INTEGRATING PEER SUPPORT INTO SERVICE DELIVERY

A GOOD PRACTICE GUIDE

Paediatric-Adolescent Treatment Africa (PATA)

2020

READY
RESILIENT & EMPOWERED ADOLESCENTS & YOUNG PEOPLE

ViiV Healthcare

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MAC AIDS FUND

Table of Contents

Acronyms

ALHIV	adolescents living with HIV
ART	antiretroviral therapy
ASRH	adolescent sexual and reproductive health
AYPLHIV	adolescents and young people living with HIV
CAB	community advisory board
CALHIV	children and adolescents living with HIV
CATS	community adolescent treatment supporters
CAYPLHIV	children, adolescents and young people living with HIV
CBO	community-based organisation
CV	curriculum vitae
DSD	differentiated service delivery
FBO	faith-based organisation
FP	family planning
HP	health provider
LTFU	loss to follow-up
M&E	monitoring and evaluation
MOU	memorandum of understanding
MSM	men who have sex with men
NGO	non-governmental organisation
NVS	not virally suppressed
PMTCT	prevention of mother-to-child transmission
PS	peer support
PSM	peer support models
PSS	peer support supervisor
RCT	randomised controlled trial
SRH	sexual and reproductive health
SRHS	sexual and reproductive health services
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
VL	viral load
VS	virally suppressed
YFS	youth-friendly services
YPLHIV	young people living with HIV

Introducing the toolkit

About this toolkit

As a health provider in a busy facility you might ask what difference it would make to have peer supporters as part of the facility team and how you would plan and establish a peer support (PS) programme. You might be unsure about their role or you could be wondering how to go about recruiting, training, supporting them and making them feel a part of the team. This toolkit will help to answer these and other questions and will highlight the many benefits of PS.

The toolkit has been designed to complement an existing suite of tools developed by PATA. These include the PATA Peer Support Handbook and A Simple Toolkit for Community Health Workers and Peer Supporters (2nd Edition).

Who is this toolkit for?

This toolkit is aimed primarily at health providers, specifically health facility managers and organisations engaging PS programmes to strengthen healthcare. It has been designed as an informative resource for the integration of PS into HIV models of care for adolescents and young people.

How do I use this toolkit?

The toolkit provides practical guidance on how to create a successful facility or community-based PS programme. It does not matter if you have an established programme or if you are just starting out. You will find information to help with important decisions plus examples of many of the tools needed to ensure that your PS programme runs smoothly, is effective and achieves its goals.

The toolkit is made up of seven stand-alone modules, enabling you to identify particular areas where you need guidance and resources (eg. supervision of peer supporters). You can go through each section or dip into different sections and choose the bits of information that are likely to help you most at any given point.

What you will find in this toolkit

- **Everything you need to build an effective and successful peer support programme**
- **Stand alone modules, templates and checklists allow for quick and easy reference**
- **Module summary provides content overview**
- **User-friendly templates and checklists**
- **Icons to help you find the information you need**

Key Message

Learning Spot

Checklist

Templates

Hints and Tips

Objectives of this toolkit

- Provide an overview of PS
- Provide guidance in planning, developing, implementing, managing, sustaining and monitoring and evaluating a PS programme
- Provide checklists and templates to support the implementation of an effective PS programme or strengthen one that already exists
- Promote the integration and recognition of peer supporters as valued members of the existing facility team
- Provide an overview of what the meaningful engagement of adolescents and young people living with HIV (AYPLHIV) should look like in a health facility setting and how to achieve this

1

Understanding peer support

In this module you will be familiarised with the concept of PS. You will obtain an understanding of the work of the peer supporter and learn how PS can benefit your facility programme. The benefits of PS for health providers, clients and health outcomes are also discussed, as are some of the limitations and challenges of PS programmes.

1. What is peer support?
2. What is a peer supporter?
3. What makes peer support so effective?
4. Benefits of peer support for health providers
5. Benefits of peer support for peer supporters
6. Benefits for clients
7. Limitations of peer support

1. What is peer support?

"Peer support is the practical, social, and emotional support between people in a community of common interest. Peer support is unique, offering the kind of support and practical help that one can only get from others who share similar experiences."[1]

In a PS programme, shared experience forms the basis for building a relationship of trust within which peer supporters can attend to the psychosocial and health concerns of clients. This often results in better engagement with care.

PS programmes are an important strategy in HIV service delivery for AYPLHIV. In many health facilities PS has been integrated with HIV prevention and care initiatives such as sexual and reproductive health and rights (SRHR) education, adherence support and psychosocial support.

The work of a peer supporter can be carried out in different settings ranging from individuals to families, to the health facility and community as well as other locations such as schools. It can take many forms, for instance text messaging to remind clients about appointments, support group facilitation or undertaking home visits.

About peer support

- PS is based on the idea that when people share similar life experiences (for example being diagnosed HIV positive) they relate better to one another
- Shared personal experience allows a connection that helps build relationships and facilitates the provision of practical, emotional and social support
- PS can take place between individuals or in groups and is often carried out by peers of a similar, or of little age difference
- PS leads to better engagement with care and better health outcomes
- PS is relevant across a wide range of topics

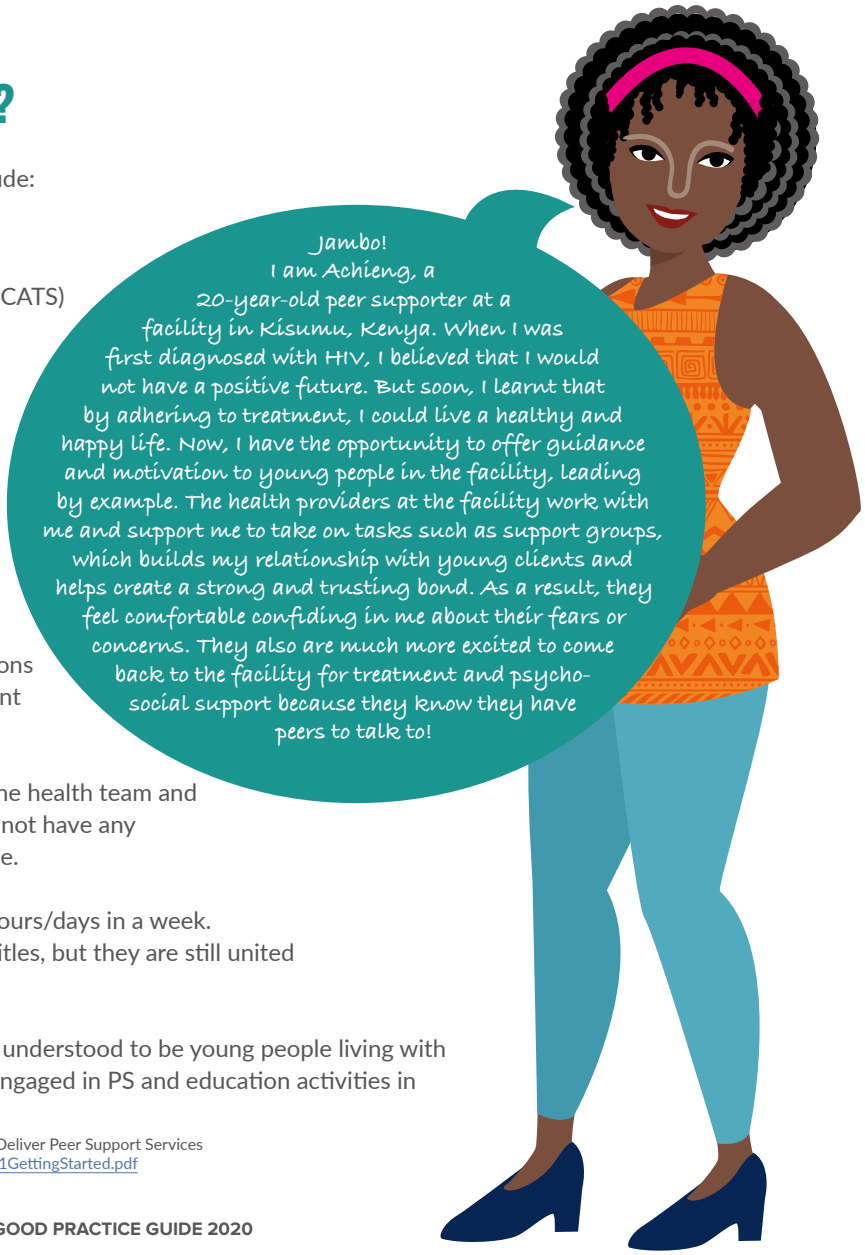
2. What is a peer supporter?

Other possible names for peer supporters may include:

- Peer navigator
- Youth connector
- Community Adolescent Treatment Supporters (CATS)
- Peer educator
- Peer mentor

The term "peer" refers to people who are equal in some or other way. This equality can be defined by age, gender, geographic location (people from the same village or area), background or health status.

Peer supporters are trained to provide peer-to-peer psychosocial support and usually have a range of skills that enable them to help in different situations and with health-related issues, for example treatment literacy and adherence.



Peer supporters are an important part of the frontline health team and work closely with other health providers. They may not have any professional or paraprofessional certificate or degree.

Most work on a voluntary basis and work specific hours/days in a week. Depending on the setting they may have different titles, but they are still united by some common elements.

For the purposes of this toolkit peer supporters are understood to be young people living with HIV (YPLHIV) who are 18-24 years of age and are engaged in PS and education activities in a health facility.

1. Interior Health Authority (2018). Getting Started: A Guide to Develop and Deliver Peer Support Services https://www.interiorhealth.ca/YourCare/HIVHealthOutreach/Documents/1GettingStarted.pdf

About the peer supporter

- Offers emotional support, shares knowledge, teaches skills, gives practical help, connects peers with resources and services
- Has a range of skills
- Provides a link between the community and health services
- Works in different settings
- Volunteers or receives a stipend
- Trained but may have no formal certificate or degree
- Works specific hours/days
- Is assigned to a peer supporter supervisor

3. What makes peer support so effective?

For adolescents and youth, their peer group exerts a strong influence on the way they behave. In no other period of life is peer influence as powerful as during this developmental period. Successful PS is built on the basis that peer supporters have credibility within the client group. Communication can be more effective between peer supporters and clients because of a shared background and interest in youth culture, use of language, having similar experiences at home and in the community and in some instances, familiarity in having a shared HIV-positive status. Youth peer supporters are less likely to be seen as authority figures lecturing from a judgemental position about how others should behave. Instead, the process of PS is perceived as getting advice from a well-informed friend who has similar concerns and an understanding of what it is like to be a young person.

In addition, people living with a disease can be a very powerful source of support to those in a similar situation who may feel alone in managing their own diagnosis. We can say that peer supporters have "been there, done that" and that they are uniquely positioned to help people with current and future health challenges given their own personal experience. They understand the problem as well as being sensitive to cultural factors that influence behaviour, decision-making and health outcomes.

A peer supporter who has coped successfully with a challenge, such as overcoming treatment adherence challenges, may serve as a role model for peer clients who are experiencing similar problems. Young people often see others who have coped with difficulties as a source of hope and inspiration. The relationship that can develop between a peer supporter and his or her client may help to keep a young person in care. Because they often feel safer and more comfortable with a person from a similar background, and age who knows what they are going through, they will be more open to support.

Role of the peer supporter

- **Creates a space for educating, sharing knowledge and experience for individuals and communities**
- **Provides psychosocial support and psychosocial wellbeing**
- **Helps young people cope with the stressors related to health and age-related concerns**
- **Helps young people to access and link to facilityal care as well as community-based resources and navigate the healthcare system**
- **Builds understanding of health problems at individual and community levels and promotes ways in which these can be addressed to meet the needs of young people**
- **Builds relationships that are based on trust rather than expertise**
- **Promotes testing and treatment initiation**
- **Encourages long-term treatment adherence, virologic suppression as well as retention in care**
- **Contributes to combating stigma and discrimination in the health facility or community**
- **Improves health and treatment literacy**
- **Increases levels of status disclosure**
- **Provides feedback on service barriers and challenges with the aim to improve these and make them friendlier and more accessible**

4. Benefits of peer support for health providers

Peer supporters play an important in the health facility and can be engaged at different points or across the treatment cascade.

Faced with severe staff shortages, overburdened health teams are often unable to offer the support and services that are needed to ensure the provision of holistic, integrated and comprehensive care to YPLHIV. Depending on your facility, specific roles and tasks that could be performed by people with less skill and training than health providers can be fulfilled by peer supporters, freeing up health providers to attend to other tasks that require their facilityal/technical expertise. A PS programme can complement existing services and fill a gap or unmet need in service provision that ultimately streamlines workflow and increases service efficiency. With more time, health providers may also be able to provide additional needed services or make improvements to their current service provision, improving quality.

Benefits to the health provider

Peer support:

- Complements and supports the work of health providers
- Lessens the burden by task-shifting to allow more time to focus on quality of care
- Reduces facility waiting times
- Strengthens age-appropriate service delivery for adolescent, young people and key populations
- Makes a difference where there are staff shortages
- Gives health providers feedback on service provision allowing them to make improvements
- Enables health providers to improve relationships and understanding of adolescent issues
- Provides an effective platform to engage with young people
- Offers a cost-effective way of providing support where funding is limited
- Opens a line of communication with, and insight into the local community and enables sharing of information about services with peer supporters' communities
- Provides an effective strategy to reach young people of similar age who may not feel confident in the health system or may be uncomfortable to talk about SRH and HIV to a health provider or elder

5. Benefits of peer support for peer supporters

The act of supporting and helping another as an equal has been found to boost the self-esteem and self-confidence of peer supporters. In addition, because peer supporters have a good understanding of a variety of health topics, they very often encourage others to adopt healthier lifestyles as well as changing their own healthcare practices.

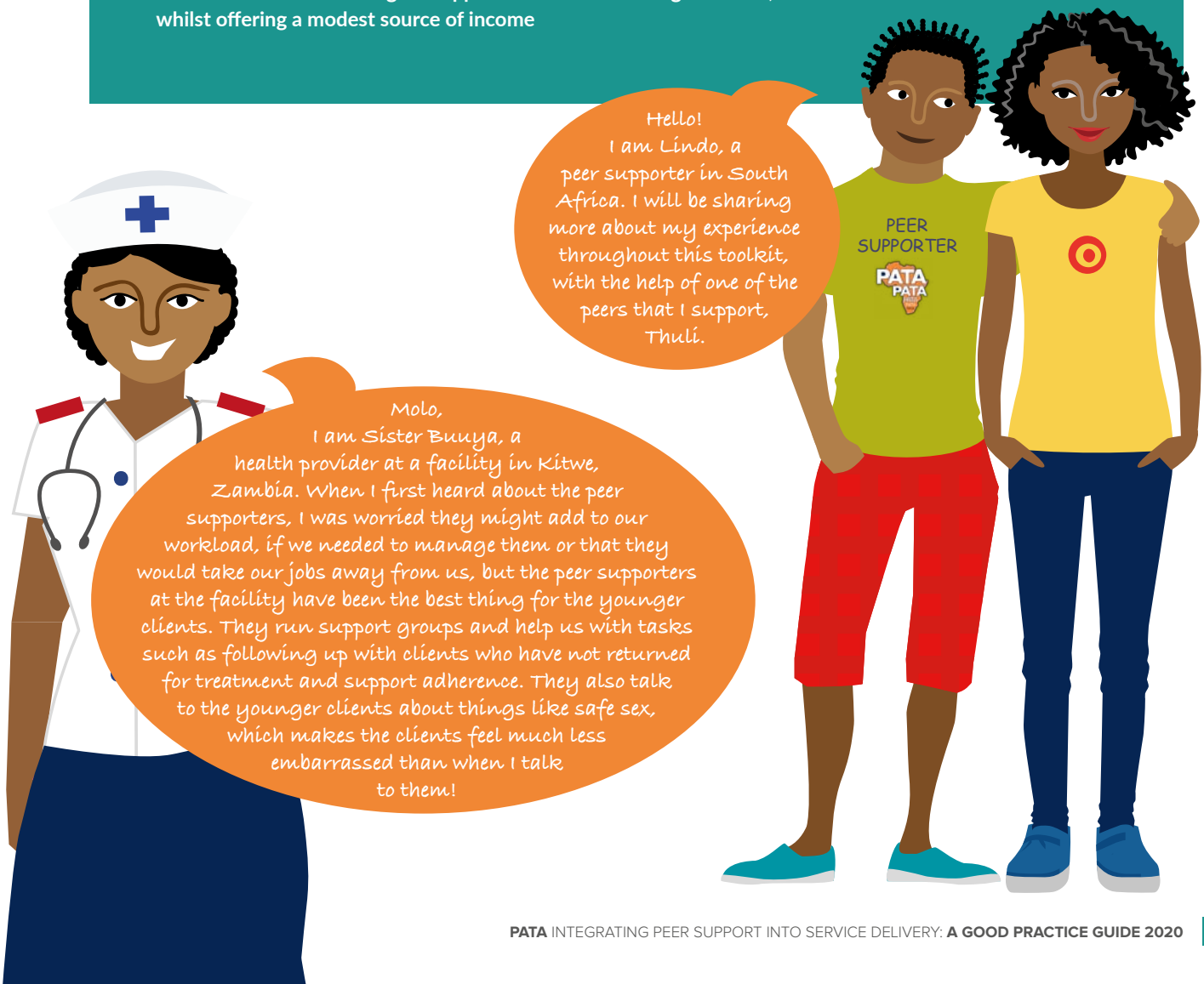
Because peer supporters are trained, mentored and supervised in their work, they may be able to train peer supporters who are new to the field. Career pathways may be created for them within the health facility or other career opportunities might become available given new skills and work experience.

Peer supporters are also well-placed to drive change in the youth HIV/AIDS response at every level. As advocates for programme change and policy improvement, they can play an important leadership role helping to change lives and change communities.

Benefits for peer supporter

Peer support:

- **Boosts self-esteem, resilience and self-confidence**
- **Increases knowledge and creates awareness of the benefits of a healthy lifestyle and can improve uptake of healthier behaviours through setting an example for others**
- **Increases skills, competencies and experience**
- **Provides work experience and creates job opportunities**
- **Develops important leadership, communication and advocacy skills for driving programme change and policy improvement for youth**
- **Provides access to training and opportunities for income generation, whilst offering a modest source of income**



6. Benefits for clients

Peer supporters can play a key role in helping their peers living with HIV along the care continuum. They may encourage young people to test, link them to care once they have tested, provide support on treatment adherence and improve retention and re-engagement if they are lost-to-follow-up.

They may also play an important role in helping to make services more accessible and friendlier for adolescents and young people, as they themselves are familiar with the healthcare system. They can assist in linking young people to services while also assisting the facility to provide greater flexibility and convenience. Since peer supporters live and work within the communities they serve, they have first-hand experience of environmental and socio-economic risk factors within the community. By sharing this knowledge, they can sensitise their peers to issues that might influence health outcomes.

Peer supporters can positively influence behaviour. Adolescents and young people may make changes in their behaviour not because they have been told to do so, but because they experience a connection with a close and trusted person who has adopted these changes themselves.

Health benefits

Evidence from peer supporter programme evaluations have found the following health-related benefits (see evaluation sections of models presented in Appendix 1)

- **Improve linkage of clients to testing, care and other important support services**
- **Improve health literacy and access to health promoting behaviour**
- **Increase knowledge of and more positive attitudes towards HIV and SRH**
- **Decrease risk behaviour including reduce number of sexual partners and increase condom use**
- **Improve treatment adherence**
- **Improve retention in care**
- **Increase uptake of services including HIV testing, ART and PMTCT**
- **Decreased number of AYPLHIV who are lost-to-follow-up**
- **Increase disclosure of HIV status**

Although a limited number of evaluations have looked at impact of peer support programmes on biomedical health outcomes, preliminary research has been able to demonstrate increased viral suppression in those exposed to peer support programmes.

Peer supporters can help young people who feel socially isolated to develop a sense of belonging, for example, by helping them to connect with their peers in support groups. The strong links that can develop between a peer supporter and his or her client can be very important in helping to create supportive and safe spaces that can lead to positive health outcomes and greater well-being. Because peer support happens in various contexts and in different ways, clients can benefit from initiatives that can include community or facility-based peer support groups, buddy programmes, one-on-one counselling and home visits.

Peer support is not a one-way street. When a young person talks to a peer supporter there is a sharing of experience. Young people can grow in confidence and esteem when the relationship with a respected peer supporter is not one of dependence but is mutually supportive and engaging.

Psycho social health benefits of peer support

- Decreases feelings of isolation
- Helps to combat stigma and discrimination
- Promotes self-confidence
- Improves self-esteem
- Improves quality of life
- Creates a safe adolescent friendly environment
- Builds motivation and demonstrates the potential of living positively with HIV
- Broadens access to a network of YPLHIV
- Supports clients with disclosure and helps them to live openly with HIV
- Improves community norms and decreases stigma around adolescent sexual behaviour and HIV

7. Limitations of peer support: a word of caution

While PS programmes can be enormously beneficial in numerous ways, it is important to remember that they are not a solution to all adolescent and youth service challenges. They form one piece of a complex puzzle required to improve adolescent and youth outcomes. PS programmes must be well co-ordinated and integrated within a comprehensive system including other health facility services, healthcare infrastructure and systems, interventions and the policy environment. Therefore, it is important to consider your own context and its challenges and to be realistic about what can be achieved with your PS programme.

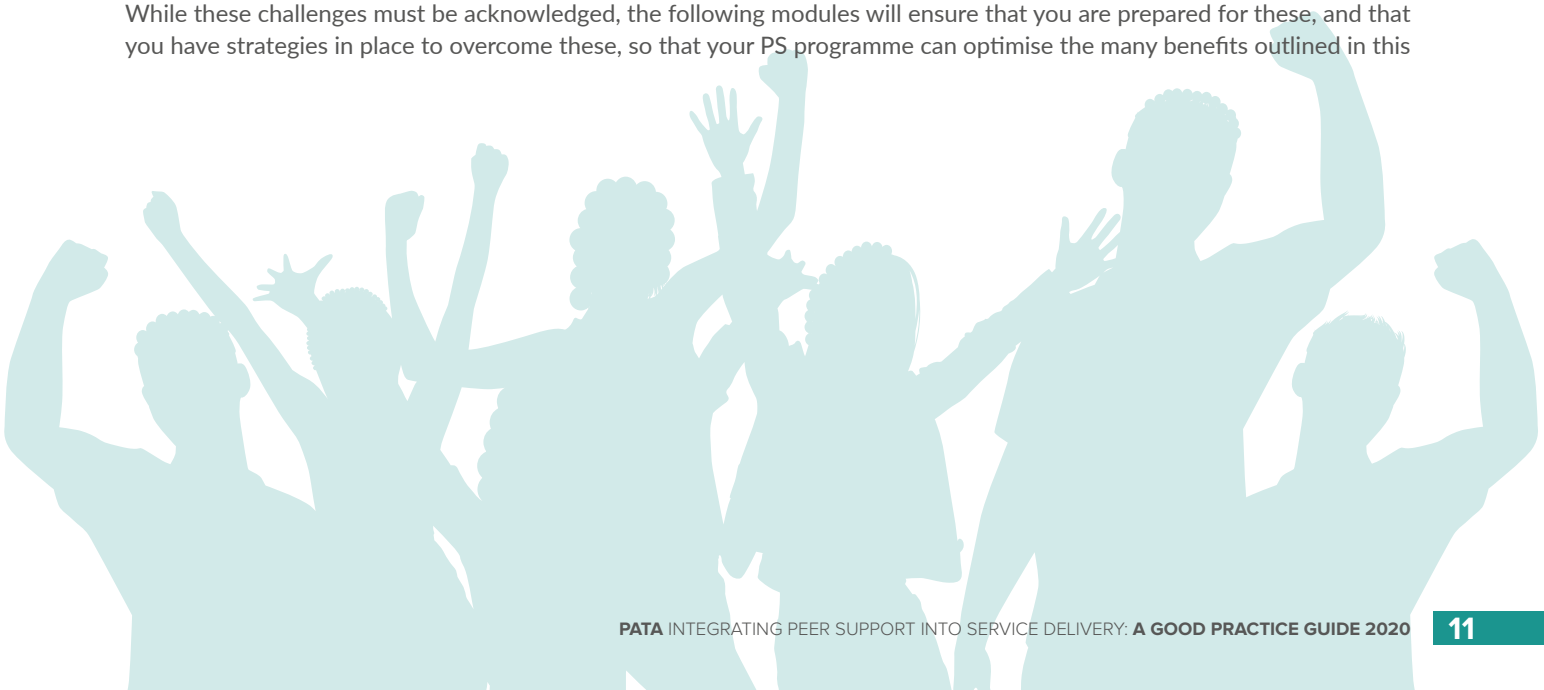
In addition, there are also some disadvantages or challenges in establishing and maintaining PS programmes.

1. Although in the long run, PS programmes can be very cost-effective, it can be **expensive and time-consuming** to train and supervise young people. Peer supporters may need considerable supervision in order to move beyond simply sharing information to helping build skills for behaviour change.

2. Staff must adjust to **sharing decision-making** and other responsibilities with young people, a situation that may be new or counterintuitive in many cultures and professions. Yet meaningful youth involvement is critical for motivating and retaining peer supporters, so managing staff-peer supporter relationships is essential but can be challenging.

3. **Turnover is relatively high** in PS programmes, both because young people are at a point where much is changing in their lives but also because they eventually age out of PS programmes. This means new peer supporters must be trained frequently.

While these challenges must be acknowledged, the following modules will ensure that you are prepared for these, and that you have strategies in place to overcome these, so that your PS programme can optimise the many benefits outlined in this



LEARNING SPOT

There are several successful peer support models implemented in the region. You can learn from these models - please see Appendix 1

KEY MESSAGES

1. PS is the practical, social and emotional support between people in a community where there is a common interest or experience
2. PS programmes are an important strategy in HIV service delivery for AYPLHIV
3. Peer supporters offer emotional support, share knowledge, teach skills, give practical help and connect peers with resources and services
4. PS programmes benefit health providers, peer supporters and clients
5. PS programmes work best as part of a comprehensive system of care and support

References

COC Netherlands Writing Group (2015). How to get the most out of your LGBTI Peer Education Programme: A Critical Reflection Manual for East and Southern Africa, van Dyk., et al. https://www.childrensradiofoundation.org/wp-content/uploads/2016/11/COC-Critical-Reflection-Manual-23-September.pdf

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UNAIDS (1999). Peer education and HIV/AIDS: Concepts, uses and challenges http://data.unaids.org/publications/irc-pub01/jc291-peereduc_en.pdf

Creating a conducive and friendly facility environment

In the first module we established the importance of the role played by peer supporters in strengthening the delivery of healthcare services to adolescents and young people. We also saw the many advantages for health providers, and of course the benefits of a PS programme for peer supporters themselves. In this module we will be focusing on the facility environment as one of the most important aspects of any PS programme. Creating a conducive client environment should ideally be addressed prior to implementation of a PS programme. The appropriate environment will contribute greatly to the success of the programme.

