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YouthNet

Youth Peer Education in Reproductive Health and HIV/AIDS:

Progress, Process, and Programming for the Future

Susan E. Adamchak

Youth Issues Paper 7

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Family Health International, YouthNet Program

Acknowledgments

This paper is based primarily on discussions held on January 11-12, 2006, at an international consultation sponsored by the U.S. Agency for International Development (USAID) and the Family Health International (FHI)/YouthNet. The consultation, held in Washington, DC, was called "Taking Stock of Youth Reproductive Health and HIV Peer Education: Progress, Process, and Programming for the Future."

Susan Adamchak, PhD, wrote the report based on the presentations and discussions from the meeting and other related materials from major international publications. Adamchak, a consultant, has worked for FHI, the Population Council/FRONTIERS, and others. She has coordinated a major multisite youth operations research project that included peer education, has conducted evaluations of peer education projects, and has written on many youth reproductive health and HIV prevention topics.

Chapter 2 on evidence of peer education success is based on the meeting presentation by Eleanor Maticka-Tyndale of the University of Windsor in Canada, who provided additional materials for this report, including the two tables and the list of studies she reviewed (see Appendix 2). Chapter 5, the conclusion, is based on the closing remarks made at the meeting by Mahua Mandal of USAID, the technical advisor for the YouthNet project.

Others also contributed to this project. Hally Mahler, who formerly managed behavior change communication projects at YouthNet, coordinated the meeting. Aliza Pressman helped gather background documents and materials from the presenters. William Finger provided editorial guidance. The following people reviewed all or parts of this report prior to publication: Mahua Mandal and Shanti Conly of USAID; JoAnn Lewis, Tonya Nyagiro, and Ed Scholl of FHI; and a number of meeting participants. Karen Dickerson of FHI copyedited and designed the report.

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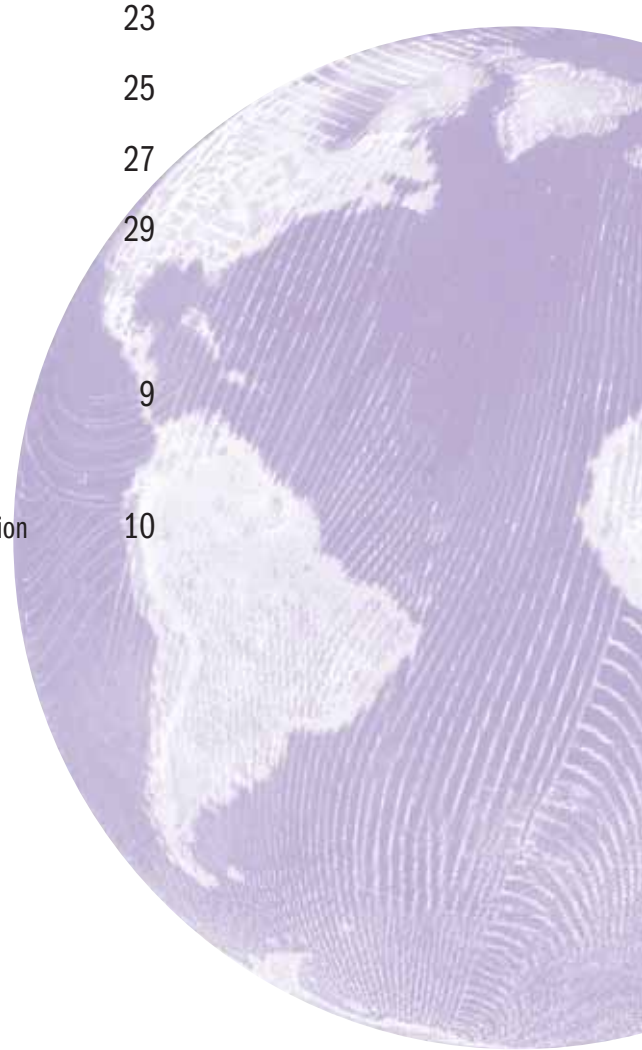

Introduction: Taking Stock of Youth Peer Education

On January 11-12, 2006, the U.S. Agency for International Development (USAID) and Family Health International (FHI)/YouthNet sponsored an international consultation in Washington, DC, called "Taking Stock of Youth Reproductive Health and HIV Peer Education: Progress, Process, and Programming for the Future." An overarching theme of the consultation was that peer education as an approach to reach young people is here to stay, that large investments are currently being made in this approach, and that serious efforts should be made to maximize these investments.

Youth peer education programs must be conducted with as much attention to design, diligent implementation, evaluation, and commitment to results as any other reproductive health or HIV/AIDS intervention. That said, peer education programs face unique challenges and require particular strategies to avoid common pitfalls and ensure the greatest impact. (Please note that the terms "youth peer education" and "peer education" are used interchangeably in this report, unless noted otherwise.)

The consultation objectives were to:

- Provide an update on youth peer education experience
- Better understand where and how youth peer education has been used
- Examine the successes and failures of youth peer education objectively
- Explore specific issues related to successful youth peer education efforts

Participants focused attention on what we know about peer education from research results and program experience, what we do not know, and what is needed to move peer education strategies forward. The last large international consultation on peer education was held in 1999 and encompassed many types of interventions, rather than focusing specifically on youth. The major findings from that meeting (see page 4)[1] were among the topics discussed by participants of the 2006 meeting.

Youth peer education programs must be conducted with as much attention to design, diligent implementation, evaluation, and commitment to results as any other reproductive health or HIV/AIDS intervention.

Since the 1999 report, several other major international resources on youth peer education have appeared, including *Peer Approach in Adolescent Reproductive Health Education: Some Lessons Learned*[2] and *Peer to Peer: Creating Successful Peer Education Programs*.[3]

This report adds to the literature by summarizing the major themes and findings that emerged from the 2006 consultation. It seeks to provide program managers and others working with youth programs with the current thinking on key issues that affect successful peer education programs. This may help to inform policies and programs related to adolescent reproductive health (RH) and HIV/AIDS.

By organizing the content thematically, the report addresses the substance of the discussions, rather than a chronological summary of each meeting session. Where appropriate, the report includes references to several other key documents on youth peer education that may be of interest to the reader. However, this report did not attempt to review all of the literature on peer education and youth. Presentations

made during the consultation can be found at: *www.fhi.org/en/Youth/YouthNet/NewsEvents/youthpeeredmtgday1.htm*.

This report includes five chapters and two appendices. The first chapter is an overview of peer education, its theoretical framework, and its role as part of a comprehensive youth RH/HIV program. The second chapter presents new evidence of program effectiveness and identifies some strengths and challenges of peer education. The next two chapters explore major program issues, including quality, motivation and retention of peer educators, contextual influences, and scaling up. The final chapter offers a summary of discussions from the meeting about the way forward.

Key Findings from the 1999 International Consultation

- Peer education should be integrated with reproductive health and HIV services, and where possible, with community health and development initiatives.
- Clear selection criteria are needed to identify peer educators, and some type of compensation should be offered. Opportunities for increased responsibility and personal and professional growth are needed to improve satisfaction, retention, and sustainability.
- Training must focus on how to convey information and on participatory techniques to engage the audience. Technically competent and supportive staff must conduct regular field supervision.
- Programs must take into account gender inequalities and related community context issues.
- Peer education programs need to set realistic behavior change goals that take into account challenges faced by the intended audience, including where an audience member is on the behavior change continuum.
- Generating financial resources and support for peer education is essential to ensure sustainability. Despite being considered by some as an inexpensive intervention (due to reliance on volunteers), good quality peer education can be costly.
- Peer education can be an effective strategy, even with little research evidence to substantiate this; additional resources are needed for monitoring and evaluation and strengthening local research capacity.
- Stakeholders can play a key role in the success and sustainability of programs, and they should be included from early stages of program development.

