prevention training and guidance to establish school-based peer education clubs, increasing interactions between PLWHAs and schools, and conducting community-based outreach, such as youth drama performances, puppet shows, rural radio education programs.

5.3.1 Accessing Volunteer Partners.

The National Service Personnel (NSP) program annually provides approximately 12,000 young graduates, 22 to 29 years old, from tertiary institutions and universities with an opportunity to serve in national development programs. For many of these young people, this is their first work experience away from any formal structure. They are provided a stipend for living expenses and given specific work responsibilities. SHAPE partnered with the NSP program as a resource capable of playing a role in the prevention of the AIDS epidemic, and at the same time addressing the risk to NSP youth of contracting an STI, including HIV, during their posting away from home. Three NSPs were selected to work with each of the SHAPE CSOs. The selection criteria for these *AIDS Squad Candidates* included:

- An interest in working with SHAPE
- Demonstrated commitment to HIV/AIDS prevention
- Language skills
- Motivation, and
- Education background.

Their key role was to provide field support to CSO partners in the SHAPE program including:

- Assisting in planning and implementing educational and training programs
- Assisting in sensitizing and training teachers, students, parents and out of school youth
- Participating in qualitative research activities
- Monitoring peer educators/club activities
- Supporting project beneficiaries to facilitate educational sessions in schools and communities
- Assisting project beneficiaries to design and use suitable action plans
- Report writing
- Holding HIV prevention education session with other NSPs in the districts and regions.

While the majority of the NSPs were assigned to schools with specific roles for field work, only a few NSPs were actually based in CSO offices. The latter was typically not to the NSPs preference, given their level of motivation and interest in the direct implementation of prevention activities in the field. NSPs were also involved in HIV prevention activities organized by the National Service Secretariat at the district and regional levels.

One of the reported contributions of the NSPs to the CSOs was to increase their focus on, and use of IEC materials.

The effectiveness of the CSOs was assessed using the Rapid Organizational Assessment (ROA) Instrument mentioned above. The instrument provided a means for measuring the degree to which the CSOs had achieved their stated institutional objectives. A sampling of the data from the ROA,

which was conducted during the first quarter of the last year of SHAPE, indicates that the CSOs had demonstrated the ability to accomplish their three major objectives:

- To provide students and teachers accurate information and services on HIV/AIDS and related issues to reduce the spread in the selected schools
- To update the capacity of students and teachers to conduct sessions in the schools
- To strengthen the capacity of requisite authorities and community leaders to enable them to continue with HIV/AIDS prevention activities in schools.

An area that was found to be somewhat weak, and even regressing, was external relations. It was noted that the CSOs should do more to network among themselves, collaborate with the government to initiate new programs, increase IEC materials to publicize their activities, and produce and distribute annual reports among stakeholders. These characteristics will be critical to their ability to sustain SHAPE or other HIV/AIDS activities after the end of SHAPE Project support.

5.3.2 Results for SHAPE I:

IR 3.2 Increased training and development of education sector partners.

All nine of the SHAPE CSOs improved their organizational capacity as measured by the ROA. The SHAPE CSOs served 89 schools, 100% expected to be served by the project.

5.3.3 Results for SHAPE II (for Years 1 and 2 of the 3-year Project):

IR 2.3 Improved CSO and SHEP capacity to design and conduct HIV prevention programs.

The SHAPE CSOs improved their organizational performance by 66 percent of their end-of-project targets (by Year 2 of 3 years) as measured by the ROA.

5.4 School-based Peer Education Program: SHEP Capacity Building

In conjunction with the work of the SHAPE CSOs for the school-based peer education program, SHAPE provided support to the GES/School Health Education Program (SHEP) staff at the District level. District SHEP Coordinators participated in all capacity building programs offered by SHAPE and were involved in planning and coordination activities with SHAPE partners active in their districts. SHEP Coordinators and CSO program managers organized regular review meetings following SHAPE workshops. With SHAPE support, the District SHEP Coordinators have conducted surveys and produced District HIV/AIDS maps, showing all school-based prevention activities currently being conducted in Districts served by SHAPE (to be produced by May 2007). At the national level, the National SHEP Coordinator supported the work of the District Coordinators and served as a member of the SHAPE Program Advisory Committee.

SHAPE also contributed to the MOESS/HIV/AIDS Secretariat, by providing input to the development of the national HIV/AIDS in-service teacher training program, Teachers for Dissemination and Change (TAD). The TAD program adapted many of the SHAPE program materials for use in its training program, and many SHAPE-trained SHEP Coordinators, CSO staff and TTC tutors are serving as TAD trainers.

5.4.1 Results for SHAPE I:

IR 3.1 Increased collaboration between CSOs and government entities within sector.

During SHAPE I, there were 70 collaborative activities among SHAPE CSOs and MOESS/GES officials, including SHEP, surpassing the expected target by 159%. Twenty-three (23) District SHEP Coordinators were trained directly by SHAPE CSOs.

5.4.2 Results for SHAPE II (for Years 1 and 2 of the 3-year Project):

IR 2.2 Increased collaboration between CSOs and government entities within sector.

During SHAPE II, there were 932 collaborative, team building activities between SHAPE CSOs and the MOESS/GES, including SHEP, District Directors, and Head Teachers, surpassing the expected target by 64%.

6. SHAPE's Pre-service Teacher Training College Program: Window of Hope

An additional component was added to the SHAPE I program in 2003 and more fully developed under SHAPE II: introduction of an HIV/AIDS prevention curriculum into Ghana's 38 public Teacher Training Colleges. The HIV/AIDS Secretariat, created by the MOESS to coordinate all HIV/AIDS activities in the sector, identified pre-service teacher trainees as a sectoral priority. More than 26,000 students are enrolled at any given time in TTCs and soon become teachers and leaders in the nation's primary and junior secondary schools. World Education responded through SHAPE, with support from USAID, and engaged the GES and the TED to develop a curriculum to reach future teachers and positively affect their HIV/AIDS prevention knowledge, attitudes, and behaviors for reduction of risk and modeling of ethical standards. As mentioned before, this resulted in World Education agreeing with USAID to add another result to SHAPE I: *Increase the capacity of teacher training colleges (TTCs) to address HIV/AIDS.*

To address this commitment, World Education convened two curriculum development workshops, including teacher trainees, TTC tutors, and representatives of the MOESS/GES, such as the Curriculum Research and Development Division (CRDD), the HIV/AIDS Secretariat, and the TED. The first 3-day workshop focused on awareness raising and information exchange, using World Education's HIV and Development methodology, described earlier. The second, 10-day workshop focused on developing the curriculum modules, including adaptation of some of the HIV and Development activities and materials. The result was the *Window of Hope* curriculum for pre-service teacher training, consisting of 335 pages of lesson plans, covering 65 hour-long sessions, to be used in three subject areas: Science, Social and Environmental Studies, and Education. The *Window of Hope* text was supplemented by a "kit," consisting of books and flipcharts, videos, reference materials and games.

The implementation of the *Window of Hope* included a number of activities. Some of these activities were sequential while others were concurrent. Initially, World Education trained TTC tutors on the *Window of Hope* curriculum and, with counterparts from the TED, provided follow-up monitoring of its delivery at the TTCs. HIV/AIDS clubs were formed on all campuses, led by tutors with a high level of student participation recorded. On site monitoring and review sessions revealed that there was significant instructional activity taking place in the TTCs, with active student participation, but there also was inconsistency across sites in its delivery. For example, not all TTC

Principals were equally supportive and it was seen by some tutors as a World Education/SHAPE activity and not a regular part of the TTC curriculum. Consequently, not all sessions were taught, not all materials used, and didactic, teacher-focused instruction was preferred by many tutors over non-formal, interactive methods for reinforcing knowledge gains and attitudinal and behavior change.

Recognition that the Window of Hope curriculum was being implemented differently at each TTC campus also brought attention to inherent characteristics of the curriculum that lent itself to variable implementation. These program characteristics were:

- The Window of Hope was not itself a stand alone subject that warranted its own sanctioned place in the schedule,
- The length of the program proved too much for the two credit hours allocated to it,
- It was inherently flexible – sessions and activities could be organized into different subjects and times as chosen by the tutor, and
- It was not tested as a subject.

As previously mentioned, the original design was to be taught over a 65-hour period but only two credit hours per week were allocated for the course. With a 16-week semester, teachers were only covering half of the expected material, causing choices to be made as to which sessions to teach, some sessions being introduced out of sequence, and other sessions being covered in the trainees' HIV/AIDS clubs. The interest in the subject of HIV/AIDS and prevention, the quality of the Window of Hope curriculum, and the commitment of a critical mass of TTC educators kept the Window of Hope active as a subject in its first years and kept teacher trainees engaged enough to form clubs through which Window of Hope sessions could be delivered outside of class time.

The quality challenge was how to achieve a standard level of implementation so that teacher trainees at each TTC would gain sufficient knowledge and mastery to affect their personal lives and to be effective as teachers and leaders when they began their teaching assignments.

These program characteristics were taken up by World Education with the Teacher Education Division, which has administrative jurisdiction over TTC operations and the Institute of Education at the University of Cape Coast, which has curricular jurisdiction over TTCs as well as the preparation of teachers for primary and junior secondary schools. This review and the subsequent revisions to the Window of Hope curriculum were supported by USAID and addressed concerns about the original curriculum design.

World Education organized a series of workshops to revise the Window of Hope curriculum which included representatives of the TTCs, the MOESS/GES and the Institute of Education. The result was to reduce the number of sessions from 35 to 18, through mergers and a reduction in activity steps, effectively reducing the hours required to cover the subject, better fitting the tutors' schedules, and increasing the likelihood that all sessions would be taught.