1. **Making peer supporters part of the healthcare team: Are we all on board?**
2. **Adolescent- and youth-friendly services provision**
3. **Integrating HIV and sexual and reproductive health and rights for adolescents and young people**
4. **Expanding adolescent- and youth-friendly service provision - What about community outreach?**

1. Making peer supporters part of the healthcare team: Are we all on board?

As important members of the healthcare team, peer supporters need to feel part of the day-to-day facility activities. Involving them in weekly staff meetings and other events provides an opportunity for the voices of YPLHIV to be heard in a facility context. Participation also helps peer supporters to feel that they are valued members of the team.

Before bringing peer supporters on board make sure that staff understand how a peer support programme can strengthen the delivery of adolescent services.

Checklist for preparing the existing health team

	Y	N
Staff have been given information about the value of PS support, for clients and the health facility as well as for themselves.		
Staff understand the roles and responsibilities of peer supporters in a PS programme.		
The team understands that peer supporters should be involved in relevant meetings and activities.		
The team believes that peer supporters will make an important contribution to programme efforts and values their input.		
The team is clear on the organogram, where peer supporters fit into facility activities, who they report to and who will have a role in supervising/mentoring them.		
Peer supporters have a clear job description which has been shared with staff who will be supporting the programme.		

You may find that some members of staff are unsure about peer supporters joining the team and may be resistant. This is understandable, particularly if they have not had any exposure to a PS programme previously. Some of the most common concerns are highlighted below:

Addressing common staff concerns

1. Will the addition of peer supporters to the team make my job harder?

- Peer supporters complement and support existing services. Task shifting means that the load on health providers is often lessened, freeing staff up to focus on other areas of expertise.

2. Will peer supporters cause harm if they break confidentiality?

- Just like any other staff, peer supporters are expected to conform to the policies and rules of the facility or organisation they assist. In addition, because of their own life experiences and having received healthcare services themselves, they are more likely to be sensitive to confidentiality and want to protect the privacy of their peers.

3. Will peer supporters be able to handle the administrative requirements of the job?

- Although some people may have little work experience and may not hold a qualification, on-the-job training is an important aspect of helping peer supporters staff to learn and meet reporting requirements.

4. Peer supporters are young people. How will they be able to handle the stress of the job?

- Self-care is important for everyone in the facility and peer supporters are no different. Remember that they have gained mastery over their health condition and often develop resilience as a result. In addition, they should be provided with regular support to ensure that the stress associated with the role does not become too overwhelming.

5. Peer supporters are not qualified to do my job.

- Peer supporters are not engaged to replace or undertake professional roles, but will rather complement these roles and provide additional non-professional support that staff are unable to get to amidst high patient loads in the facility.

Adapted from: Philadelphia Dept. of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Peer Support Toolkit

LEARNING SPOT

In considering uptake of a new or innovative approach to doing things, five factors have been found to play an important role. Therefore, when discussing a PS programme with staff be sure to address these points:

1. **Relative Advantage – i.e. the degree to which a PS programme is seen as better than the current programme that does not include peer support.**
2. **Compatibility – i.e. how consistent a PS programme is with the values, experiences and needs of the staff team.**
3. **Complexity – i.e. how difficult the concept of a PS programme is to understand or implement.**
4. **Triability – i.e. the extent to which a PS programme can be tested or experimented with before a commitment to adopt it is made.**
5. **Observability – i.e. the extent to which the PS programme provides tangible results.**

If there are still some staff members who are resistant to implementing a peer support programme you can try one or more of the following strategies:

- **Share information (this could be journal articles, reports etc) of success stories and evidence of the effectiveness of PS programmes.**
- **Share information on how other organisations have tried PS programmes and have adopted and implemented them successfully.**
- **Encourage other staff members to reassure or persuade staff who are reluctant to try this new approach.**
- **Ask them to talk about their specific concerns and address each of these.**

Rogers (1962): Diffusion of Innovation Theory

Welcoming peer supporters to the programme

Prior to peer supporters joining the programme you will have gone through a process of recruitment and selection. This will culminate in the appointment of your peer supporters. You may want to make a formal announcement in advance of their arrival or when they join, to ensure that all facility staff are aware of the new team members. Communicating their role is an important step towards buy-in and will ultimately help your peer supporters to ease into their new position. Write a memo, send an email or include the announcement in a newsletter if you have one. However, if this is not common practice in the facility, it may be advisable to leave introductions until orientation as putting out a staff notice may just cause resentment if this is not something that has happened previously for other staff.

Template for staff announcement

Date

Heading: (Name of Facility)

WELCOMES OUR NEW PEER SUPPORTER/S

I am pleased to advise that (name of peer supporter/s) is joining our team as (title). S/he/they will be working as part of the (name of programme eg. youth friendly services programme) and will be reporting to (name of supervisor or line manager).

Background: (for example, “having peer supporters as part of our programme is an important step for us because (he/she/they) will assist us in working towards (insert programme goal/s) and (insert benefits to the programme).”

Adapted from: CASRA (2014). Roles for peer providers in integrated health care: A Guide

Another way to make them feel welcome and to facilitate their work, is to set aside a space for use by the peer supporters. This may or may not be possible depending on the space constraints of your health facility. The space could be temporary (for ad hoc use, like the meeting room) or a more permanent arrangement, if a room is available. The space could be set up and decorated by the peer supporters in a way that allows them to feel comfortable and empowered. Whether the space is their own or shared, it will help to work with them to establish clear, respectful guidelines for use of the space that both staff and peer supporters can adhere to. In some facilities peer supporters are stationed at adolescent-friendly corners.

2. Adolescent- and youth-friendly service provision (AYFS)

Always remember that the success of a PS programme is heavily dependent on the importance that the health facility attaches to ensuring that its health services are adolescent- and youth-friendly. Peer supporters will struggle to engage with their peers if the environment is not conducive to making young people feel comfortable and if the services offered are not tailored to their needs. The World Health Organization (2015) has provided eight Global Standards as a guide to the provision of AYFS. All standards should be met in order to meet the needs of adolescents and young people.

In addition, the "Quality Care Framework", developed by the World Health Organization (2012) provides further useful guidance for quality assessment. There are five key characteristics you can check to make sure that adolescents and young people are getting quality health services:

LEARNING SPOT

Standards for quality adolescent health services

1. **Accessible: Adolescents are able to obtain the health services they need**
2. **Acceptable: Adolescents are willing to obtain the health services provided**
3. **Equitable: All adolescents can benefit from the services provided, not just selected groups**
4. **Appropriate: The services provided are those that adolescents need**
5. **Effective: The right health services are provided in the right way**

WORLD HEALTH ORGANIZATION GLOBAL STANDARDS[iv]

1. **Adolescent Health Literacy:** The health facility implements systems to ensure that adolescents are knowledgeable about their own health and know where to obtain health services
2. **Community Support:** Parents, Guardians and the Community support the provision and use of services by young people
3. **Appropriate Package of Services:** Provision of information, diagnosis, treatment and care provided in the facility or through referral or outreach
4. **Provider Competencies:** Healthcare providers are competent to provide services to adolescents. Staff protect and fulfil adolescent rights to privacy, confidentiality, non-discrimination, non-judgement and respect
5. **Facility Characteristics:** The facility has convenient operating hours and a welcome and clean environment; privacy and confidentiality are maintained. It has the equipment, medicine and technology needed to ensure that effective services are given to adolescents
6. **Non-Discrimination:** The facility provides quality services to all adolescents no matter what their age, sex, marital status, educational level, ethnic origin, sexual orientation and other characteristics or their ability to pay for the service
7. **Data and Quality Improvement:** The health facility collects, analyses and uses data on service utilisation and quality of care, disaggregated by age and sex to support quality improvement. The health facility staff are supported to participate in quality improvement
8. **Adolescent Participation:** Adolescents are involved in the planning, monitoring and evaluation of health services and in decisions about their own care, as well as in certain appropriate aspects of service delivery

WHO (2015). Global standards for quality health-care services for adolescents. Volume 1: Standards and criteria

Minimum service package

Amongst other things, the eight Global Standards outlined by the World Health Organization refer to the provision of an appropriate package of services for young people. The more health needs that can be met within the health facility the more likely it is that adolescents will get the services they need. Although referrals are an important part of service provision, there is always the chance that young people won't act on a referral that has been made, for example from the facility to a community-based organisation dealing with gender-based violence. Although it is not always possible, try to offer a comprehensive basket of services as a "one stop shop" for adolescent clients. The following checklist provides guidance:

Checklist for a comprehensive service one-stop-shop package

Counselling on sexual and reproductive health, growth, development, relationships and sexuality	Y	N
Information and education on sexual and reproductive health		
Pregnancy testing and abortion-related services		
Maternal health services and PMTCT		
Sexual and reproductive health services, eg. family planning, antenatal care, safe delivery, post-natal care, STI prevention, screening and treatment, post-abortion care		
Contraceptive counselling and full range of contraceptive methods offered		
HIV counselling, testing and linkage to care, support and initiation on antiretroviral treatment, treatment literacy with access to VL, CD4, Hepatitis screening		
Counselling and support for adherence to treatment and disclosure support		
Psychosocial support with access to safe spaces, youth clubs and peer support		
Support for transitioning to adult care		
Nutrition counselling		
Personal hygiene and general healthy living information and education		
Screening, referral linkage and follow-up		
Life skills education and recreation		
Social protection services and welfare support		
Screening and counselling on sexual abuse and gender-based violence		
Screening and counselling on mental health		
Screening and counselling on substance abuse		

Have we ticked all the boxes?

The first question to ask is whether the facility is meeting the criteria for an adolescent- and youth-friendly facility. As an initial step a facility assessment can be conducted to evaluate just how youth-friendly the facility services are.

Checklist to assess central characteristics of adolescent- and youth-friendly services

	Y	N
Staff preparedness • Are health providers trained and sensitised to work with adolescents? • Do health providers show respect and a non-judgemental attitude to adolescent clients? • Are staff respectful of confidentiality and privacy? • Are staff comfortable and able to support and provide stigma-free services to adolescents and young people from key populations?		
Efficiency and effectiveness of service delivery • Is there enough time allowed for provider-adolescent interaction? • Are there job aids available to assist health providers working with young people? • Are adolescents involved in decision-making about how programmes are delivered? • Are services friendly to both male and female patients as well as to partners? • Are appointment systems and tracking systems for clients who miss appointment in place?		
Access to services • Does the facility provide services at times that are convenient to adolescents eg. after school? • Does the facility have a separate space and separate hours for adolescents? • Is there a sign that gives information on services and facility hours? • Are services safe and affordable or no fees for services?		
Facility Environment • Is there adequate space and privacy? • Are the surroundings comfortable and not overcrowded? • Is the waiting time short? • Is there a safe space for adolescents?		
Choice of Services • Are there youth support groups in the facility? • Are there peer supporters available to assist in the facility? • Are youth-friendly educational materials available • Do clients have information that will allow them to access information off-site for example telephone hotlines • Are adolescents provided with referral to other services/organisations if there are services the facility is not able to provide, eg. specific support for substance abuse? • Safe, affordable or no fees for services • Mechanisms in place for young people to give feedback on the service they receive • Are there mechanisms in place for young people to give feedback on the service they receive?		

If your facility does not meet all the requirements for being adolescent- and youth-friendly or does not offer all services in the minimum package, think about how engaging peer supporters can help you better offer these services. Engaging peer supporters can play an important role in establishing a quality improvement plan.

3. Integrating sexual and reproductive health and rights (SRHR) and HIV

LEARNING SPOT

Adolescents and young people are sexual beings. Like any other AYPLHIV want to have relationships and be free to enjoy a healthy sex life. Together with HIV care, it is important that they are offered integrated and comprehensive health services. SRHR integration refers to joining SRHR and HIV interventions together to improve outcomes, ideally in the same consultation or during the same facility visit. This can be further complemented through information and education campaigns, health talks and psychoeducation to address SRHR and HIV during waiting room engagement and/or support groups.

Whilst the minimum package of youth-friendly services provides guidance on the SRHR services that should be available to young people, remember to focus on the quality of the services provided. A good way to assess this is to ask the adolescents themselves. Pay special attention to barriers, such as long queues and staff attitudes. For example, refusal to provide sexual and reproductive healthcare to unmarried women, insistence on parental consent or judgemental attitudes that can compromise the success of your SRHR programme. Use the checklist below to assist you with the assessment. Offering such assessments and/or scorecards can also be done anonymously by those attending the facility and can be left in a box or handed in.

Survey checklist for assessing quality of SRHR Services

Demographic Information:

Gender:

Age:

Are you: single ☐ married ☐ in a relationship ☐ (tick one)

	Y	N
Is this your first visit to the facility		
Right to Information: Did you receive information or counselling on any of the following during this or other visits:		
• Safer sex options		
• Prevention (HIV, STIs, unwanted pregnancy)		
• Contraception (how it works) and options to consider		
• Emergency contraception		
• Post-exposure prophylaxis		
• Relationship and sexual enjoyment		
• Developmental issues, eg. menstruation, masturbation		
• Where to go for services not available at this facility		
• HIV treatment literacy, adherence and disclosure support		
Right to Access Were you helped with any concerns you might have had? If not, please explain:		
Are the facility opening hours convenient for you? If not, what would suit you best:		
Right of Choice Did you get the service you came for today? If not, please explain:		
If you were unhappy or uncomfortable did you know who to speak to about this?		
Were you offered an opportunity to join a support group?		
Privacy Did you feel that your right to privacy was respected?		
Were you reassured that any information you gave would remain confidential?		

Waiting Time Did you feel your time at the health facility was:		
• Too long	Y	N
• Too short		
• About the right length of time		
General Satisfaction Did the facility staff treat you in a friendly and respectful way? If not, please explain:		
Have you ever been asked your opinion about the services provided at this facility?		
Continuity of Care Have you been told:		
• When you should return for a follow-up visit		
• That you can come back anytime if you have a question or problem		
Was there anything you liked about the facility: (please explain)		
Was there anything you disliked about the facility (please explain)		
Was there anything you would have liked to tell the health provider that you felt uncomfortable to talk about? (please explain)		

Adapted from: International Planned Parenthood Federation (2008).

Scorecard to survey friendly health service provision

Statement	Frequency of occurrence			
	Always	Mostly	Sometimes	Never
1. Health providers greet me with a SMILE				
2. Health providers show me that they believe I can live a full and happy life, have healthy relationships and have a family of my own				
3. Health providers listen to my questions without judgement				
4. Health providers provide me with answers that are positive and give me hope				
5. Even when health providers are busy, they give me time to talk				
6. Health providers explain things clearly and make sure I understand everything and can make my own choices				
7. Health providers treat me with respect and don't talk about me with others				
8. Health providers respect my privacy and will speak to me in a confidential space				
9. Health providers make appointments quick and smooth, so I am not waiting around				
10. Health providers are fair to me and do not allow older clients to jump the queue ahead of me unnecessarily				
11. Health providers find ways to make sure that I do not have to visit the facility too often and that I get the full range of services that I need				
12. Health providers do not behave inappropriately - they don't flirt with me, gossip about me or insult me				
13. Health providers make sure that the medication they give me is correct, not expired and they explain to me what I need to know to be able to take it				
14. Health providers do not burden me with any stress that they may be feeling				
15. Health providers care about me and make me feel cared for, understood and protected				

Adapted from READY+ programme leaflet that provides guidance on working with young people (2018).

Remember, there is no better way to assess the quality of the services offered than by talking to the adolescent clients themselves. Engage them as far as possible in the process of developing or strengthening youth friendly services. Apart from questionnaires, focus groups are a useful way to assess the programme. Peer supporters can play an important role by helping to facilitating discussions.

What are the next steps?

To get a clear idea of what might be missing from the programme, and what could be needed to move closer to the ideal of an adolescent and youth-friendly facility, all the information needs to be put together. This will make it easier to know where to focus attention. You can use a template such as the one below to capture information and drive the process forward. Think about creating a task team for this purpose and allocating responsibilities to motivated and interested individuals. Remember to always include young people or peer supporters in your task team as they know best what is needed to make the service you offer friendlier, more accessible, flexible and convenient.

Template for action plan on improving adolescent and youth friendly services

Improvement needed	Action	Person responsible	Date for completion

Adapted from: Senderowitz, J., Solter, C., Hainsworth, G (2002). Clinic assessment of youth friendly services. Pathfinder International.

4. Expanding adolescent- and youth-friendly service provision – what about community outreach?

LEARNING SPOT

Just as in the health facility, the delivery of a comprehensive package of quality health services is important at community level. An effective PS programme can successfully build health-seeking behaviours amongst adolescents in the community and can be strengthened in various ways. Linkage between the facility and community is critical to ensure access to services, and, support in either sphere and requires a clearly defined referral pathway and administrative tools to ensure the referral is complete.

Start by asking a few simple questions

- Is the programme suited to the needs of our community?
- What is the programme really achieving?
- Is the programme reaching those most in need?

You can also use the checklist below to provide some guidance on levels of engagement, for example formation of a Community Advisory Board (CAB) to assist in the flow of information:

Checklist for assessing community involvement

• Community-based organisations (CBOs) are adequately informed about the goals and activities of the programme	Y	N
• CBOs support the programme either directly or indirectly		
• The programme works with CBOs in planning and implementing community activities		
• CBOs experience benefits from supporting the programme		
• Community stakeholders know the goals and activities of the programme		
• The programme collaborates with stakeholders to plan and implement activities		
• Faith-based organisations support the programme either directly or indirectly		
• Faith-based organisations are well informed about the goals and activities of the programme		
• The programme works with faith-based organisation to plan and implement activities		
• There is a referral directory of services in the community we can refer to		
• There is a referral system in place between the clinic and selected community-based partners		

Community based activities

Template of service package at community level – mapping services

It is useful to have an overview of community-based services that can assist the peer supporters with his or her activities.

Areas of activity	Person responsible
HIV prevention	For example: health promotion campaigns
HIV counselling, testing & linkage to treatment Initiation	For example: mobile testing and or self-testing
HIV care	For example: home visits, appointment reminders and phone messaging
HIV treatment	For example: referrals for adherence support and for tracking someone that may have missed an appointment
HIV support	For example: psychosocial support

Adapted from: USAID (2011). Community Health Worker Assessment and Improvement Matrix (CHW: AIM)

What is out there?

Every community has resources. These can take different forms, for example support groups, youth drop-in centres, psychosocial support and counselling services, community-based testing centres and organisations that support orphans and vulnerable children. To ensure that adolescents are referred to the appropriate community-based services health providers need to know what is available. This can be achieved by undertaking a simple mapping exercise. Please also see **module 3** on programme planning for more information on community mapping and a list of resources to assist with this if needed.

Is there a referral system in place?

Strengthening linkages between the facility and the community as well as those between the community and the facility (bi-directional linkages), also relies on a formalised referral system. Start by asking yourself a few questions:

Referral systems checklist

Are there bi-directional referral systems in place?	Y	N
Are there guidelines for determining when a referral is needed?		
Have logistics been considered: eg. meeting patient transport costs when a facility visit is required?		
Is there a system for tracking and documenting referrals?		

Template for bi-directional referrals

CLIENT REFERRAL FORM

Details of Referring Organisation (eg. facility or CBO name)

Referring to

Address

Contact details

Date of referral (insert date)

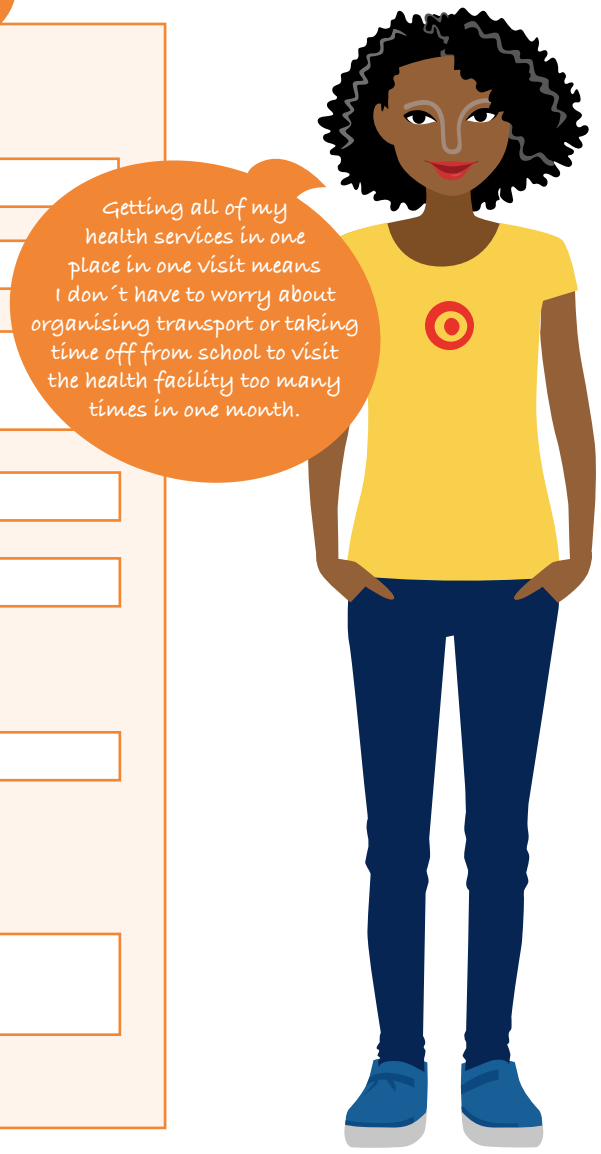
Client details

Client identity document number or UI

Age Sex

Address

Service Referred for:
(insert service/s: see tick box example below)



SRH & HIV Prevention Services	HIV Services	Care & Support
☐ HIV testing & counselling	☐ Antiretroviral therapy (ART) initiation	☐ Psychosocial support
☐ Condoms & negotiation skills	☐ Viral load and CD4 monitoring	☐ Mental health screening & management
☐ Family planning & pre-conception advice (a full range of contraceptives, including long-acting methods & emergency contraception	☐ Adherence support	☐ Disclosure support
☐ STI screening, diagnosis & treatment	☐ Understanding & managing side effects	☐ Support groups
☐ Voluntary medical male circumcision	☐ ANC and PMTCT services	☐ Comprehensive post-rape care & counselling
☐ Antenatal care, safe delivery services & postnatal care	☐ Opportunistic infection screening & treatment	☐ Nutritional support
☐ Human papilloma virus (HPV) vaccination	☐ Hepatitis C screening & treatment	☐ Linkage to access social protection services & other support services
☐ Cervical & breast cancer screening	☐ Hepatitis B screening and vaccination	☐ Violence prevention & support, including sexual & gender-based violence
☐ Post-exposure prophylaxis		
☐ pre-exposure prophylaxis (PrEP)		
☐ Abortion services		☐ Education and support for caregivers to be able to provide information & support on SRHR
☐ Post-abortion care, including treatment of incomplete & unsafe abortion		
☐ Comprehensive post gender-based violence/rape care		
Any other services provided not listed above (please specify):		

KEY MESSAGES

1. Adolescent and youth PS programmes work best in an environment that includes staff support for the programme and an adolescent- and youth-friendly facility
2. Facilities should adhere to or be working towards recognised standards of providing adolescent- and youth-friendly
3. A comprehensive package of services including integration of SRHR should be available
4. Staff should be sensitised and trained to provide a confidential, non-judgemental service to adolescents
5. Linkages to community and community-based activities and services are a key aspect of an adolescent programme

Resources to utilize in conjunction with this toolkit:

- GNP+ 2020.Measure it, act on it, do it: Using the PLHIV stigma index to achieve change. http://teampata.org/portfolio/gnp-measure-it-act-on-it-do-it-using-the-plhiv-stigma-index-to-achieve-change/
- WHO and UNICEF 2019. Adolescent-friendly health services for adolescent living with HIV: From theory to practice. http://teampata.org/portfolio/adolescent-friendly-health-services-for-adolescents-living-with-hiv-from-theory-to-practice/
- UNICEF 2019. Paediatric Service Delivery Framework. http://www.childrenandaids.org/Paediatric-Service-Delivery-Framework

References

CASRA (2014). Roles for peer providers in integrated health care: A Guide: http://www.casra.org/docs/peer_provider_toolkit.pdf

International Planned Parenthood Federation (2008). Provide: Strengthening youth friendly services https://www.ippf.org/sites/default/files/inspire_provide.pdf

PATA (2017). Peer Support Programme Handbook: http://teampata.org/wp-content/uploads/2017/10/PATA-Peer-Supporter-Handbook-review-2017_Final.pdf

PATA READY+ programme leaflet that provides guidance on working with young people (2018): http://teampata.org/wp-content/uploads/2018/06/Y-facility-leaflet-ENG-17.6.18-V3.pdf

Philadelphia Dept. of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Peer Support Toolkit. Philadelphia, PA: DBHIDS. http://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf

Rogers, E.M. (1962). Diffusion of Innovations. The Free Press: New York. https://teddykw2.files.wordpress.com/2012/07/everett-m-rogers-diffusion-of-innovations.pdf

Senderowitz, J., Solter, C., Hainsworth, G (2002). Clinic assessment of youth friendly services. Pathfinder International: http://www2.pathfinder.org/site/DocServer/mergedYFStool.pdf?docID=521

USAID (2011) Community Health Worker Assessment and Improvement Matrix (CHW:AIM): https://www.who.int/workforcealliance/knowledge/toolkit/50.pdf

World Health Organization (2015) Global Standards for Quality Health Care Services for Adolescents: Standards and Criteria. https://www.hst.org.za/publications/NonHST%20Publications/Volume%201%20Standards%20and%20criteria.pdf

World Health Organization (2012). Making health services adolescent friendly: Developing national quality standards for adolescent-friendly health services: https://apps.who.int/iris/bitstream/handle/10665/75217/9789241503594_eng.pdf;jsessionid=1F1F83EFD3CD60D8636D67BF25301488?sequence=1

Additional Resources for health provider sensitisation training for working with adolescents and key populations

1. *PATA (2017). Promising practices in health provider sensitisation for adolescents and young people living with HIV: http://teampata.org/wp-content/uploads/2017/09/170913_PP8_HCW-Sensitization_WEB.pdf*

2. *CSWG (2018). Sensitizing health provider to provide response care to adolescents and young people. https://www.who.int/hiv/pub/paediatric/sensitizing-heal-worker-care-hiv.pdf?ua=1*

3. *International HIV/AIDS Alliance (2017). Good practice guide: Adolescent HIV programming https://www.aidsalliance.org/wp-content/uploads/old_site/alliance_gpg-hiv_and_adolescents_final_original.pdf?1519234078*

4. *Frontline AIDS (2017). Working with young key populations. https://frontlineaids.org/resources/working-with-young-key-populations/*

5. *GNP+ (2015). Key population guidelines. https://www.gnpplus.net/resources/community-guide-i-hiv-and-key-populations/*

6. *Province of the Eastern Cape Health / Health Focus (2017). Youth and adolescent sensitization training facilitation guide: http://aviwe.wrhi.ac.za/youth-adolescent-sensitisation-training-facilitation-guide/*

7. *UNAIDS (2017). Agenda for zero discrimination in health-care settings. https://www.unaids.org/sites/default/files/media_asset/2017ZeroDiscriminationHealthCare.pdf*

8. *UNAIDS (2017). Background note: Zero discrimination in health care settings. https://www.unaids.org/sites/default/files/media_asset/20171129_UNAIDS_PCB41_Zero_discrimination-health-care-settings_17.27_EN.pdf*

9. *Anova Health Institute (2016). From Top to Bottom: A sex-positive approach for men who have sex with men: Guidelines for healthcare providers: https://www.anovahealth.co.za/wp-content/uploads/2016/12/Top2Bottom.pdf*

10. *MARPS Africa (2011). MSM sensitivity training for health workers in Africa: http://marps-africa.org/sites/default/files/MSM-full-web-course-2nd-ed_July2011.pdf*

11. *Desmond Tutu HIV Foundation (2012). Sex Workers: An introductory manual for health care workers in South Africa http://www.desmondtutuhivfoundation.org.za/documents/2012-Sex-workers-manual.pdf*

Resources

Download the templates and checklists from this module.