Chapter 1. Youth Peer Education – Framing the Issues

In general, peer education is defined as a process, a strategy, a communication channel, and a tool. Most commonly, in terms of youth, it is viewed as a "process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests)."[4] Peer education activities generally take place over a period of time. The goal is to develop knowledge, attitudes, beliefs, and skills needed to engage in healthy behaviors.

As a strategy, peer education programs train representative adolescents by providing information on adolescent RH or HIV/AIDS. In turn, these youth are expected to convey this information to their peers. Communication may take place in large group meetings or social events; in smaller, focused discussions; or in one-to-one exchanges between a peer educator and target youth.

Finally, peer education is considered one of many tools available to reach young people with information and skills. It is typically used in conjunction with other means of communication and information dissemination, such as media campaigns, advocacy by celebrity spokespersons, and youth-friendly services.

Activities in peer education programs vary widely in the type and frequency of activities, the number and intensity of contacts, and the frequency of follow-up. Settings include schools, universities, clubs, churches, street settings, workplaces, barracks, or wherever young people gather.

The literature on peer education uses various terms to describe those working in peer-led programs, including peer educator, peer leader, peer supporter, and youth peer educator. While peers are meant to be similar in basic characteristics to those in their target audience, some programs find it more advantageous to use "peers" who are slightly older, or otherwise different, from their audience.

Peer education is often undertaken because it is thought to be an easy and convenient way to reach a large number of people with information, using inexpensive, volunteer staff. But when done well, peer education requires intensive planning, coordination, supervision, and resources. There are program costs inherent in each element of a peer education program – training, support, supervision, supplies, allowances – all of which require realistic budgeting and careful monitoring.

Peer education programs do not take place in a vacuum. Rather, they are shaped by, and respond to, prevailing social norms and community contexts. To be most effective, programs must consciously define the context in which they function, and determine whether restrictive expectations exist that must be challenged, or whether supportive networks and institutions are present that can be strengthened and enhanced. Either situation may require mobilization of key stakeholders – parents, teachers, health workers, and religious leaders.

Peer education programs also have a growing role in advocacy, promoting support for the rights of young people to scientifically accurate information about RH and HIV/AIDS, and where needed, access to youth-friendly services.

Peer education frequently generates demand for health services. A comprehensive program needs to be linked or integrated with services to provide access to condoms and other contraceptives, medical care, voluntary counseling and testing (VCT), and management of sexually transmitted infections (STIs). In some cases, peer education programs may develop links with programs offering support to orphans or home and hospice care. Often, natural connections can be fostered with existing community health and development programs. Tie-ins with media or social marketing campaigns can lend legitimacy to peer educators as trained and competent sources of information. In some cases, peer education participants may undertake advocacy to change policies or foster support for behavior change goals. Integration and linkages will, of necessity, be a function of local needs and the resources that are available.

Peer education programs draw on various theoretical approaches to help shape interventions. Individual cognitive theories and theories of collective action and group empowerment – drawn from the fields of health psychology, health education, and public health – explain why people adopt new behaviors and provide a rationale for peer-based approaches. See below for a summary of the major theories and models of behavior change particularly relevant for peer education.

Theoretical Frameworks Used in Peer Education

Social learning theory, largely from the work of psychologist Albert Bandura, holds that people learn through direct experience, as well as through the observation of role models. It also contends that people learn through training that develops self-efficacy, for example through practice of responses to simulated situations.

Theory of participatory education, utilized by adult educator Paulo Freire, proposes that the full participation and empowerment of the people affected by a problem is essential in order to enact change.

Diffusion of innovations theory emphasizes that influential leaders and respected individuals influence norms by disseminating information through one-to-one contacts and group discussions. Friendship groups and social networks are important routes of communication and change.

Theory of reasoned action states that the intention to adopt a new behavior is influenced both by the subjective beliefs of an individual and by his or her normative beliefs, i.e., how norms or community standards influence an individual.

Health belief model explains health behavior through an individual's perceived susceptibility, barriers, and benefits. That is, if a person desires a particular health outcome, he or she will take actions to help bring about that outcome.

Social ecological model for health promotion includes multiple influences on behavior, with the individual only one part of the process. Thus, behavior change is determined by characteristics of the individual, as well as interpersonal processes and social networks, membership in institutions, community factors, and public policy.

The **IMBR model** focuses on information (**I,** the "what"), motivation (**M,** the "why"), behavioral skills (**B,** the "how"), and resources (**R,** the "where") used to target unhealthy behaviors.

Developmental theory focuses on the transition from adolescence to adulthood and the strong role that peers exert in influencing behavior of age mates and social companions.

Source: United Nations Population Fund (UNFPA), Family Health International (FHI). *Training of Trainers Manual. Youth Peer Education Toolkit.* (New York and Arlington, VA: UNFPA and FHI, 2005) 15-18.

Chapter 2. Evidence of Youth Peer Education Success

Peer education is delivered through a broad array of program types and encompasses a variety of activities. While a general belief holds that peer education programs are a useful strategy and are cost-effective, limited evidence supports this. No rigorous comparisons have been done, for example, of the cost-effectiveness of training peer educators versus training health workers or teachers. Rigorous evaluation is often hampered by the informal structure of peer programs, making the task of identifying program strength and intensity more challenging.

"Peer education has been stuck in a cycle of unseriousness for 30 years," said Charles Deutch during his presentation at the consultation, calling for serious discourse about peer education. "We don't understand the inputs, so there is no way to understand the outputs."

Despite these challenges, strides are being made to improve our understanding of peer programs and their effects. As part of a recent consultancy with the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), Eleanor Maticka-Tyndale surveyed the literature on community-based peer education programs that targeted youth in lower income countries. She assessed the evidence of program impact and presented highlights of that research during the consultation. Appendix 2 contains the studies included in the research. An associate of Maticka-Tyndale's has also recently undertaken a comprehensive review of the literature on peer education interventions.[5]

The review for WHO/UNAIDS included studies that met the following criteria:

- Youth ages 15 to 24 included in the target population
- Some intervention content dealing with HIV/AIDS
- Intervention designed to be delivered by youth peers, including large groups, one-to-one counseling, or community events
- Intervention delivered in a developing country
- Report published between January 1990 and December 2004
- Report available in English, French, or Spanish

Programs were excluded if the intervention was delivered only in a school, workplace, or health facility, without a substantial role played by peer educators. Of the 34 studies that met the inclusion criteria, 19 programs were in sub-Saharan Africa, one was in Latin America, 12 were in Asia or the Pacific, and two were in countries of the former Soviet Union. All were studies of out-of-school youth, and eight focused on youth in marginalized populations (injecting drug users, sex workers, and refugees).

Sixteen of the 34 studies used qualitative research methods or process indicators to measure effect. Ten used randomized controlled trials or quasi-experimental designs (pre- and post-intervention surveys with intervention and control groups). Eight studies used pre- and post-intervention surveys without control groups. All of the evaluations based on quantitative data used youth targeted by the intervention as the unit of analysis. The qualitative and process evaluations most often used the community as the unit of analysis.

Evaluation Results

Table 1 summarizes the results of the quantitative studies, and Table 2 shows those of the qualitative evaluations. The term "positive results" is used to describe changes in a direction that would reduce risk of exposure to HIV, while "negative results" would increase such risk. The sections below on knowledge, sexual activity, condom use and condom self-efficacy, contraceptive use, STI symptoms, and gender differences refer to the quantitative studies summarized on Table 1, using randomized controlled trials and quasi-experimental designs, and pre- and post-intervention surveys without controls.