An additional one hour credit component was added, *Methodology of Teaching HIV*, to introduce adult learning, participatory approaches that are more engaging for students in assessing personal risk and attitudinal and behavioral change. World Education provided refresher training to 114 TTC tutors (3-4 per college) on the revised curriculum. Exams for testing teacher trainees' knowledge from the Window of Hope curriculum were developed by the Institute of Education and used in all TTCs in 2005. Teacher trainees' verbal comments, made to the DevTech evaluation team, indicate that the

advent of exams focused trainees' and tutors' attention on mastery of the content over and above the initial interest shown to the subject before.

6.1 Accessing Volunteer Partners

SHAPE I also approached the U.S. Peace Corps with a proposal to recruit and assign Peace Corps' Crisis Corps Volunteers (CCVs) to TTCs. CCVs are volunteers who have completed two-year assignments and are willing to take up shorter term assignments. Their work at TTCs was to serve as HIV/AIDS mentors and coaches. Two cohorts of six CCVs were posted to TTCs. Both the TTCs and CCVs reported general satisfaction with the assignment. The collaboration ended due to irreconcilable scheduling difficulties between the recruitment cycle for CCVs and the posting to TTCs during their semester sessions.

An overview of the revised Window of Hope curriculum and the testing is presented below in Table 1. The curriculum topics presented below are from the Tutor's Manual, which is the most complete presentation on the topic. The trainee manual follows this organization but has a somewhat different set of headings for individual sessions, activities and references. The TTC examination questions for the academic year 2005 covered most of the core or basic aspects of HIV/AIDS knowledge. There were no methodology questions in that year because the curriculum revisions, including pedagogy, had not yet been completed.

Table 1: TTC Window of Hope Curriculum Topics and Examination Sampling

Window of Hope Curriculum Topics	Exam Questions (topics sampled)
Part One: Basic Facts about HIV/AIDS	
1. Modes of Transmission	✓
2. Stages of HIV Infection	✓
3. Speed of Transmission (Wildfire)	
4. Voluntary Counseling and Testing	✓
5. STI Types, Symptoms and Relationship with HIV/AIDS	✓
6. Gender and HIV/AIDS	
Consequences of HIV/AIDS	
1. HIV/AIDS Impact on the Individual, Family, Community and Nutrition	
2. Impact of HIV/AIDS on Education	✓
3. Sigma and Discrimination	✓
Reponses to HIV/AIDS	
1. STIs and HIV/AIDS Prevention Strategies	✓
2. Negotiation Skills	
Teaching in a world with HIV/AIDS	
1. Sexual Harassment, Abuse and Prevention	
2. Alcohol and Drug Abuse in Relation to HIV	
Part Two: Teaching Methodology	
1. Stages of the Experiential Learning Cycle	
2. Appropriate Techniques to Use in Teaching HIV/AIDS in Basic Schools	

3. Peer Teaching using Techniques in Teaching HIV/AIDS in Basic Schools	
4. Advantages and Disadvantages of Techniques Used in Teaching HIV/AIDS in Basic School	
5. Importance and Advantages of the Experiential Learning Cycle in Teaching about HIV/AIDS	
6. Using the Cycle as a Guide for Planning Lessons on HIV/AIDS topics	
7. Writing SMART Learning Objectives	
8. Identifying Evaluation Techniques	
9. Evaluating Attitudes, Skills and Knowledge	
10. Developing Teacher/Learning Material	
11. Using Motivation Techniques	
12. Developing Lesson Plan	
13. Developing Lesson Plan using the Experiential learning Approach	
Part Three: Seminar Topics	
1. Explain the Concept of HIV/AIDS Counseling	
2. Differentiate between Counseling and Advice	
3. Explain the Benefits of Counseling to the Individual	
4. Describe the Qualities of a Good HIV/AIDS Counselor	
5. Demonstrate Skills in Referring Pupils to Counseling Centers	
6. State and Discuss at Least Three Special Needs of PLWHAs	
7. Identify Five Ways of Dealing with the Vocational or Professional Challenges of a Person Living with HIV/AIDS	
8. Explain the Concept of Positive Living	
9. Identify Seven Positive Lifestyles, which can Prolong the Life of an Individual Living with HIV/AIDS	
10. Explain the Concept of Teacher Ethics	
11. Identify at Least Three Behaviors that Portray Teacher Ethics	
12. Discuss how Teacher Ethics Relate to HIV/AIDS Transmission and Prevention	
13. Discuss a Teacher's Role in Preventing HIV/AIDS Transmission	
14. Develop a Personal Code of Conduct that can Guide Them in Preventing the Spread of HIV/AIDS	
15. Describe the Purpose and Importance of Teacher Student and Student Student Relationships in Relation to HIV/AIDS Transmission	
16. Identify Skills that Enable Trainees to Influence Peers Positively, while Preventing Others from Influencing Them Negatively	
17. Explain how Healthy Relationships can Lead to the Prevention of HIV/AIDS Transmission	

18. Identify Various Actors that can Serve as Resources in Addressing HIV/AIDS Issues at School and Community Levels	
19. Explain the Role of the Link Tutor in Supporting HIV/AIDS Activities during the Third-year “Attachment”	
20. Plan Activities that Address HIV/AIDS Issues at School and Community Levels	

6.2 Results for TTC/Window of Hope Program

As in the school-based peer education program, the documented results for SHAPE I and SHAPE II present a picture at the pre-service teacher training level that is meeting or exceeding most expectations. The more salient results for this component are discussed below. A complete listing of results definitions, targets and achievements is included in Attachment 2.

6.2.1 Intermediate Results for SHAPE I:

Intermediate Result (IR) 4: *Increased Teacher Training College (TTC) capacity to address HIV/AIDS; IR 4.1: Increased training and staff development.*

Under SHAPE I, World Education met expectations by providing an orientation to HIV/AIDS prevention to 39 TTC principals and 2,345 TTC personnel at 39 TTCs. Thirty-nine (39) TTCs have adopted SHAPE’s HIV/AIDS Window of Hope for inclusion in the TTC curriculum. World Education trained 143 TTC tutors (78% more than expected) to serve as Window of Hope Coordinators and 12,723 TTC students were trained through the Window of Hope curriculum (91% of the SHAPE I target).

6.2.2 Intermediate Results for SHAPE II (Years 1 and 2 of the 3-year Project):

Intermediate Result (IR) 2: *Increased education sector capacity to address HIV/AIDS through improved training and increased collaboration with local partners; IR 2.1: Increased TTC capacity to address HIV/AIDS.*

Under SHAPE II, 38 TTCs teaching the Window of Hope have adopted and are implementing the revised Window of Hope curriculum. All seventy-six TTC Principals and Vice-Principals were provided an orientation to HIV/AIDS prevention and the Window of Hope curriculum, 114 TTC tutors (100% of the target) have been trained in the Window of Hope curriculum through which 7,414 of the TTC trainees have been trained. The one year transition gap between the original Window of Hope and the revised Window of Hope, and delayed implementation of the revised curriculum due to the three-month strike by teachers of tertiary education account for the lower than expected percentage of students (42.50%) trained through the Window of Hope curriculum.

6.2.3 Results not highlighted by the IR reporting framework:

- a. The acknowledgement by World Education and USAID/Ghana of the need for the HIV/AIDS prevention curriculum at the pre-service teacher training level, the recognition of SHAPE’s comparative advantage and expertise for filling that need, and the resulting curriculum are themselves significant results, reflected in the IR reporting but better described in the above section. The adoption of the Window of Hope as an approved – and

examinable - part of the Teacher Training curriculum is a very significant result. Providing supplemental project support to educational programs frequently boost the quality of teaching and learning during the life of the project and for a period after the project as long as the trained individuals and developed materials are part of the system. To have institutionalized the project results, through curriculum adoption and exams, is the “brass ring” of educational projects, in terms of replication and sustainability.

b. One of the rationales for entering the TTCs with the SHAPE Window of Hope curriculum, aside from self protection and increasing future teachers’ ability to convey HIV/AIDS information accurately and usefully when they begin teaching, was that these young teachers also should model standards of positive prevention and sexual behavior and not engage in sexual relations with students. A TTC Principal observed to the DevTech evaluation team that, since the introduction of the Window of Hope, there has been a dramatic reduction in the incidence of community complaints about teacher trainees causing pregnancies among young unmarried women or otherwise demonstrating improper sexual behavior during their year of practice teaching. This observation was echoed by other TTC Principals.

Based on this general observation, the Window of Hope could already be influencing teacher trainees to not use their relatively greater social status in the community to secure casual sex, which bodes well for their professional behavior as a teacher. In an environment of where tolerance for professional misconduct is continually on the decline, the impact of this program may be significant.

6.3 Challenges and Adaptations for the TTC/Window of Hope Program.

As an innovative project, SHAPE not surprisingly encountered challenges to its design and implementation with implications for sustainability and replication. Several challenges were observed and addressed through routine monitoring, evaluation, and consultation among SHAPE partners, led by World Education. The most substantive challenges to the TTC component of SHAPE were described above as they were an integral part of the development of the program. These included:

- Unequal support and leadership from TTC Principals
- The variable quality of instruction
- Some tutors regarded it as an extra duty (for which compensation was requested)

Several of the challenges in the pre-service component mirrored those faced by the school-based peer education component described earlier. Although these challenges were largely addressed through the Window of Hope revisions and subsequent trainings conducted by World Education, they have implications for sustainability of program quality, and are discussed below.

6.3.1 HIV/AIDS (Window of Hope) as a Stand-alone, Examinable Subject in TTCs.

As mentioned above, the adoption of the Window of Hope curriculum as a stand alone, examinable subject in the TTCs could be considered the “brass ring” of educational projects, assuring its acceptance and sustainability after completion of the SHAPE Project. There are different opinions, however, as to whether HIV/AIDS should be a stand alone subject or integrated into other subjects, as the Window of Hope was first envisaged.