3

Planning your peer support programme

In this module you will look at how to go about planning a PS programme. You will develop understanding on how to conduct a needs assessment regarding your target population; how to engage with the community and gain their support for your PS programme; how to go about developing a goal and objectives for your programme as well as a workplan, including logical framework, budget and timelines. This will lay a firm foundation for your ability to monitor and evaluate your programme, which will be covered later in module 7. Important to note is that at all stages, adolescents and youth should be involved in the process and can provide valuable input.

1. **Conducting a needs assessment**
2. **Engaging with the community**
3. **Setting the goals and objectives of your programme**
4. **Developing a logic model**
5. **Developing a workplan**

Opening thoughts

Before you begin with project planning, it may be useful to start with some key questions that need to be considered in order to focus the direction of the project and conduct a needs assessment.

The following are examples of some questions you may wish to consider as you begin the planning phase of your programme.

Checklist: questions to be answered in the planning phase

- Is a PS programme an appropriate mechanism to meet the needs of the target population?
- How and when will the needs assessment be conducted?
- What are the objectives of the programme?
- Who is the target population?
- How large is the population?
- What is the ideal profile of the peer supporters, given the target population?
- Are there people within the target population who have the time, interest and ability to work as peer supporters?
- How many peer supporters will be necessary to reach the population?
- Can the project train this number of peer supporters?
- What will the peer supporters need to do? (provide information, make referrals, etc.)
- What do the peer supporters need in order to reach these objectives? (training, materials, commodities, etc.)
- Can the project provide these things?
- Does the budget include supervision expenses?
- How can we make sure youth can participate and express their opinions?
- For this project, will it be possible to attract and maintain the interest and support of opinion-makers and influential people in the project community?
- Would this project and its interventions result in the peer network expanding?

Adapted from: COC Netherlands Writing Group (2015). How to get the most out of your LGBTI Peer Education Programme

1. Conducting a needs assessment

LEARNING SPOT

This is defined as an exercise to identify if and what needs exist and inform how best to address such needs.

There may be several situations where you will not be planning to conduct such as an exercise and will not want to delve into too much detail in this section.

- It is possible that a needs assessment exercise has already been completed and it is the results of this that has prompted your decision to implement a PS programme.
- It is possible that you perceive that you have a good sense of the needs of your adolescent population and are aware of the key issues, and do not need to conduct such an assessment to ascertain this information.
- It is possible that you do not have the resources to conduct a needs assessment.

However, important to note is that consultation with a wide group of stakeholders is likely to give you a more comprehensive sense of the issues facing your target population, allowing you to more clearly define your goal, objectives, workplan and to be more impactful; and costs can be kept to a minimum. In making your decision, it is worth weighing the cost, benefit and scope of a prospective needs assessment against the time and resources it will require and the other activities that will be postponed, decreased or excluded as a result.

LEARNING SPOT

This can be conducted making use of quantitative or qualitative data collection approaches.

Quantitative data refers to numerical data and provides a quantifiable answer to a question. Examples of methods to collect this data include surveys and questionnaires.

Qualitative data is more exploratory and formative, where opinions, perceptions and experiences are sought. Questions asked are more open-ended. Examples of methods to collect this data include interviews and focus groups.

A rigorous quantitative assessment (which would involve a large number of participants) will likely not be affordable, can be logistically challenging and requires specific expertise.

A qualitative needs assessment (making use of focus groups) may be more achievable. Select an approach that is affordable and feasible but still provides useful information and guidance for programme planning. One approach may be to explore the possibility of students from a local tertiary learning facility conducting the assessment as part of their dissertation/course requirements.

A broad range of stakeholders should be consulted:

- **the target population (adolescents and young people)**
- **parents or caregivers**
- **health providers**
- **community and youth-related organisations.**

It is important to ensure that you reach the more vulnerable adolescent groups, likely to be most in need of the programme. Generally, these groups will be harder to reach and particular strategies will need to be employed to do so. If your health facility is already working with such populations, you may already have experience with this. Adolescents and youth may be able to provide useful insights and suggestions on this too. Community partnerships may also facilitate this. You may wish to involve adolescents in the collection of data to highlight the key issues facing adolescents in their community. Some innovative methods exist for engaging adolescents and collecting such data. Please see list of resources at the end of this section to provide guidance on this.

In addition (or instead of conducting your own needs assessment), make use of any available data on the target population where possible (eg., census data; Ministry of Health statistics; published research; reports).

2. Engaging with the community

LEARNING SPOT

Good community engagement will help you to meet the goals and objectives of your programme. It facilitates bi-directional communication, linkage and interaction, leads to better understanding of health issues and priorities and ultimately results in the development of quality services and facilitates achievement of programme objectives.

If you conduct a needs assessment that includes consultation with community stakeholders, you will have taken the first steps towards forging these connections and lines of communication. It is important to maintain these connections and keep community stakeholder groups informed as you plan, develop and implement your programme. Indeed stakeholders (including adolescents) can make a positive contribution to the design of your programme.

Peer supporters can play a key role in activities such as community mapping, forging connections with local and national networks and by creating opportunities for the exchange of ideas and information. This can form part of their role once the PS programme is implemented, however it is mentioned here as some initial engagement will likely be required before this programme is in place. Further information on community engagement can be found in **module 7** on monitoring and evaluation.

Community Mapping

LEARNING SPOT

Providing a service that addresses HIV care and SRHR for adolescents is complex and requires comprehensive interventions involving many sectors and stakeholders. In addition, there will be numerous issues that arise that require more specialised intervention that your service may not be equipped to provide eg. assistance with addressing substance abuse, specialised support for sexual assault, educational or learning issues, microfinancing, employment and legal services etc.

Community mapping involves reaching out to different sectors of the community (identified through a mapping exercise) to forge partnerships that will help address priority issues and assist in project planning.

The first step towards facility-community collaboration is to map the community to identify community-based services. This process will help to define the needs of the PS programme based on some of the gaps identified; limit duplication of service offerings; and identify opportunities for collaboration in delivering services. Mapping starts by drawing a "map" of the service providers in a given community.

It is important to visit potential referral organisations, talk to providers there, see the facilities, and ensure that they are safe and accredited, in order that you can feel confident in making referrals to these services.

The sample template below provides an example of what information you may wish to gather on each organisation.

Community mapping template

Name	Service	Address	Person	Website	Email	Tel
Well of Youth	Life skills development	12 Skip Street Soweto	Patience Mahasha	www.wellness.org	patience@wellness.org	065 345 8976
Hands Youth Ministry	GBV Counselling	11 Kotso Street Alexandra	James Mashaba	www.hym.org	pastorj@hym.org	015 632 4112
Senzani	HIV counselling and testing	23 Bird Street Soshanguve	Lilly Khosa	www.senz.org	KhosaL@senzani.org	331 278 9861

Adapted from: PATA (2017). Clinic-Community Collaboration Tookit: Working together: working together to improve PMTCT and paediatric HIV treatment, care and support.

Please see the end of this module for a list of resources related to community mapping if needed.

3. Setting the goals and objectives of your programme

This is the starting point from which all project activities and implementation plans will flow. It is useful to start by talking about the difference between goals and objectives:

- A **goal** is a general statement about the purpose of a programme, for instance to "create an adolescent- and youth-friendly facility environment that is conducive to the delivery of health services." This is the long-term change or 'bigger picture' goal you are aiming for.
- An **objective** is more concrete and specific in terms of how the goals will be achieved. It can be thought of as a measurable description of a particular outcome, for example "to build the capacity of health providers to deliver adolescent- and youth-friendly services". The objectives clarify the direction of the programme and describe in detail what the programme hopes to achieve.

LEARNING SPOT

It can be challenging to develop programme objectives. As with most things there are different approaches. The S.M.A.R.T. approach is one that is widely used and can be a useful departure point. S.M.A.R.T. stands for the following:

1. **Specific: Define your objectives clearly and precisely. Bear in mind the five W's: who, what, when, where and why.**
2. **Measurable: Think about how you will determine whether your objectives have been met – quantify these in some way.**
3. **Achievable: Only choose objectives that you believe can be successfully addressed.**
4. **Realistic: Set objectives that can be achieved in the context of your programme and within the bounds of your available resources.**
5. **Time-bound: Always include a date and the specific period within which you will achieve your objective.**

Adapted from: PATA (2017). Clinic-Community Collaboration Tookit: Working together: working together to improve PMTCT and paediatric HIV treatment, care and support.

The sample template below provides guidance on the development of programme goals and objectives:

Project goals and objectives template

Programme Name Provision of adolescent and youth friendly services **Facility Name:** South Main Facility	**Developed By:** Dora Majozi **Designation:** Facility Manager
Date Created:	August 22 2019
Goal Statement	Create an adolescent- and youth-friendly facility environment that is conducive to the delivery of health services
Objectives 1. Build the capacity of health providers to deliver adolescent and youth friendly services 2. Involve young people in programme design and feedback 3. Provide information, education and communication (IEC) consistent with the minimum AYFS service package 4. Ensure availability and accessibility of services that cater for the sexual and reproductive health needs of adolescents 5. Recruit, train and integrate AYPLHIV as peer supporters 6. Provide necessary referral linkage to ensure continuity of care for young people	

Adapted from: How to write a S.M.A.R.T. project objectives. Retrieved 23 August 2019: https://www.smartsheet.com/how-write-smart-project-objective

4. Developing a logic model

LEARNING SPOT

A logic model illustrates the human and financial resources your programme requires, the activities to be conducted, the outputs and the short- and long-term outcomes that will result.

There are a variety of formats used for logic models, and it is important to have a clear and common understanding of the different terms used. Funders and programme evaluators often request logic models to understand a programme's design and organisational capacity and to see how funding money will be spent. In addition, logic models can be very helpful for monitoring your programme as it progresses.

The table below may be helpful for seeing how the different components of the logic model follow on from each other and link together.

Template showing the logic model is a series of "if-then" statements

Certain conditions create need for programme services Programme operations require certain resources	**IF** conditions and resources exist **THEN** you can accomplish planned activities	**IF** you accomplish activities, **THEN** you will deliver products and services as planned	**IF** you deliver products and services as planned, **THEN** target population will benefit in certain ways	**IF** target population benefits from program, **THEN** community- or organisational- level changes may occur
Resources (inputs)	Activities	Outputs	Outcomes	Impact
Planned work		Intended results		

Below is an example of a completed logic model template example for you to see what it should include.

Template showing completed logic model example

Resources (inputs)	Activities	Outputs	Outcomes	Long-term changes or impact
Staff Peer supporters Stakeholders Funding Supplies Workplan (includes training strategy) M&E plan	Recruit peer supporters Adapt a training curriculum to use when training peer supporters Develop or adapt the educational curriculum and tools for peer supporters to use in their sessions Create linkages and referral systems with local youth-friendly service providers Train peer supporters Supervise peer supporters Develop a programme of rewards and incentives for peer supporters	At least 100 female youth (between 14 and 18 years of age) completed six consecutive educational sessions conducted by peer supporters Peer supporters referred and escorted 2,500 young women to facilitys for contraception and HIV testing when appropriate 30 Community plays and skits performed by peer supporters and youth demonstrated risks related to multiple and concurrent partnerships	Increased ability of young women to negotiate condom use with older partners Increased uptake of oral contraception, condoms, and HIV counseling and testing services Changed community norms regarding acceptability of multiple and concurrent partnerships	15% decrease in number of young people reporting STIs at local facility after two years 15% decrease in number of teenage pregnancies after two years Increased community participation in the promotion of safe, healthy relationships
Planned work		Intended results		

Adapted from FHI 360 (2010). Evidence-based guidelines for youth peer education

In the checklists and templates section for this module (module 3) you can find a template that you can use to design the logic model for your own programme

Note that for each activity, there should be an output/s and an outcome/s.

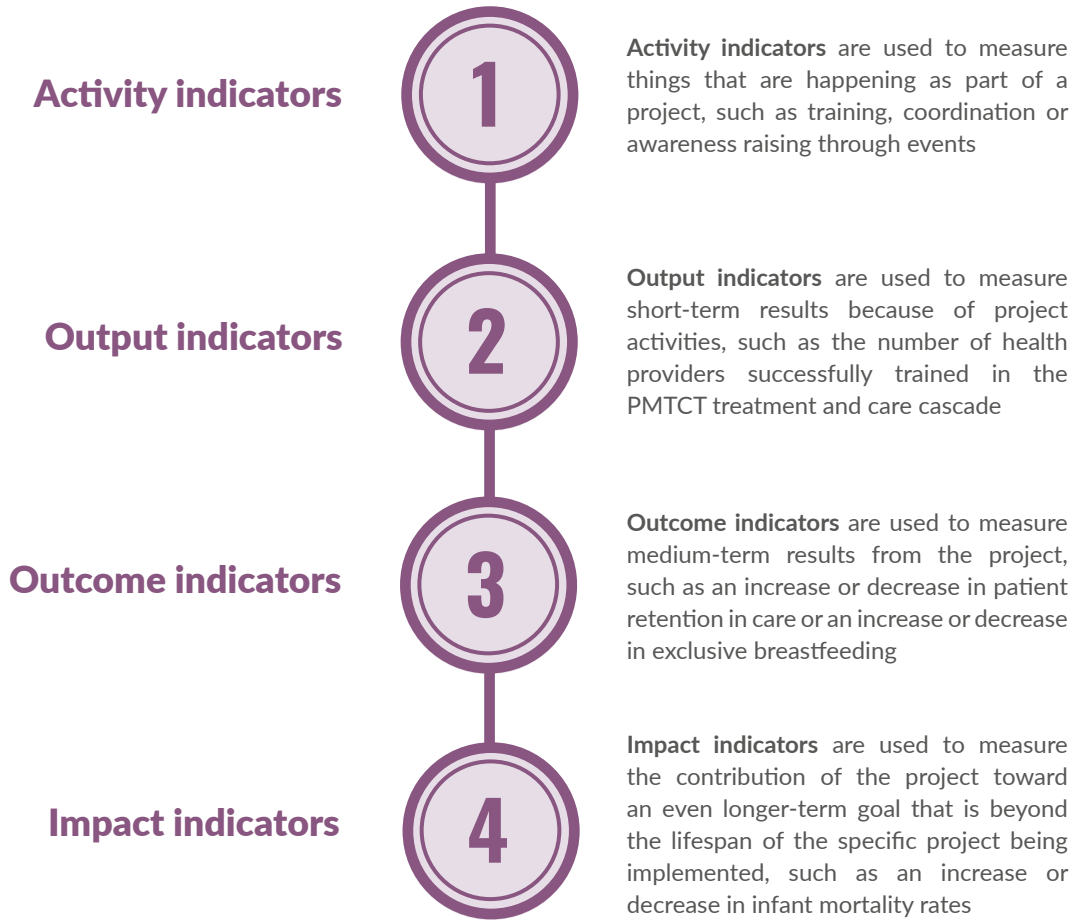
How will I know if programme objectives are being met?

Selecting indicators

Essential to include for each activity, output and outcome is an indicator. An indicator is a unit of measurement that helps determine what progress is being made towards the achievement of an intended result (objective). Indicators determine what information to collect in order to answer key questions about the progress of an intervention.

For example, you might want to know how many health providers have been trained on youth-friendly service delivery. This will give you an indication of the progress that has been made towards the objective of health provider capacitation. In health care, indicators are needed to analyse the present situation, to make comparisons and to measure changes over time. They are a bit like road signs that will tell you if you are on the right track, how far you have journeyed and how far you must still go to reach your destination.

There are different types of indicators. For example, quantitative indicators which are always expressed as a number, for instance the number of health talks given in a specified period, and qualitative indicators that convey information in a descriptive way for instance levels of satisfaction with facility services. Indicators are further described as process or activity indicators (those that measure activities), output indicators (those that measure achievements on the way to reaching outcomes), outcome indicators (those that measure outcomes) and impact indicators (which measure long term impact of a programme).



The template below provides some examples of suitable indicators according to project stage.

Template showing types of indicators for different stages of activity

Activity stage	Indicator type	Thematic examples
Pre-intervention Participatory exploratory research Existing data review	Baseline	• Existing attitudes and self-reported behaviours • Existing service utilization data • STI-HIV prevalence
Training, participation Information distribution Service provision	Process	• Number of people trained • Number of materials distributed
Short-term, post-activity	Intermediate	• Changes in knowledge and attitudes • Changes in social / peer norms
Medium-term, post-activity	Outcome	• Self-reported adoption of positive behaviours • Increased service utilization / retention
Long-term, sustained	Long-term outcomes / impacts	• Maintenance of positive self-reported behaviours • Prevented onset of risky self-reported behaviours • Reduced STI/HIV incidence • Changed social/peer norms • Improved CD4 counts, viral loads

5. Developing a workplan

Once your logic model is completed you will be able to develop your workplan.

LEARNING SPOT

A workplan or activity schedule is a document analysing and presenting project/programme activities. It helps to identify their logical sequence, expected duration and any dependencies that exist between activities, and provides a basis for allocating management responsibility.

Your workplan should include your goal/s, objectives, activities, partners, resources, budget, and timeline.

Most workplans should include strategies for recruitment, training, communication, advocacy campaigns, development or acquisition of materials and tools, community/parent involvement, roles and responsibilities of partner organisations and monitoring and evaluation of the programme. Although it is important to have a clear workplan from the beginning, it will need to be flexible to adapt to changes and to the needs of the target population.

Activities

As you have already decided on your goal/s and objectives, the next step is to determine what activities will address your programme's objectives.

LEARNING SPOT

Activities should be actionable – you should be able to describe exactly how you are going to undertake that particular action. If you can't describe the action, it is likely that it will not be well fulfilled. For instance, the objective "build the capacity of health providers to deliver adolescent- and youth-friendly services" will most likely include staff training as an activity. The objective of involving young people in programme design may include an activity related to fostering youth participation, such as opportunities to join a facility youth advisory committee; the provision of information, education and communication may involve health talks aimed at young people attending the facility.

Below is an example of a completed activities template.

Sample programme activities template

Objective	Activities
Build the capacity of health providers to deliver adolescent- and youth-friendly services (AYFS)	Train health providers through in-service and on-the-job training to deliver AYFS
Involve young people in programme design and feedback	Obtain feedback from adolescents and youth accessing health services Implement youth advisory committee and encourage participation
Provide information, education and communication (IEC) consistent with the minimum AYFS service package	Distribution of IEC materials Posters Health talks Job aids for health providers
Ensure availability and accessibility of services that cater for the sexual and reproductive health needs of adolescents	Peer education groups Face-to-face counselling Parent education for adolescent sexual risk reduction Availability of contraceptives
Ensure necessary referral linkage for continuity of care for young people	Mapping to identify community-based resources Create platforms for engaging community-based organisations Implementation of bi-directional referral tools

Adapted from: National Adolescent and Youth Health Policy, South Africa (2017). National adolescent and youth health policy.

Prioritise your activities. Plan to implement first those activities that are essential for the programme's launch. Then add other activities over time.

Determine whether the activities are realistic for the organisation's resources and capacity. Identify potential barriers to implementation and discuss ways to reduce their effects.

Budget

Develop a budget taking into account every stage of the programme's development.

Items to consider including in the budget:

- Peer supporter stipends
- Project commodities for peer supporters (T-shirts, bags, caps, coupons, umbrellas, conferences etc.)
- Travel expenses for staff and peer supporters
- Equipment and other assets
- Training
- Information, education and communication
- Materials and activities
- Information technology eg. smartphones, airtime and Internet
- Monitoring and evaluation activities

Baseline assessment

Please see the section in **Module 7** on baseline assessment for your programme. It is important to look at this now because this needs to be conducted at project outset, before you intervene to effect changes as envisaged through your project goal/s and objectives. Collecting this data enables you to compare things before and after your programme so that you can see what difference your programme has made.

LEARNING SPOT

Important to note is that a needs assessment is different from a baseline study. A needs assessment identifies needs and informs whether and how to intervene (the project design) while a baseline study measures specific conditions after a project has been designed, based on the indicators you have selected to include. Data from a needs assessments could be used in a baseline study if data on the indicators you later chose was collected.

To conclude, the below planning checklist may prove a valuable tool as you plan and implement your peer support programme.

Checklist and action planning tool

Guideline	Notes from the programme	Rating	Next steps	Point person	Time frame
Programme planning					
1-1. Determine whom your programme will serve					
1-2. Identify the needs of those who will benefit from your programme					
1-3. Coordinate with other programmes					
1-4. Engage young people in programme planning					
1-5. Develop your programme's goals and objectives					
1-7. Develop a workplan and logic model to help you implement your programme					
1-8. Establish a health and social services referral system					
1-9. Develop a monitoring and evaluation plan					
1-10. Create a resource development and sustainability plan					
1-11. Establish ways to receive feedback on the programme					

Guideline	Notes from the programme	Rating	Next steps	Point person	Time frame
Recruitment and retention of peer supporters					
2-1. Develop criteria for selecting peer supporters					
2-2. Use appropriate recruiting sources and materials					
2-3. Adhere to a transparent and fair selection process					
2-4. Provide clear expectations to peer educator candidates					
2-5. Establish written agreements with peer educators					
2-6. Promote cooperation and teamwork					
2-7. Establish systems for providing incentives and reimbursement					
2-8. Offer peer educators the opportunity to accept more responsibility					
2-9. Develop a formal procedure for departing peer educators					
Training youth to be peer supporters					
3-1. Develop a training strategy that builds the capacity of peer educators for the life of the programme					
3-2. Work with qualified trainers					
3-3. Use a high-quality training curriculum and supportive educational materials					
3-4. Create an environment that encourages active participation and learning					
3-5. Discuss ethical issues					
3-6. Evaluate the training					
3-7. Involve experienced peer educators in the training or as mentors					

Guideline	Notes from the programme	Rating	Next steps	Point person	Time frame
Leading peer education sessions					
4-1. Ensure that peer educators are qualified and prepared to lead education sessions					
4-2. Plan content and activities with the help of a high-quality educational curriculum					
4-3. Develop a schedule that encourages regular attendance and participation					
4-4. Monitor and evaluate peer education sessions					
Supervision and programme management					
5-1. Use trained and skilled supervisors					
5-2. Conduct supportive supervisory meetings					
5-3. Supervise and support peer educators as they are leading sessions					
5-4. Continually reinforce ethical behavior and motivation					
5-5. Ensure competency and cohesion of the programme's staff					
5-6. Establish a participatory decision-making process					
5-7. Use accurate data and information when making decisions about the programme					

Guideline	Notes from the programme	Rating	Next steps	Point person	Time frame
Monitoring and evaluations					
6-1. Establish functional, relevant indicators to measure progress					
6-2. Set indicator targets					
6-3. Develop and apply your M&E plan					
6-4. Use appropriate monitoring tools					
6-5. Gather baseline and follow-up data					
6-6. Document the programme					

Adapted from FHI 360 (2010). Evidence-Based Guidelines for Youth Peer Education

KEY MESSAGES

1. Planning your PS programme from the outset is critical to its success
2. A needs assessment will give you a good idea of what is most needed in your community, where the gaps in services lie, and enable you to more clearly define your programme goals
3. Programme planning then involves setting goals and objectives; developing a logic model detailing resources/inputs, activities, outputs, outcomes and long-term changes or impacts; as well as clear indicators for each
4. Preparing a workplan with timelines as well as a budget are also important components

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PATA and PACF (2017). The Facility-Community Collaboration Toolkit: Working together to improve PMTCT and paediatric HIV treatment, care and support. https://www.childrenandaids.org/sites/default/files/2017-11/C3-Tookit_WEB.compressed.pdf

W.K. Kellogg Foundation (2004). Using Logic Models to Bring Together Planning, Evaluation, and Action Logic Model Development Guide. https://www.bttop.org/sites/default/files/public/W.K.%20Kellogg%20LogicModel.pdf

Additional Resources

Community mapping: UN Habitat (2010). Community Mapping Guide: A Youth Community Mapping Toolkit for East Africa: http://www.youthpolicy.org/wp-content/uploads/library/2010_Community_Mapping_Guide_Toolkit_East-Africa_Eng.pdf

USAID (2011). Community Youth Mapping A Tool for Youth Participation and Program Design: https://pdf.usaid.gov/pdf_docs/pnadz225.pdf

Conducting research: DFID (2018). GAGE baseline qualitative research tools: https://www.gage.odi.org/publication/gage-baseline-qualitative-research-tools/

DFIF (2017). GAGE. Adolescent perspectives on services and programmes in conflict-affected contexts A participatory research toolkit: https://www.gage.odi.org/wp-content/uploads/2019/01/GAGE-Participatory-Research-Instruments.pdf

Project Planning: International Federation of Red Cross and Red Crescent Societies (2010). Project/programme planning Guidance manual. PEER

Download the templates and checklists from this module.

Recruitment and selection

4

Now that you have planned your PS programme, you will need peer supporters to run it. This module will take you step-by-step through the process of recruitment and selection. A good recruitment process can reduce the time involved in looking for, interviewing, hiring and training a suitable peer supporter. You are much more likely to find the right person for the job if you have a successful well-planned recruitment and selection strategy.

1. Advertising for peer supporters
2. Selection criteria
3. Developing a job description
4. The interview questionnaire
5. Conducting the interview
6. Making the decision to hire
7. Identifying a supervisor for peer supporters
8. Appointment
9. Drawing up the contract

Now that a supportive environment has been created for peer supporters and you have planned your PS programme, let us consider how to go about recruiting young people to join the PS team. Start by asking yourself a few important questions:

- How will we advertise the post?
- How will we choose our peer supporters?
- What are the potential risks or challenges in finding the right person for the job or turning down someone who is not suitable?
- Who will be responsible and drive the recruitment process?
- How many peer supporters do we need to recruit and why?
- What are the age and gender considerations?