The one area of sexual activity with exclusively positive gains was reduction in number of partners.

Knowledge. Fifteen of the 17 interventions that addressed knowledge demonstrated significant improvements, while four interventions also demonstrated no significant change for some subgroups of the targeted population. One study had no appreciable effect on knowledge.

Sexual activity. Interventions produced mixed results for changes in sexual activity. Of those that targeted an increase in abstinence through delay of first sexual intercourse, three produced positive results, one of those also produced negative results, and one produced no significant changes. Of the seven that targeted a "return to abstinence" through celibacy in a recent time period (e.g., three months, six months), four produced positive results, one had both positive and nonsignificant results for different segments of the population, two had nonsignificant results, and one had negative results. The one area of sexual activity with exclusively positive gains was reduction in number of partners, where the three interventions that measured this all produced positive results.

There were primarily positive gains for both condom use and self-efficacy.

Condom use and condom self-efficacy. There were primarily positive gains for both condom use and self-efficacy. Of the seven interventions that measured use, five obtained positive results, one was nonsignificant, and one achieved a negative result. Of the three that measured condom self-efficacy, all obtained positive results.

Contraceptive use. Each of the two studies that measured increased use of contraception had positive results.

STI symptoms. Measures of STI symptoms were self-reported in the three evaluations that asked about STI symptoms. All three had positive results; however, one study also obtained a nonsignificant result, and one study also had a negative result for some population subgroups.

Gender differences. When the randomized controlled trials and quasi-experimental studies analyzed data separately for males and females, the results were most often positive for females and negative or nonsignificant for males. This reflects a greater difficulty in changing the sexual practices of males than females, a finding that is consistent across the literature on behavior change.

Table 1. Peer-Led Interventions Using Randomized Controlled Trials, Quasi-Experimental Designs, or Pre- and Post-Intervention Surveys without Controls for Evaluation

Reference	Country	Knowledge			Abstinence			Recent Sex			Number of Partners			Condom Use			Condom Self-Efficacy			Contraceptive Use			STI Symptoms		
		+	ns	–	+	ns	–	+	ns	–	+	ns	–	+	ns	–	+	ns	–	+	ns	–	+	ns	–
RCT or Quasi-Experimental																									
Awasthi (2000)	India	x																							
Bhuiya (2003)	Bangladesh													x											
Brieger (2001)	Ghana, Nigeria	x	x							x							x			x					
De los Reyes (2002)	Philippines	x						x																	
Esu-Williams (2003)	Zambia	x			x				x					x											
FRONTIERS (2003)	Senegal	x						x			x				x										
IRESCO (2002)	Cameroon		x			x		x	x		x			x									x	x	
Mathur (2001)	Nepal	x	x		x		x													x			x		x
Muyinda (2001, 2003)	Uganda		x											x									x		
Speizer (2001)	Cameroon	x				x			x					x											
TOTAL (N=10)		**7**	**4**	**0**	**2**	**2**	**1**	**3**	**3**	**1**	**2**	**0**	**0**	**5**	**1**	**0**	**1**	**0**	**0**	**2**	**0**	**0**	**3**	**1**	**1**
Pre- and Post-Intervention Survey, No Control																									
CEDPA (2000)	Ghana	x																							
Diop (2001)	Senegal	x			x			x			x					x									
Elkins (1998)	Thailand	x															x								
Folsom (2003)	Kenya	x																							
Merati (1997)	Bali	x	x														x								
Minei (2003)	Kyrgyztan	x																							
Nastasi (1998)	Sri Lanka	x																							
SEATS (2000)	Zimbabwe	x																							
TOTAL (N=8)		**8**	**1**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
GRAND TOTAL (N=18)		**15**	**5**	**0**	**3**	**2**	**1**	**4**	**3**	**1**	**3**	**0**	**0**	**5**	**1**	**1**	**3**	**0**	**0**	**2**	**0**	**0**	**3**	**1**	**1**

+ At least 1 positive result; ns At least 1 nonsignificant result; - At least 1 negative result

Qualitative and process evaluation results. The interventions evaluated using qualitative and process methods (Table 2) consistently demonstrated an ability to reach a large population of youth through peer methods (often several thousand were reached). Three interventions also demonstrated the value of targeting a community through festivals, competitions, community theater, and other large-scale events. Interviews and community planning activities indicated a shift in community norms toward an increased recognition of local factors that make youth vulnerable to HIV infection and a stated willingness to work to change these. Where a focus of the intervention was on the distribution of resources, such as condoms or clean needles, process data documented that distribution was successful.

Table 2. Peer-Led Interventions Using Qualitative and/or Process Evaluation

Reference	Country	Change community norms/mobilize community	Distribute resources	Connect youth to services	Reach youth with program
Brady (2002)	Kenya	x			x
Caceres (1999)	Peru		x		x
Erulkar (2001)	S. Africa		x		x
FRONTIERS (2001)	Zambia		x		x
Hughes D'Aeth (2002)	Zambia				x
Khan (2002)	India				x
Mabala (2002)	Tanzania	x			x
Makinano (2004)	Philippines				x
Mitchell (2002)	Uganda				x
SEATS (2000)	Burkina Faso		x	x	x
Sergeyev (1999)	Russia		x	x	x
Sharma (2002)	Nepal				x
Shuguang (2003)	China		x		x
Thaker (2002)	India				x
UNICEF (2002)	Ghana				x
UNFPA (2004)	Burkina Faso	x	x		x
	TOTAL (N=16)	3	7	2	16

Summary. These results suggest that peer-led interventions are able to reach large numbers of youth when they are delivered at a scale designed for such reach. They are effective in connecting youth to services and distributing HIV prevention resources. Those that evaluated specific changes among individuals were successful at increasing knowledge. More importantly, several projects also resulted in behavior change to reduce the risk behaviors associated with sexual activity: decreasing the number of sexual partners that youth had, increasing condom self-efficacy, and the use of either condoms or contraceptives. Changes in other areas of sexual behavior were not as consistent. The ability of programs to support increased abstinence – either through delaying first intercourse or through having sexually experienced youth stop engaging in intercourse – was limited. Effects were more evident among young women than young men, but even among young women the results were not consistent across all interventions. The mixed results in self-reported STI symptoms support the conclusion that sexual activity is difficult to reduce. The results carry a bias of being from the published literature, where authors are more likely to report what works.

Advantages and Challenges

In her presentation on the evidence base for the impact of community-based HIV prevention programs targeting youth, Maticka-Tyndale cited several advantages of peer-focused programs, supported by the research discussed above.

Qualitative evidence supports the assumptions that peers:

- Are often trusted more than non-peer informants
- Are better able to address issues related to sexuality than are non-peers

Evidence from both qualitative data and randomized controlled trials documented that peers:

- Often have an effect on knowledge, attitudes, norms, motivation, and behavior

Project records also demonstrate that peers:

- Are able to access marginalized or vulnerable groups
- Can spur community mobilization

Despite these advantages, peer education programs also present challenges, as shown below.

- Maintenance inputs may be time, labor, or cost intensive.
- Recruitment of appropriate peers can be difficult.
- Motivation and individual capacity cannot be assumed.
- Youth require more training and supervision than adults.
- Youth may not be able to challenge peers to develop critical thinking or to change social or cultural norms.
- Youth may not have skills to avert stigma associated with speaking out on sensitive topics.
- Youth may lack the maturity, skills, and knowledge to respond to challenges from their peers or the community.
- The role of peer leader may create social distance, be perceived as being favored by teachers or program staff, or alter peer relationships.
- Retention is limited, and turnover occurs as youth age.
- Sustainability may be challenged by reliance on volunteer labor.