SHEP and the HIV/AIDS Secretariat are implementing the national HIV/AIDS TAD in-service training program for teachers. In the TAD program, teachers are provided with materials and training to integrate HIV/AIDS prevention information into their regular subjects. This allows for more integrated teaching opportunities but leaves the topic “vulnerable” to the initiative of the teacher and the commitment of the head teacher to ensure that it is, in fact, addressed through the teaching of other examinable subjects.

It may be argued that, even though the Window of Hope is a stand alone subject in the TTCs, the non-formal methodologies taught to the teacher trainees and the Window of Hope seminars equip them to readily adapt the HIV/AIDS materials into their assigned subjects when they take up teaching in the schools. That it is a stand alone subject in the TTCs is not contradictory to the TAD program nor does it suggest that HIV/AIDS should be a stand alone subject in upper primary, JSS or SSS. The stand alone nature of the Window of Hope at TTCs contributes to its sustainability and consistency of quality across colleges thereby ensuring that all teacher trainees get training on HIV/AIDS prevention.

The search for the “one best system,” or the “one best approach,” is not an uncommon debate among educators. The comparative advantages and contributions of the Window of Hope curriculum, as it is currently configured, should be discussed with Principals and SHEP, to the extent possible, before the end of the SHAPE Project.

6.3.2 Unequal Support and Leadership from TTC Principals.

The TTC Principals and Vice-principals have been oriented to the program and have been consulted about its revision and implementation. Both of these actions are expected to increase acceptance of the program’s importance in the curriculum and support for the quality of its delivery. The test of this commitment will come primarily from assigning a competent tutor to the subject, rather than assigning it to the tutor who is newest or has the least influence over scheduling decisions and reconciling the assigned tutor’s instructional load so that it is not an extra burden but is a part of their normal teaching load.

In addition, the Principals will need to support the HIV/AIDS clubs for teacher trainees with space, time, equipment and materials, including the Window of Hope Kit and supplemental IEC materials. The kits were reported to be used regularly and are considered effective by the students. DVD players, VRC players, and TV monitors are in short supply and SHAPE made a point of offering support for equipment on a competitive basis. Maintaining those equipment supplies will be the task of the TTC.

An additional consideration is that films that are valued by the trainees are on videocassette. Increasingly, TTCs will be equipped with DVD players. For sustainability purposes, USAID/Ghana and World Education may consider converting the most valued films, such as *The Silent Epidemic* and *Journey of Hope* to DVD for use at the TTCs or for use by districts when the trainees become teachers.

6.3.3 Quality of Window of Hope Tutors.

The quality of the Window of Hope tutors was reported by SHAPE to be somewhat inconsistent, due to some of the issues with the first version of the Window of Hope described above. Even with the revised curriculum, however, consistent tutor quality will be a challenge due the need for consistent support (and monitoring) of trained tutors and replacement of trained tutors due to retirement or transfer.

The need to monitor tutors' performance and the quality of the Window of Hope instructional delivery will be ongoing for the next three years, minimally, as it is still a new program for the TTCs. Exam results will begin to give feedback to the trainees, the tutors, and the Principals about performance and a basic level of program quality may be established within three years' time. The annual retraining of peer educators at the TTCs, necessary to replace departing trained tutors, may be part of that support program.

The need for support and monitoring is for the tutors to achieve the higher order potential of the Window of Hope. As illustrated in Table 1, the exams only sample the basic knowledge section of the curriculum. Future exams may cover (and reinforce) the methodology section. The interest of the tutors (and Principals and Vice-Principals) will be needed to maintain a commitment to covering the methodology and seminar topics which are considered key to effectively addressing trainees' attitudes and behaviors, and those of their future students. Ongoing support and monitoring from the TED will be necessary to establish quality standards in those topics.

The TED has demonstrated an active participation and enthusiasm for the Window of Hope program throughout the project. The TED is a logical entity to supervise and monitor program quality but it has insufficient staff, in terms of expertise and numbers, to adequately provide this service. It may be considered, for future program support, that the TED staff be augmented, with USAID or other funds, with existing SHAPE, Institute of Education, or other NGO staff to provide retraining, monitoring and supervision.

6.3.4 Window of Hope as a Separate Assignment – the Need for Compensation.

As described in the above section on the school-based peer education component, the need for “incentives” was cited in reports and personal interviews by tutors at the TTCs. Tutors cited salary increments as a legitimate expectation, since they were assigned responsibility for the Window of Hope over and above their normal teaching loads. If teaching loads are reconciled and balanced in acknowledgement of this new assignment, then this rationale for incentives is removed.

Another source of incentive, or reward, is participation in off-site training workshops. Some Principals reported that they selected tutors not assigned to the Window of Hope curriculum to participate in SHAPE trainings, as a reward for other, unrelated services, including loyalty to the Principal. It might be considered, for the future, that off-site workshops be conducted at the end of an implementation period, to garner lessons learned and to serve as a reward to those actually implementing the program. Initial training could be conducted on site at a TTC, on a regional basis, so that it is seen as less “rewarding” and more focused on the realities of upcoming responsibilities.

6.3.5 Involvement of PLWHAs in School Activities.

There was a concerted effort to include PLWHAs resource persons in TTC club activities to bring first hand interaction to students and teachers with the HIV/AIDS experience, helping to demystify the disease, provide accurate information about life after infection, and to stimulate a more realistic and positive attitude towards PLWHAs. As mentioned above in the section on school-based peer education, SHAPE encountered difficulty recruiting as many PLWHA resource persons to participate in school activities as needed. The stigma associated with HIV/AIDS in Ghana is high and PLWHAs do not easily admit their status in their own communities. SHAPE found a willingness for PLWHA resource persons to participate in school activities *if* the activities were in a community where they were not known. PLWHAs' willingness to participate under these conditions introduced logistical and increased cost factors into program planning, including transportation and per diem. When the stigma of living with HIV/AIDS is reduced, PLWHAs will be free to participate more comfortably in social activities, such as school events, in their own communities.

6.3.6 The High Cost of Materials Production.

The cost of materials production limited the number of copies of the Window of Hope curriculum (Tutors' Manual and Trainees' Manual) that SHAPE could make available to each TTC. There are sufficient copies at each TTC so that 4-5 trainees have access to a manual to study for the course and the exam. Trainees do not have access to their own personal copies, however, for reference during practice teaching or for future reference when they begin teaching in the schools.

It has been suggested that the TED or the TTCs could make the Trainees' Manuals available for purchase at each TTC. Since the Window of Hope is no longer a SHAPE activity, but is an official TTC curricular activity, the manuals could be provided as a required text, to be paid from Trainees' textbook allowances, or made available as a discretionary text for their purchase and future reference.

7. SHAPE's Management and Coordination

During its tenure under SHAPE, World Education has documented regular consultation and collaboration with stakeholders and partners. These include the MOESS/GES (SHEP, TED, and the HIV/AIDS Secretariat), the Ghana AIDS Commission, UNAIDS (participation on the technical working group), UNICEF (peer education materials, teacher training approaches), and USAID's ongoing HIV-focused projects (training and use of BCC materials including Journey of Hope and Sara, GSMF materials, work with FHI's VCT centers, etc.). World Education's primary means for initiating collaboration was its Program Advisory Committee (PAC).

The Program Advisory Committee was established at the beginning of the project to facilitate regular coordination with other agencies in the education sector. The objectives of the PAC were stated to be:

- Advise the SHAPE team on technical and strategic issues for addressing HIV/AIDS in the education sector
- Ensure that the program remains relevant, informed, and on track
- Channel communications and relevant information between key stakeholder institutions
- Inform SHAPE of changes in national/regional policies and any new initiatives

- Use experiences of SHAPE to inform Ghanaian policies towards HIV/AIDS education, prevention, care and support initiatives.

The PAC met on a quarterly basis and included representative participation from the Ghana AIDS Commission, the MOESS HIV/AIDS Secretariat, UNICEF Health Office, USAID/Education Office, UNAIDS, MOESS/GHS, PPAG, GES/SHEP, and an independent consultant addressing HIV/AIDS.

7.1 CSO Management

As noted above, SHAPE supported the capacity building of the CSOs as a central component of the project. The selection of, and capacity building for SHAPE CSOs is described above. World Education conducted a number of monitoring activities to assess CSOs' progress on a regular basis. For example, following the first year of the implementation of CSO HIV/AIDS prevention activities, World Education convened a series of consultations with its partners and determined the need to "harmonize" the school-based activities across CSOs. A five-day workshop was conducted to collectively develop and articulate this new, harmonized approach. The outcome of the harmonization workshop was a more coherent and standardized approach for designing, delivering, implementing and monitoring the HIV/AIDS prevention activities. As a follow up, World Education visited the CSOs and target schools on a quarterly basis to monitor the quality of the interactions using a continuous operations research methodology. This methodology was adapted from the Family Health International's 'Process Documentation' approach.

7.2 TTC/Window of Hope Management

The Window of Hope Curriculum was developed through a two-phase participatory development process involving selected tutors, trainees, and national-level Ministry of Education/GES staff.

The first phase included a three-day *HIV and Development* program. The second phase included a total of 10 days and was comprised of the *Modules Development Workshop* for Teacher Training Colleges. The drafting of the module took place during this phase. Nineteen participants attended. They included teacher trainees (students in the TTCs), and principals and tutors from the TTCs, Ministry of Education from the Curriculum Research and Development Unit, the HIV/AIDS Secretariat, and the Teacher Education Division. They represented colleges in four different regions.