Adapted from: My-Peer Toolkit[x]

In the sections that follow you will be given information, tools and checklists to help you respond to these questions and plan your recruitment process

1. Advertising for peer supporters

As a first step you will need to advertise for the role. You could use strategies that would be employed to recruit any member of staff, for example communicating the position via email to colleagues in your network. However, you will need to look for peer supporters in places you would not normally think about, for example community-based organisations (CBOs), faith-based organisations (FBOs), youth centres, and within the facility itself. In addition, if your PS programme is targeting key populations, eg. young MSM, and you want peer supporters from this group, you will need to think even more carefully about how to go about reaching this population. Youth attending your health facility may be able to assist with this as well as any local organisations serving and supporting this community.

Once you have decided on your recruitment strategy you will need to write an advertisement. First, identify your key requirements (see below) so that you include some of these in your advertisement. You could also refer to the job description for peer supporters.

What to look for in a prospective peer supporter

- Be aged 18 or older and not older than 24 years
- Demonstrate passion and commitment in helping peers and acts as a positive role model to peers
- HIV positive and known at the facility for at least the last year. ART registered with a good track record of ART adherence
- If female should not be pregnant at the time of recruitment and not nursing a child below 1.5 years
- Willing to talk about their HIV status to others for the purposes of peer support
- Leadership qualities with active participation in YPLHIV networking activities or be a member of at least one of the facility support groups
- Enthusiasm and a record of participation in facility activities
- Out of school and readily available
- Self-motivated and reliable and shows consistency in words and actions
- Ability to communicate effectively in verbal and written mediums
- Respects others and behaves in a manner that reflects appreciation for confidentiality, dignity and diversity
- Displays empathy and sensitivity and emotional maturity
- Basic level of education: ideally a school leaver (able to read, write, count).
- Basic IT skills (if required for data entry, form completion etc. at your facility)
- Fluent in national and local language

There may be other specific requirements you have depending on your facility and what is needed. Consider gender mix and whether you want to specify gender of the applicant in the advertisement. In addition, if your health facility is supporting adolescents from key populations (eg. MSM), you may want to recruit peer supporters from these groups, specifying this in your advertisement. Diversity in terms of demographics, skills and personality amongst your group of peer supporters is advised.

LEARNING SPOT

Managing HIV well does not necessarily make a person the best candidate for the job. Sometimes facing difficulties helps an individual to build coping skills and makes them more understanding of others facing the same challenges. Research has shown that the more traits peer educators share with the target group, the more effectively they can impact knowledge, skills, and attitudes (Wolf 2002).

Deciding how to reach potential candidates

There are various ways to reach your potential peer supporters. You can combine the approaches listed below or choose one or two of them:

Peer Nominations: This approach involves using young clients from the facilitys to put forward the names of those they think would make good peer supporters. This is a good strategy because it encourages youth participation and helps to increase the acceptance of peer supporters and the service they offer.

Adult/Staff: This approach relies on asking the programme and/or health facility staff to identify young people whom they think might be suitable for the position. A disadvantage is that it is not an inclusive or participatory process because the decision is in the hands of facility staff. To overcome the problem, draw up a list of the young people nominated by staff and then allow young people to make the final choice.

Direct Recruitment: Make sure that youth and other organisations in your community are aware of the opportunity. Depending on your particular community and what is accessible to them, you may wish to make use of social media, posters and flyers, radio announcements, websites and emails to reach young people.

Checklist: direct recruitment

- Facility
- Schools
- Churches
- Neighbourhood groups
- Sports facilities / clubs
- Youth groups
- Grassroots groups
- Peer run programmes
- Support groups
- Youth centres
- Outreach events
- Non-profit organisations
- Advocacy organisations

Adapted from: Philadelphia Dept. of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Peer Support Toolkit

How to write your advertisement

There is no recipe for writing an advertisement but there are some dos and don'ts:

Advertisement checklist

- Include the job title in a prominent position
- Use language that speaks directly to the person you are trying to attract: Think about what you can say that would make a young person really want to apply for this position. For example: "Do you want to be part of a dynamic health team working with young people?"
- You could include benefits, for example opportunities for on-the-job training
- List the required skills (must have skills rather than nice to have skills)
- List specific criteria (age, gender and openly living with HIV)
- Use headings to break up the text
- Include location of the position
- Include employment type (is it full-time or part-time), or is it voluntary
- Include information on the salary/remuneration or stipend
- Include information on number of hours of work required per week
- Provide contact details and application instructions on how to apply and highlight the closing date
- Keep it simple

Standardising the job advertisement

You can standardise your advertisement for a facility or community poster, an email advertisement or for an advertisement to appear in a local newspaper. Where appropriate include visually appealing elements such as a picture or text effect.

The AIDA model

You might find it helpful to use the AIDA model when you are writing your advertisement. AIDA stands for: Attention, Interest, Desire and Action. Let's take a closer look at how to apply the model.

Attention: Catch the attention of the young person. Briefly introduce the job. Try and personalise this section where you can. For example, you can ask a question, eg. "Do you want to be part of a dynamic and motivated healthcare team?"

Interest: Think about the content of your advertisement. What questions do you think a young person might have? Provide information that will respond to these questions, eg. Is this a paid or voluntary position? Do I have the necessary skills? How will I obtain these?

Desire: Any candidate should feel excited by the opportunity and feel that the advertisement is talking to them directly.

Action: Provide clear information about the job application process.

2. Selection criteria

Your recruitment poster or advertisement should always give a closing date for applications together with instructions about how to apply for the position. Usually applicants are required to forward a curriculum vitae (CV). Screen the applications you have received as per your criteria and rule out those that don't fit your requirements. You should keep a record of why applicants were selected/not selected to participate in an interview. This may be particularly helpful when there are many candidates.

One way to do this is to draw up a table including the key criteria of the role and mark off how each candidate meets/does not meet each criterion. This will make it easier to see who is potentially suitable for shortlisting. A sample table that could be adapted is below.

Shortlisting template

Name	Appropriate age range	Finished school	Good facility attendance	Fully disclosed	Basic IT skills
	✘	✔	✔	✔	✘
	✔	✔	✔	✔	✔
	✔	✔	✔	✔	✘
	✔	✘	✘	✔	✔

Identify the people you would like to interview. A good idea is to form a selection committee to assist you with this.

LEARNING SPOT

A selection committee is a group of people who work together to assess potential candidates and decide on who should be appointed into this role. It is usually involved at every stage of the recruitment process, from reviewing CVs to hiring. The committee should not be too big or too small (include more people rather than fewer to cover for dropout) and importantly ensure that there are youth representatives on the selection committee.

Checklist for establishing a selection committee

- Have as much diversity as possible for example gender, age
- Include key staff who are engaged in the delivery of adolescent and youth friendly services
- Include a senior member of staff
- Include staff who will be involved in supervising / line managing / mentoring peers
- Include staff who have a clear understanding of the roles and expectations of the peer supporters
- Ensure that staff involved make a commitment to participating on the committee
- Involve existing peer supporters or young people engaged in services or representatives from the local network of YPLHIV on the committee

Once a list of possible candidates has been drawn up you are ready to decide a date for the interview. The interview gives everyone involved in the selection process a chance to engage with the applicant. By asking standard questions you will find it much easier to evaluate the individual and reach agreement. Use the established criteria as a guide to the questions you should ask.

3. Developing the job description

The job description is a document that states the requirements of the job and the duties of the peer supporter as well as responsibilities and skills. The tasks listed in a job description will depend on the needs of the facility, but they should always align with the overall aims and outcomes of the facility programme and the specific goals of the PS programme. Use the template below to develop the job description.

Template for job description

JOB DESCRIPTION

Job Title: Peer Supporter

Reports To (Title of supervisor)

Main Purpose of the Job: (eg. to promote healthy behaviours and prevent risk behaviours in adolescents and young people through targeted interventions at individual, health facility and community level)

Date:

Facility Name:

Facility Vision: (eg. "We are a primary healthcare facility serving the community of (x). We aim to meet the needs of our clients by delivering quality health services to all members of the community)

Requirements: (eg. level of education; currently unemployed or not in formal education)

Template of skills needed for the job description

Skills	Other
Excellent communication skills	Ability to work in a team
Good interpersonal skills	Respect for confidentiality
Keen to work with young people	Motivated
Good organisational skills	Ethical
Empathy	Proficient in local language
Good listening skills	
Good social skills	
Confident to speak in public	
You may also want to specify that you are seeking to recruit a young person living with HIV who is fully disclosed.	

Description of tasks

The scope of work should refer to roles and responsibilities. Make it clear that these include but are not limited to those you list. Remember that tasks will vary depending on where along the treatment cascade the peer supporter programme will focus. See the example of a completed job description template. You will decide what roles and activities are suited to your needs.

No	Tasks	Activities
1.	Psychosocial Tasks	• Facilitate peer support groups and establish safe spaces • Organise adolescent/teen clubs and camps • Organise variety of educational and psychosocial support activities • Promote linkage to life skills training, skills-building and related community and/or school support services • Provide psychosocial support and facilitate linkage to additional support services where needed • Manage closed digital App safe space groups
2.	In-Facility Tasks (defined by facility needs)	• Receiving patients for facility visits • Assisting with facility bookings • Accompany and connect patients to different services they may be referred or transitioned to • Assist with non-professional tasks such as recording height and weight
3.	Counselling Tasks	• Act as peer counsellor • Act as support group leader • Provide HIV counselling and testing • Provide disclosure and adherence counselling and support • Provide treatment literacy information • Provide information and support in accessing SRHR services
4.	Educational Tasks	• Share information and provide IEC materials • Offer education talks on HIV and SRHR in adolescent-friendly corners or waiting room spaces • Conduct training sessions on relevant topics
5.	Community Work	• Conduct home visits as directed by the supervisor • Follow up on lost-to-follow-up cases • Encourage adolescents to receive HIV counselling and testing • Actively participate in community sensitisation efforts, eg. community dialogues
6.	Networking	• Engage in local networks of YPLHIV • Support community initiatives for mobilisation and training of YPLHIV • Contribute to advocacy efforts and represent youth perspective and experience at meetings etc.
7.	Training	• Attend trainings and skills-building opportunities as specified
8.	M&E	• Maintain paper or electronic based information as the facility or programme specifies
Peer Supporter: Signature and date		
You may also want to specify that you are seeking to recruit a young person living with HIV who is fully disclosed and openly living with HIV.		

Adapted from: PATA (2017). Peer Support Handbook

Example of a completed job description

JOB DESCRIPTION

Date: 3 June 2019

Job Title: Peer Supporter

Name of Employee: Janet Ndlovu

Place of Work: Lilly Facility
112 Paterson Road
River Bend

Name of Supervisor: Constance Sedibe

Purpose: The purpose of the peer supporter is to provide support, information and counselling to young people accessing sexual and reproductive health services at Lilly Facility

Services to be Delivered: Effectively use tools and information available to conduct talks, provide information and counsel adolescents on sexual and reproductive health and rights. This may include, but is not limited to, the following:

- Safer sex options
- Prevention (HIV, STIs and unwanted pregnancy)
- Emergency contraception
- Post-exposure prophylaxis
- Pre-exposure prophylaxis
- Relationships and sexual enjoyment
- Development issues (eg. masturbation, menstruation)
- Information on where to access services not available at the facility

Competencies

Skills	Other
Excellent communication skills	Ability to work in a team
Good interpersonal skills	Respect for confidentiality
Keen to work with young people	Motivated
Good organisational skills	Ethical
Empathy	Proficient in local language
Good listening skills	
Good social skills	
Confident to speak in public	

Delivery of Services:
Services as listed above will be delivered during adolescent facility hours: 14:00 – 18:00 daily from Monday to Friday.

Peer Educator Signature _____ Date _____

Health Provider/Peer Supporter Supervisor

Signature _____ Date _____

4. The interview questionnaire

Questionnaires or interviews are generally used to assess a person's suitability as a peer supporter. It may also be helpful to refer to the pointers in the checklist below:

Checklist: Things to think about

- Is this person part of your target community?
- Is this person a volunteer or will s/he receive a stipend?
- What does this person know about how to manage the targeted disease or condition, for example, HIV?
- Is this a person who is keen to learn, or do they think they know it all already?
- How well does this person manage his or her condition or disease?
- If the person is HIV positive, is he or she virally supressed and living openly with HIV and do they have a good track record of facility engagement?
- What facility does this person attend?
- How well does this person relate to others?
- Is this person able to give the necessary time to the adolescent programme?
- Has the person shown initiative and been engaged in youth activities in the facility or community?

Template for the interview. Section 1:

Name of Candidate						
Name of Interviewer						
Date of Interview						
CV Attached						
Rate on a scale 1-7 (with 4 being the average) and make a list of all the questions you intend to ask						
Q1. What makes you think this is the right position for you?						
1	2	3	4	5	6	7
Notes:						
Q2.See examples below						
1	2	3	4	5	6	7
Notes:						

Adapted from: Montana´s Peer Network (2019). Employer/Provider Toolkit for Behavioral Health Peer Support Specialist Services

Questions you may want to consider asking or adapting for the interview	
1	Why do you want to be a peer supporter?
2	Name 3 characteristics that best describe you.
3	What do you consider to be your strengths and weaknesses?
4	Tell us about some of the challenges you have faced as a young person who has been diagnosed HIV positive.
5	How do you know you are ready to help others in coping with HIV?
6	Tell us about some of the ways you would be able to use your personal experiences to support young HIV positive clients in this facility.
7	Tell us about a person you have helped and how you were able to help them.
8	Describe the most frustrating thing that has happened to you recently and how you dealt with it.
9	How comfortable are you working around people who have chronic illnesses such as TB?
10	How comfortable are you talking to young people about their sexual and reproductive health?
11.	Tell us about a time you interacted with someone who was different from you. What was the situation, what did you do, and what was the outcome?
12	Think about the following scenario and tell us how you would respond to it: "A young girl of 15 years tells you that she no longer wants to take her antiretroviral treatment. She says she has been taking the pills since she was a small child and she is now bored with doing it. Also, she has a boyfriend and she is afraid that he will see her taking the medication and know that she is HIV positive. They are having sex but not using a condom."
13	This work can be stressful. How will you look after yourself?
14	What do you expect to get out of working for this programme personally?
15	Can you tell us how you understand confidentiality as a peer supporter?

Section 2: Tasks

(Note: Questions that speak to the actual task may differ depending on the actual job).

1	How would you go about organising a support group for adolescents in the facility?
2	How would you go about planning a community event to encourage HIV testing in youth?

Section 3: Administration

1	If you were to be offered this position, when could you start?
2	Please confirm your contact details (as per CV).
3	Copies of any certificates, diplomas, courses completed.
4	References: contact person/s.

Section 4: Closing the interview

1	Invite questions from the candidate and respond.
2	Confirm with candidate when they can expect to hear about whether they have been successful.
3	Thank the candidate and close the interview.

5. Conducting the interview

Now that your interview guidelines have been drawn up, you have reached the point when you are ready to begin interviewing. A good way of going about this process is to set aside a selection day when the selection committee can meet the applicants. Your interview guide should be prepared and a copy ready on the day for each member of the committee. Allow each person on the selection panel to ask the candidate a few questions and decide in advance which these should be.

Welcome the candidate and make him or her feel comfortable. Interviews can be nerve-wracking making it difficult for a person to give of their best. Introduce him or her to the committee and provide a little background on the facility and its activities.

6. Making the decision to hire

The decision to hire must be transparent, open and fair. Scoring the candidate on their response to interview questions can help the committee to reach consensus. Decide on how you will advise candidates who have been unsuccessful. Do not be afraid to communicate this but remember to do so in a sensitive way. An alternative is to tell participants that if they have not heard by a certain date, they can consider their application unsuccessful.

Scoring template

Question	Score	Comments
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

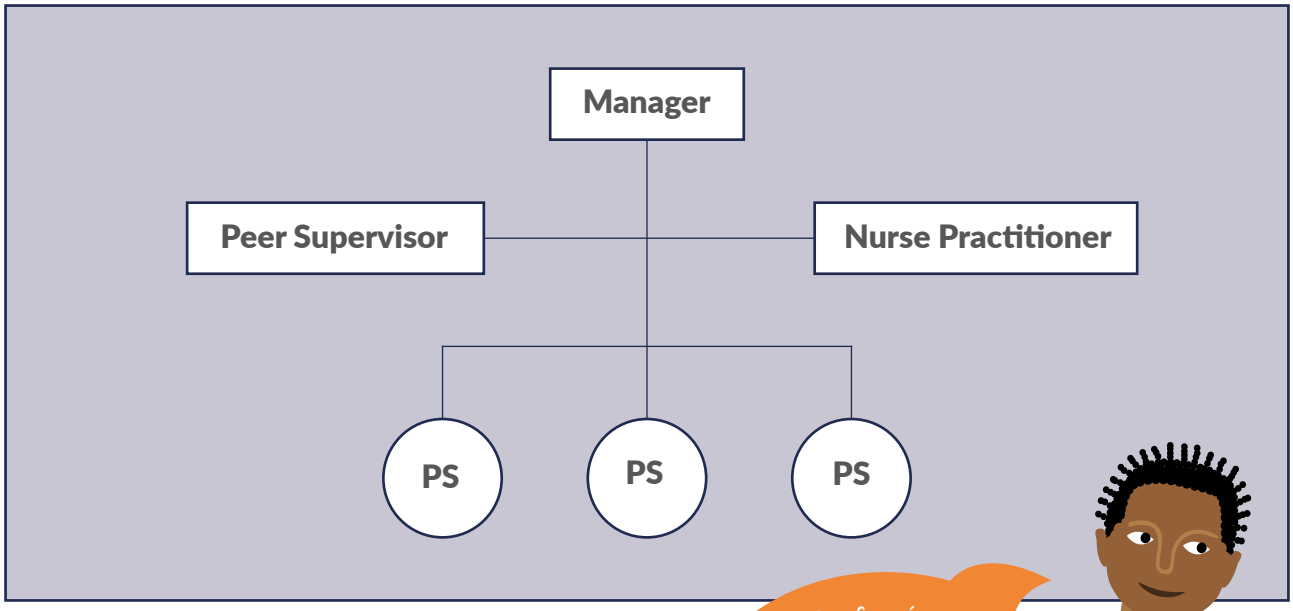
TOTAL SCORE		
	Excellent	75-84
	Very Good	60-75
	Average	42-60
	Below Average	30-42

7. Identifying a supervisor for peer supporters

The facility must choose a peer supporter supervisor who will supervise peer supporters in their day-to-day activities and conduct regular supervision meetings. The supervisor may also manage reporting requirements such as the submission of monthly or daily reports and days and hours worked by peer supporters. Although there should be a designated supervisor, the peer supporter may be expected to report to any health professional on duty.

It is important to have clearly defined reporting and management lines established and agreed to. You can read more about supervision in **Module 7**.

Example of organogram



Adapted from: Peers for Progress (2015). Program development guide.

Below is a sample appointment letter you may wish to adapt for your purposes.

8. Appointment

Sample template for an appointment letter

Name of selected candidate

Address of the selected candidate

Date of issue of Appointment Letter

Subject: Your application for the position of peer supporter

Dear

We are delighted to inform you that your application for the position of peer supporter was successful.

You are requested to report at our health facility as per address given below at ..... AM/PM on ..... (date from when the applicant is expected to join) in acceptance of your appointment.

Name of the Organisation/Company/Facility

Complete address with phone numbers/landmarks (if any)

As per our Organisational/Company/Facility policy, you will be engaged on an initial Contract for a period of ..... (specify the period) and then, based on your performance and review you will be taken to the next level of employment/volunteer service and development in the peer supporter programme.

During your Contract period you are entitled to take (specify the leave days that the peer educator can take as per your Leave Policy if applicable).

You are also formally invited to attend mandatory training for peer supporters on (specify the date of training) at the venue (specify).

We hope to have a long and successful relationship with you and wish you all the very best.

Yours sincerely
(Designation of the authority)

You may also wish to include an invitation to attend training with the contract.

It is possible that before you finalise recruitment of a peer supporter, you may wish to see how peer supporters develop and progress through training. It may transpire through this process that some individuals are not suitable for peer supporter work. In addition, undergoing training will give the peer supporter a better idea of what the role entails and whether they feel suited to it. It is therefore possible to take the approach whereby selection can be viewed as a four-stage process:

1. select for interview
2. select for training
3. select for a three-month probation period
4. select on a renewable contract

These four steps can be divided into three levels of a peer supporter's potential development:

1) Entry level 2) Retention level and 3) Development level:

Entry level:

1. Select for interview

Retention level:

2. Select for training
3. Select for a 3-month probation period

After three months you will have a better idea of who the peer supporters are, their strengths, weaknesses and support needs.

Development level:

4. Select on a renewable contract: At this stage it is important that peer supporters are provided with ongoing mentorship.

Adapted from COC Netherlands (2015). How to get the most out of your LGBTI Peer Education Programme: A Critical Reflection Manual for East and Southern Africa

9. Drawing up the contract

Once the committee has decided on who they would like to offer the position to a contract must be drawn up. This must comply with the local labour laws and regulations of the country.

The contract may look different depending on whether peer supporters will be employed or engaged as volunteers, in which instance you may prefer a memorandum of understanding. This will also determine whether you have a contract of employment or a volunteer agreement. The following template will assist you to develop this document.

Contract template

CONTRACT OF EMPLOYMENT or VOLUNTEER AGREEMENT and Memorandum of Understanding
(choose from the above titles what type of contract is best suited)

Between

1. Facility or organisation (name and address)
   and
2. Peer supporter (name, address and telephone number)
   Date of birth
   Identity number/Passport number

The (name of facility or organisation) agrees to (employ or engage the volunteer service) on the terms set out below.

Commencement

The (employee/volunteer) will commence/start (employment/volunteer service) on (specify the start date) until such time as the contract is terminated by either party as outlined below:

Position Title

a) (Name of applicant) is being (employed/contracted or engage) as a (insert title/eg. Peer Supporter)

b) (Name of applicant) will report to (insert title)

c) (Name of applicant) will undertake duties as outlined in the job/task description (attach job description or task description)

The (employee /volunteer) agrees to comply with all policies, procedures, rules and regulations as set out by (name or organisation or facility).

Duration of contract

This will be a fixed term (contract/agreement) and is not a permanent (position/role). Provide date when contract / agreement ends and conditions for renewal.

Compensation

Define remuneration: Specify salary/stipend, how and when this will be paid.

Probationary Period and Contract period

If applicable, specify the probation period

Benefits or Reimbursements

Include any benefits the peer supporter may be entitled to (eg. transport money, airtime, access to training, development of vocational skills)

Work Location and Hours

The employee is required to report to (name of facility and address) at (time). Clearly define hours as well as time for lunch and tea breaks.

Performance appraisal

A performance appraisal will be conducted (insert time period eg. annually).

Line management

Provide details of who the peer supporter will report to. You may also wish to provide an organogram so that peer supporters understand how they fit into the facility structure.

Leave and sick leave

Specify leave entitlement where applicable, depending on the arrangements of your facility, including public holidays. If applicable, highlight that this should be taken at a time convenient to the facility programme with enough notice given to (name of supervisor). Include sick leave with requirement that a doctor's letter is provided if this exceeds (insert number of days) and specify who must be notified if any day of work/duty is missed due to ill-health. Specify how this must be communicated.

Confidentiality

The employee agrees that they will not disclose or permit disclosure of confidential information except to such person authorised to receive and evaluate such information.

Code of conduct

This can be included within or as an appendix to the contract. **See Figures 2 and 3 in Module 6 for examples** of a code of conduct.

Grievances and disciplinary procedures

These will be conducted according to the procedures as outlined by the (organisation or facility)

Termination

Outline termination conditions (eg. immediate termination for gross misconduct) and notice period

Signed

1. Peer Supporter _____ Employee/Volunteer) on the _____ day of _____

month and year _____ at _____ place.

2. Facility Manager _____ on behalf of (Facility name) on t _____ day _____

month and year _____ at _____ place.

10. Developing an orientation plan

Orientation of the new peer supporter/s must take place within the first two weeks of joining the team, regardless of the work they do. The person who has been appointed to supervise the peer supporter/s should make sure that the new staff are orientated in terms of facility layout, required documentation and so forth.

Orientation checklist

Introduction to staff
• Peer supporters introduced to healthcare team
• Describe facility structure
• Describe the role of other staff and how they are interconnected
The Workspace
• Show new staff where to find supplies, kitchen, toilets and so on
• Orientate new staff to facility layout
• Address personal safety in the workspace (eg. gloves, handwashing) and in the community (violence, crime)
• Address basic infection control
Document Review
• Code of conduct
• Explanation of all policies relevant to the post
• Record keeping requirements
• Review basic conditions of service as outlined in the contract eg. o Hours of work o Working hours o Reporting structure
Discuss Supervision
• Discuss the importance of supervision and supervision meetings
• Clarify boundaries of the role, i.e. what peer supporters can and cannot do independently
Share Information on Resources
• Show peer supporter where to find information, education and communication (IEC) materials
• Discuss community resources
Introduction to Clients
• Introduce peer supporter/s to clients and help facilitate conversation
• Help those receiving the service to feel comfortable with peer supporter eg. explain the support that s/he will be offering

Adapted from: PATA (2017) Peer Support Handbook and DBHIDS (2017) Peer Support Toolkit

KEY MESSAGES

1. A well-planned recruitment and selection strategy will help to ensure hiring of the most suitable candidate
2. Think about where and how you advertise for the peer supporter role to ensure you reach your target audience
3. Have clear selection criteria based on a comprehensive job description
4. Identify a selection committee and develop an interview questionnaire
5. Once you have made the decision to hire someone draw up a contract or Memorandum of Understanding (MoU) ensuring all details are covered
6. Select a supervisor for your new peer supporter/s and develop an orientation plan

References

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United Nations Population Fund and Youth Peer Education Network (Y-PEER) (2005). Youth Peer Education Toolkit: Standards for youth peer education. https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/bie_yp_standards_peer_education_programmes_en.pdf

Download the templates and checklists from this module.

5

Training tools and guidelines

This module provides guidance on how to go about developing a training curriculum to help a peer supporter undertake their work. It addresses core modules and topics for consideration, highlighting minimum standards for peer support work and looks at steps in the development of a training agenda, the implementation of training, as well as the process of evaluation.