Peer educators at a training event in North Africa.

Chapter 3. Major Program Issues

The consultation presentations and discussions can be grouped into six major program issues:

- Standardized resources
- Training approaches and needs
- Retention
- Monitoring and evaluation
- Context and social norms
- Gender concerns and marginalized population

Standardized Resources

Questions related to ensuring and measuring the quality and effectiveness of youth peer education programs arose repeatedly throughout the consultation. Many participants lamented the lack of common, tested materials to support peer education training and activities. Participants also underscored the need for easy-to-use assessment tools, with a foundation of common indicators that can be used to measure the scope and intensity of peer education efforts.

Gary Svenson and Holly Burke of FHI/YouthNet addressed the need for common standards in a presentation on "The Core Components of Youth Peer Education." This session drew attention to critical challenges in planning, developing, and managing youth peer education (YPE) programs, and highlighted some important gaps, including:

- Lack of standards and clarity in operational frameworks
- Poor knowledge of costs or productivity of programs
- Limited understanding of effectiveness or cost-effectiveness
- Inadequate monitoring and evaluation instruments

Svenson described YouthNet research under way in Zambia and the Dominican Republic that was designed to identify the core components of YPE that contribute to productivity and sustainability and to use checklists of the core components as an assessment tool to measure how each component adds to program effectiveness. The research included an in-depth analysis at six community-based programs and measured inputs (costs) and outputs (activities) using records review, in-depth interviews with program staff and stakeholders, and focus groups with peer educators. The first phase of the research found that core components were similar across programs and countries, despite cultural differences. Peer educator retention, motivation, and productivity resulted from a synergistic interaction between youth dynamics, gatekeeper and community commitment, donor and policy-maker support, and the technical framework of the program.[6] The key conclusions of the formative phase of the research were:

- Youth involvement is critical for peer educator retention, motivation, and productivity.
- Community participation and support is critical to program sustainability and productivity.

- YPE programs need sound technical frameworks, especially in regard to adequate training and supervision that meet the special demands of youth and adolescent volunteers.
- Successful youth-adult partnerships are critical in developing positive youth dynamics.
- YPE programs can foster citizenship and long-term leadership, but this potential resource is often under-realized once peer educators age out of YPE programs.
- There are considerable variations among YPE programs in the number of activities, types of participants, nature of the contacts, locales, topics covered, and costs.

To meet the need for standard instruments, the United Nations Population Fund (UNFPA) and FHI/YouthNet have developed a five-part toolkit (see below). Initially produced for the Youth Peer Education Network (Y-PEER), a project coordinated by the UNFPA in Eastern Europe and Central Asia, the toolkit is now being distributed globally. Composed of five manuals that can be used individually or in combination to strengthen peer education programs, it is available at *http://www.fhi.org/en/Youth/YouthNet/Publications/peeredtoolkit/index.htm*.

Training Approaches and Needs

Several presentations and discussion topics at the consultation addressed the importance and challenges of training youth peer educators. Generally, participants underscored the need to look beyond the technical (subject) content of training to emphasize training methodologies, personal skills, and confidence building. Harriet Yowela of Students Partnership Worldwide (SPW) presented five specific training challenges and discussed how SPW has addressed them.

1. **Building skills and self-confidence.** Increasingly peer education programs recognize the limitation of training peer educators only in basic RH and HIV/AIDS information with the expectation that the educators will have the skills and confidence to convey this information to other youth. Training should also include life skills, such as planning ahead, organization, and strategic planning, as well as ways to nurture such skills in others. In many cases, using experienced former peer educators as trainers – rather than relying on outside (or older) experts – enhances learning. Training should model and replicate the instructional methods to be used in communities, using interactive techniques based on nonformal education to improve communication skills. Training should also include time to practice using visual aids and other props.
2. **Creating peers as role models**. SPW stresses the importance of value-based training to blend the personal beliefs and values of peer educators. They use long training periods (up to two months, similar to the U.S. Peace Corps approach) to ensure that issues are fully personalized by the peer educators, and they conduct training in small groups to facilitate bonding among the peer educators. Training sessions should be of an adequate duration to thoroughly cover the content, and regular refresher training is useful to ensure that themes are relevant and community-specific.
3. **Keeping peer educators focused and motivated.** The initial step is to recruit committed individuals and to instill a clear sense of program objectives. Targets and goals are set for the peer educators as they undergo training. They are taught to focus on specific program activities.

The Youth Peer Education Toolkit

Training of Trainers Manual contains a six-day training program with advanced sessions on topics such as recruitment, incentives, gender, monitoring and evaluation, and building youth-adult partnerships.

Standards for Peer Education Programmes includes a description of 52 recommended standards grouped into five categories: planning; recruitment and retention; training and supervision; management and oversight; and monitoring and evaluation. There are tips and examples from around the world.

Theatre-Based Training Techniques includes four workshops designed to help peer educators integrate theater techniques into traditional peer education programs.

Performance Improvement is adapted from a tool used to measure quality of care by RH providers. No such tool previously existed for youth peer education. It provides information on basic project management.

Assessing the Quality of Youth Peer Education Programmes is a guide to using eight checklists developed from YouthNet research in Zambia and the Dominican Republic[7] to gather data needed to measure program effectiveness.

4. **Ensuring peer educators achieve program goals.** Peers are included in developing objectives. An appropriate balance of supervision is needed to keep peer educators on track. SPW emphasizes participant ownership of the project monitoring and evaluation system to underscore performance of the program as a whole. SPW also works to build community support and involvement throughout the life of the program.
5. **Developing infrastructure support.** Peer educators are trained and encouraged to identify existing individuals or structures in the community that they can draw upon for support if needed. This may be a challenge for young people in many social contexts, although youth may bring fresh opinions and see new opportunities that an adult may not. Institutional support (SPW in this case) is needed to facilitate that work with local resources. Peer educators are also trained to develop their listening skills and other life skills so they can be a resource when there are few alternatives available to youth in the community.

Program implementers need to consider the length of training and opportunities for follow-up training. Quarterly or semiannual meetings can help, as can written materials and other resources, all of which may also be an incentive for retention. The size of training cohorts is also important, as well as consideration about whether trainees should be divided by age or sex.

Core elements of peer education training include:

- Relevant technical content, including gender and sexuality topics
- Legal and ethical concerns
- Interpersonal and group communication skills
- Group leadership
- Activity planning and organization
- Counseling skills
- Skills on responding to peer pressure
- Recordkeeping
- Self-assessment and evaluation
- Interactive practice and skill modeling

Retention

There is an inherent turnover in youth peer education programs as young people age, end schooling, change their interests, adjust their priorities, migrate to larger towns for education or employment opportunities, or marry. While unable to halt the aging process, programs may be able to reduce attrition due to other causes. Burnout, boredom, and stress are real issues for many programs, but peer educators can cope with these if they are provided adequate structures and support. Consultation participants identified several strategies that can improve retention rates. Grounded in program experience, these echo recommendations included in other peer education handbooks.

- Emphasize close supervision.
- Harmonize personal and organizational values and beliefs.
- Develop creative compensation approaches.
- Promote full participation of peer educators in program implementation.
- Foster career development opportunities.

Emphasize close supervision. As with any program, peer education efforts require regular supervision to ensure adherence to program goals and objectives and to maintain a high quality of activities. All too often peer educators are trained once and then deployed to schools or communities with only limited support from program staff or mentors. However, we know that peer educators learn mostly on the job, by being active and applying their new skills. They need supervision to ensure that they perform according to program goals.

SPW uses several approaches to ensure that supervisors support its peer educators. For example, pre-determined schedules of staff visits are used so that peer educators can anticipate and plan for them. School headmasters are trained to provide guidance and support to the educators, and local clinic staff members are also briefed about the program. Also, peer educators are organized in clusters, enabling support among themselves.