The outcome of the Modules Development Workshop was a draft *Window of Hope* Curriculum. World Education conducted TTC staff training for the implementation of the Window of Hope curriculum (described above). Regular on-site monitoring of tutors implementing the Window of Hope was conducted by World Education and MOESS/GES staff at each of the 38 TTCs. These visits indicated that the tutors are inconsistent in the delivery of the curriculum. This monitoring information informed World Education and the TED which led to the revised Window of Hope Curriculum, also described above.

8. Review of Project Component and Activity Costs

The SHAPE Project's two main HIV/AIDS components, school-based peer education and pre-service teacher training, both serve the education sector at different levels and with different audiences. Both have the potential to reach students and teachers, though the peer education targets students as the main audience and the pre-service targets future teachers as the main audience.

There are two significant differences in the delivery of the two programs that provide further contrast, especially in regard to their cost and sustainability. The school-based peer education program has developed the capacity of CSOs as partners to the District SHEP Coordinators for training and supporting the peer educators, teacher patrons, and the associated SMC/PTAs and community activities. The CSOs required grants to be given and managed by SHAPE for staff and operating expenses in order to provide this support. The annual retraining of peer educators and teacher patrons to sustain the peer education program will require continued financing of CSO operations.

Although the TTC component may be considered sustainable given the adoption of the Window of Hope as an accepted, examinable part of the TTC curriculum, establishing and sustaining the *quality* of the program will benefit from continued support for retraining and monitoring TTC staff.

The comparative costs associated with supporting the school-based peer education program and the TTC Window of Hope program are illustrated in Table 2. This table shows the costs that are most directly associated with supporting each of the two programs in the third year of SHAPE II (as these costs are more likely to resemble costs for continuing support). The table demonstrates that support for the TTC pre-service component may be financed for approximately half the cost of the school-based peer education component. More than half the cost of the school-based peer education component is for CSO grants, which are necessary for sustaining support for that program.

Granted, the school-based peer education program directly reaches four times as many recipients as the TTC Window of Hope program does each year. The benefits to the recipients for risk reduction will be expected to last them for years if not for the rest of their healthy lives. The “extended coverage” provided by the TTC program, however, is that each graduating teacher trainee will engage approximately 40 new students when s/he takes up her/his new teaching position. Each new cohort of teachers trained in the Window of Hope will engage as many as 350,375 students annually in primary and junior secondary schools. These new teachers will have been trained with up-to-date HIV/AIDS prevention information and engaging methodologies by which to effectively pass on this information to their new students.

Table 2: Comparison of SHAPE II Programs' costs (Year 3)

School-based peer education program

SHAPE Reaches	750 teachers (3 per school, UP, JSS, SSS) up to 37,895 students (UP, JSS, SSS)
SHAPE training costs (CSOs & SHEP) *	\$23,000
CSO/SHEP/school related grants	\$324, 675 (World Ed provides \$232,000 matching)
SHAPE office support	\$210,000
Component subtotal *	\$557,675

TTC Window of Hope program

SHAPE Reaches	114 Tutors 8,760 Teacher Trainees
TTC Graduates will reach	350, 375 primary and junior secondary students annually (40 per graduate)
SHAPE training costs *	\$60,000
TTC related grants	\$38,200
SHAPE office support	\$210,000
Component subtotal *	308,200

SHAPE Office support salaries + local TA+in-country travel +ODCs	\$420,000 for Schools and TTCs programs is split and evenly assigned to each category (World Ed overhead and matching funds not included)
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9. FINDINGS: Lessons Learned and Impact on HIV/AIDS Prevention and Prevalence

The documented results for SHAPE I and SHAPE II present a picture of a project that has met or is exceeding most expectations for its school-based peer education program, including building capacities and partnerships between the GES/SHEP and CSOs, and for the pre-service HIV/AIDS teacher training program, the Window of Hope curriculum.

World Education has led consultative review processes that identified challenges, opportunities, and adaptations throughout the life cycle of the SHAPE project. These are noted above, from their reports. Additional observations, analysis, and recommendations have been added in the sections on program components and in the context of those discussions. These are summarized below as “lessons learned,” followed by findings regarding SHAPE’s likely impact on HIV/AIDS prevention and prevalence.

9.1 Summary of Lessons Learned

9.1.1 School-Based Peer Education Programming.

- a. The school-based peer education program has demonstrated effectiveness in engaging youth in HIV/AIDS discussion and sustaining their interest over time. The National SHEP Coordinators, present and previous, concur that SHAPE peer education has had a powerful effect on students and teachers, though limited to the number of schools reached. A rising number of youth in SHAPE-supported schools are requesting reproductive health information, exceeding expectations under SHAPE II.
- b. Though the number of peer educator-led activities is somewhat less than expected (87% for SHAPE II), the number of students participating in HIV/AIDS clubs in the six SHAPE HIV/AIDS sessions is 100% of the expected results.
- c. A Peer Educator’s Manual has been produced by SHAPE for use in UP, JSS, and SSS and is being referenced by UNICEF for their new program in the three Upper Regions.
- d. The MOESS/AIDS Secretariat created the in-service HIV/AIDS TAD (Teachers - Agents for Dissemination and Change) program, building on SHAPE curriculum content and experience and is using SHAPE-trained SHEP Coordinators and CSO staff as TAD trainers.
- e. SHAPE II encountered difficulty recruiting as many PLWHA resource persons to participate in school activities as needed for the expanded number of schools being served. The stigma associated with HIV/AIDS in Ghana is high. PLWHAs do not readily admit their status in their own communities. SHAPE found a willingness for PLWHA resource persons to participate in school activities *if* the activities were in a community where they were not known. PLWHAs’ willingness to participate under these conditions introduced

logistical and increased cost factors into program planning, including transportation and per diem.

f. Attitudes of school heads towards HIV/AIDS prevention activities have substantial influence on the participation of teachers and students and on CSOs' ability to convene and conduct sessions with teachers, students, and SMC/PTA members. Limitations at some schools for additional space and time after school needed for club activities interferes with students' ability and willingness to participate.

g. Retraining of peer educators is an annual necessity to replace each transitioning cohort.

h. CSO training and support for teachers and students have been essential mechanisms for the success of this program; CSOs will require continued staff and operational funding to continue their support to the peer educators. Some may find funding from DAs, some are considering running businesses, others will require donor support. More than half the costs of the school-based peer education component were for CSO grants which are necessary to sustain the program.

9.1.2 Building Capacities and Partnerships between GES/SHEP and CSOs.

a. The National SHEP Director supported District SHEP Coordinators in building successful partnerships with CSOs to deliver and support schools' peer education programs and produce district HIV/AIDS activity maps. GES' acceptance of CSOs as educational support partners is established with SHEP.

b. Based on training from World Education and their performance against targets, most SHAPE CSOs (a) are programmatically capable of continuing SHAPE school support activities but (b) can benefit from additional organizational capacity building and (c) will require annual renewal of funding for staff and operating expenses.

c. District SHEP Coordinators are likely to be distracted from the peer education program at the end-of-project by other GES priorities and funded initiatives.

9.1.3 Pre-service HIV/AIDS Teacher Training: Window of Hope Curriculum.

a. The GES/Teacher Education Division (TED) has led the introduction of Window of Hope, including formalizing it into the curriculum as an examinable subject, coordinating with the Institute of Education (IOE) to develop exams, and advocating among Principals for support of full and regular program implementation.

b. Although the TTC component may be considered sustainable. given the adoption of the Window of Hope as an accepted, examinable part of the TTC curriculum, establishing and sustaining the *quality* of the program will benefit from continued support for retraining and monitoring TTC staff.

- c. TED expressed interest in monitoring and supporting TTCs for curricular consistency and quality but have insufficient travel funds and staff.
- d. Infrequent or irregular supervision by TED after the end-of-project may allow teaching of the Window of Hope curriculum to revert to idiosyncratic implementation, becoming a “basic knowledge only” course at some TTCs (for test preparation) and possibly losing the learning and behavior change advantages of the participatory, adult education methodology.
- e. Some retraining will be necessary to: a) replace tutor transfers and retirements and b) be sure those assigned to teach Window of Hope are those trained to teach it.
- f. Tutors frequently cite the need for “compensation” for extra work. Compensation can include participation in workshops and acknowledgements with T-shirts, etc. Reconciling and balancing tutors’ teaching loads when the Window of Hope is assigned will eliminate the “extra work” of teaching it.
- g. Reprints of Window of Hope curriculum will be needed at the TTCs. Currently, copies are kept in resource centers, 1 per 5 students. Reprints could be made for sale to TTC students, increasing dissemination and sustainability of the curriculum information.
- h. The comparative costs associated with supporting the two SHAPE programs show that the TTC pre-service component may be financed for approximately half the cost of the school-based peer education component.

9.2 Impact on HIV/AIDS Prevention and Prevalence

The SHAPE Project was developed as a means of addressing the threat that HIV/AIDS posed to the education sector, at a time when HIV/AIDS prevalence rates in Ghana were increasing and teachers and students were considered by many to be potential high risk groups. At that time, education systems in high prevalence countries were being deeply affected by the loss of experienced teachers and education officers that outstripped governments’ ability to recruit and train their replacements. The growing prevalence in neighboring countries, such as Cote d’Ivoire, fueled the impetus to act early to mitigate the possibility of severe effects on the sector later. At the time of the SHAPE II award, there were estimates that more than 7,400 teachers could be HIV positive, based on applying the national prevalence rate of 4.1 percent to the 180,000 practicing teachers, with a stated concern that the rate could be higher and could even double in five years time.

The rationale for USAID’s initial investment in SHAPE was to provide the education sector with a program to reach teachers and students to mitigate their risk of HIV/AIDS infection, and to build capacity within the sector to support and sustain those programs, thereby helping to protect the viability of the sector against the epidemic.