1. Why training is important
2. Planning training
3. Thinking about content and ensuring minimum standards
4. Defining objectives of the training module
5. Preparing for training
6. Addressing logistics
7. Conducting training
8. Tools and methods for assessment

1. Why training is important

LEARNING SPOT

Training is a fundamental part of any peer support programme, designed to ensure:

- Knowledge and skills competence for fulfilment of the peer supporter role
- Appropriate and ethical care and support for AYPLHIV attending the health facility
- A consistent approach to care and support
- A shared health facility philosophy/ideology

It also builds a sense of shared purpose amongst peer supporters themselves. Some of the benefits of training for peer supporters include:

- Increase in role satisfaction
- Boost in morale
- Increase in motivation
- Increase in capacity to take up new technologies and methods
- Development of transferable skills

The training should be aligned with the peer supporters' needs and experiences and should relate directly to the objectives and type of activities planned in the programme. Youth should be involved at all stages of the training and implementation process.

While introductory training is especially important, health providers should make sure that learning and skills development happens on an ongoing basis.

2. Planning training

To develop a quality training curriculum there are various steps you can follow.

LEARNING SPOT

Training should address topics that are aligned to the peer supporter's scope of work (range of activities). It should be well-structured, carried out within a reasonable time frame and should include clear objectives along with an evaluation component.

Step 1

Begin by getting a better understanding of the level of knowledge and experience of your peer supporters. This will have been ascertained to some extent through the interview process, however you may wish to undertake a group assessment in order to clarify this further. This will help in determining what should be included in the training curriculum.

Step 2

Prepare a detailed breakdown of the range of activities that peer supporters undertake (scope of work), based on the job description already drawn up. Please refer to **Module 4** for more information on this.

Use this to decide on core training modules for each scope of work.

Step 3

Design the training and develop content or select a curriculum from one of the many established peer supporter toolkits available. You may also want to explore local service providers who are already providing training in these areas to identify potential support if you choose to outsource this training. Many countries may have accredited training opportunities which offer an added advantage for the peer supporter in their overall development.

Step 4

Implement the training. This can either be conducted by staff within the health facility or outsourced.

Step 5

Develop a plan to evaluate training outcomes and for on-going training.

Adapted from: American Academy of Family Physicians Foundation (2015) Peers for Progress: Programme Development Guide

Things to bear in mind

If you are training peer supporters for the first time, there are a few things you might want to take into consideration:

- What expectations do you have of your peer supporters?
- What do you think your peer supporters might expect from the health facility?
- What is their level of knowledge and experience?
- How much variation in terms of knowledge and experience is there within your newly recruited peer supporters?
- How big is the group to be trained?
- What language requirements are needed, and which tools may need to be translated?
- What are the characteristics of the beneficiary population (in this case adolescents) and how will their specific needs be accommodated in the training programme?
- Who will conduct the training and how much knowledge and experience do they have and what approaches / style do they use?
- How long have you got to conduct the training?
- What budget do you have?

Health facility expectations

The range of activities undertaken by peer supporters will depend on the facility concerned and the focus/goals of the envisaged PS programme. A scope of work should be drawn up by individual facilities and used as a basis for identifying training requirements. This will also be based on the job description already prepared.

A sample range of activities can be found in the previous module (**Module 4**). This example highlights psychosocial tasks, counselling, community work, education and in-facility tasks, and provides clear direction for training. It includes a skills profile listing technical and generic skills that can be developed to ensure quality service delivery.

Peer supporter expectations

Peer supporters will expect to have a clear understanding of their roles and responsibilities which can be met with a scope of work that provides a detailed breakdown of activities. Peer supporters will also expect to be orientated on the health facility as well as the team.

Levels of knowledge and experience

A very broad idea of knowledge and experience will have been obtained at the recruitment and selection stage (see **Module 4**) but remember that not everyone will be at the same level. It will be helpful to assess knowledge and skills in more depth in advance of the training. Think about how different levels of knowledge and experience will be accommodated in a single training course. The trainer should be made aware of these particularly if there is a wide range in knowledge and experience amongst the group.

Remember that people learn differently. Usually they learn best when training is made up of a variety of activities for example discussion, role play and demonstrations. This affords an opportunity to use and develop different strengths. An experienced trainer will ensure that there is a good mix of activities and exercises to facilitate learning.

Number of peer supporters to be trained

The size of the trainee group is an important consideration and groups should be no more than 15 to 20 in size in order to optimise the learning and interaction experience.

Characteristics of programme beneficiaries

Knowing the characteristics of the young people accessing health services will help to determine your training curriculum. For example, if alcohol and substance abuse is a problem amongst youth in your community you might want to include a module on this.

Who will conduct the training?

Many non-governmental and community-based organisations provide training. By getting to know the organisations in your area you can find out about planned training and collaborate, for example by structuring joint training or outsourcing any training necessary.

You might also identify someone within the facility with the skills to conduct a training workshop. Always make sure that any training undertaken is done so by an appropriate person. Trainers should be well trained and experienced in peer education, with knowledge and skills relevant to the course content and learning approaches to be undertaken; flexible and able to improvise; tolerant, sensitive to cultural and gender issues; and able to work well with the selected training curriculum. Many countries have accredited training institutions or organisations, it would be helpful to link to these. This will provide those trained with an accredited and recognized certificate.

How long will it take?

You will probably never be able to set aside enough time to address everything you would like covered. This is a common problem and feedback from trainees usually indicates that they felt that more time should have been allocated. While several courses identified are 10 days in length, 5 days should cover the basics and provide peer supporters, even those with limited experience, with the knowledge they need to assist their peers.

It is often difficult for staff to leave their work, even for on-site training, but remember that the curriculum does not need to be implemented over consecutive days. It can be structured to suit your facility, for example, one afternoon a week for 10 weeks.

What budget do you have?

Depending on the duration of the training, where it will be conducted and by whom, you may need to draw up a budget. For example, space constraints in the facility might mean using an outside venue. This may be free or involve a fee. You may also have to pay the trainer/s. You might also have to provide refreshments and meet transport costs to the venue if it is not close to the facility. In addition, you will need to consider the cost of providing training packs.

3. Thinking about content and ensuring minimum standards

Identifying core modules

LEARNING SPOT

The first step in developing a training curriculum is to think about the peer supporters' scope of work. Using this you can then identify the appropriate training modules. These should include core modules, those that are essential for the delivery of an effective PS programme. They are recommended for training regardless of whether the programme is facility or community-based, or both. You can also consider optional modules, to be included as required, or for future training, for example, nutrition, advocacy, relevant laws, networking, leadership, advocacy and, vocational skills (eg. computer skills) and working with key populations.

In the context of HIV training, core modules are usually similar. For example, virtually all training programmes focus on:

- assisting peer supporters to build supportive relationships with their clients and ensuring basic counselling, listening and group facilitation skills;
- building knowledge around treatment, care and support including coming to terms with HIV status;
- adherence, disclosure and positive living;
- treatment regimens and side-effects;
- sexual and reproductive health;
- ensuring peer supporters are familiar with key aspects of their role, for example ethical responsibilities such as maintaining patient confidentiality and knowing when clients may require additional support/intervention.

LEARNING SPOT

Essential too (yet sometimes overlooked) is a values clarification component to the training. Part of the significance of including peer supporters as part of your team is that they have personal experience of being young and living with HIV and as such, will be well aware of the discrimination and stigma that can be experienced by those living with HIV and thus, it is hoped, sensitive to ensuring their clients do not experience this at the health facility. However, it cannot be assumed that they do not hold their own prejudices and biases to which they could expose their adolescent and youth clients. They may for example hold particular views regarding those with different sexualities; those engaging in commercial sex work; transactional sex; substance abuse; or other behaviours. It is important to explore this with peer supporters during training to make them aware of their own attitudes and emotions on these issues, and to clarify the health facility's principles, values and non-judgemental approach in this regard. It is critical to establish that peer supporters feel completely comfortable working in this environment. This is an essential aspect of ensuring an adolescent-friendly service.

PATA's toolkit for community health workers and peer supporters (2017) is a good example of a resource that addresses core modules. It includes various tools, for example a pill count card, that can be introduced in training to assist peer supporters to monitor treatment adherence.

Although peer support training programmes tend to have a lot in common, they still vary in terms of the individual requirements of the health facility concerned, for example in relation to their focus areas; where they will be conducted; and particular target populations. As well as PATA's toolkit, a number of other peer supporter training toolkits are referenced in **Appendix 2** and can provide content for different focus areas of relevance to your particular health facility.

The modules you include will require development of a range of skills that include technical (knowledge/information), teaching (education, presentation, communication) and teamwork (working together as part of the health facility) skills, and all should be included.

It is also important to take into account the baseline knowledge and skills of your peer supporter group as this will also determine where greater/ lesser emphasis is needed in terms of the modules you include and their content. You could use the same questions you develop for you pre and post-training questionnaire to assess knowledge (see 9.1 below). Additionally, you could ask questions regarding any courses/ training/ experience related to the core modules you have selected to gather further information on skills and experiences.

The template below serves as an example of how to organise core modules according to the peer supporter scope of work.

Template for core training modules

Module: Roles and re-sponsibilities of a peer supporter	**Module:** Values c larification	**Module:** HIV knowledge	**Module:** Adherence	**Module:** Sexual and Reproductive Health	**Module:** Communication skills	**Module:** Psychosocial support

It might also be useful to think about this in terms of where along the treatment cascade you would like your peer support programme to focus (see below) and what knowledge and skills will be required for this.

Point on the cascade

Prevention	Finding	Testing	Psychosocial care and HIV knowledge	Acessing SRHR services	Adherence	Retention	LTFU	Transitioning to adult care

4. Defining objectives of the training module

Whatever modules you choose to build into your training curriculum, you will need to outline your training objectives for each one. This is important when it comes to evaluating the success of the training.

The template below provides an example of training objectives adapted from a PATA toolkit.

Defining objectives template

Module 3	Objectives
Adherence to treatment	• To know common first-line ARVs and ART regimens and to be able to explain to a client how to take them • To know the benefits of ART • To help client recognise and manage the side effects of ARVs • To understand common barriers and facilitators in treatment adherence and to assist clients in identifying their own personal barriers and facilitators • To help clients develop an adherence plan suited to their lifestyle, taking into account their particular barriers and facilitators to adherence

PATA (2017). Children, adolescents and HIV: A simple toolkit for community health workers and peer supporters

Thinking about content

Once you have decided on the core modules for your training you will need to start thinking about training content, in other words the topics that you feel would most appropriately support the core modules you have identified. Spend some time going through different toolkits and familiarise yourself with the topics covered under each module. For instance, the range of topics covered under sexual and reproductive health may include gender and sex in relationships, contraception and family planning amongst other things. You may not have time to address all these topics and you may not want to. You might want to flag some for training at a later stage.

The checklist below provides examples chosen from the PATA toolkit of core module and topics that support these. Using the checklist, you can to decide whether the topic is top, medium or low priority.

Checklist for prioritising training topics

Introduction to HIV	Top priority	Medium priority	Low priority
• HIV basics	✔		
• How HIV works in the body	✔		
• Disease progression from HIV to AIDS	✔		
• How HIV is transmitted	✔		
• How HIV can be prevented	✔		
• HIV testing and ART initiation	✔		
Adherence			
• Common ARV drugs	✔		
• Treatment options and literacy	✔		
• Adherence counselling and initiation	✔		
• Measuring adherence	✔		
• Strategies for giving medication to adolescents		✔	
• Side effects of ARVs	✔		
Sexual reproductive health rights			
• Sexualized and reproductive rights			
• Gender norms and freedom of choice and bodily autonomy			
• Family planning methods			
• Access family planning services			

PATA (2017). Children, adolescents and HIV: A simple toolkit for community health workers and peer supporters

Pulling it all together

Once you have decided on the topics that you want addressed in your training, you can add them to your template. It will then look something like this:

Final template for training

Module:	Module:	Module:	Module:	Module:	Module:	Module:
Understanding HIV and AIDS	Communication Skills	Roles and responsibilities of the peer supporter	Sexual and reproductive health	Adherence	Values clarification	Psychosocial support
HIV Basics	Building trust	Understanding support	Parts of the body concerned with sex and reproduction	Common ARVs	Self-awareness	Helping adolescents manage relationships
How HIV works in the body	Active listening	Revisiting roles and responsibilities	Adolescent sexuality and body image	Treatment literacy	Attitudes and values	Disclosure
Disease progression: from HIV to AIDS	Asking open-ended questions	Advantages of peer support	Different sexual behaviours	Adherence counselling and initiation	Stereotypes	Reducing risk behaviour and positive living
How HIV is transmitted	Verbal and non-verbal communication	Peer supporters as part of the multi-disciplinary team	Sexually transmitted infections	Measuring adherence	Gender norms and biases	Coping skills
How HIV can be prevented	Non-judgemental behaviours	Ethics	Contraception and child-bearing choices	Strategies for giving medication to adolescents	Cultural sensitivity and working with key populations	Substance use
HIV testing & ART initiation	Running groups	Self-care	Harmful traditional practices	Side effects of ARVs	Impact of stigma and discrimination	Self-esteem building
Screening mental health and exposure to violence/ abuse or other social challenges (drugs/alcohol abuse)	Using creative approaches to work with adolescents: art, music, drama, sport		PMTCT and supporting young mothers	Sexuality and reproductive health	Family planning methods	Knowing when additional assistance is needed and how to refer

Developing the training

Having familiarised yourself with the resources and tool kits available you can now decide if you want to develop your own training using available materials and resources such as PATA's A simple toolkit for community workers and peer supporters (2017) which are freely available here and can be adapted at little cost to suit your context.

Alternatively, many organisations have training tool kits that provide a fully developed training curriculum with exercises and activities built-in (see Appendix 2 for examples). Whatever you decide, it will be important to ensure that the content is aligned to country policies and guidelines and your own health facility guidelines and SOPs. For example, the age at which a young person can test without parental consent differs between countries. It is important to check whether you have local organisations that provide accredited training that meets your needs. This can be beneficial as core training, with any additional trainings providing top-ups in areas not sufficiently covered in the core training.

Training agenda

Now that you have a complete training template at your fingertips you can begin to draw up the training agenda. Amongst other things, this will depend on the length of the training, the best days for a training workshop, for example when the facility is not too busy, and the availability of a trainer and venue. Depending on the workload of facility staff, you may want to run the training over an extended period or over consecutive days, for example a week. Whatever your decision, let your peer supporters and other interested staff know the training dates and location of the training so that they can set aside the necessary time.

The template below provides guidance on drawing up a 5-day workshop agenda and can be adapted to suit the needs of the organisation or facility concerned. Remember that you will always have to include a module for welcome, introductions and course objectives

Training agenda template

Time	Day One	Day Two	Day Three	Day Four	Day 5
08:30-10:00	Welcome and introductions Module 1: Course overview, why we are here and setting ground rules and pre-training questionnaire	Module 3: Communication and Counselling Skills	Parts of the body concerned with sex and reproduction	Common ARVs	Helping adolescents manage relationships
10:00-10:15	Tea break	Tea Break	Tea Break	Tea Break	Tea Break
10:15-12:00	Module 2: Understanding HIV and AIDS	Module 3: continued	Module 4: continued	Module 6: Continued	Module 7 continued
12:00-13:00	Lunch	Lunch	Lunch	Lunch	Lunch
13:00-15:00	Module 2: Understanding HIV and AIDS continued	Module 3: Continued	Module 5: Sexual and reproductive health	Module 6: Continued	Module 8: Psychosocial support
15:00-15:15	Tea Break	Tea Break	Tea Break	Tea Break	Tea Break
15:00-16:30	Module 2: continued	Module 4: Roles and responsibilities of the peer supporter	Module 5: continued	Module 7: Values clarification	Module 8 continued
16:30-16:35	Recap, evaluation and closing	Recap, evaluation and closing	Recap, evaluation and closing	Recap, evaluation and closing	Recap, evaluation, post-training questionnaire and closing

Preparing for training

Prepare for your training by putting together a trainer's folder containing all the necessary documents, for example hand-outs, the workshop evaluation form, the pre-training knowledge assessment form and an agenda for the training, as well as ensuring slides and other training materials are ready.

You may find it helpful to make use of the checklist below to ensure you have thought of everything as you prepare for the training:

Training preparation checklist

Introduction to staff		Top priority		Medium priority	
Know your budgets/costs		Prepared material		Follow up meetings with peer supporters	
Transport		Daily evaluation		Structural learning visits	
Hand outs		Daily facilitators de-briefing		Ongoing data collection and M&E	
Invitation letter		Data collection tools		Practical on the job training and mentorship	
Facilitator's briefing		Pre/post assessment		Certification	
Security					
Registration forms					
Agenda					
Audio-visual equipment					
Venue and catering					

You will need a training register to keep a record of participants attendance (see below).

Training register template

Name, date, time and venue of training								
Name	Facility/ organi-sation	Sex	Age	Address	Contact Tel	Email	Previous training	Signa-ture

Training evaluation

Always ensure that there are tools in place to help you evaluate your training. Informal evaluation can take place at the end of each day as a means of "checking in". This is a useful approach that allows trainers to check that people understand the course content and enables them to make changes where problems emerge, for example revisiting a session where feedback indicates a need for further input. Encourage honest feedback by using emoticons (sad and happy faces) to show what trainees did and didn't like. Feedback should also be anonymous.

A training evaluation/feedback form collects trainee feedback on the training process, and identifies gaps and problems. It is especially useful for planning future trainings. Below is a sample training feedback form that can be used in the evaluation process:

Workshop evaluation template

Instructions: (Please tick box as applicable)				
Training:				
Facility/organisation:				
Venue:				
Trainers:				
	Agree	**Strongly Agree**	**Disagree**	**Strongly Disagree**
The objectives of the training were met				
The presenters kept me interested				
The material presented was relevant				
The training was easy to follow				
The trainers were well-prepared to answer questions				
The exercises and role-plays were helpful				
The venue was right for the training				
I feel equipped to fulfil my role in this area				
What was most useful in this training?				
What was least useful in this training?				
Are there any topics that you would like addressed in future training?				
Any other comments:				

Adapted from: Advocates for Youth (2002). Training Youth to be Peer Educators: A peer education programme to prevent HIV and STIs

Training packs

These should be prepared in advance of the training for each peer supporter and should include the agenda, training toolkit and/or manual, handouts, job aids, training evaluation, as well as any forms peer supporters will be required to complete in the health facility as part of their role. Pre- and post-training questionnaires can be handed out at the time of administration. Peer supporters appreciate helpful tools, like a bag, a t-shirt, an umbrella, a note book and other materials make them feel recognised and part of the clinic team.

Did training meet the objectives?

LEARNING SPOT

It is very important to determine how effective the training has been. This can be achieved by administering a pre- and post-questionnaire. This is the most common way to check that knowledge has been transferred. In this approach the trainee is asked the same questions before the training and again at the end of the training. Scores can be compared for each question to get an idea of where there is the most need for additional training on a certain topic.

Follow the steps below to help you develop an effective pre- and post-test assessment instrument.

1. List your core modules for example treatment adherence

2. Establish the objectives of the training and the learning outcomes that you would like to see. In the case of treatment adherence objectives might be:

    - To know common first-line ARVs and ART regimens and to be able to explain to a client how to take them
    - To know the benefits of ART
    - To help client recognise and manage the side effects of ARVs
    - To understand common barriers and facilitators in treatment adherence and to assist clients in identifying their own personal barriers and facilitators
    - To help clients develop an adherence plan suited to their lifestyle, taking into account their particular barriers and facilitators to adherence

3. Brainstorm 10 questions that would effectively test peer supporter knowledge in this area, both prior to the course and after the information has been presented

4. Select 5 questions that are multiple choice, true/false or fill in the blank to pique interest

5. Use the data to improve and further develop your training programme

The sample pre- and post-test needs assessment questionnaire below reflects the objectives of the training course. In this case the training module addresses treatment adherence. The template can be adapted to a variety of core modules. Remember two sets of questionnaires will be needed. These should clearly indicate which is for pre-test and which for post-test administration.

In addition to assisting in determining the efficacy of the training with regards to knowledge acquisition, this process can also assist in assessment of each peer supporter in order to ensure they achieve a minimum standard of knowledge before they begin to work in the health facility. This exercise can help to pick up which peer supporters may need extra assistance to ensure they are suitably equipped to begin engaging with clients.

Pre-test questionnaire template

Title of Training: Peer Support Training
Topic: Adherence
Facility:
Date: July 25-30 2019
Facilitator:
Name of Peer Supporter: (alternatively use an identifying number). ID Number 0001

	True	False
1. CD4 cells help protect a person against infection		
2. Cotrimoxazole (CTX or Bactrim) helps to prevent opportunistic infections		
3. Normally a person's CD4 count will go down when they start taking ARVs		
4. A person who is virally suppressed cannot pass HIV onto his or her partner but should still use a condom when having sex		
5. Many side-effects of ARVs go away within 2-3 weeks		
6. Peer educators can create an ART adherence plan with their client		
7. Most people forget to take their ARVs because they are lazy		
8. Missing your ART dose once in a week is acceptable		
9. People can share their ARVs		
10. If a 1st line regimen is not working for a person the nurse may switch to 2nd line		
11. If you feel sick on ART you should stop taking it		
12. If you are a few hours late taking ART you should rather not take it at all		
13. A viral load shows how much HIV virus there is in a persons blood		
TOTAL SCORE		

Adapted from: ICAP (no date) Comprehensive peer educator training curriculum: trainer manual

Key 1: T; 2: T; 3: F; 4: T; 5: T; 6: T; 7: F; 8: F; 9: F; 10: T; 11: F; 12: F; 13: T

Of course, pre- and post-knowledge questionnaires can only assess knowledge acquisition, which is only part of what the peer training is trying to achieve. Roleplays are a better way to assess skills acquisition such as communication and counselling skills. These should be incorporated into the training and used frequently.

See Section 14 below for more on assessment of peer supporters.

6. Addressing logistics

It is now time to think about the logistics for your training. This will include the venue, refreshments and other aspects that should be considered if things are to run smoothly. You can use the checklist below as a guide:

Training checklist

Activity	Responsibility	By when
Invite peer supporters		
Prepare training programme		
Book trainers for time required		
Arrange training packs (handouts, leaflets, agenda)		
Purchase any materials needed (flipcharts, kokhis)		
Decide on a venue and book it		
Check suitability of the venue eg. space, toilets		
Arrange food/refreshments		
Arrange transport		
Arrange accommodation if required		
Budget items		
Materials for training		
Trainers (if applicable)		
Transport		
Food/refreshments		
Accommodation		
Venue hire		
Other		

Adapted from: German Foundation for World Population (DSW): Sexual and reproductive health training manual for young people (2006).

7. Conducting training

LEARNING SPOT

It is important to ensure that the training includes interactive, participatory and skills development approaches. A didactive 'lecture-style' method of training throughout the course is not likely to hold attention, and more importantly, it does not provide participants the opportunity to interact with one another, build group cohesion and develop essential skills (eg. listening and basic counselling skills).

More interactive learning approaches also give the trainer a chance to reflect on the progress of the group in terms of knowledge and skills acquisition.

The learning approaches should therefore include a good mix of didactic learning, group work and role plays. Other means of engaging such as use of videos, guest speakers are also valuable.

The below may be helpful too as a guide.

Characteristics of a good training programme

What makes a good training programme:

- A supportive training environment that is non-judgmental, accepting, open and safe
- A diverse group of participants
- Include motivational experiences such as meeting PYLHIV
- Experiential learning such as games, exercises, and brainstorming
- Provide opportunities for trainees to perform as peer educators in the field
- Create a strong team and build trust both among trainers and trainees
- An environment that includes some fun
- Including retreats or field trips that help a group to bond
- Convince participants that they can, and indeed are, making a difference
- Explore and resolve conflicts within the group
- Remember incentives such as snacks, certificates, group outings, credit for community service, praise, and media attention

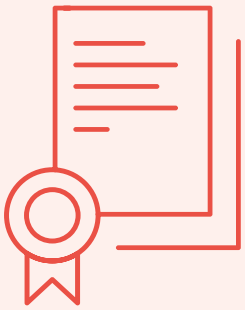
Adapted from: IPPF (2007). Included, Involved, Inspired: A framework for youth peer education programme

Recognising training

A certificate acknowledging workshop attendance is important as it is encouraging for peer supporters to feel that they have developed knowledge and skills. In addition, formal recognition of courses attended can assist the young person when it comes to future job opportunities.

Completion of training certificate template

CERTIFICATE



This is to certify that (name) has successfully completed a five-day training on:

- Basic HIV
- Sexual and Reproductive Health
- HIV adherence
- Communication skills
- Roles and Responsibilities of the peer supporter
- Values clarification
- Psychosocial support

Conducted at: (venue)

Dates: (start and end date)

Manager

Facility or organisation name

Name

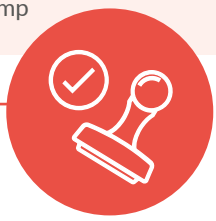
Signature

Trainer

Name

Signature

Organisational Letterhead or Stamp



If possible, organise a special day for peer supporters to receive their certificates and provide items for peer educators to identity themselves with the programme, such as identity cards, T-shirts, etc.

In-service approaches to training

Job shadowing

LEARNING SPOT

In service training can take many shapes and forms. One effective approach to training peer supporters is through job shadowing. Peer supporters who struggle with some activities or functions often benefit from watching others who have more experience. They can observe a member of staff as he or she engages with patients and other members of the health team in their daily activities.

Job shadowing provides an opportunity to observe leadership styles, get first-hand experience of problem-solving and relationship skills and gain confidence in the ability to deliver a variety of services. Peer supporters can job shadow their supervisor or another more experienced peer supporter.

It is a good idea to document the job shadowing experience as this can help determine further training requirements. Below is a sample job shadowing tool for health providers implementing this approach.

Optimally, peer supporter training would include both a training course as well as a job shadowing component. Note that job shadowing alone is not sufficient training for peer supporters and they should as a minimum participate in a training course as described above.

Job shadowing template

Health Facility	
Date and Time	
Peer Supporter	
Staff member shadowed	
1. What activities did you observe in the course of job shadowing?	
2. Was there an activity you observed that you would like to learn more about? Please explain	
3. As a result of job shadowing would you do anything differently in your own interactions with patients and staff? Why?	
4. What did you learn from your job shadowing experience?	
5. Are there any other members of staff you would like to shadow?	

8. Tools and methods for assessment

LEARNING SPOT

As mentioned above, it is important to ensure peer supporters are competent before they begin working in the health facility. Both knowledge and skills need to be assessed. As mentioned above, knowledge change will be assessed as one way of evaluating the programme. Post-training knowledge scores can be used to determine whether knowledge has reached a minimum standard. For each set of questions per each core module, you will need to decide what the minimum score to be achieved for knowledge competency should be. In addition, evaluation of communication and counselling skills should also be undertaken. Ideally this should happen firstly through a role play with other peer supporter/s, and secondly, during a practical assessment with a client attending the health facility.

The template below can assist you in evaluating both knowledge and skills during a role play and real encounter.

Both the questionnaires and the practical assessments will highlight whether additional training is required before the peer supporter is able to take on their role in the health facility.