The American Red Cross emphasizes supervision as a quality control issue. The approach

views peer educators as actors in the supervision process, not subjects, and supervision functions as an incentive to improve performance. The educators must understand the evaluation criteria and process.

The American Red Cross seeks to document that deliverables are achieved, knowledge is increased, and attitudes and skills are improved. Its programs measure quality peer education by assessing test scores during training, monitoring output (while acknowledging that this can distort estimates by emphasizing quantity over quality), and directly observing performance. Data are collected using pre- and post-exposure questionnaires, focus groups, and in-depth interviews with the target audience.

Performance evaluation scores are calculated monthly for peer educators based on their preparation and recordkeeping, accuracy, delivery, and facilitation and reinforcement skills. They provide verbal evaluations of their own performance and engage in a mentoring dialogue with the supervisor. A key element of the supervision process is providing on-the-spot, immediate feedback and "mini" trainings when needed. Supervision is done through both planned and surprise site visits. Surprise visits help to ensure accurate reporting but can cause the peer educator to feel a lack of trust. Supervision should be supportive and mentoring, not antagonistic.

Supervision can also function to provide information, updates, and technical support for new interventions. It can facilitate group brainstorming and opportunities to enhance group dynamics among peer educators, creating social cohesion. Supervisors can provide feedback and encouragement, assuring peer educators that their efforts are recognized and appreciated.

As with many programs, there are predictable constraints to supervision. These include time, logistics, funding, ratio of field managers to peer educators, and the supervision and monitoring of supervisors themselves. Given such challenges, programs can also support peer educators by nurturing a friendly team environment, provide materials such as handbooks, assist in challenging negotiations with adults, and provide sufficient funds for supplies and presentations.

Harmonize personal and organizational values and beliefs. As peer educators learn more about the topics they are meant to convey to their target audience, they may experience confusion and challenges to their personal values and beliefs. Exposure to sensitive issues such as condom use, gender norms, and interaction with people living with HIV/AIDS may cause youth to reexamine beliefs and values that they had previously accepted. Additionally, the sponsoring organization may hold certain standards of behavior and values to which all members are expected to conform. Resolution of conflicting values and beliefs can be addressed by thorough and objective training on sexual and reproduction health issues and HIV/AIDS prevention and transmission. Training sessions should include time for open discussion of values, beliefs, and stereotypes. Peer educators can also be asked to sign an organizational code of conduct.

Develop creative compensation approaches. The issue of compensation of peer educators is controversial, and the topic generated lively discussion among participants. Given the large scale of many peer education programs, paying recurrent costs for a large cadre of educators can greatly add to program costs. There are concerns that youth may seek to become peer educators solely for the opportunity to have earnings and not be motivated by a desire to support their community. Additionally, if peer educators are paid, they are further differentiated from their social group, possibly changing the dynamics of their relationship. Conversely, lack of compensation may lead to high turnover as disenchanted youth leave the program or are pressured by family members to seek paid employment.

Participants debated whether peer education is an information delivery system or a means to promote youth development. If the former, program managers need to be serious about job paths, accreditations, and other professional standards. Receiving pay allows peer educators to learn to plan and budget. If they come to the task considering it as a job, then they must know that they are responsible for deliverables in order to earn their compensation.

Several strategies were suggested to address this issue. Advertisements and recruitment statements should include clearly the level of compensation (or lack thereof). The commitment of peer educators can be negotiated and ensured through the use of personal contracts. Training should be thorough, with an emphasis on voluntarism, skill building, and career development. And, to the extent possible, programs should provide a basic allowance to cover eventualities in the field, particularly transportation and other activity expenses.

Promote full participation of peer educators in program implementation. Youth involvement and investment in the development and expansion of program activities contribute to a feeling of connectedness and responsibility, encouraging long-term commitment on the part of the peer educator. Adults associated with the program should respect the input and contributions of youth. Successful youth-adult partnerships must go beyond even successful youth involvement. Partnership implies transparency and trust as well as reciprocal obligations. Peer educators must have a clear understanding of how and why they conduct activities. Management's process of making decisions should be as transparent as possible, particularly if youth are not directly involved in all stages. Budgets should be transparent, and youth should be taught how to prioritize competing demands for resources.

Foster career development opportunities. Many young people join peer education programs with the hope of gaining experience that will enhance future job opportunities. Youth often benefit from exposure to careers that they otherwise might not have known of or for which they did not realize they were suited. While peer educators take diverse paths once they leave their programs, many seek higher education and employment in fields such as education, social work, health care, or social development. Their work as peer educators may provide entrée into the nongovernmental sector and internships or employment with related organizations.

Peer education programs can foster career opportunities by empowering young people through training and program implementation, and in some cases through specific job responsibilities. Program staff can provide internal opportunities for on-the-job training and may cultivate external links through former volunteers or partner organizations. Some peer education programs provide ways for volunteers to become staff members as the program grows or becomes more sophisticated as an institution. For example, about one-third of 140 SPW staff worldwide are former volunteer peer educators.

Finally, sponsoring organizations can occasionally seek donor funding for staff development, educational opportunities, or study tours. They can also seek to integrate program activities with government ministries, allowing for employment transitions.

Monitoring and Evaluation

Peer education programs can be difficult to evaluate because they frequently are relatively unstructured and rely on informal communication among youth. Programs may also have the goal of promoting behavioral or normative changes, which are difficult to measure, particularly in the short term. Peer education projects may change, adapt, or cease to function long before the desired outcomes can be identified and measured. Nevertheless, as programs increasingly evolve to include more systematic and rigorous curricula, better selection and retention of peer educators, and more accountability about activities and interpersonal contacts, the role of monitoring and evaluation has become acknowledged, and there are more resources available to assist in the process (see page 17).

The International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) has identified four essential considerations in monitoring and evaluating peer education programs:[8]

- Ensure youth participation in all stages of evaluation, including review of data collection tools, data collection, analysis and interpretation of data, and development of action plans.
- Train program managers and peer educators in basic data analysis methods so they feel they are part of, and have a vested interest in, monitoring and evaluation.
- Compile, analyze, and disseminate data systematically.
- Make sure budget resources include monitoring and evaluation of the program.

Consultation participants agreed that evaluation planning should be included early in the program design process. Given the constraints that may challenge measurement of behavior change, it may be appropriate for programs to specify intermediate indicators that are known to be antecedents of behavior change. Appropriate tools and methodologies must be used, or adapted, to collect valid data.

Several participants cautioned against evaluating poorly conceived programs and argued that peer education approaches need to mature more fully in order to warrant study and evaluation. But, such study is needed to push the debate about what constitutes good programs. Three important considerations were raised. First, some participants questioned whether a peer education program could be evaluated if it is not based on a formal curriculum. Without a framework to organize content and activities, peer education becomes a "black box," making evaluation difficult.

Linked with the first question was the call for better documentation of implementation in delivering peer education: What is the duration of contact, how frequently are contacts repeated, are messages being delivered as planned, and is supervision contributing to improved performance?

Finally, participants called for more attention to the conceptualization of the program before moving into rigorous evaluation. This requires an understanding of which aspects of the program are essential to ensure longevity and effectiveness.