The MOESS had articulated plans for HIV/AIDS prevention but had little program development to date. SHAPE was the first substantive program to address HIV/AIDS prevention in the sector on a systematic and significant scale. As a result, a pre-service program has been institutionalized, though

still deserving of support to sustain quality; a school-based peer education program has reached students, teachers, and parents with HIV/AIDS prevention information and messages, and new programs with other donor support are adapting SHAPE information, methods and materials for national in-service teacher training and multi-region student-focused prevention programs. In addition, CSOs have been developed as partners for school training programs and SHEP Coordinators have been strengthened to implement and support these new programs.

The SHAPE project clearly addresses a key priority in the GOG's Education Strategic Plan (ESP), *combat the spread of HIV/AIDS by increasing knowledge of consequences and encouraging behavior change*. More specifically, SHAPE is supported by USAID/Ghana for its contributions to Strategic Objective 8, *Improved Quality of and Access to Basic Education*, IR5, *Improved HIV/AIDS prevention in the education sector*. This SO and IR were developed to support the GOG's ESP and to provide substantive support to protecting the health and integrity of the sector itself.

The components, activities, and methodologies developed and used by SHAPE for the school-based peer education program and the pre-service TTC component specifically deliver information to increase knowledge of HIV/AIDS and its consequences and encourage attitudinal and behavioral change to prevent HIV *and* build the capacities of the GOG/MOESS/GES and CSO partners to support this base for knowledge and behavior change over time. The baseline studies carried out by SHAPE were designed to provide the basis of demonstrating actual changes in knowledge, attitude and practice (risk reduction) to determine to what degree SHAPE has contributed to reducing HIV/AIDS prevalence in the sector.

The SHAPE I study of results for the school-based peer education component showed:

- High levels of HIV/AIDS knowledge in both SHAPE and non-SHAPE schools
- Less than one-fourth of the students reported feeling ready for sex; significantly fewer SHAPE I girls indicated they felt ready, compared with control girls
- Of the 1,851 SSS students, 20 percent reported ever having sexual intercourse; significantly fewer SHAPE I girls had had sex, and fewer SHAPE I students as a whole were sexually initiated
- Four in five students concurred that people infected with HIV/AIDS should be treated like everyone else; SHAPE I boys were more likely to hold this view than their non-SHAPE counterparts
- A higher percentage of SHAPE students reported speaking with a peer educator at school than did those in non-SHAPE schools (Adamchak et al., 2005).

These findings are generally consistent with the Ghana Demographic and Health Survey (GDHS) conducted by Ministry of Health and ORC/Macro in 2003, with some improvements for students in SHAPE-supported schools, namely, girls' readiness for sex/delay of sexual debut and boy's attitudes towards PLWHAs (Adamchak et al., 2005).

The relatively modest impact on SHAPE-supported students may be attributed to two factors: (a) the already high levels of knowledge about HIV/AIDS in the general population and (b) that SHAPE's CSO-supported peer education program was being developed and regularized under SHAPE I and has been more systematic, with greater support from school leadership, under SHAPE II.

Baseline studies were conducted by World Education for SHAPE II with students, teacher and parents (UP, JSS and SSS) and with teacher trainees at TTCs. SHAPE II may show greater results, especially in the areas of attitudes and practice (prevention behavior) when the follow-on studies are concluded in June 2007. Positive KAP increases are expected, based on the persistent high levels of student activity in HIV/AIDS clubs led by peer educators and teacher trainees, and descriptions (written and verbal) of the club discussions as being frequently oriented to personal behaviors and decision making.

Anecdotal evidence suggests that girls will continue to show more gains than boys since they recognize their greater risk of infection, share (and seek) information more than boys, and, culturally are less risk taking than boys. There may be overall gains in positive attitudes and behaviors as evidenced by this observation made by a TTC Principal and echoed by others: *Since the Window of Hope came to the college, the incidence of angry parents coming to my office complaining about the sexual behavior of our students during their practice teaching has almost stopped completely. It used to be an annual event, parents even bringing babies in, saying that they were the responsibility of the TTC.*

Table 3 shows the results of SHAPE II baseline studies compared with the 2003 GDHS.

These survey data suggest that the results for those in the education sector surveyed by SHAPE are generally comparable to the overall population, with perhaps higher rates of knowledge and prevention behavior among those in the education sector and, surprisingly, lower positive attitudes towards non-family member PLHWAs. It also shows women with higher education delaying sexual debut and men with higher education with an earlier age of sexual debut than the general population.

As mentioned above, the results of the impact study being conducted now by SHAPE, with data expected in June 2007, will show whether the SHAPE programs will have had a significant impact on the KAP of those in the education sector.

A second order question is whether the SHAPE project is likely to have an effect on Ghana's overall prevalence rates. The 2003 GDHS shows an HIV infection rate of 2.2% (1.5% for men and 2.7% for women). Annual sentinel surveillance data indicate that HIV prevalence might be declining, especially among youth. There are disproportionately high rates of HIV/AIDS among such groups as commercial sex workers and men who have sex with men. Many infections happen at later stages in life. Recent sentinel surveillance data indicate that infection among young women has declined three years in a row (Ghana Health Service, 2006). Teachers do not appear to be at an elevated risk of infection over and above the general population.

Factors explaining Ghana's moderate HIV prevalence rate include:

- 75-80% of transmission in Ghana is through sexual intercourse and sexual intercourse transmission risk is low
- Male circumcision reduces the risk of HIV transmission by up to 65% (NYT 02/23/06); 95% of men in Ghana are circumcised
- Other transmission rates/risk factors, aside from MTCT (15%), are relatively low, e.g., STI prevalence, IDU
- Average age of sexual debut in Ghana is relatively late. *Source: Ministry of Health and ORC/Macro GDHS, 2003*

The impact of SHAPE on the overall HIV/AIDS prevalence rates in Ghana is likely to be marginal, given the already high levels of knowledge and low prevalence rates among the groups which SHAPE reaches. There are likely to be improvements for teachers and students on key indicators for HIV/AIDS prevention, benefiting individuals in reducing their risk, and on attitudes regarding PLWHA.

Another objective/benefit of IEC and education programs, aside from prevention, is to increase accurate knowledge about, and positive attitudes towards PLWHAs, reducing stigma and creating an enabling environment for PLWHAs to seek treatment and care and to encourage VCT. Reductions in stigma among teachers (as community leaders) and students (as conveyers of new information into family discussions) can contribute to an enabling environment for PLWHAs.

Table 3: Comparative Presentation: SHAPE Baselines and selected GDHS data

Activity/Issue	SHAPE Baselines					DHS	
	Students			Teacher Trainee (94% between ages 18 -27)	Class teachers (Age 19 and above)	Parents +	Ages 15-49
	UP	JSS	SSS				
% of people hearing of AIDS				99.9	99.6		98.8
% who correctly know that a healthy looking person can have AIDS	27	49	72	98	97.7		80
% who know that a person can reduce risk of getting AIDS by using condoms	44.0	38	51	89	84.2		76.9
% know that AIDS cannot be transmitted through mosquito				94	85.9		57.4
% who know that a person cannot get infected with HIV/AIDS by sharing food with infected person				96	90.0		73.4
% who know that a person can reduce risk of getting AIDS by having only one sexual partner	27.3	30.9	46.6	94	93.4		87.8
% who know that HIV/AIDS virus can be transmitted from a mother to her unborn baby	44	70	86	96	93.4		78.1
% of women willing to care for a family member with HIV at home	55	65	82		79.5		68.4
% of men willing to care for a family member with HIV at home	68	71	77		87.8		72.0
% of women willing to buy food from HIV/AIDS person	13	9	7		14.0		25.6
% of men willing to buy food from HIV/AIDS person	12	15	10		24.1		35.9
% never tested for HIV/AIDS					79.1		89.1
% of women engaged in higher-risk sex (past 12 months)					19.3		20.8

Activity/Issue	Baseline	DHS
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% of men engaged in higher-risk sex (past 12 months)					21.1		38.4
% who had 2+ partners (past 12 months)		12	10	13.0			5.0
% of women (age 15-24) who used condom first time they had sex				67.0			22.1
% of men (age 15-24) who used condom first time they had sex				63.0			37.2
Among never-married women (age 15-24) % who had sex in the past 12 months				77			30.0
Among never-married men (age 15-24) % who had sex in the past 12 months				73			23.9
Among sexually active young women (age 15-24), % engaging in higher-risk sex (past 12 months) **				77			49.8
Among sexually active young men (age 15-24), % engaging in higher-risk sex (past 12 months)				73			83.4
% of young women (15-24) who never had sex			83	45			40
% of young men (15-24) who never had sex		90	75	34			61

**Higher-risk means having sex with non-marital, non-cohabiting partner

+ Parents report was mostly qualitative data

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World Education/SHAPE Project Plans and Reports:

- SHAPE I USAID Cooperative Agreement (2001)
- SHAPE I Final Report (2004)
- SHAPE II World Education Technical Proposal (2004)
- SHAPE II USAID Cooperative Agreement (2005)
- SHAPE II USAID PMP (2005)
- SHAPE II Year 1 Annual Workplan (2004)
- SHAPE II Year 1 Annual Report (2005)
- SHAPE II Year 2 Annual Workplan (2005)
- SHAPE II Year 2 Annual Report (2006)
- SHAPE II Year 3 Annual Workplan (Draft) (2006)
- SHAPE II Budget, Years 1-3 (2004-06)
- SHAPE Partner CSO reports sampled:

1.	<p>Centre for Community Studies, Action & Development(CENCOSAD)</p> <ul style="list-style-type: none"> • Peer Education Training for Upper & Junior Sec. Schools (12-17 Dec 2004) • Annual Report (Sept 2004-Aug 2005) • 1st Quarter Report (Sept-Nov 2006) • 2nd Quarter Report (Dec 2005-Feb 2006) • 3rd Quarter Report (Mar-May 2006)
2.	<p>Family Health Foundation</p> <ul style="list-style-type: none"> • School & Community-based HIV Prevention Project (Sept 2004-Aug 2005) • 4th Quarter Report (July-Sept 2005) • 1st Quarter Report (Sept-Nov 2005) • 3rd Quarter Report (Mar –May 2006) • 2nd Quarter Report (Dec 2006-Feb 2007)
3.	<p>Rural Action for the Poor</p> <ul style="list-style-type: none"> • 4th Quarter Report (June-Aug 2005) • Annual Report (Sept 2004-Sept 2005) • 1st Quarter Report (Sept-Nov 2006) • 2nd Quarter Report (Dec 2005-Feb 2006)
4.	<p>Prolink</p> <ul style="list-style-type: none"> • Annual Report (Sept 2004-Aug 2005) • 1st Quarter Report (Sept-Nov 2005) • 2nd Quarter Report (Dec 2005-Feb 2006) • 3rd Quarter Report (Mar-May 2006) • 1st Quarter Report (Sept-Nov 2006)
5.	<p>Red Cross Eastern</p>

	<ul style="list-style-type: none"> • Year 1 Annual Report (Sept 2004-Aug 2005) • 4th Quarter Report (June-Aug 2005) • 1st Quarter Report (Sept-Nov 2005) • 2nd Quarter Report (Dec 2005-Feb 2006) • 3rd Quarter Report (Mar-May 2006)
6.	<p>Child & Teen Focus</p> <ul style="list-style-type: none"> • 1st Quarter Report (Sept-Nov 2005) • 2nd Quarter Report (Dec 2005-Feb 2006) • 3rd Quarter Report (June 2006) • 1st Quarter Report (Dec 2006)

Inventory Of World Education/SHAPE Tools, Instruments, And References:

CSO M&E Tools

- Peer educator's weekly monitoring form
- CSO quarterly report format
- Peer Educator's group register
- Field Officer's monitoring tool
- Programme Manager's report format
- Indicators, targets and basis for calculating 2004/5 year targets
- Teachers/Patrons' monitoring tool
- IEC Distribution form
- Club meeting attendance record form
- CSO performance monitoring report
- ROA progress report
- Participants' list

SHEP

- SHEP Monitoring tool
- IEC Distribution form

TTCs

- Attendance list of club members
- Observation checklists for club sessions
- Teacher trainees Register
- Attendance list of TTC workshop participants
- Gaps in teaching training colleges baseline study
- TTC checklists on effectiveness of the club
- Attendance list for classroom sessions
- Register for TTC classroom sessions
- Checklist for TTC monitoring
- Plan for TTC monitoring visit
- Guidelines for TTC Monitoring visit
- Checklist for teaching assessment

World Education

- Field Monitoring Plan
- Quarterly report format
- CSO LOP targets
- Monitoring framework for CSO monitoring & Support visits
- Checklist for CSO field visits
- Checklist for monitoring training activities
- Task description for monitoring and support visits
- Checklist of monitoring tools
- ROA progress report

Training

- Facilitator's Guide
- Refresher Training of Window of Hope Curriculum
- Window of Hope Feedback form

Attachment 2: Results Framework and Reported Results for SHAPE I and II

SHAPE I Results (reprinted from World Education's SHAPE I Final Report, December 2004, Appendix 1: Performance Monitoring Plan:

The performance monitoring plan targets four Intermediate Results under USAID/Ghana's Strategic Objective. The IRs include:

Result 1: Improved knowledge, attitudes and practices among students, teachers and parents

Result 2: Increased number of school and community based actions for HIV/AIDS education, prevention and support

Result 3: Increased education sector capacity to address HIV/AIDS through improved training and increased collaboration with local partners

Result 4: Increased Teacher Training College (TTC) capacity to address HIV/AIDS

As far as Result 1 is concerned, an independent (YouthNet) evaluation of SHAPE intervention schools compared with non-SHAPE supported schools is planned for October 2004. Data confirming an improvement on the KAP of students, teachers and parents will be available in early 2005 – during the second phase of the SHAPE Project. Similarly, the KAP baseline study in TTCs was conducted in October, 2003. Impact research examining the changes in KAP among teacher trainees will be conducted in June/July, 2005.

The following tables highlight the project's targets, achievements and percentage achieved for Results 2-4.

Result 2: Increased number of school and community based actions for HIV/AIDS education, prevention and support				
IR 2.1	Increased number of extra-curricular activities for HIV/AIDS education, prevention and support			
Activity Number	Outputs and Activities	Project Target	Progress over life of Project	Percentage Achieved
Sub IR 2.1.1	Number of AIDS prevention activities taking place in the schools	1,427	1,685	<u>118%</u>
Sub IR 2.1.1.1	Number of clubs established	90	94	<u>104%</u>
Sub IR 2.1.1.2	Number of orientation meetings held	48	44	<u>92%</u>
Sub IR 2.1.1.3	Number of training workshops held for students, teachers and parents	105	73	70%
Sub IR 2.1.1.4	Number of educational sessions held for students, teachers and parents	327	698	<u>213%</u>
Sub IR 2.1.1.5	Number of outreach sessions held by CSO	151	107	71%
Sub IR 2.1.1.6	Number of monitoring visits conducted	654	619	<u>95%</u>
Sub IR 2.1.1.7	Number of review meetings held	52	50	<u>96%</u>
Sub IR 2.1.2	Number of students participating in clubs	4,425	5,140	<u>116%</u>
Sub IR 2.1.3	Number of youths, teachers and parents trained	234	390	<u>167%</u>
Sub IR 2.1.4	Number of youths reached	28,026	39,135	<u>140%</u>
Sub IR 2.1.4.1	Number of in school youths "reached" through peer educators	21,898	28,678	<u>131%</u>

Sub IR 2.1.4.2	Number of out of school youths "reached" through peer educators	6,128	10,457	<u>171%</u>
Sub IR 2.1.5	Number of youths, teachers and parents "reached" by CSOs	42,003	41,192	<u>98%</u>
Sub IR 2.1.5.1	Number of youths "reached" by CSOs	34,372	32,780	95%
Sub IR 2.1.5.2	Number of teachers "reached" by CSOs	641	885	<u>138%</u>
Sub IR 2.1.5.3	Number of parents "reached" by CSOs	6,990	7,527	<u>138%</u>

Result 2: Increased number of school and community based actions for HIV/AIDS education, prevention and support

IR 2.2	Improved community norms conducive to better health			
Activity Number	Outputs and Activities	Project Target	Progress over life of Project	Percentage Achieved
Sub IR 2.2.1	Number of students requesting reproductive health information and/or services from CSOs	16,248	9,695	60%
Sub IR 2.2.2	Number of teachers discussing HIV/AIDS with students	505	654	<u>130%</u>
Sub IR 2.2.3	Number of parents addressing adolescent reproductive health in the home	2,309	5,652	<u>245%</u>
Sub IR 2.2.4	Number of interactions between PLWHA and target populations	144	169	<u>117%</u>

Result 3: Increased education sector capacity to address HIV/AIDS through improved training and increased collaboration with local partners

IR 3.1	Increased collaboration between CSOs and government entities within the sector			
Activity Number	Outputs and Activities	Project Target	Progress over life of Project	Percentage Achieved
Sub IR 3.1.1	Number of collaborative activities between CSOs and MOE	27	70	<u>259%</u>
Sub IR 3.1.2	Number of SHEP Coordinators trained by CSOs	24	23	<u>96%</u>
IR 3.2	Increased training and development of education sector partners			
Sub IR 3.2.1	Number of CSOs with improved organizational capacity as measured by ROA	9	9	<u>100%</u>
Sub IR 3.2.2	Number of schools reached by partner organizations	89	89	<u>100%</u>

Result 4: Increased Teacher Training College (TTC) capacity to address HIV/AIDS

IR 4.1	Increased Training and staff development			
Activity Number	Outputs and Activities	Project Target	Progress over life of Project	Percentage Achieved
Sub IR 4.1.1	Number of TTCs that have adopted Window of Hope Kit Adopted for inclusion in the TTC curriculum	41	39	<u>95%</u>
Sub IR 4.1.2	Number of TTC students trained in window of Hope	14,000	12,723	<u>91%</u>
Sub IR 4.1.3	Number of TTC tutors trained as coordinators	80	143	<u>178%</u>
Sub IR 4.1.4	Number of TTC personnel sensitized in HIV/AIDS	2,300	2,345	<u>102%</u>
Sub IR 4.1.5	Number of TTC principals sensitized in HIV/AIDS	41	39	<u>95%</u>

SHAPE II Results, Years 1-2 of 3 (reprinted from World Education's *SHAPE II, Year 2 Annual Report, October 2006, Appendix 2: Performance Monitoring and Evaluation Report*:

IR 1
Increased HIV/AIDS knowledge and improved behaviour to reduce the spread of HIV/AIDS among target groups
Sub IR 1.1
Improved comprehensive knowledge of STIs and HIV among students, teachers, and teacher trainees.

Indicator	Target Group	Baseline (Nov/Dec 04 & Jan 05)	Achievement for Year 2 (Aug 06)
The percent of students, teachers, and teacher trainees who correctly identify three (3) ways of preventing HIV/AIDS transmission and who reject four (4) misconceptions of HIV transmission <i>Three major ways of preventing the sexual transmission of HIV:</i> <ul style="list-style-type: none"> • <i>Abstinence</i> • <i>Use of condoms</i> • <i>Being faithful to one uninfected partner</i> <i>Four misconceptions about transmission i.e.</i> <ul style="list-style-type: none"> • <i>HIV not transmitted by mosquitoes</i> • <i>HIV not transmitted through curse</i> • <i>HIV not transmitted through sharing food</i> • <i>HIV not transmitted by healthy looking people</i> <p>* Percentage higher in cases where only 3 misconceptions involved</p>	JS + SS	22.7	N/A¹
	Teachers	49	N/A
	TTC trainees	44	N/A
The percent of students, teachers, and TTC trainees who have MTCT knowledge	Upper Prim	43	N/A
	JS + SS	70	N/A
	Teachers	94	N/A
	TTC trainees	93	N/A

¹ N/A = not available: KAP survey data collection scheduled for February/March 2007. Results will be available in June 2007 for reporting in August 2007.