Peer educator supervised practical checklist

Instructions: One checklist for each peer supporter should be completed during the practical. As you observe a specific skill being demonstrated, tick your rating as GOOD, FAIR, or POOR. If you want to make comments or recommendations, write in the right-hand column and be sure to share comments with the peer supporter. Note that it is unlikely that all items on the checklist will be observed during the practical. This extensive list of skills is intended to be a guide. At the end of the practical, complete the final evaluation for each participant.

Name of Participant: _____ Name of Assessor(s): _____

Dates of Practical: _____ Name of site: _____

Key Skill Area	Assessor's Rating (Tick One)			Comments
	Good has mastered the skill	**Fair** needs more practice	**Poor** needs more training	
General Communication Counselling Skills with Individuals and Groups				
Introduces self and role as a peer supported and identifies self as an ALHIV				
Ensures privacy and explains confidentiality to clients				
Demonstrates at least 3 essential communication skills				

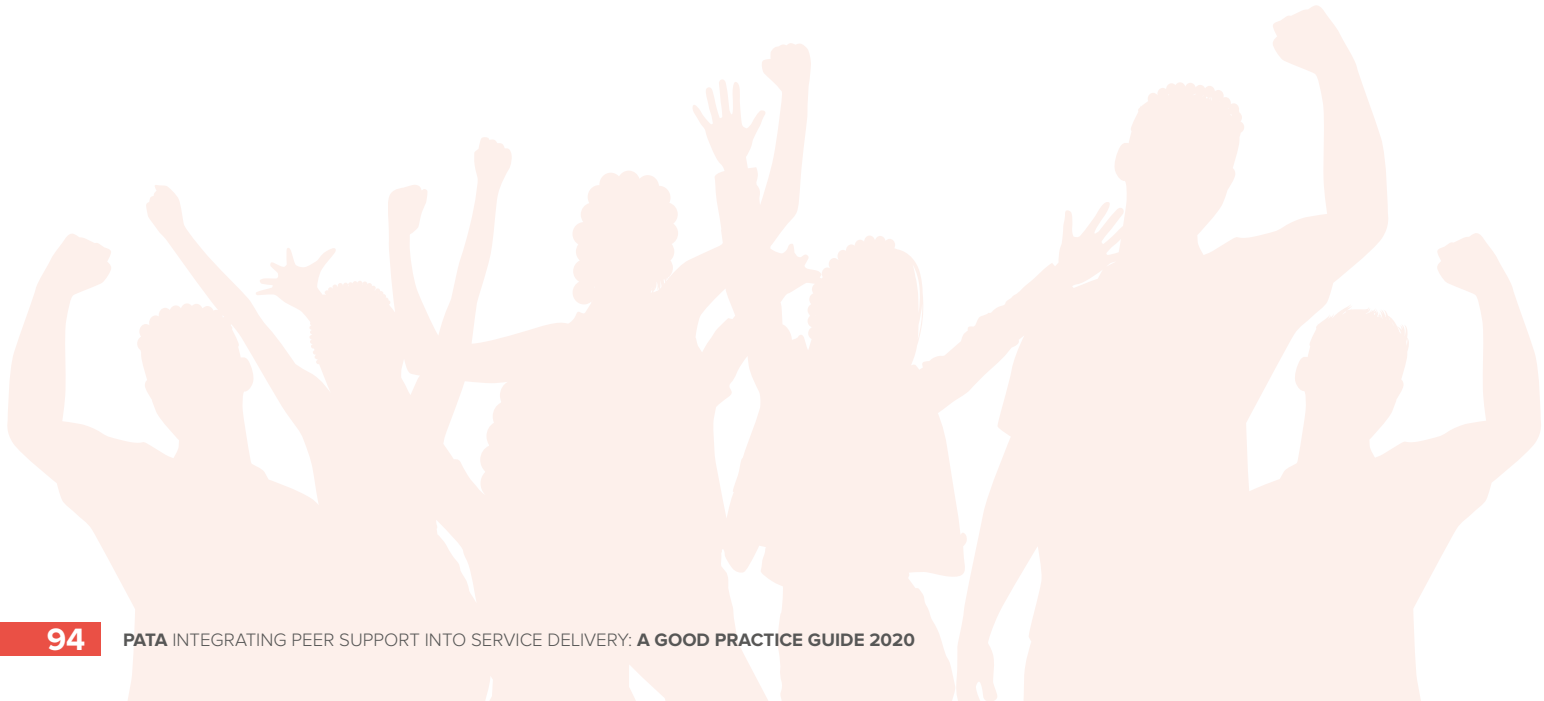
Key Skill Area	Assessor's Rating (Tick One)			Comments
	Good has mastered the skill	**Fair** needs more practice	**Poor** needs more training	
Basic Communication about HIV				
Explains the difference between HIV and AIDS				
Explains how HIV affects the immune system				
Explains the different ways HIV is transmitted				
Clarifies the way HIV is NOT transmitted				
Explains the different ways HIV can be prevented				
Sexual and Reproductive Health				
Describes the functions of reproductive and sexual body parts				
Describes ways to practice safer sex and prevent HIV				
Demonstrates male and female condom use				
Gives clients basic information about signs and symptoms of STIs				
Advises on complete treatment of STIs for self and partner				
Can describe family planning and contraceptive options				

Key Skill Area	Assessor's Rating (Tick One)			Comments
	Good has mastered the skill	**Fair** needs more practice	**Poor** needs more training	
Comprehensive HIV Care and ART				
Describes the components of comprehensive HIV care				
Explains why HIV care is important, even if a person is not on ART				
Explains the most common medical issues that AYPLHIV may experience, some basic symptoms, and basic ways to prevent them				
Explains who needs ARVs and ART				
Provides basic information about ARV side effects				
Recognizes when a client describes concerning side effects and provides an immediate referral to the multidisciplinary care team				
Advises clients never to stop taking ARVs without coming to the facility first				
Escorts clients to referral points within the health facility				
HIV Prevention, Care, and Treatment for Young Pregnant Women and Their Children				
Explains the definition and importance of PMTCT services to young pregnant women				
Adherence Support				
Explains the importance of adherence to care and medicines				
Helps support clients who are having adherence challenges by giving practical examples about adherence strategies				
Asks about adherence at follow-up visits				

Key Skill Area	Assessor's Rating (Tick One)			Comments
	Good has mastered the skill	**Fair** needs more practice	**Poor** needs more training	
Psychosocial Support				
Can suggest positive and practical ways to cope when a client expresses psychosocial needs and concerns				
Offers practical suggestions to clients to cope with and stand up to stigma and discrimination				
Support Groups for ALHIV				
Demonstrates effective group communication skills				
Suggests and helps lead at least 1 youth-friendly activity or game				
Positive Living				
Describes the importance of positive living for ALHIV				
Understands when to make referrals for serious problems, like when a client appears to be very stressed or sad				
Explains healthy and unhealthy behaviours for ALHIV				
Encourages AYPLHIV to be involved in their own care				
Disclosure Support				
Freely discloses own HIV status to clients and health care workers				
Provides disclosure support to clients and caregivers, using tools like the Talking Tree				
Community Outreach, Education, and Linkages				
Provides clients with basic information about available community resources, using a resource map or inventory				

Key Skill Area	Assessor's Rating (Tick One)			Comments
	Good has mastered the skill	**Fair** needs more practice	**Poor** needs more training	
Record-keeping and Reporting				
Correctly completes daily activity recording form and monthly reporting form				
Communication with Supervisor and Multidisciplinary Care Team				
Can appropriately communicate about client issues with other Peer Educators, supervisor, Programme Education Coordinator, and relevant members of the multidisciplinary care team on a daily basis				

Adapted from: ICAP (2011). Positive voices, positive choices: A comprehensive training curriculum for adolescent peer educators: trainer manual



As another form of assessment you may wish to ask peer supporters to reflect on the training and complete the questionnaire below, or use this as a basis for an interview with the peer supporter

Peer supporter post training interview template

Interviewer Name:

Peer Supporter Candidate:

Date:

Select the questions you feel are most relevant.

- Now that you have completed the peer supporter training, do you think you will be a good fit for our peer support programme? Why or why not?
- Tell us something new you learned during training and something new you learned about yourself.
- Define "confidentiality". In what circumstance would you break confidentiality? Who would you talk to?
- What skills do you believe are most important in being an effective peer supporter?
- Are there any areas within the peer supporter role that you may find challenging?
- How will you identify if you are becoming unwell and unable to maintain a peer/supporter relationship? How will you take care of your own wellbeing and what support will you need from staff?

Peer/Educator Relationship Process

- How would you approach the beginning of the peer/supporter relationship?
- How would you maintain the relationship?
- How would you handle the end of the peer/supporter relationship?
- Please describe the approach you would use to help your peer with goal setting.
- What is considered appropriate "self-disclosure"? What would be inappropriate?
- What is your understanding of "boundaries"? Describe your personal boundaries, and how you would present them to others.

Scenario Questions:

"One of the participants in the peer support group always puts me down after the meeting. I am getting sick of it and am thinking about quitting the group."

"I am having really bad side effects from the medication my doctor prescribed. I think I'm going to stop taking my medication, I will feel better without it."

"I'm tired of feeling like this, I'm so overwhelmed and I want it all to end. I think everyone would be better off without me anyways."

You are facilitating the small group check-in. One peer is sharing about an argument they had earlier in the day, and someone in the group says, "Are you talking about that fight with Nomzamo today?" What do you do?

11. What peer supporter services are you interested in participating in?

- One to One Mentoring
- Group Facilitation
- Group Outings
- Social Activity Planning
- Public Speaking

If you would like to have an opportunity to experience one or more of the activities above by shadowing a peer supporter before signing up, please let us know and we will arrange it.

Adapted from: Interior Health (2018). Getting Started: A Guide to Develop and Deliver Peer Support Services

KEY MESSAGES

1. **Training is essential for peer supporters to ensure knowledge and skills competence; appropriate and consistent ethical care and support for clients; and increased motivation and role satisfaction for peer supporters**
2. **Training should address topics aligned to the peer supporter scope of work and should take into account knowledge and experience of peer supporters as well as the needs of clients**
3. **In planning a curriculum, core modules (essential for the delivery of the PS programme) will likely include developing knowledge around treatment and side effects, care, support, adherence, disclosure, positive living, SRH, ethical issues, and communication skills**
4. **Setting objectives for the modules you include will guide content to be developed**
5. **Include ways to evaluate the training including seeking feedback from participants, pre- and post-training knowledge assessment and roleplays to assess skills development**

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Download the templates and checklists from this module.

6

Management tools and guidance

This module addresses the topic of peer supporter management, including ethical issues and conduct within the role. It discusses the importance of setting standards for professional conduct and focusses on key issues such as maintaining client confidentiality and setting boundaries. Step-by-step guidance is provided on establishing a supervision structure for peer supporters. Other supportive approaches such as mentoring, and debriefing are explored, along with motivation and incentivisation of peer supporters. The important matters of self-care and facility care and support for the peer supporter are also addressed.

1. Ethics and conduct in peer support
2. Supervision of peer supporters
3. Mentorship
4. Debriefing
5. Care for the peer supporter
6. Performance evaluation
7. Disciplinary and dismissal procedures
8. Motivation and incentivisation of peer supporters

LEARNING SPOT

An important topic which must be addressed with peer supporters is that of 'ethics'. In a health facility context, a code of ethics would refer to the core values of a given programme. In other words, it would provide the standards and guidelines for the healthcare team to follow. A code of ethics is usually supported by a code of conduct which tells employees what they may or may not do. It spells out rules about the behaviour that is expected of an employee. The difference between the two, is that a code of ethics influences judgement whilst a code of conduct has to do with actions.

In this module we will start by exploring ethics and behaviour as part of a broader discussion on Management Tools and Guidelines that will help facility managers to address concerns such as the supervision of peer supporters, debriefing and self-care amongst other things.

1. Ethics and conduct in peer support

Code of ethics

Every facility should have a code of ethics that all staff, including peer supporters, should abide by. Training should always include a session on ethics and ensure that everyone understands the consequences of violation. Because ethical issues are not always straightforward it is important that there is a common understanding of the difference between conduct that requires disciplinary action and conduct that calls for dismissal. Conduct that calls for dismissal is usually related to an ethical breach, for instance when patient confidentiality is not respected. See below for further discussion of this.

Generally, **a code of ethics centres around respect for human rights.** Start developing or revising a code of ethics for your facility by thinking about the human rights issues that are relevant to your programme. Always take into consideration the country in which your facility is situated as well as the community that the facility serves.

A key aspect such as client confidentiality needs to be part of a code of ethics. Below is a sample code of ethics, based on four core moral principles in healthcare– autonomy (freedom of choice), non-maleficence (doing no harm), beneficence (doing what is good) and justice (fairness).

Code of ethics sample template

Code of Ethics

(Name of facility) strives to ensure that we deliver the highest quality of care to our patients and that we treat all patients with dignity, respect and courtesy.
We are committed to providing healthcare equitably and ethically to the communities we serve.

We uphold the following core principles:

1. Respect for rights and dignity

We value and respect every young person as an individual in his/her own right, in his/her role as family member and a member of the community in which she/he lives;

2. Responsibility to the communities we serve

We respect the relationships of young people with their parents or caregivers, siblings, other members of the family and those who play a significant role in their lives;

3. Professional behaviour

We do not tolerate discrimination or exploitation of young people in any shape or form. We will uphold their rights including the right to participate;

4. Confidentiality

We will use information appropriately; respect the privacy of young people, maintain confidentiality and avoid misuse of personal information; we respect the rights of young people to be informed about matters concerning themselves;

5. Competence and Care

We facilitate the growth and development of each young person to achieve his or her full potential in all aspects of functioning;

6.Integrity

We will maintain personal and professional integrity; monitor service quality and actively support the development of quality service delivery to adolescents and young people.

Adapted from: FICE-Bulletin (1998). A code of ethics for people working with children and young people.

Ethical conduct

A code of conduct **outlines how a person should act in the course of their everyday work**. It is usually tailored to the facility or programme concerned and should be available to all staff. As a rule, a code of conduct is concise and clear.

When you draw up a code of conduct for your peer supporters it is important to remember that they were selected because they have had similar experiences to those of their young clients. This is one of the reasons why they are more easily able to form supportive relationships. Exemplary behaviour is not one of the criteria in the selection process for a very good reason. For example, a peer supporter who has engaged in unprotected sex is more likely to understand her client's reason for not insisting that her partner uses a condom. This doesn't mean that risk behaviour is ignored, rather it suggests that a peer supporter engages with his or her client from a place of understanding but shows seriousness in thinking and talking about the risks involved. The sample templates below will provide guidance in drawing up a code of conduct for peer supporters.

Peer supporter code of conduct template

Peer Supporter Code of Conduct

I (name) agreed to uphold this code of conduct in my work within the facility and the communities I serve.

1. Respect for persons: I will respect patients as persons and acknowledge their intrinsic worth, dignity and value

2. Best interests of well-being: I shall not harm or act against the best interests of patients, even when the interests of the latter conflict with their self-interest

3. Human rights: I will recognise the human rights of all people

4. Autonomy: I will honour the rights of patients to self-determination and to make their own informed choices and to live their own lives by their own beliefs; values and preferences

5. Integrity: I will incorporate these core ethical values and standards as the foundation of my professional conduct

6. Truthfulness: I will regard the truth and truthfulness as the basis of trust in my professional relationships with patients; unless overriding reasons confer a moral or legal right to disclose

7. Compassion: I will be sensitive to, and empathic with, the individual and social needs of patients and seek to create mechanisms for providing comfort and support where appropriate and possible

8. Tolerance: I will respect the rights of people to have different beliefs as these might arise from personal, religious or cultural convictions

9. Boundaries: I will not have sexual relationships with patients or take money from patients

10. Punctuality: I will be punctual and reliable in my duties

11. Self-care: I will make sure to take care of my own well-being and inform my supervisor if I am unwell

12. Role model: I undertake to do my best to act as a role model to my patients and the community that I serve

First name	
Signed	
Date	

PATA (2018). Children, adolescents and HIV: a simple toolkit for community health workers and peer supporters

Implementing a code of conduct:

	For peer supporters and staff	Implementation tips
Assure and Protect confidentiality	• Hold information about peers and their concerns in confidence • Confidentiality is assured, except in cases where the young person is a danger to himself or herself or others or is involved in illegal activity	• Train and supervise peer educators on how and when to protect confidentiality outside of the peer education session
Respect values	• Pledge to respect peers' values regardless of whether they differ from one's own • Peer educators should promote self-examination of values but not impose their own values on others	• Provide peer educators with the skills to examine their own values and to respect the values of other people
Respect diversity	• Respect the diversity of peers, regardless of sex, sexual preference, language, ethnicity or culture	• Ensure that peer education activities accommodate the needs of diverse groups of young people (such as the location and accessibility of sessions or language used) • Discuss prejudice and how it can be counteracted
Provide updated, correct and unbiased information	• Always provide correct and factual information to peers	• Ensure that training curricula and other materials communicate accurate, current, and unbiased information • Create an environment in which continuous learning can take place
Promote gender equality and equity	• Provide the same information in a similar manner to both young men and young women • Be sensitive to the traditions and beliefs of the community, but do not condone or contribute to unjust practices (such as forced and early marriages, and gender-based violence)	• Ensure that male and female peer educators and supervisors are represented in the programme equitably. • Train and supervise peer educators to promote gender equity
Recognise personal boundaries	• Be honest about your own situation and behaviours but recognise that other people are not obligated to share personal issues or experiences	• Create an atmosphere of trust where sensitive issues can be discussed freely
Be aware of individual limits and the role of referrals	• Acknowledge that education and training has limits. Peer education can, but will not always, increase knowledge, affect attitudes, and change behaviour • Peer educators should make referrals to specialists when needed	• Ensure that referral systems are in place • Train peer educators to conduct referrals
Avoid abuse of power	• Commit to using their skills and knowledge to improve the health of young people and refrain from using their position at the expense of others	• Train peer educators to use their status as a peer educator responsibly • Be sure programme staff and other volunteers are not abusing their position of authority over young people

FHI (2010). Evidence- based guidelines on youth peer education

Client confidentiality: a core principle

LEARNING SPOT

For peer supporters it is very important that they build trusting relationships with their clients. Keeping information confidential is an important part of this. Confidentiality can be breached in many ways, for example through emails, text messages, and by not being careful with client files or hard copies of documents. Peer supporters will often have access to client records making it necessary that they understand the importance of respecting confidentiality as well the circumstances under which a client's personal information can be shared, for example where there a risk of harm to self or others.

When clients are minors, this issue is particularly complex, depending on the legal framework within which you are working, as there may in addition be legal limitations to the privacy of minors with regards to certain behaviours, eg. Underage sexual activity, substance use, truancy, etc. It will be important to ensure peer supporters are well-trained on the facility guidelines and approach in this area.

Confidentiality is especially important to adolescents and young people who are often very concerned about how and with whom, information about their health and behaviour is shared. In view of this it may be useful to prepare a letter, or similar document, written in a youth friendly manner, that gives reassurance on this issue. The template below (Figure 4) provides some guidance.

Template for confidentiality agreement

You and your peer supporter

As a client in the adolescent programme at (name of facility), your well-being is very important to us. To make sure that you get the help you need you will be assisted by a peer supporter whose aim is always to be professional, respectful and trustworthy.

Professional support means you can expect your peer supporter to respect confidentiality. This means that he/she won't discuss you with anyone outside of the facility without your permission. The only exception will be if he or she feels that your safety, or the safety of others may be at risk. In this case he/she will speak to someone senior in the facility and will let you know about this.

Respectful peer support means that you can expect your peer supporter to honour your privacy. It will be up to you to decide what you want to share with your peer supporter but remember that you need only talk about things that you are comfortable to discuss.

Sometimes your peer supporter may offer advice or a suggestion, but he/she will not put you under pressure.

Trustworthy means that you can expect your peer supporter to be there for you. He/she will be on time and will listen to you during the time you spend together. This time may be spent in a counselling session, visiting your home, on follow up phone calls or any other activities that you and he/she decide on together.

As a client at the facility you should feel free to speak to your peer supporter if you have any questions, concerns or complaints about the programme.

By signing this letter, you and your peer supporters are agreeing to all the above.

Client (name)		Signature		Date	
Peer Supporter (name)		Signature		Date	

FHI260 (2017). Peer navigator training: core modules.

2. Supervision of peer supporters: a key concern

LEARNING SPOT

Every peer support programme should make space for supervision. Supervision helps to ensure that peer supporters are successfully integrated into the healthcare setting. It provides a platform for those who are new to the role to learn and grow under the guidance of someone more knowledgeable and experienced; an opportunity to reinforce ethical behaviour; and a space to talk about issues such as job and role clarification, expectations and performance – all to ensure peer supporters perform their duties optimally.

No matter how much work experience a peer supporter might have had, it is generally recognised that professional supervision helps to ensure that peer supporters will be effective in their role.

Benefits to supervision are numerous. Because it provides an opportunity to think about feelings, thoughts and behaviour, it encourages peer supporters to examine attitudes and values that might impact negatively on the adolescents and young people with whom they work. Supervision also protects peer supporters themselves. By helping them to manage challenging and difficult situations, it provides a valuable sounding board that can assist in avoiding burnout. Burnout is discussed later in this module (see Section 6 below).

Poor supervision is one of the main factors contributing to low staff morale and poor retention. Yet it is often overlooked or inconsistently addressed, for example when supervision takes place at irregular times and without any clear format.

In the following subsections we will be thinking about how peer supervision can be structured for the best results.

Steps towards effective supervision

LEARNING SPOT

A problem-solving approach and supportive style of supervision is recommended in order to develop the capacity of peer supporters and reinforce a team approach, making peers feel valued. For an effective supervisory structure various steps should be followed. It will also be important to ensure that there are tools and guidelines available to support the process. These include a clear job description (see Module 5), which can be used to structure supervision sessions and a performance evaluation tool. Performance evaluation is an important aspect of supervision and reviews should be regularly undertaken. This will be addressed elsewhere in this module.

The following checklist will help you to set up a framework for supervision.

Checklist for setting up supervision

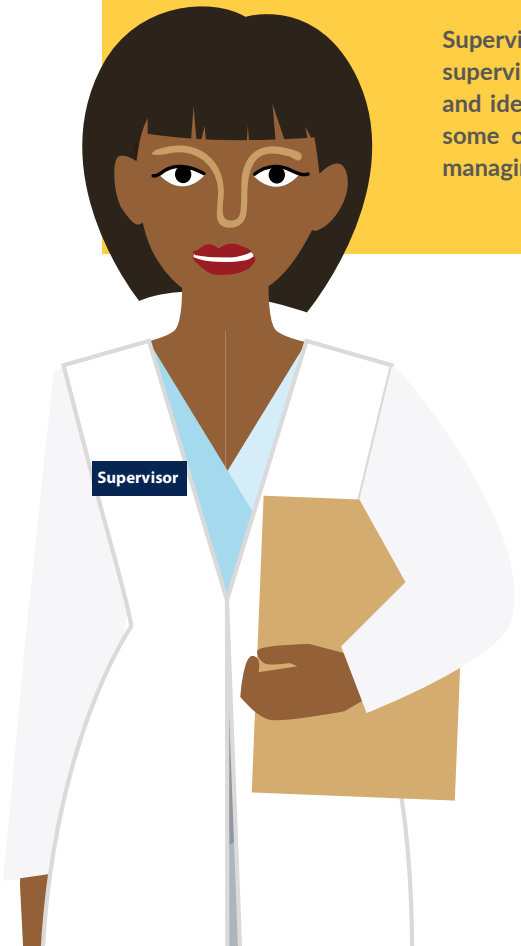
	Yes	No
1. Supervisor identified		
2. Supervisor trained to undertake supervision		
3. Protocols are available for supervision and expectations related to supervision are clearly understood		
4. Frequency of supervision determined (i.e. weekly or bi-weekly)		
5. Format of supervision agreed (eg. individual, group or both)		
6. Supervisor available to provide consistent supervision		
7. Job description for peer supporter available		
8. Performance evaluation tool available		
9. List additional tools required (eg. code of ethics)		

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit. Philadelphia, PA: DBHIDS

Getting started: identifying a supervisor

LEARNING SPOT

The person identified to provide supervision can be a designated, responsible staff member, such as a social worker, psychologist or other professional. To be effective, he or she needs to be able to build trust and establish boundaries.



Supervisors should be open to bringing their own beliefs and experiences into the supervisory session, whilst as the same time remaining mindful of the concerns, needs and ideas of the peer supporter they are supervising. They should also be aware of some of the common concerns that peer supporters have, for example difficulty managing their time, or problems fitting into the healthcare team.

Some of the skills and capacities of supervisors are listed below.

Skills and capacities of a supervisor

What to look for: a person who:

- understands and supports the role of peer supporters;
- is open, receptive, trusting and non-threatening;
- can help peer supporters to deal with ethical and other dilemmas, boundaries, self-disclosure and self-care;
- is easy to approach and speaks openly;
- is pleasant, friendly and reassuring and able to create an environment where peer supporters can feel safe to address challenges and ask questions;
- can identify strengths and areas where further training may be required;
- has knowledge, has the necessary skills and can transmit these so that peer supporters can better meet the needs of their clients;
- can support peer supporters to develop the skills to fulfil their administrative responsibilities;
- recognises the importance of wellness and can promote self-care;
- is a role model for respect and co-operation.

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit.