Resources on Monitoring and Evaluation

- ***A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs.***[9] This tool provides step-by-step instructions to planning a monitoring system or evaluation and includes illustrative indicators for peer education program design, systems development and function, implementation, and outcomes. The book also includes data collection instruments that can be modified and adapted for use in peer education programs.
- ***Learning to Live: Monitoring and Evaluating HIV/AIDS Programmes for Young People.***[10] This handbook demonstrates how underlying concepts apply to HIV/AIDS projects, provides an overview of existing good practice, gives examples of methods and procedures to use in monitoring HIV/AIDS projects, and encourages use of these methods to improve programming and adapt and expand effective programs by others. Key questions in evaluating peer education and typical indicators in peer and outreach programs are detailed.
- ***Peer to Peer: Creating Successful Peer Education Programs.***[11] Its four chapters focus on planning a peer education program, recruiting and training peer educators, implementing the program, and monitoring and evaluation. Each chapter includes resources and tools that can be adapted for individual program needs.
- **Other sources** acknowledge the importance of monitoring and evaluation, but their treatment is less comprehensive. These include *Effective Peer Education: Working with Children and Young People on Sexual and Reproductive Health and HIV/AIDS*[12] and *Peer Education Handbook on Sexual and Reproductive Health and Rights.*[13]

Context and Social Norms

The social environment in which young people learn influences their ability to act on new information. A peer education program may need to work in partnership with other interventions in order to change the root cause of risky behavior, such as limited education or economic opportunities, or community acceptance of stigma or exploitative sexual relationships. In the absence of a supportive environment, even a well-designed peer education program may not thrive.

To support youth peer education, community members have to change, including parents, teachers and educational leaders, community health workers and nurses, local employers, political structures, and community-based organizations. Health workers often must change their attitudes so that youth will feel more comfortable accessing health services in their community. Catherine Campbell and colleagues have identified six elements of an "AIDS-competent community" as a lens through which to view the importance of a supportive community.[14] These six elements are:

- Knowledge
- Critical thinking
- Identity and solidarity
- Empowerment, motivation, and confidence
- Supportive social networks
- Access to services and resources

Knowledge. Youth may be so inundated with information about HIV that they become unmoved by it. In social contexts characterized by fatalism and bravado, youth may challenge

the relevance of prevention messages to their own lives. Young people may also be trying to achieve different aims. While safer sex may reduce the likelihood of disease transmission, unprotected sex may have its own goals: motherhood, demonstration of virility, possible economic support, etc. Moreover, curiosity can compete with knowledge. Instead of telling youth that their curiosity and desires are wrong, programs should consider encouraging youth to weigh the consequences of their actions and question whether the risks are worth taking.

Critical thinking. Peer education should do more than transmit knowledge and strategies to avoid sex. It must help young people confront the inequities that lead many of them to engage in risky sexual behavior, including unequal gender norms. Awareness of social constraints does not mean that young people have the power to change social realities. Adults need to practice critical thinking as well and work alongside young people, and adult allies should be drawn into open and honest discussions about youth sexuality. Adults must accept that young people, both girls and boys, are curious about sex or may enjoy having sex. Supporting young people means being realistic about what youth are really doing, not what adults may wish them to do.

A peer educator shares information on the human body in an Ethiopian classroom.

Identity and solidarity. In adolescence and young adulthood, feelings of solidarity toward the peer group become very important to young people. Peer relationships and sexual behavior norms greatly influence the behavior of individuals. To be effective, peer education programs must be led by young people with whom the target group feels a sense of solidarity. Ideally, peer educators should be well-known and trusted members of the local community.

Empowerment, motivation, and confidence. Young people will be more likely to take control of sexual health if they feel in control of other areas of their life and if they are given the respect and recognition they need to develop self-confidence and the power to act responsibly. To develop such confidence, youth need opportunities to develop experience and achieve success, identify with positive role models, and gain appropriate social support, both within the family and the community.

Supportive social networks. A well-designed and implemented peer education program needs supportive social networks to succeed. For example, in societies where gender discrimination and stigma about HIV underlie the reproductive and sexual choices of young people, organizations supporting the peer education program may need to focus on changes in social norms in order to change unhealthy behaviors among youth.

Access to services and resources. Effective partnerships between peer education programs and health and social welfare agencies can facilitate needed access to services for youth. Staff of other programs need to welcome and accept youth, particularly those who may be sexually active or infected with HIV.

Gender Concerns and Marginalized Populations

Discussion of gender and gender equity emerged at several points during the consultation, in terms of program reach, curriculum content, and social context. Participants agreed that there is a need to acknowledge the different development and social situations of males and females, and the fact that some program activities may need to be tailored to better meet such needs. Social context shapes the lives of youth, both psychologically

and geographically. Sexual exploitation and abuse, harassment, and limited life choices for girls may be tacitly accepted by a community, and efforts to change local norms to be more egalitarian may elicit defensiveness, denial, and hostility.

Evidence presented by John Townsend on behalf of Annabel Erulkar of the Population Council highlighted a distinct gender gap in access to peer education in Ethiopia, a situation not unusual in many countries. The population-based study involved a slum in Addis Ababa and a rural area and interviews with about 1,100 youth ages 10 to 19. The interviews asked if they had had contact with a peer educator and other related questions. There were eight peer educator programs in the study area, with more than 550 peer educators. About one of four boys said they had been exposed to peer education, compared to about one of seven girls. The girls with a heavy workload (over 40 hours) were the least likely to have exposure. Among girls, those sexually active were more likely to have contact with the peer educators. The study concluded that girls in general and especially those most at risk, such as domestic workers, were the hardest to reach by peer educators but most in need.

A recent project in Mozambique in the Geração BIZ program (not presented in the consultation) focused on improving female recruitment, participation, and retention among youth peer educators. After a diagnostic analysis, the program administered a new protocol focusing on female needs, including more involvement of parents. The new protocol led to a five-fold increase in the retention of female peer educators in the program.[15]

The research by Svenson and Burke emphasized the importance of gender equity as a key component of successful peer education programs. They shared suggestions to improve gender equity based on program experience:

- Routinely include discussion of gender equity and equality in training and supervision.
- Include causes and prevention of gender abuse and violence in training and supervision.
- Promote equity and equality within the program.
- Teach gender sensitivity in the context of field settings.
- Facilitate open discussion among peer educators about gender and gender roles to clarify association with sexual and reproductive health.

Ehab el-Kharrat of Egypt discussed at the consultation the challenges of reaching injecting drug users and the need to recruit peer educators from the same community as the target group in order to gain access and trust. He emphasized that messages and approaches need to be tailored by age, sex, school enrollment, place of residence, marital status, and legal status to best meet the needs of young people.

Membership in distinct populations requires special outreach and flexible approaches. Such groups include gangs, the military, factory workers, domestic workers, street children and runaways, refugees, disabled and institutionalized youth, gay or lesbian youth, drug users, and other marginalized communities. Unfortunately, members of these communities are often excluded from baseline research and data collection efforts, so in many cases little is known about the size, characteristics, and needs of these groups.

Peer education can be successful with special populations, particularly if it is not limited to information dissemination. Programs must include elements of life skills building, ongoing instruction, team building, and multiple contacts to build trust and foster commitment. More information is needed about those who do not participate in peer education efforts. What is known about those without access? How can peer education methods and tools intended for mainstream populations be adapted for and applied to vulnerable groups?

Chapter 4. Scaling Up Programs

Consultation participants discussed scaling up peer education programs in the context of three models. Maryanne Pribila of FHI/YouthNet presented the Y-PEER experience. Jerry Aurah discussed the scaling up of peer education from the perspective of the National Organization of Peer Educators, a nongovernmental organization (NGO) in Kenya. And, Charles Deutsch of Harvard University School of Public Health spoke on developing a national peer education system in South Africa, where the program essentially is being introduced at scale.