IR 1: Increased HIV/AIDS knowledge and improved behaviour to reduce the spread of HIV/AIDS among target groups			
Sub-IR 1.2: Improved student, teacher and teacher trainees attitudes toward personal risks and acceptance of PLWHAs			
Indicator	Target Group	Baseline (Nov/Dec 04 & Jan 05)	Achievement for Year 2 (Aug 06)
The percent of students, teachers, and TTC trainees perceiving personal risk for HIV infection	Upper Prim	61	N/A
	JS + SS	78	N/A
	Teachers	10	N/A
	TTC trainees	11	N/A
The percent of parents, teachers, students and TTC trainees expressing accepting attitudes toward PLWHA <ul style="list-style-type: none"> • <i>Willing to care for family member in household if family member became sick with HIV/AIDS</i> • <i>Teacher or school administrator with HIV/AIDS but not sick should be allowed to continue teaching in school</i> • <i>Would continue to buy food from food seller in your community if seller had AIDS</i> 	Upper Prim	4.3	N/A
	JS SS	1.0 8	N/A
	Teachers	29	N/A
	TTC trainees	28	N/A

IR 1: Increased HIV/AIDS knowledge and improved behaviour to reduce the spread of HIV/AIDS among target groups			
Sub IR 1.3: Improved behaviour among students and teacher trainees to prevent the spread of HIV/AIDS			
Indicator	Target Group	Baseline (Nov/Dec 04 & Jan 05)	Achievement for Year 2 (Aug 06)
The percent of students, teachers, and teacher trainees reporting condom use at last sex	Upper Prim	N/A	N/A
	JS + SS	51	N/A
	Teachers	44	N/A
	TTC trainees	52	N/A
The percent of students, teachers, and teacher trainees reporting multiple partners in the last twelve months	Upper Prim	N/A	N/A
	JS + SS	N/A	N/A
	Teachers	17	N/A
	TTC trainees	30	N/A
Mean age at first sex among students	Upper Prim	17yrs	N/A
	JS + SS	15.9 yrs	N/A

IR 1**Increased HIV/AIDS knowledge and improved behaviour to reduce the spread of HIV/AIDS among target groups****Sub IR1.4****Increased number of school and community based actions for HIV/AIDS education, prevention and support**

Indicator	Cumulative Targets for 2004/5 & 2005/6	Achievements for 2004/5 & 2005/6	Percent Achievement to date (Yrs 1 & 2) %
The number of AIDS prevention activities taking place in schools being organized by Peer Educators	19879	17201	86.53
The number of AIDS prevention activities taking place in schools being organized by Teachers and Patrons	2870	4035	140.59
The number of students participating in a set of 6 HIV/AIDS education sessions in schools	54143	54301	100.29
The number of students peer educators trained	1605	2384	148.54
The number of HIV/AIDS educational sessions organized by CSOs in schools	7525	10129	134.60
The number of schools 'reached' by CSOs	250	252	100.80
The number of youth requesting reproductive health information and/or services from Peer Educators and CSOs	9975	15209	152.47
The number of SMC/PTA members supporting HIV/AIDS education in Primary and JSS	5459	4768	87.34
The total number of SMC/PTA members addressing key prevention methods with their wards	6652	7138	107.31
The total number of interactions between PLWHA and target populations	1104	648	58.70
The number of schools with effective HIV/AIDS clubs	250	215	86.00
The number of students participating in effectively functioning HIV/AIDS clubs	54143	38691	71.46

I.R 2 Increased education sector capacity to address HIV/AIDS through improved training and increased collaboration with local partners

Sub I.R 2.1 Increased Teacher Training College (TTC) capacity to address HIV/AIDS

Indicator	Cumulative Targets for 2004/5 & 2005/6	Achievements for 2004/5 & 2005/6	Percent % Achievement to date (Yr 1 & 2)
The number of TTCs adopting Window of Hope curriculum	38	38	100.00
The number of TTC trainees trained in Window of Hope curriculum	17518	7414 ²	42.50
The number of TTC tutors trained in HIV/AIDS Window of Hope curriculum	114	114	100.00
The number of TTC Principals and Vice Principals sensitized on HIV/AIDS	76	76	100.00
The number of HIV/AIDS prevention activities taking place in the TTCs	4408		

Sub I.R. 2.2 Increased collaboration between CSOs & government entities within the education sector for HIV/AIDS prevention

Number of collaboration/team building activities between CSO's and GES (Including SHEP, Headmasters, District Directors-GES)	594	932	164.37
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Sub I.R 2.3 Improved CSO & SHEP capacity to design and conduct HIV prevention programs

Improved organizational capacity of local CSOs as measured by the ROA	15%	9.91%	9.91%
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² During the period under review, there was no teaching of HIV in the TTCs as a result of the re-scheduling of the subject from year 1 to year 2. Hence the figure reported here is the same figure reported in the annual report for the first year of SHAPE II.

SHAPE II Performance Monitoring Plan (DRAFT -- REVISED February 2, 2005)

Strategic Objective: Reduced Spread and Mitigated Impact of HIV/AIDS in the Education Sector

IR/Sub-IR	Indicators	Baseline & Target	Means of Verification (Frequency)	Notes/Explanations
IR 1: Increased HIV/AIDS knowledge and improved behavior to reduce the spread of HIV/AIDS among target groups				
Sub-IR 1.1: Improved comprehensive knowledge of STIs and HIV among students, teachers, and teacher trainees.				
	The percent of students, teachers, and teacher trainees who both correctly identify ways of preventing HIV/AIDS and who reject misconceptions of HIV transmission	TBD	KAP Study (school: years 1 and 3, TTC: annually)	<i>Percentage of students, teacher trainees and teachers who correctly identify all three major ways of preventing the sexual transmission of HIV and who reject three major misconceptions about HIV transmission or prevention.</i>
	The percent of students, teachers and TTC trainees able to identify measures for HIV prevention	TBD	KAP Study (school: years 1 and 3, TTC: annually)	<i>Percentage of students, teacher trainees and teachers who correctly identify all three major ways of preventing the sexual transmission of HIV and who reject three major misconceptions about HIV transmission or prevention.</i>
	The percent of students, teachers, and TTC trainees reported to have MTCT knowledge	TBD	KAP Study (school: years 1 and 3, TTC: annually)	<i>Percentage of students, teacher trainees and teachers who correctly respond to prompted questions about preventing mother to child transmission of HIV through knowledge of HIV status, antiretroviral therapy and avoiding breast feeding</i>

Sub IR 1.2: Improved student, teacher, and teacher trainee attitudes toward personal risks and acceptance of PLWHA

	Increased Percentage of USAID supported trained new teachers on Window of Hope engaged in HIV/AIDS prevention activities.	TBD	KAP Study (Bi annual)	<i>Percentage of teachers who were trained in Window of Hope and who are exhibiting low risk behaviour, Confidence level in teaching HIV/AIDS topics and their involvement in HIV/AIDS community outreach programmes</i>
	The percent of students, teachers, and TTC trainees perceiving personal risk for HIV infection	TBD	KAP Study (school: years 1 and 3, TTC: annually)	<i>Percentage pf Students, teacher trainees and teachers who identify link between their own behaviors and risk for HIV infection.</i>
	The percent of parents, teachers, students and TTC trainees expressing accepting attitudes toward PLWHA	TBD	KAP Study (school: years 1 and 3, TTC: annually)	<i>Percentage students, teacher trainees, teachers and parents who believe that HIV can not be transmitted by sharing meals with an infected person</i>
	The number of interactions between PLWHA and target populations	2,169	CSO/TTC reports (quarterly/annually)	<i>The number of times a PLWHA sensitizes and interacts with students, patrons and teachers.</i>

Sub IR 1.3: Improved behavior among students and teacher trainees to prevent the spread of HIV/AIDS

	The percent of students, teachers, and teacher trainees reporting condom use at last sex	TBD	KAP Study (school: years 1 and 3, TTC: annually)	<i>The percentage of students, teacher trainees and teachers who report using a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months</i>
	The percent of students, teachers, and teacher trainees reporting multiple partners in the last twelve months	TBD	KAP Study (school: years 1 and 3, TTC: annually)	<i>Percentage of students, teacher trainees and teachers who have had sex with more than one partner in the last 12 months.</i>
	Increased the percent of students, teachers, and teacher trainees surveyed delaying onset of first sexual debut	TBD	KAP Study (school: years 1 and 3, TTC: annually)	<i>Sexual debut = The age at which students and TTCs trainees surveyed have had penetrative sex</i>

Sub-IR 1.4: Increased number of school and community based actions for HIV/AIDS education, prevention and support

	The number of HIV/AIDS prevention activities taking place in schools being organise by Peer Educators	13,014	CSO/TTC reports (Quarterly/annually)	<i>HIV/AIDS prevention activities being undertaken by Peer Educators (PEs) is being operationalised as 2 Peer Educators involved in at least six sessions. (A session is a minimum of half an hour at a time) The activities involve: drama, film shows, quiz contests, one-on one sessions, lectures, etc</i>
	The number of HIV/AIDS prevention activities taking place in schools being organise by teachers and Patrons	2,169	CSO/TTC reports (Quarterly/annually)	<p>HIMNB b</p> <p><i>(a) HIV/AIDS prevention activities being undertaken by Teachers/Patrons is being operationalised as teachers involved in HIV/AIDS sessions at PTA meetings(The meeting lasting not less than 30 minutes)</i></p> <p><i>(b) Teacher sensitization session lasting not less than 30 minutes</i></p>
	The number of HIV/AIDS prevention activities taking place in the TTCs	6,612	CSO/TTC reports (Quarterly/annually)	<i>The total number of HIV/AIDS activities taking place in schools is being operationalised as the number of HIV/AIDS sessions based on the Window of Hope Curriculum. (A session is not supposed to be less than 30 minutes).</i>