A more in-depth description of the requirements of a suitable supervisor are listed below (Table 1). It may not be possible to identify a supervisor meeting all the criteria but is a useful guide:

Desired knowledge, skills and attitudes of a suitable peer supporter supervisor

Knowledge/experience on the following issues / areas:	Skills needed in the following areas:	Attitudes to address / nurture:
• Quality services • Resource mobilisation • Young people's needs, particularly those of the target population • Rights based approach; sexual and reproductive rights of young people • Potential of young people • Sexual and reproductive health issues Including youth services in annual programme budget (APB) • Programme development • Monitoring and Evaluation • Publicity • Diversity of young people • Gender issues	• Partnerships development • Creativity: thinking outside the box • Inspiring young people Including young people living with HIV/ AIDS and other vulnerable groups in programmes • Programme development • Coaching/mentoring skills • Ability to create a conducive environment for young people, encourage sharing and trust, particularly through M&E • Flexibility • A sense of humour • Ability to work with youth from different cultural, socioeconomic, and ethnic backgrounds and from different sexual orientations • Comfortable with sexuality education and SRH issues • Excellent communication and facilitation skills	• Sharing of knowledge/ information • Being receptive to criticism • Proactiveness, positive attitude • Passion for the job, and enjoying working with young people • Creating learning and personal development opportunities • A non-judgmental attitude • Respect for young people • Commitment to the programme goals and objectives • Open minded about other people's choices of religion, sexuality, values and other individual attributes (this includes provision of condoms to young people, and their right to access abortion services)

From IPPF (2007). Included involve inspired: a framework for youth peer education programmes

Code of conduct for peer supporter supervisors

Just like peer supporters, supervisors should have a clear code of conduct to guide them in their role. The sample code of conduct below may be helpful in developing a document for your supervisor:

Code of conduct for supervisors

1. Show respect to peer supporters by:

- Treating them courteously as they would like to be treated
- Welcoming differences and respecting their privacy
- Maintaining confidentiality in all aspects of their health status

2. Work co-operatively with peer supporters:
Give appropriate credit to all contributions of the peer supporter. Be fair by:

- Handling matters consistently, with fairness and due process
- Using equitable and non-discriminatory management practices

3. Have compassion towards peer supporters by:

- Understanding that work experiences can impact the lives of peer supporters
- Be aware of and responsive to individual needs and feelings

4. Demonstrate trustworthiness by:

- Saying what you mean and meaning what you say. Model full, clear and honest communication and disclosure
- Employ good judgement and ethical behaviour in decision making, never compelling peer supporters to partake in unethical, improper or illegal conduct
- Avoid conflicts of interest by ensuring that outside interests, affiliations or activities do not influence or appear to influence decision-making, research activities or job performance

5. Take responsibility for the actions and behaviour of peer supporters by:

- Being available
- Working directly with peer supporters
- Evaluating their performance at least twice annually
- Acting as a mentor and advocate for peer supporters
- Making time to mentor peer supporters and assist with debriefing
- Pursuing excellence and continuous improvement

6. Take responsibility for your role as supervisor by:

- Explaining who they report to
- Explaining their roles and responsibilities in the facility and/or community
- Explaining working hours per day/week/month
- Confirming the monthly stipend they will receive
- Explaining how costs will be refunded if they are incurred
- Explaining steps to take in the case of a grievance or conflict
- Discussing leave and leave periods (annual and sick leave)
- Explaining who to contact if they are sick and unable to report to work
- Discussing the contracts they will be required to sign
- Explaining that their role as a peer supporter will not change their rights as patient
- Discussing the potential risk of working with people who have infectious conditions such as TB or communicable diseases
- Explaining their expected behaviour and code of conduct
- Discussing the equipment that will be provided for them to do their work

Adapted from: PATA (2018). Children, adolescents and HIV: a simple toolkit for community health workers and peer supporters.

Different types of supervision: the best blend

LEARNING SPOT

A common expectation is that at least three types of supervision will be included in work with peer supporters. These are: i) administrative; ii) formative; and iii) supportive.

- Administrative supervision deals with administrative tasks
- Formative (educative) is valuable in building the skills and knowledge that peer supporters need in their work.
- Supportive supervision is concerned with strengthening self-awareness and encouraging self-care.

The different types of supervision provide a good overview of where the peer supporter is strong and where she or he requires further development. This helps to ensure that clients receive quality services. Supervision also provides a reliable basis for overall evaluation of performance.
Not all supervisors are good at managing the roles of formative, supportive and administrative supervision. In some settings two supervisors are identified so that administrative supervision can be undertaken separately from supportive and formative supervision.

The table below, provides an overview of the different types of supervision.

Supervision framework

Supportive supervision	Administrative	Formative (educative)
1. Helps to avoid peer supporter burnout	1. Orientates peer supporters	1. Assesses strengths and opportunities for growth
2. Helps resolve issues that can drain peer supporters emotionally	2. Explains administrative requirements and functions	2. Identifies the knowledge and skills needed for the work
3. Helps peer supporters to achieve a certain level of job satisfaction	3. Promotes knowledge and skills in administrative functions	3. Concerned with knowledge and skills development
4. Helps to ensure that clients receive quality services and that peers know how to perform a helping role	4. Monitors, reviews and evaluates peer supporter work	4. Identifies and provides learning resources
5. Develops and fine tunes peer supporter skills	5. Assists with time management	5. Builds professional identity
6. Encourages and reassures	6. Assesses peer supporter needs	6. Educates facility staff on the role of the peer supporter
7. May assist peers with dealing with their personal issues		7. Is a Health provider and peer supporter champion in the facility and community

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit and Boston University School of Social Work Center for Innovation in Social Work and Health, HRSA HIV/AIDS Bureau (HAB) (2009). Building Blocks to peer program success: A toolkit for developing HIV peer programs.

Determining the frequency and format of supervision

The golden rule for supervision is that it should be conducted regularly, either weekly or bi-weekly, preferable at an agreed time and on an agreed day. It can be conducted in a group, or individually, as co-supervision or as peer supervision. Each model has its own advantages and is discussed further below:

Group supervision

Group supervision brings peer supporters together, allowing for an exchange of information whilst at the same time building a team spirit. Generally, it is a good idea to ensure that both individual and group supervision are offered. The following tips provide a useful guide for supervisors running a group session.

Supervisor tips for group supervision

Tips For Group Supervision

- Start at the agreed time
- Follow the same format for each session for example a brief review of the previous session or a check in with each person
- Set ground rules collaboratively
- Decide on what is important and draw up an agenda. Remember you don't have to cover everything
- Keep to the allocated time: usually 60 or 90 minutes
- Encourage everyone to participate and show respect for their ideas
- Encourage peer supporters to think about problem solving rather than fixing
- Keep on track. It is important to think about primary issues and not allow long discussion. You can avoid this by setting a time limit for each person speaking
- Encourage peer supporters to think about their activities and interventions and the connections between these and the plans that clients develop for themselves

What To Avoid

- Human resources issues such as salary
- Excessive complaints about other staff members
- Personal matters outside of the facility

Adapted from: Milwaukee Child Welfare Partnership for Professional Development (2008). Supervisor guide-book: a comprehensive guide to getting started as a supervisor in child welfare.

Individual supervision

In individual, or one-on-one supervision only the supervisor and the peer supporter attend the session. This means that more attention can be focussed on the peer supporter and that he or she will have more time to discuss cases or share personal concerns. Individual supervision might be preferred by those who feel uncomfortable talking about their cases in front of others. Tips for individual supervision are provided below.

Tips for individual supervision

Tips For Individual Supervision

- Start at the agreed time
- Have a consistent structure for example: check in, discuss cases, address pressing issues, give strengths-based feedback, ask if there are any issues that need to be addressed, set expectations for the week
- Keep abreast of the cases that the peer supporter brings to supervision;
- Show respect by giving your full attention to the peer supporter, eg. do not take phone calls
- Keep a folder for each person receiving supervision to help you keep track of their needs and challenges and to record your observations
- Ask for feedback on the supervision
- Recognise growth and good work

Adapted from: Milwaukee Child Welfare Partnership for Professional Development (2008). Supervisor guide-book: a comprehensive guide to getting started as a supervisor in child welfare.

Co-supervision/peer supervision

Your setting might also lend itself to co-supervision. In this type of supervision peer supporters themselves meet regularly to discuss their work without a supervisor being present.

Advantages:

- it fosters responsibility
- it increases self-confidence and independence
- it builds supportive relationships and helps to develop supervisory skills.

An alternative is peer supervision, where a more experienced peer supporter is given the opportunity to supervise his or her peers. Like co-supervision, this approach decreases reliance on expert supervisors whilst giving the peer supervisor a chance to build skills at a more senior level. However, this form of supervision will require that peer supporters are given training. It is also important that an experienced supervisor oversees the session, at least initially.

Supervision of peer supporters in a community setting

Peer supporters can be active in the health facility, in the community or both. Regardless of the setting, supervision is essential. Various options exist for supervision at community level:

- non-governmental organisations provide supportive supervision
- village leaders can provide informal community supervision
- district and regional health offices might be involved
- a programme can be structured in such a way that peer supporters visit the health facility on a quarterly basis to obtain supervision, usually supplemented by group or peer supervision models (see Section 3.5)
- mobile technology can provide a way for peer supporters to keep in touch with their supervisors.

In cases where joint supervision involves a facility-based supervisor as well as a supervisor for community-based activities, it is important that clear channels for communication are established between the designated individuals. This will allow for feedback and ensure that links between community and facility remain strong. For a quick overview of the different options see below.

Supervision options in the community

External supervision	Group supervision	Peer supervision	Community supervision
• Designated supervisor from facility • District or regional health office involvement	• Designated supervisor supervises group of peer supporters in community setting	• An experienced peer supporter receives training to conduct group supervision	• Strong community-based organisations are trained to play a role in supervision

Adapted from: Tulenko, K. (September 2013). Supervision of community health workers.

Helping peer supporters to understand the role of supervision

Peer supporters who have not had any experience of formal supervision may not know what to expect. For supervision to be effective it is important for the supervisor to create a safe environment where supervision can take place in an atmosphere of trust. This is best achieved by preparing peer supporters adequately. A good starting point is to prepare a supervisory agreement (see sample agreement template below).

Sample supervision agreement template

Supervision Agreement

_____ _____

(insert name of supervisor) and (insert name of supervisee) agree to the following:

Type of supervision

Individual _____ Group _____ Both _____

Individual supervision will take place _____ (insert agreed frequency eg. weekly)

Group supervision will take place _____ (insert agreed frequency eg. weekly)

1. Goals of supervision

- To ensure that clients receive quality services
- To promote professional development
- To build skills and competencies

2. Supervisor Responsibilities

- Ensure that supervision takes place on a regular basis as agreed
- Work together with the supervisee to identify strengths and areas for improvement
- Respond to training needs and make sure that the supervisee has access to any resources s/he might need as well as to training opportunities
- Make sure that the supervisee and facility staff clearly understand the roles and responsibilities of the supervisee
- Ensure that the supervisee effectively supports the needs of his or her client and provides guidance and support where necessary
- Together with the supervisee, draw up an agenda for supervision
- Assist the supervisee to develop professional goals
- Address support needs related to administrative tasks

3. Rights of the Supervisor

- Raise and speak about any concerns regarding performance
- Observe the supervisee's work and provide direction if needed

4. Supervisee Responsibilities

- Be prepared to discuss case work as well as any challenges
- Ask for help if he/she is unable to cope with a situation or when it is outside the scope of practice
- Be open to feedback and willing to make any changes necessary
- Be prepared to give feedback on action items identified in a previous session
- Be open. If he/she is feeling overloaded or overwhelmed, talk about it
- Think about her/his professional development: identify skills gaps and training needs

5. Supervisee Rights

- Get regular supervision at the agreed time
- Participate in setting the agenda for each session
- Get constructive feedback on areas that may need improvement
- Be given the chance to act on feedback before formal documentation of a problem
- Have access to their supervisor or _____ (name of alternative)

This agreement can be changed at any time at the request of the supervisor and supervisee

We jointly undertake to work together towards making sure that supervision is both supportive and effective

Signed (supervisor) _____

Signed (supervisee) _____ Date: _____

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit. Philadelphia, PA: DBHIDS

Tools for effective supervision

Earlier we said that a supervisor and peer supporter should always have access to a job description and a code of ethics. Both are important in the provision of effective supervision. In addition, there are various tools that may be helpful in running and documenting supervision sessions and tools that can be provided to peer supporters to assist them in their role and provide a basis for discussion at supervision sessions. For example, the checklist below will help supervisors to plan and run their sessions by setting an agenda and keeping track of items discussed.

Sample agenda checklist

Agenda items for supervision

1. **Performance:** How are things going? What is working well and what is not going so well?
2. **Education and growth:** What skills are needed to engage effectively with peers; are there any resources that might contribute to skills development; review of progress against agreed goals.
3. **Relationships:** Are there any problems in relationships with co-workers; what are these and how might they be resolved?
4. **Management issues:** Are there any issues with regards to policies and procedures; is there anything that interferes with the ability of peer supporters to deliver a quality service?
5. **Wellness:** What are the challenges and performance factors that might interfere with wellness; are these factors impacting on performance currently: how might they be resolved?

Adapted from: Swarbrick, M. (2010). Peer wellness coaching supervisor manual. Freehold, New Jersey. Collaborative support programmes of New Jersey, Institute for Wellness and Recovery Initiative.

It is important to capture, and document information related to the agenda items. A simple way of doing this is to use a document plan. The sample template, below, provides guidance on how to structure this:

Sample template session document plan

Supervision session plan

Staff name: Belinda Maithufi
Supervisee: Jane Seakomela
Date: 28 July 2019

Format of supervision: Individual ☐ Group ☐

Agenda items discussed:

1. Performance
2. Education and growth
3. Relationships
4. Management issues
5. Wellness

Follow up on action items; changes or new approaches

1. Jane feels she is coping well in some, but not all, areas of her work
2. Jane keen to improve skills related to developing a client treatment adherence plan
3. Jane feels that co-workers think she spends too much time with her clients
4. Jane does not feel that the amount of time she spends with clients should be restricted (Protocols suggest 15 mins)
5. Jane is feeling stressed; she does not feel she can be effective in addressing client issues in the expected time frame

Agenda items discussed; changes or new approach	Person responsible
1. Education and growth: developing an adherence plan with client: • Adherence training to be conducted September Jane to attend.	Belinda Maithufi
2. Relationships/ education and growth: • Assist Jane in structuring sessions and identifying core issues • Role play a session with Jane	Belinda Maithufi
4. Re-visit protocols in light of above	Belinda Maithufi
3. Wellness: Stress reduction techniques addressed: Jane to use these	Jane Seakomela

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit.

For a quarterly, six monthly or annual supervisory review, the questionnaire below could also be provided to peer supporters to complete in advance of a face to face meeting where it can be used to guide the review. This questionnaire could also be used as part of a performance review (see below):

Peer supporter 3-/6/-12-month check-in template

1. What was the best day you've had as a peer supporter in the last 3/6/12 months? What were you doing? Why did you enjoy it so much?

2. What was the worst day you've had as a peer supporter in the last 3/6/12 months? What were you doing? Why did it trouble you so much?

3. What challenges have you had to face that have affected your ability to perform to the best of your abilities?

4. How can we support you to be able to perform your role better, i.e. resources, training, support, etc?

Below to be completed with supervisor

Action	Person/s responsible	Timeline for completion

Adapted from: Interior Health (2018). Getting Started: A Guide to Develop and Deliver Peer Support Services

Peer supporters will also benefit from access to tools to assist them in setting and implementing goals and ensuring they are meeting the expectations of their role. Regardless of how regularly supervisors meet with peer supporters to provide supervision, peer supporters should submit a weekly plan to their supervisor which can be used to identify priority activities for the week. In addition, a weekly report should be prepared by peer supporters, providing a record of their activities over the last week. Comparison of plans and reports can also assist to identify where weekly goals are being achieved and where peer supporters are not meeting their plans/goals for the week and may need more assistance. Plans and reports can provide a useful starting point for supervision sessions.

When peer supporters are new to the role, or when they are in the process of establishing a relationship with a new client, they may benefit from using the below checklist (Figure 14) to evaluate their own performance, particularly around the counselling/support component of their role. This can then be discussed in supervision and ways to improve on this addressed.

Evaluation checklist:

Questionnaire			
	Yes	No	Not applicable
Did I establish rapport in my greeting and opening conversation?			
Did I ask open-ended questions?			
Did the client speak as much/more than I did?			
Did I get information on the client's perspective on his/her illness and treatment?			
Did I give information in response to goals, concerns and problems that the client expressed?			
Did the client show that he/she understood the meaning of the information provided?			
Did I provide too much information?			
Did I assess whether the client has adequate social support?			
Did I discuss referral needs and options with the client?			
Did we agree upon a plan of action for the immediate future?			
Did I deal with the client's and my own emotional reaction?			

Adapted from: IMPAACT/AIDSMARK (2001). Quality Assurance Measures for VCT Services

It is also important to provide peer supporters with a channel of communication for any problems encountered in their relationship with their supervisor. Should this situation arise, they should know that they have someone who they can discuss this with who will take their concerns/grievances seriously; treat information confidentially; and take steps to address concerns.

3. Mentorship

Peer mentorship

LEARNING SPOT

Supervision can be strengthened further through peer mentorship. In this approach, a supervisor identifies a more experienced peer supporter that the new peer supporter can work with. Less experienced or new peer supporters are given the chance to learn through direct observation and workplace support whilst at the same time benefitting from hands-on observation of day-to-day service delivery. This is a good way of orientating the new person to your facility and to the work requirements.

Think about the fit between the peer supporter and his or her mentor, eg. will the mentor and peer supporter be able to work well together; does the mentor have enough time to take on this role and is she or he competent to do so?

The checklist below provides a list of factors that should be taken into consideration.

Choosing a peer mentor checklist

Choice of a peer mentor		
	Yes	No
1. Does the mentor have enough time to mentor a peer supporter?		
2. Does the mentor have the capacity to mentor a peer supporter?		
3. Does the peer mentor have a positive attitude towards his or her work?		
4. Has the peer mentor demonstrated competence in his or her work?		
5. Does the peer mentor understand the mentorship role and the opportunities it presents for self-development?		
6. Will the mentor and peer supporter be able to work well together?		

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit.

Remember to prepare the peer mentor for his or her role. The mentor should be familiarised with any reporting tools that the peer supporter will be required to complete and should provide the necessary guidance. To facilitate learning the mentor can give the peer supporter responsibility for completing specific tasks within agreed timelines. Time should be set aside for the peer mentor and supervisor to discuss progress with the peer supporter. As a first step in introducing a mentorship approach, the mentor may benefit from a checklist, such as the sample checklist below.

Peer mentor checklist

Choice of a peer mentor
1. Introduce yourself: give the peer supporter an idea of who you are, what your role is and share some of your experiences of the work. Don't forget to ask the peer supporter what s/he hopes to learn from you
Date: Notes:
2. Introduce the peer supporter to the adolescent and young people who attend the facility; talk about some of the successes you have experienced; highlight some of the challenges and strategies you have found helpful in assisting young people to overcome these
Date: Notes:
3. Make sure that the peer supporter is introduced to all staff with whom s/he will be working; describe the work that each person does and the connections between them;
Date: Notes:

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit.

Job shadowing

LEARNING SPOT

Another way to provide new peer supporters with opportunities to learn is through job shadowing. In this approach the peer supporter follows a supervisor or other experienced staff member as he or she carries out her daily activities. Job shadowing can be especially helpful for peer supporters who may be struggling with certain aspects of their work and could benefit from observing a more experienced member of staff.

Job shadowing is discussed in more detail in **Module 5**.

4. Debriefing

Supervision, mentorship and job shadowing all help to ensure that peer-supporters are given the direction and guidance needed to achieve the best possible outcome for their clients. Part of this has to do with making sure that any negative effects of patient involvement do not compromise the ability of the peer supporter to continue to perform optimally. Most health providers recognise that caring for others may expose them to stressful situations that can result in psychological or physical distress.

LEARNING SPOT

Debriefing is a process where individuals who have experienced high stress are helped to recover and build resilience. It is not counselling but can be thought of as a stress reduction technique that minimises the impact of adverse events and helps to avoid their recurrence. Since debriefing gives people the chance to think about their experiences, reflect on what happened and why, as well as on opportunities to do things differently, it has value in different contexts. For instance, whilst every effort is made to ensure workplace safety, a peer supporter in the community may witness a criminal act or other form of violence. In this context, debriefing can play an important role in helping the peer supporter to process the experience, whilst also providing an opportunity to address safety considerations.

Below is a debriefing checklist that can assist you to address important aspects of the process (see below.)

Debriefing checklist

1. Introduction: This can be to a group or individual; each person makes a statement about what happened
2. Understand and respond to safety issues: People are often left feeling vulnerable following an adverse incident; allow space to talk about these feelings
3. Allow for ventilation of thoughts and feelings: It is important to allow people to talk about their feelings in a safe, non-judgemental space where unique reactions can be validated
4. Build awareness for possible reactions: Talk about the reaction that might occur in the days, weeks and months following the event
5. Be aware of cognitive, emotional and physical reaction to the event: Stay alert for maladaptive behaviours that surface during debriefing, for example anxiety, avoidance. These provide an indication of the need for more intensive intervention
6. Remember that debriefing on its own is not enough to facilitate recovery: Make sure that people know about any additional resources available to them
7. Remember the aims of debriefing are to help a person or persons to regain a sense of safety, security and well-being so that disruptions to their professional life are minimised and they are able to continue to provide their patients with the necessary care and support

Harrison R., Wu., A. (2017). Critical incident stress debriefing after adverse patient safety events. American Journal of Management Care.

5. Care for the peer supporter

Self-care

LEARNING SPOT

One of the most important components of any peer support programme is self-care. Being a peer supporter is a stressful role. The risk of burnout is high in health care and peer supporters are no exception. It is important to remember too that peer supporters, by their very definition, represent the vulnerable population you are working to support through the peer supporter programme, and as such, are dealing with many of the issues of your clients in their personal lives. For all these reasons, it is very important to monitor for stress and burnout.
Stress can be experienced in a number of different ways:

- Physically, eg. Tiredness and exhaustion
- Emotionally, eg. Anxiety / depression and mood changes
- Cognitively, eg. Difficulty concentrating
- Behaviourally, eg. Missing work frequently, decreased work effectiveness, self-destructive behaviour, eg. Substance abuse
- Spiritually, eg. Increased or decreased interest in religion, questioning the way things are

Burnout is a state of emotional, physical and mental exhaustion that is caused by excessive and unrelenting stress. When that stress continues over a long period a person who is experiencing burnout will feel overwhelmed, emotionally drained and unable to meet work demands. This makes it especially important that peer supporters can identify the signs of burnout and take steps to avoid it. Self-care should always be addressed in supervision.

Adapted from PATA (2017)
: Children, Adolescents and HIV: a simple toolkit for community health workers & peer supporters

One way to assess the well-being of a peer supporter is to have the peer supporter complete a self-care questionnaire for discussion with his or her supervisor. The sample questionnaires below (Figure 18 and 19), can be used for this purpose. This is not a comprehensive list of questions but can be used as the basis for talking about self-care strategies.

Self-care questionnaire checklist

Peer supporters should be asked to consider how often they are partaking in the activities below.

	Sometimes	Always	Never
Physical self-care			
1. Eat regularly			
2. Eat healthy food			
3. Get exercise			
4. Make sure I get enough sleep			
Psychological self-care			
1. Make time for self-reflection			
2. Try to decrease stress in my life where possible			
3. Am open to trying new things			
4. Can say “no” sometimes			
Emotional self-care			
1. Spend time with other people.			
2. Praise myself			
3. Love myself			
4. Make time for the important people in my life			
Spiritual self-care			
1. Support causes I believe in			
2. Meditate, sing or pray			
3.Have a spiritual connection or community			
4. Am hopeful and optimistic			
Work self-care			
1. Take breaks (eg. lunch)			
2. Set limits			
3. Don’t take on too much: balance my case load			

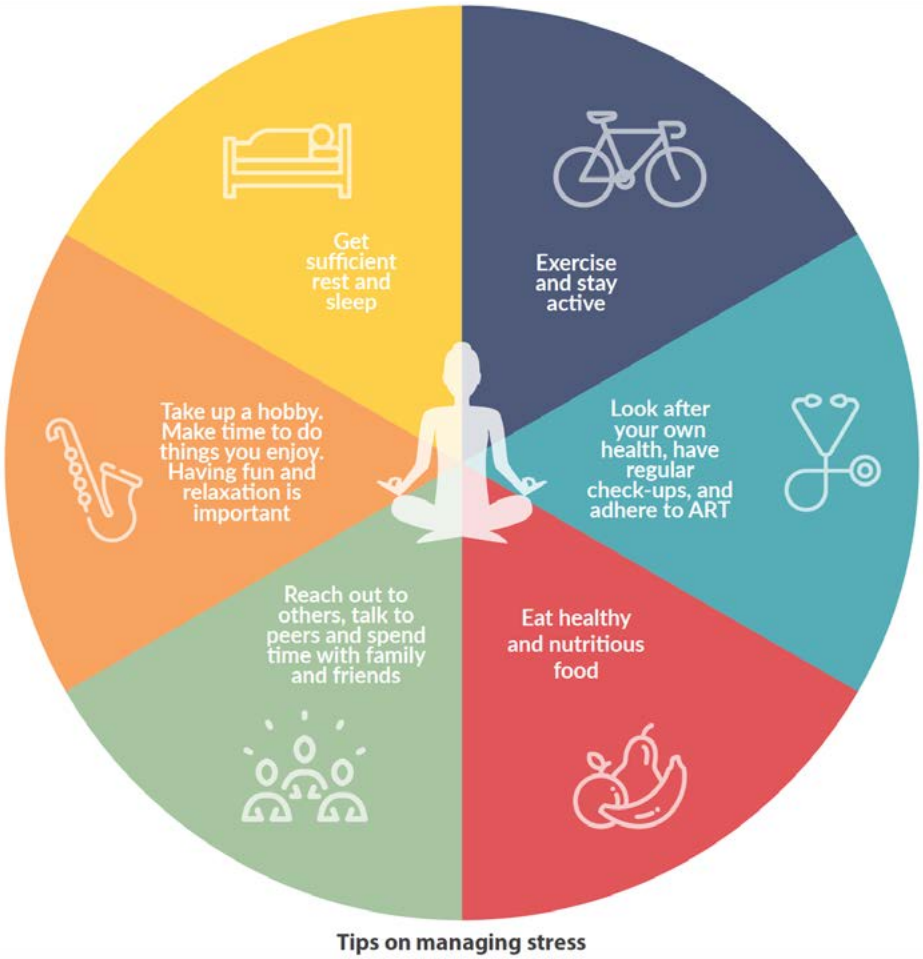
Adapted from: Transforming the pain: A workbook on vicarious traumatisation. (1996). Self-care assessment worksheet.

Stress and fatigue checklist

	Always	Often	Sometimes	Never
Do you feel moody and have a hard time getting up in the morning?				
Do you have trouble remembering things and concentrating?				
Do you find yourself wanting to avoid being with people?				
Are you more impatient, irritable, nervous, angry or anxious than normal?				
Do you have little energy or find it hard to stay awake?				
Do you feel like you have the flu or have frequent headaches, fevers or swollen glands?				
Are you less active than before?				

PATA (2017): Children, Adolescents and HIV: a simple toolkit for community health workers & peer supporters. Adapted from AIDS Response (2011), Train the trainers manual: a guide to setting up a care for carers programme.

If the peer supporter answers 'always' or 'often' to some of the questions, the supervisor should talk to him / her about what he/she can change to help him/her to manage stress better and be healthier.



Tips on managing stress

Below is a list of tips and suggestions that supervisors can share with peer supporters (in the form of a handout) as a starting point for discussing self-care with them. It offers ways for them to relax, reduce stress and take care of themselves on a regular basis. Ideally, this should be discussed at the outset of their position as a peer supporter and then revisited if/when the need arises. In addition, if peer supporters are experiencing high levels of stress, supervisors should arrange to meet with them more regularly for a limited period to offer additional support and to monitor their wellbeing and performance.

Staying healthy checklist

Staying healthy:

Breathe deeply.
Have you ever noticed your breathing when you are feeling stressed or moving too fast? It is probably shallow and tight. Take a few slow, deep breaths to relax.