NGO Capacity Building through Networks: Y-PEER Going Global

Y-PEER emerged in 2001 as a response to recommendations from an assessment of peer education efforts in Eastern Europe and Central Asia, commissioned by the United Nations Population Fund (UNFPA). The findings included:

- Many groups were working in peer education with no coordination.
- Programs focused on awareness raising rather than behavior change.
- Capacity varied widely among NGOs.
- Materials were duplicative.
- Programs lacked standards.
- Authorities provided little support.
- Activities focused on general populations of youth rather than those most at risk.

Y-PEER was formed to strengthen the institutional capacity of NGOs to improve the quality of youth peer education programs, using four key strategies. These included creating networks to link stakeholders, making tools and resources available for translation and adaptation, sponsoring international meetings and trainings to facilitate the sharing of experiences and lessons learned, and fostering youth participation and partnerships with adults. Y-PEER grew rapidly. Between 2002 and 2005, more than 300 NGOs joined the network, and 27 countries adopted and adapted Y-PEER tools. More than 7,000 peer educators were trained, reaching some four million young people.

The networks vary by country and are established to meet the local needs of NGOs and participating stakeholders. Groups are linked through meetings, training events, and online resources. Networks are linked by a Web site, *www.youthpeer.org*, and will soon be able to access CyberPeer, a computer-based learning tool for peer educators. The Youth Peer Education Toolkit developed by UNFPA and FHI/YouthNet (see page 13) built upon existing Y-PEER tools and responded to gaps and needs identified by NGOs.

With support from UNFPA and FHI/YouthNet, Y-PEER has recently expanded its coordination role to include a dozen countries in the Middle East, North Africa, and East Africa. Expansion brings with it challenges, such as addressing the tension between a focus on developing networks rather than nurturing individual NGOs or individuals. The Y-PEER model can sometimes develop professional youth rather than build individual leaders locally, and addressing perceived competition among NGOs is important. Traditionally tied closely to networking through the Internet in Eastern Europe, Y-PEER must adjust to work with NGOs with limited Internet access.

NGO Capacity Building through Entrepreneurship

The National Organization of Peer Educators (NOPE) is an NGO headquartered in Nairobi, Kenya. Aware of the demand for peer education in the field coupled with a corresponding lack of capacity, NOPE decided to focus on helping to build the capacity of organizations and communities to manage and sustain peer programs. With nearly 20 staff members, NOPE provides training and technical assistance to local NGOs. They offer 10 training courses, using a roster of 75 volunteer trainers. In addition to training and materials development, NOPE contracts to implement both youth and workplace-based peer education programs.

As of early 2006, NOPE was working in seven of eight Kenyan provinces and had expanded operations to four nearby countries. It provides support to 25 contracting youth organizations, with services tailored to meet the specific needs of each organization. It has directly trained 2,500 youth peer educators since 2000. NOPE organizes a biennial conference on peer education on HIV and AIDS, attracting some 600 delegates in 2004 and more than 800 in 2006.

As with any young and growing organization, NOPE faces challenges. Most important is the mandate to maintain the quality of its services and products while continuing to grow. Given the reliance on a volunteer training staff, efforts are required to ensure quality and motivation, as well as the integrity of the training team. NOPE also must promote itself and persuade clients to invest in follow-up support, such as monitoring and evaluation after training takes place.

Further expansion will depend on staff development and program capacity building. NOPE has initiated an inclusive Y-PEER network within Kenya that is linked with global activities. Finally, the organization plans to continue to expand corporate membership and private-sector links, while simultaneously strengthening partnerships with government agencies and development partners.

Starting at Scale: Developing a National Peer Education System

In contrast to the two previous examples, in which peer education programs grew to scale through networking and capacity building, the case of South Africa is an example of a program launching at national scale. This represents an ambitious experiment to coordinate inter-sectoral interests at national and provincial levels in a comprehensive, standardized peer education program with common goals, objectives, and standards. The peer education program described below is targeted to HIV prevention and addresses all ages, not just youth.

South Africa began by conducting a four-year consensus process involving more than 400 people in all nine provinces. Participants represented the national departments of health and education, the higher education sector, provincial governments, and NGOs, with technical support from the U.S. Centers for Disease Control and Prevention and the Harvard University School of Public Health. An advantage of an inter-sectoral program is the mutually reinforcing messages and support that can be offered through schools, health providers, churches, and sports groups. Together, the participants reached consensus on the following elements of a peer education system:

- Goals, standards of practice, and measurable objectives
- Common indicators and a unified management information system
- Cross-sector collaboration
- Mechanisms for sharing and mutual support
- Accreditation for performance quality and sustainability
- Stable capacity for tailored training and technical assistance
- Ongoing evaluation for improvement

The consultative process also resulted in a common understanding of what peer education should include ideally. Perhaps the most fundamental is that peer education needs to be more than simply conveying awareness, slogans, and messages. In Deutsch's words, "language matters." "Targeted message" is a marketing rather than an educational term. Education is unsettling, getting people to think and stretch in new directions. While there is a place for catchy messages, messages should not be confused with education. This notion is particularly difficult to

A Students Partnership Worldwide peer educator works in a Zambian classroom.

convey in places where the education system does not promote critical thinking.

Among the other desirable features of a good peer education program in the South African context is that it:

- Focuses on attitudes, feelings, and skills, not just facts
- Uses active social learning that is respectful of, and fun for, learners
- Builds trust using interaction that is proactive, structured, and measurable with repeated exposures
- Includes content on gender norms and other health fundamentals (to avoid having people tune out repetitive messages only about HIV/AIDS)
- Reduces stigma, shame, isolation, and silence
- Promotes voluntary counseling and testing and STI/HIV treatment
- Helps with bereavement

How does such a diffused program function and maintain its coordination? Plans call for the establishment of a South Africa Peer Education Support Institute, likely at a national university. Housing the institute in a university setting will underscore the rigor of the program, foster multidisciplinary connections, and build upon South Africa's long-established history of distance learning. Goals of the institute include:

- Provide tailored training and ongoing technical assistance
- Maintain a uniform management information system and database
- Conduct targeted evaluations
- Review, adapt, develop, and disseminate tools and materials
- Ensure a mechanism for mutual support

As part of the planning process, the project has developed a set of materials, referred to as the *Rutanang* series. *Rutanang* is both a set of documents and a sustainable process. These draft documents have been developed over a two-year period through provincial and sectoral workshops involving more than 300 people in all nine provinces of South Africa, as well as through three national consultative meetings. The resources include a standards of practice tool, three implementation guides (for NGOs, schools, and higher education), a training manual, and lesson plans. The comprehensive set of resources is available online at *http://www.hsph.harvard.edu/peereducation*.

Chapter 5. Future Directions

Peer education programs are popular in many countries around the world. Given this, peer education must be included in the discussion of the way forward in youth RH/HIV programming. Mahua Mandal, USAID technical advisor for the YouthNet project, provided comments at the conclusion of the consultation, reflecting on what the participants might take away. Those comments are adapted here, as they serve as a summary of the continuing issues in the field of peer education.

Operational definition of peer education. More clarity is needed on what the term "peer education programs" means. What is an operational definition that best fits this model? Such clarity is needed for researchers, for program models, and for other purposes. Does peer education refer to a structured curriculum that peer leaders conduct with their peers – with groups only or also in one-on-one meetings? Does it also include informal sessions about thoughts and feelings on pregnancy, HIV, and sex? Does peer education include interactive sessions that convey information and knowledge to young people, as well as initiate community discourse on attitudes and social norms, including complex topics such as gender relations and dynamics? Most likely, the term needs to include enough flexibility to cover some combination of all of these approaches. *Standards for Peer Education Programmes*, part of the Youth Peer Education Toolkit, is an important resource from which to develop common ground.