	The number of students participating in a set of 5 HIV/AIDS education sessions in schools	53,479	CSO reports (Quarterly/annually)	<i>The total number of students participating in HIV/AIDS educational sessions is being operationalised as 2 Peer Educators recruiting a group of students and taking them through a minimum of 6 sessions. (A session lasting not less than 30 minutes)</i>
	The number of Peer Educators trained in HIV/AIDS development	887	CSO reports (Quarterly/annually)	<i>The total number of selected Peer educators trained in HIV/AIDS development.</i>
	The number of HIV/AIDS educational sessions organised by CSOs in schools	17,352	CSO reports (Quarterly/annually)	<i>The total number of educational sessions organized by members of CSO staff in schools. A session is not to be less than 30 minutes long.</i>
	The number of schools “reached” by CSOs	241	CSO reports (Quarterly/annually)	<i>The total number of schools provided with factual information and life skills directly by CSO staff (12 CSOs working in an average of 20 schools)</i>
	The number of youth requesting reproductive health information and/ or services from Peer Educators and CSOs	10,845	CSO reports (Quarterly/annually)	<i>The total number of youths requesting reproductive health information and/or services such as counseling, STI referrals etc from Peer Educators and CSOs</i>

	The number of PTA/SMC members supporting HIV/AIDS Education in primary and JSS	2,169	CSO reports (Quarterly/annually)	<i>The total number of PTA/SMC members involved in facilitating PTA meetings in Primary and Junior Secondary schools.</i>
	The total number of SMC/PTA members addressing key prevention methods with their wards	2,410	CSO/TTC reports (Quarterly/annually)	<i>The total number of SMC members who educate their wards on HIV/AIDS Issues.</i>
IR 2: Increased education sector capacity to address HIV/AIDS through improved training and increased collaboration with local partners				
Sub IR 2.1: Increased Teacher Training College (TTC) capacity to address HIV/AIDS				
	The Number of TTCs adopting Window of Hope in their curriculum	38	TTC reports (Quarterly/annually)	<i>The number of TTCs that have facilitated the integration of “Window of Hope” into their curriculum (40 TTCs)</i>

	The number of teacher trainees trained in HIV/AIDS Window of Hope curriculum	16,801	TTC reports (Quarterly/annually)	<i>The number of TTC students trained on the use of Window of Hope Kits (year 1 &2, plus two new year 1 students over LOP (~8,000 new students/year)</i>
	The number of TTC tutors trained in HIV/AIDS Window of Hope curriculum	76	TTC reports (Quarterly/annually)	<i>The number of TTC tutors trained as coordinators to facilitate training sessions in their colleges (2 per TTC plus Vice Principals Academic</i>
	The number of TTC Principals and Vice Principals sensitized on HIV/AIDS	76	TTC reports (Quarterly/annually)	<i>The total number of TTC Principals and Vice Principals Academic sensitized on HIV/AIDS</i>
Sub IR 2.2: Increased collaborations between CSOs and government entities within the education sector for HIV prevention activities				
	The number of collaborative/team building activities between CSOs and GES (including SHEP, Headmasters, District Directors of Education)	11,664	CSO/SHEP reports (Quarterly and Annually)	<i>Collaborative activities include joint planning of outreach activities and regular consultations e.g. Joint workshop planning meeting, SHEP coordinators facilitating sessions at workshops organized by CSOs.</i>

Sub IR 2.3: Improved CSO and SHEP capacity to design and conduct HIV prevention Programmes

	Improved organizational capacity of local CSOs as measured by the ROA	25% increase in each of the 6 dimensions	CSO ROAs (Annually)	<i>The ROA assesses six key dimensions of institutional capacity. Within each of the 6 dimensions, a 25% increase will be seen over LOP.</i>
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Attachment 3: Evaluation Work and Consultation Schedule

Day	Dates	Activity	Location	Team Member(s)
	Jan 19-30	Collection and review of documents; travel and work preparations	Home base	DevTech, CePME, H. Williams
Wed	Jan 31	Travel to Ghana	Accra	H. Williams
Thr	Feb 1	Team planning meeting; Review draft workplan with USAID	Accra	Full Team
Fri	Feb 2	<ul style="list-style-type: none"> Team planning meeting Orientation meeting with World Education (WE) staff 	Accra	Full Team
Sat-Sun	Feb 3-4	Documentation review; frame field data collection instrumentation	Accra	H. Williams
Mon	Feb 5	Documentation review; drafting interview questions	Accra	Full Team
Tue	Feb 6	Team meeting: drafting data collection instruments	Accra	Full Team
Wed	Feb 7	<ul style="list-style-type: none"> Conduct interviews: MOESS HIV/AIDS Secretariat; GES Teacher Education Division 	Accra	K. Najuah, F. Agaste, G. Abagrey, Dr. Amuah, H. Williams
Thr	Feb 8	<ul style="list-style-type: none"> Team meeting: finalize data collection instruments and schedule; weekly brief to USAID 	Accra	Full Team H. Williams, Dr. Amuah
Fri	Feb 9	<ul style="list-style-type: none"> District/School interviews: Blessed Clementine Basic; SHEP Reg. Coord., CSO/Rural Action for the Poor (RAP) District/School interviews: Presby SSS; DDE; CSO/Family Health Foundation (FHF) 	Tema, Greater Accra Tema	K. Najuah, F. Agaste G. Abagrey, R. Kissiedu, H. Williams
Sat-Sun	Feb 10-11	Writing interview notes; documentation review; writing	Accra	Full team
Mon	Feb 12	<ul style="list-style-type: none"> TTC interviews: Peki TTC interviews: Akropong TTC 	Peki, Volta Akropong, Eastern	G. Abagrey, Dr. Amuah, H. Williams K. Najuah, F. Agaste
Tue	Feb 13	<ul style="list-style-type: none"> TTC interviews: Aburi PWTC CSO/Red Cross Eastern 	Aburi, Eastern Koforidua	G. Abagrey, Dr. Amuah K. Najuah, F. Agaste

Day	Dates	Activity	Location	Team Member(s)
Wed	Feb 14	<ul style="list-style-type: none"> District/School visit: St. Theresa Primary and Ve Dafor JSS; SHEP Reg. Coord., CSO/ProLink District/School visit: Likpe SSS; DDE Consultation with World Ed 	Hohoe, Volta Accra	K. Najuah, F. Agaste G. Abagrey,, Dr. Etsey H. Williams
Thr	Feb 15	<ul style="list-style-type: none"> CSO/Center for Community Action and Development CSO/Child and Teen Focus Consultation with World Ed 	Accra	G. Abagrey, Dr. Etsey K. Najuah, F. Agaste H. Williams
Fri	Feb 16	<ul style="list-style-type: none"> Writing interview reports 	Accra	Full Team
Sat-Sun	Feb 17-18	<ul style="list-style-type: none"> Writing interview reports, framing the report 	Accra	Full Team
Mon	Feb 19	<ul style="list-style-type: none"> Integrating interview data and merging w/ documentation data Consultation w/former World Ed M&E Specialist 	Accra	Full Team H. Williams, F. Agaste
Tue	Feb 20	<ul style="list-style-type: none"> Meeting with USAID Education and Health SO Teams Consultation w/World Ed Training Staff Integrating interview data and merging w/ documentation data; begin drafting findings 	Accra	H. Williams, Dr. Amuah H. Williams, K. Najuah Full Team
Wed	Feb 21	<ul style="list-style-type: none"> Review merged data; continue with preliminary findings Consultation with EQUALL Project 	Accra	Full Team H. Williams, K. Najuah
Thr	Feb 22	<ul style="list-style-type: none"> Continue development of preliminary findings and recommendations Consultation w/World Ed Staff 	Accra	Full Team
Fri	Feb 23	<ul style="list-style-type: none"> Consultation w/World Ed Staff 	Accra	H. Williams
Sat-Sun	Feb 24-25	<ul style="list-style-type: none"> Refine findings and recommendations; begin report draft 	Accra	Full Team
Mon	Feb 26	<ul style="list-style-type: none"> <i>Review findings and recommendations with USAID</i> Report writing 	Accra	Full Team

Day	Dates	Activity	Location	Team Member(s)
Tue	Feb 27	<ul style="list-style-type: none"> • Report writing • Consultation with World Ed Program Officer 	Accra	Full team H. Williams, Dr. Amuah, G. Abagrey
Wed	Feb 28	<ul style="list-style-type: none"> • Report writing • Consultation with DFID 	Accra	Full team H. Williams, Team members
Thr	Mar 1	<ul style="list-style-type: none"> • Consultation with GAC • Interview RED (retired) • <i>Presentation to USAID</i> • <i>Agreement with USAID on expectations for final report</i> 	Accra	Dr. Amuah H. Williams Full team
Fri	Mar 2	<ul style="list-style-type: none"> • Final onsite team meeting • Deliver annotated report outline to USAID • H. Williams departs Accra 	Accra	Full Team H. Williams, Dr. Amuah
	Mar 14	<ul style="list-style-type: none"> • Interview SHEP National Directors (current and past) 	Accra	Dr. Amuah
	Mar 19	<ul style="list-style-type: none"> • H. Williams complete draft report and submit to USAID for review and comment 	Accra Home base	H. Williams Full Team