Quality. Recent research on the impact of curriculum-based sex and HIV education programs indicates that the quality of a program determines its effectiveness, and quality is typically a function of program design and implementation. Training and supervision of peer educators, managers, and trainers are critical to quality. Similar to interventions that utilize professional health staff in clinic and hospital settings, pharmacists in private settings, and adult community health workers in community settings, peer educators need sufficient and appropriate training and supervision to be most effective.

High quality in peer education programs also requires a focus on keeping peer educators motivated and working for as long as possible until they age out of their role. The examples from Students Partnership Worldwide and Y-PEER, in which peer educators have the potential to become managers and trainers, provide positive and promising models of motivation and retention. There continues to be a reluctance to compensate peer educators monetarily, on the grounds that this adds to program expense and imposes a difference between peer educators and their target audience. However, the compensation issue and others need study as part of a more rigorous analysis of the true cost of peer education programs. Costs of attrition, repeated training of new cohorts, and comparisons with other modes of reaching young people need to be considered.

Context. Issues surrounding the contextual environment and social norms in which peer education programs are implemented have to be considered, including the need for comprehensive youth RH/HIV programs. Peer education should be but one part of a larger program, including policy support – either formal or informal. Access to services needs to be increased, with more support for RH and HIV issues for youth by gatekeepers such as parents, teachers, health staff, and religious leaders. A comprehensive

Peer educators in the Dominican Republic.

program can address a larger number of factors that affect a young person's RH status.

Research and evaluation. In the current research on peer education programs, what is most clear is that peer educators are positively affected. The recent review of research by Maticka-Tyndale shows that peer education programs are generally effective in improving knowledge and to some extent attitudes. Promising evidence, though still limited, also indicates that some programs have positively affected aspects of sexual behavior. However, such findings may be biased because researchers typically present more positive results to scientific journals.

Consensus and Key Recommendations

Peer education programs must be taken seriously, and they must be planned and implemented with all the rigor expected of any health behavior change intervention. In addition to the factors mentioned above, one possible approach is to adapt and apply to peer education programs the characteristics known to contribute to effective curriculum-based sexuality and HIV education for youth.

The recent research by Doug Kirby and others at ETR Associates, through YouthNet, identified 17 characteristics of a good curriculum, divided into program development, content, and implementation.[16] A technical consultation examined these characteristics in terms of issues related to implementation in the field settings. From that meeting, a set of 24 standards for adapting and designing curricula were identified, also divided by program development, content, and implementation.[17]

Below is a possible approach to planning and implementing rigorous peer education programs, based on the research by Kirby and the technical consultation on incorporating field experiences.

Peer education program development

- Use a logic model to develop the program (i.e., base the activities on the types of behaviors that should be changed to reach specific health goals). Every public health program should use a logic model grounded in appropriate theory.
- Assess relevant needs and assets of the target population.
- Include young people in as many facets of the program as possible.
- Maintain realistic expectations. Peer education cannot meet all needs; it must be part of a larger, comprehensive effort.

Peer education program content

- Focus on clear and specific health goals. Be realistic and link activities to the antecedents of behavior change, if not to behavior change itself.
- Address multiple risk and protective factors that affect sexual behaviors.

Implementation of peer education programs

- Secure support from appropriate authorities and stakeholders, such as ministries of health or education, community leaders, parents, faith groups, and others.
- Develop activities to recruit youth and overcome barriers to their involvement, including barriers that younger youth and girls face. Such activities include working with parents to increase female involvement.

Applying these and other such rigorous characteristics to youth peer education programs is a first step. Monitoring the process of the intervention is important for intermediate results. In the long term, evaluating the effects and impacts of the program is critical. To improve monitoring and evaluation, data collection and evaluation methodologies for youth peer education programs need to be refined.

Appendix 1. Consultation Agenda

Taking Stock of Youth Reproductive Health and HIV Peer Education: Progress, Process, and Programming for the Future
January 11–12, 2006

Objectives

1. To provide an update of the literature on youth peer education
2. To better understand where and how youth peer education has been used
3. To examine its successes and failures objectively
4. To explore in depth specific issues related to successful peer education

Day 1

8:30–9:00	**Continental Breakfast**
9:00–9:15	**Welcome** Tonya Nyagiro, Director, YouthNet/FHI
9:15–11:30	**Setting the Stage: Youth Peer Education So Far** Overview of Youth Peer Leadership Eleanor Maticka-Tyndale, University of Windsor Supporting Youth Peer Education in South Africa Flora Cornish, Glasgow Caledonian University (Catherine Campbell, London School of Economics/HIVAN, University of Kwazulu-Natal, coauthor) Differential Exposure to Peer Education Programs among Adolescents in Addis Ababa John Townsend, Population Council (for Annabel Erulkar) The Research Tells Us What We Already Know and a Few Important Things We Didn't Gary Svenson, YouthNet/FHI
11:30–11:50	**Coffee Break**
11:50–12:40	**Peer Educators Tell the Truth about Program Successes and Failures** Youth Participation in Zambian Peer Education Programs Chris Lubasi, Contact Trust Youth Association Youth as Managers Jelena Curcic, Y-PEER Focal Point for Serbia and Montenegro
12:40–1:50	**Lunch**
1:50–3:20	**Programs Responding – Challenges and How We Meet Them in the Real World** Keeping Motivators Motivated: Training and Retaining Peer Educators for RH/HIV Programs and Beyond Harriet Yowela, Students Partnership Worldwide/Zambia

	Supervision as Quality Control Kendall RePass and Rachel Lucas, American Red Cross Working with Highly Marginalized Populations Ehab el-Kharrat, Freedom Project, Egypt
3:20–3:40	**Coffee Break**
3:40–4:30	**Tough Questions/Hard Answers – A Moderated Oprah-Style Moment** "Oprah" Moderator: Paul Nary, FHI Susan Newcomer, Center for Population Research, National Institutes of Health Gary Svenson, YouthNet/FHI Charles Deutsch, Harvard University School of Public Health Ehab el-Kharrat, Freedom Project, Egypt Jelena Curcic, Y-PEER
4:30–4:45	**Daily Wrap-up, Discussion of Tomorrow's Activities**
Day 2	
8:30–9:00	**Continental Breakfast**
9:00–9:15	**Welcome Back/Recap**
9:15–10:45	**Some Solutions Guiding the Way Forward – Scaling Up** Building Sustainable National Peer Education Systems Charles Deutsch, Harvard University School of Public Health Scaling Up Peer Education from an NGO Perspective Jerry Aurah, NOPE (National Organization of Peer Educators) Scaling Up via NGO Capacity Building – the Y-PEER Program Maryanne Pribila, YouthNet/FHI
10:45–11:00	**Coffee Break**
11:00–11:45	**Discussion on Scaling Up**
11:45–12:15	**What Should We Take Home From This Meeting? A Facilitated Discussion** Facilitator: Judy Senderowitz Reflections: Mahua Mandal, USAID **Closing and Thank You**

Appendix 2. Research Studies Discussed in Chapter 2

Awasthi S, Nichter M, Pande V. Developing an interactive STD-prevention programme for youth: lessons from a north Indian slum. *Stud Fam Plann* 2000;31:138–50.

Bagamoyo College of Arts. *Report on Participatory Action Research on HIV/AIDS through Popular Theatre Approach in Temeke District.* Dar Es Salaam: United Republic of Tanzania and UNICEF, 2001.

Bhuiya I, Rob U, Chowdhury AH, et al. Improving adolescent reproductive health in Bangladesh. In *FRONTIERS Final Report.* Washington, DC: Population Council, 2004.

Brady M, Bunu Khan A. *Letting Girls Play: The Mathare Youth Sports Association's Football Program for Girls.* New York: Population Council, 2002.

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