Take a walk.
Get out. Go shopping. Play sports. Exercise not only helps burn off nervous energy but also allows you to leave the place causing you stress.

Eat well.
Busy people often skip meals or eat fast food too frequently. Heavy foods, too many or too few calories, and inadequate nutrition can make you feel lethargic. Eat vegetables, fruits, grains, and lean proteins – nutritious, high-energy foods.

Drink water.
Most people do not drink enough water and feel dehydrated, tired, and achy. Next time you feel dry or in need of a liquid 'pick me up', drink water instead of coffee, tea, or high-sugar drinks. Experts say that once you feel thirsty, you are already dehydrated, so drink up.

Slow down.
Do not worry; you do not have to stop. By making sure your mind is actually where your body is, you will feel (and appear) less scattered, think more clearly, and be more effective.
Time management and delegation strategies can help avoid confused priorities and schedule conflicts.

Team up.
If you are a stressed-out trainer or peer educator, you may not be letting other people help you get things done – whether delegating tasks to other peers or trainers, partnering with other groups, or simply networking for support and advice. Sharing the load with other people and staying connected to positive people can help prevent stress.

Talk to someone.
Talk to a close friend, family member or colleague about what is bothering you. It can help to work out ways of dealing with problems; it can help to better understand what is going on; it can help to keep things in perspective; it can provide an opportunity to get things off your chest; it can make you feel closer to people.

Sleep well.
A good night's sleep is not a luxury; it is a necessity for clear-thinking and mindful responsiveness. Aim to get a good night's rest by watching what you eat before you go to bed and taking a few minutes to slow down and transition from 'busy day' to 'restful night' – perhaps by listening to soothing music.

Loosen up.
Tight muscles and narrow, critical thinking exacerbate stress and propel you towards burnout. Find ways to stretch both body and mind. Pray. Gentle stretching loosens tight muscles, while similar 'mind exercises', meditation or deep breathing can also ease tension and stress.

Have fun.
Laughter is great medicine, so surround yourself with fun things and people. Choose to be around people who make you laugh, or just laugh at yourself when you get overly serious or unhappy. Do something creative, like sing, dance or draw. Do something you enjoy eg. reading, a sport, games.

Get away.
Whether for an hour, a day, or a week, remove yourself from your work and concentrate 100 percent on someone or something else. Recharge yourself today so you are more productive and can enjoy your work tomorrow.

Be nice to yourself.
Try and be aware of negative thoughts you have about yourself and consider whether they are justified. Think about the ways in which you are important and valuable to others in your life: friends, family, children, your community, the health facility where you support others

Adapted from: Youth Peer Education Toolkit. Trainer of trainers manual.

In the event that additional support, guidance and self-care does not alleviate symptoms of stress and burnout for the peer supporter, they should be encouraged to see a doctor to determine whether sick leave is appropriate. As per their contract, sick leave should be accompanied by a doctor's letter/sick certificate if it exceeds a certain number of days.
For further information, tools and resources on psychosocial support and stress management for peer supporters please see resource websites listed at the end of this module.

Physical safety and security of peer supporters

In many cases, peer supporters will be travelling to and from work through or working in areas of high crime and violence, and may encounter hostility due to their role (as a peer supporter); their HIV-status; or sexuality; etc. Indeed, in many countries, homosexuality may not be legal.

While it may be possible to put measures in place to secure staff safety at health facilities, this is more challenging when staff and peer supporters engage in community-based work.

LEARNING SPOT

It is important to consider the particular situations your peer supporters are likely to encounter in community-based work with reference to their identity; the culture and beliefs of the local community; the laws of the country (for example with respect to homosexuality) and the impact of this on their work/role. Safety and security of peer supporters and indeed all staff should be prioritised. Safety precautions should be thought through and put in place to protect peer supporters in their role and work. This may be especially pertinent where peer supporters are working with particular key populations, eg. Young MSM and sex workers.

For further guidance on safety and security matters for both staff and peer supporters, please see the Safety and Security Toolkit listed at the end of this module.

6. Performance evaluation

LEARNING SPOT

Performance appraisals need to be job related and standardised. An appraisal should always be conducted by someone who has good knowledge of the person and the job.

Peer supporters need to have their performance appraised at least every six months. Appraisal should be on-going and can be addressed through supervision. Communication is an important aspect of performance evaluation. Feedback on poor performance should always be given as soon as possible to give peer supporters a chance to remedy the problem before a formal evaluation is conducted.

Below are some key considerations for a performance appraisal:

Tips for conducting a successful performance appraisal

1. Have a clear definition and agreement on the performance that is required
2. Give positive feedback when things go well
3. Give immediate feedback on poor performance to put things back on track
4. Agree to steps that will improve performance in the long term

PATA (2017). Peer support programme handbook.

Below are some tips which may be helpful for giving effective feedback to peer supports on their performance.

Giving effective feedback

- If possible, preface your feedback with something positive before giving negative or critical feedback.
- Base your comments on facts not emotions.
- Be specific: give quotes and examples of exactly what you are referring to.
- Concentrate on what can be changed.
- Focus on one thing at a time: too much feedback will be overwhelming to the person.
- Be helpful: always consider your own motives for giving your opinions – are you trying to be helpful to the person or are you unloading some of your own feelings?

From COC Netherlands (2015). How to get the most out of your LGBTI Peer Education Programme: A Critical Reflection Manual for East and Southern Africa

The template below is an example of a performance appraisal. It is based on the peer supporter job description and scope of work outlined in **Module 5**.

Performance appraisal template

Name of peer supporter: Janet Ndlovu
Job title: Peer Supporter
Facility: Lilly Facility
Date appraisal completed: 28 June 2019
Period under review: May-June 2019

Overall Principles of Appraisal

- Aims to build a participative relationship between the employee and his or her supervisor/manager;
- To enhance employee productivity; build capacity and increase job satisfaction;
- Give feedback on performance;
- Discuss an agreed development plan to:

1. Meet job requirements
2. Provide a basis for recognition and reward (where applicable)

Performance dimensions (allows peer supporter to rate himself or herself in advance on a scale of 1-5 with 5 being excellent performance. A supervisor rating of the peer supervisor is included in this version with a mutual rating that facilitates discussion and agreement where there is discrepancy between ratings)

Job requirements	**Exceeds expectation**	**Always met**	**Mostly met**	**Sometimes met**	**Never met**
	5	4	3	2	1
Key performance areas			**Employee rating**	**Supervisor/ manager rating**	**Mutual rating**
Psychosocial activities • Assist with implementation and facilitation of psycho-educational support group to address SRH			3	3	3
In facility support • Assist with facility bookings • Provide information and support to access SRHR services • Accompany patients to different services they are referred to			4	4	4
Counselling • Provide counselling for clients accessing SRHR services			5	4	4
Educational • Conduct talks in waiting area • Ensure availability of IEC material and distribute			5	5	5
Administrative • Reporting requirements met • Maintains information specified by the facility			4	4	4

COMMENTARY

Areas where you have done well:

The health talks are well -received and I have spoken about many things including sexually transmitted infections; HIV and safer sex options

Areas you feel could be improved and support needed:

To start and recruit for support groups where young people can obtain information and discuss sexual and reproductive health issues. This has been a problem because there is little space available at the facility

ACTION PLAN (goals to be achieved in the next cycle)

- Identify a space to run support groups (July)
- Draw up table of dates and times (July)
- Recruit young people for a group (July)
- Establish groups (end August)

SIGNED: (supervisor) (peer supporter) Date

Adapted from: Human Resource Services (no date). How to prepare for a performance appraisal: a supervisor's guide. Retrieved from: https://hrs.uni.edu/pd/perf-appraisal-supervisor

7. Disciplinary and dismissal procedures

LEARNING SPOT

As highlighted above, it is important to ensure there is a common understanding of the difference between conduct that requires disciplinary action and conduct that calls for dismissal, as well as the processes for addressing disciplinary and dismissal measures with peer supporters. Peer supporters should be informed of these and when necessary, the appropriate processes and procedures adhered to by their supervisor / management.

You may adopt the same procedure that is in place for staff, or you may wish to consider how this will need to be adapted for peer supporters. It is important to think through some of the challenges and issues likely to be encountered with a cohort of young peer supporters who are by definition representative of a client group facing numerous challenges. Behaviour that is not condoned may need to be explicitly discussed, even though it may be inferred from the code of conduct, eg. sexual/ inappropriate relationships with clients; substance use at work etc.

disciplinary

8. Motivation and incentivisation of peer supporters

LEARNING SPOT

Effective and appropriate supervision, mentoring and debriefing plays a considerable role in retention of peers, as they frequently leave as a result of lack of support and burnout. However, it is good to think not only about how to retain your peer supporters, but how to motivate them. Peer supporter programmes where peers feel appreciated, supported and have full participation in, and ownership of, the programme have shown greater success.

Consider developing a fair, financially sustainable system of incentives and positive reinforcement to demonstrate to peer supporters that they are valuable members of the team in whom you are willing to invest. Such incentives do not have to be costly. Where costs are involved you may be able to arrange sponsorship from local businesses or other partners eg. t-shirts. Incentives should be separate from and in addition to the stipend they receive as discussed in **Module 5**. Incentives can be divided into two categories, namely enablers and motivators:

- Enablers create an enabling environment for peer supporters to fulfil their role as a peer supporter
- Motivators drive the peer supporter to continue in this role

They can be internal, personal factors as well as the external, environmental factors that inspire a peer supporter to work. Examples are included below.

Enablers

- Advancement within the programme or opportunities for increasing involvement
- Career training, professional development, skills building and livelihood opportunities
- Access to technology eg. Computer and internet access at the health facility
- Ongoing training for peer supporter development
- Opportunity to participate in higher level meetings/advocacy initiatives
- Provision of guidelines on safety and security for peer supporters while they are working or travelling to and from work

Motivators

- Public recognition including awards, certificates, announcements, eg. Peer of the month
- Items that contribute to creating an identity for peer supporters that they can feel proud of, such as name badges, T-shirts, backpacks, a logo or acronym for their project/programme/cadre
- Social and recreational opportunities
- Exchange and travel opportunities, eg. To other health facilities, partners

KEY MESSAGES

1. All facilities should have code of ethics and a code of conduct that staff and PS are expected to abide by
2. Confidentiality is a key component of both codes and peer supporters should understand the importance of this as well as the circumstances where confidentiality should be broken
3. All peer supporters should receive regular supervision to assist them to perform their duties optimally
4. Care should be taken in identifying suitable supervisors and ensuring role clarity and code of conduct for supervisors and peer supporters
5. Models for supervision include individual, group, co-, peer and community supervision
6. Mentorship and job shadowing can also help to ensure peer supporters receive the necessary guidance for their role
7. It is important that self-care is prioritised by peer supporters to reduce risk of burnout and that supervisors monitor and support this
8. Performance evaluation of peer supporters should be conducted regularly
9. Motivation and incentivisation of peer supporters can contribute towards high retention and can be facilitated through initiatives that enable their work, recognise and reward their contribution and build their skills for further opportunities

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Additional resources

Antares Foundation (2012). Managing stress in humanitarian workers. Guidelines for good practice. https://www.antaresfoundation.org/filestore/si/1164337/1/1167964/managing_stress_in_humanitarian_aid_workers_guidelines_for_good_practice.pdf?etag=4a88e3afb4f73629c068ee24d9bd30d9

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Download the templates and checklists from this module.

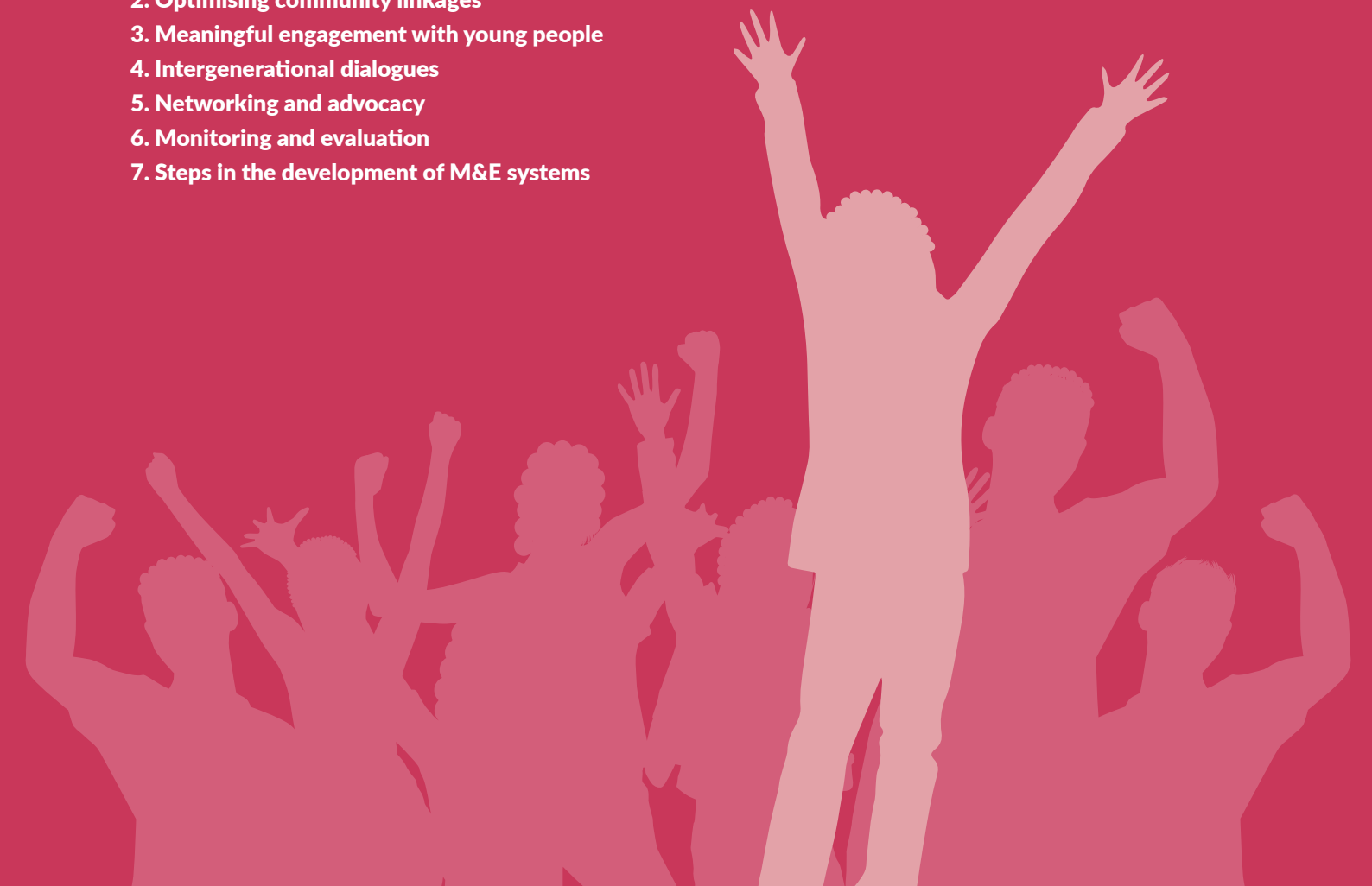
7

Engagement tools and guidelines

In this, the final module of the toolkit, you will hear about community mobilisation as an important aspect of healthcare. The module focusses on the meaningful participation of peer supporters and young people in the programmes that affect them. It considers platforms that facilitate meaningful engagement and considers the important contributions that young people can make to programme development and implementation.

You will also be taken through the steps involved in monitoring and evaluating your programme Guidance is given on the collection of data that will help determine the success of the programme and assist in report writing.

1. Engaging with the community
2. Optimising community linkages
3. Meaningful engagement with young people
4. Intergenerational dialogues
5. Networking and advocacy
6. Monitoring and evaluation
7. Steps in the development of M&E systems



Community involvement is an important element in most healthcare programmes. It has been shown to influence behaviour change and improve well-being at individual level as well as within the community. A shift in community attitudes ultimately leads to a more supportive environment within which young people can adopt new behaviours. Adolescents can play a key role in community engagement and should be involved at all levels.

Monitoring and evaluation (M&E) is a vital part of any project. Its purpose is to track programme implementation and to measure effectiveness and is necessary at both facility and community level.

1. Engaging with the community

This was discussed briefly in Module 3 on project planning, as it is important that community engagement begins in the early stages of your project planning. However, it requires constant management and nurturing and is thus included here again briefly.

Peer support is one piece of a multidimensional puzzle making up comprehensive provision of adolescent and youth HIV and SRH services. Peer support programmes need to be coordinated within the much larger context of the policy environment, health-care services, and other intervention approaches. In order to be successful, peer support programmes need to create and nurture a meaningful network of stakeholders and other organisations that complement each other and can refer to each other as necessary. Peer support should therefore be part of a comprehensive approach and a community-wide effort.

Networking also serves to increase awareness of the peer support programme amongst the target population.

Community mobilisation

LEARNING SPOT

Community mobilisation is the process through which community members and groups are empowered to act for change. Such action might include sharing or leveraging resources such as skills. Full participation by all stakeholders including young people, parents, educators, healthcare providers and community-based organisations is essential.

Mobilisation generally involves various functions including:

- a needs assessment
- building a shared vision with stakeholders
- creating a plan and strategies to support the plan
- carrying out process and outcome evaluations that will allow you to see how successful the initiative has been (this component is discussed in more detail in part two: monitoring and evaluation).

The checklist below serves as guide to mobilisation functions:

Steps in community mobilisation checklist

1. Determine the problem	Define the aim of the project that the partners will be working on
2. Engage stakeholders	Which organisations are most relevant and likely to support this initiative?
3. Put a structure in place	For example, a steering committee; sub-committees
4. Conduct a needs assessment	What is the situation currently, what is already available?
5. Identify what success looks like	How will you know if your project has been successful?
6. Create a plan	Have a strategic plan with goals and objectives; Identify responsible organisations, create a timeline and milestones
7. Define activities	What will be the key activities?
8. Secure resources	Determine the resource needs and how partners can support these

Adapted from: Adapted from: PATA (no date). Facility-Community collaboration toolkit: working together to improve PMTCT and paediatric HIV treatment, care and support.

There are many ways in which communities can be mobilised. For example:

- Community meetings
- Public education campaigns
- Print media such as leaflets for distribution
- Door to door campaigns
- Engaging local media
- Launch public awareness campaigns
- Hold dialogues and forumss

Mobilisation in action

LEARNING SPOT

Successful mobilisation does not just raise awareness about a problem. It involves creating spaces that encourage full community participation and which provide opportunities for community members to voice their needs, issues, concerns and experiences. Community involvement builds a sense of ownership that is core to sustaining behaviour change.

2. Optimising community linkages

Creating and maintaining good links between appropriate facilityal, counselling and referral services and commodities to supplement the programme is a key component of peer support. In such cases there should be a clear referral process to quality services outside the organisation. Prioritise working relationships with organisations and agencies according to those services most needed by your target population and keep an updated directory of these organisations, contact names, and services they offer (see Module 3, Table 1). Peer supporters can play a role within the facility referral process or by accompanying young people to services. Clinic-community collaboration can assist and facilitate improved case management.

Identifying and inviting stakeholders to participate in the programme from the planning stages helps to maximise the impact and reach of the programme in other ways too. Eliciting buy in and achieving a common understanding of the programme's importance reduces the risk of objections or opposition as the programme is implemented.

Networking can also contribute to the sustainability of the programme by raising awareness amongst potential donors, funders and supporters.

Below is a sample letter seeking community support which you can adapt for your own purposes:

Letter template

[Company Logo]
[Date]
[Name of your organisation]
[Street address]
[Suburb/area]
[Postal code]
[City]
[Country]

Dear [Director of X]

We are a non-government organisation that provides HIV care and psycho-sexual and reproductive health services to adolescents and youth. As part of our work, we have an outreach programme where peer supporters organise meetings with their peers to provide them with support regarding treatment adherence. This outreach programme covers the following areas: [area one], [area two], and [area three].

Since your organisation works in the same neighbourhood and has a strong presence in the community, I believe that your support for our activities could greatly benefit adolescents in the area. There are a variety of ways that you could support our activities, for example: lending your space for us to conduct activities with adolescents, helping us build contacts with community members, and facilitating the work of our peer supporters in your neighbourhood.

I would like to meet with you to further discuss ways in which we can collaborate. Working together, we can contribute to the development of adolescent health and our community at large.
I will call you in the next few days to set up an appointment.

Yours sincerely,

[Executive Director]

[Organisation's name], [organisation's country location].

Adapted from: COC Netherlands Writing Group (2015). How to get the most out of your LGBTI Peer Education Programme. A Critical Reflection Manual for East and Southern Africa

3. Meaningful engagement of young people

LEARNING SPOT

Any initiative that is aimed at adolescents and young people should include them. Partnerships with youth arise from the premise that young people have a right to participate in developing the programmes that serve them and to have input in developing the policies that will affect them. In addition, youth participation can enhance programme outcomes. This can be challenging to achieve because the relationship between adult and adolescents is inherently unequal. One way of working towards this is by seeing the relationship as a 'learning partnership'. While adult staff at the health facility may hold knowledge, expertise and resources, adolescents bring a vital component – experience of the lifestyle, emotions and motivations of the target population. Both sets of 'assets' are needed for interventions to work. Since peer supporters work closely with young people, they are well-placed to foster engagement, however this means that they should be given the chance to participate in facility activities and meetings wherever possible and feasible.

Use the checklist below to determine the extent to which peer supporters are given opportunities for involvement in your facility.

Checklist: Peer supporter involvement

Items	Notes	Rating (low to high)	N/A
Health providers seek input from peer supporters for community outreach initiatives		1.2.3.4.5	
Peer supporters are directly involved in the design and development of the activities they implement		1.2.3.4.5	
Peer supporters are involved in the design and development of adolescent IEC materials		1.2.3.4.5	
Peer supporters are given an opportunity to revise materials where appropriate		1.2.3.4.5	
Peer supporters are involved in service monitoring		1.2.3.4.5	
Peer supporters have a platform to voice their opinions and ideas and to be heard by facility management		1.2.3.4.5	
Peer supporters are encouraged to participate in health facility meetings where appropriate		1.2.3.4.5	

Adapted from: Family Health International (2005) Assessing the quality of youth peer education programmes.

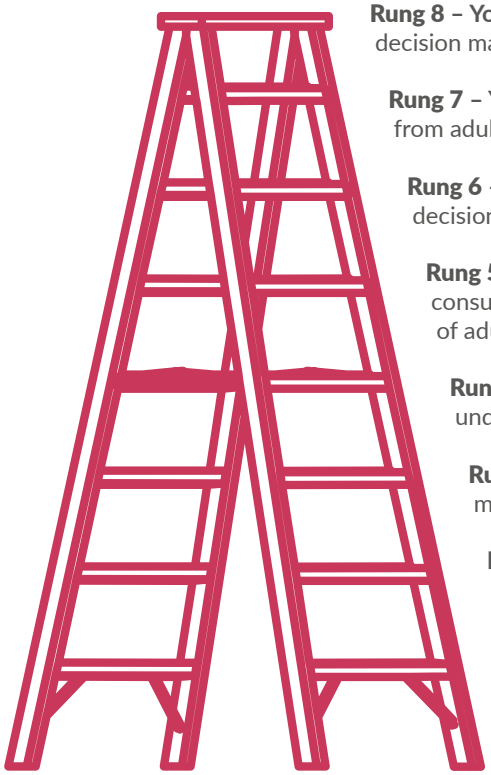
You may also wish to examine Hart's ladder of participation and reflect on the way in which you currently engage/wish to engage with youth in your health facility. This tool describes participation on a continuum from manipulation and tokenism (which do not represent genuine participation), to higher levels where young people initiate, direct, and share decisions with adults.

The ladder of participation emphasises that simply having a young person there is not adequate for true youth participation. The quality and type of the relationship between youth and adult is key, and youth require some degree of empowerment and responsibility in order to participate meaningfully.

Hart's Ladder of participation

8. Youth-initiated shared decisions with adults	Degree of participation
7. Youth-initiated and directed	
6. Adult-initiated, shared decisions with youth	
5. Consulted and informed	
4. Assigned but informed	
3. Tokenism	Non-participation
2. Decoration	
1. Manipulation	

Roger Hart´s Ladder of participation



Rung 8 – Youth initiated shared decisions with adults: Youth-led activities in which decision making is shared between youth and adults working as equal partners.

Rung 7 – Youth initiated and directed: Youth-led activities with little input from adults.

Rung 6 – Adult initiated shared decisions with you: Adult-led activities, in which decision making is shared with youth

Rung 5 – Consulted and informed: Adult-led activities, in which youth are consulted and informed about how their input will be used and the outcomes of adult decisions

Rung 4 – Assigned, but informed: Adult-led activities in which youth understand purpose, decision-making process and have a role

Rung 3 – Tokenism: Adult-led activities, in which youth may be consulted with minimal opportunities for feedback

Rung 2 – Decoration: Adult-led activities, in which youth understand purpose, but have no input in how they are planned

Rung 1 – Manipulation: Adult-led activities, in which youth do as directed without understanding of the purpose for the activities

Adapted from Hart, R. (1992). Children´s Participation from Tokenism to Citizenship. Florence: UNICEF Innocenti Research Centre, as cited in www.freechild.org/ladder.htm

cipation

Programme experience and research suggest 10 elements that assist in achieving effective youth-adult partnerships:

- **Clear goals for the partnership.** Youth and adults should understand the reasons for and objectives of the partnership.
- **Shared decision-making power.** If youth have no power to make decisions, their participation is not part of a partnership.
- **Commitment from highest level.** Those in the highest level of the organisation should commit fully to partnerships in order for them to be feasible and meaningful.
- **Clear roles and responsibilities.** Be clear on which youth and adults have roles in the partnership and ensure that they understand everyone's roles and responsibilities.
- **Careful selection.** Select the appropriate youth and adults for the partnership. Youth vary widely in their level of development and readiness to assume responsibility, and adults vary widely in their degree of commitment to work with youth.
- **Relevant training.** Young people may need training in communication, leadership, assertiveness skills, and technical areas. Adults may also need training in working with youth as well as in technical areas.
- **Awareness of different communication styles.** Different styles of communication do not necessarily imply disrespect, disinterest, or different goals and expectations. Asking questions and assuming the best about others can help diffuse conflicts that arise from different communication styles.
- **Valuing participation.** Part of valuing youth involvement is to hold young people accountable for their responsibilities, just as one would with adults. The skills and commitment that adults bring to the partnership should also be valued.
- **Room for growth.** Establish ways for youth to advance to increased levels of responsibility.
- **Awareness that youth have other interests.** Youth may not be able to meet high levels of obligations because of other commitments and priorities. Work with youth to develop a level of responsibility that matches their time and commitment.

From FHI 360 (2005). Youth Peer Education Toolkit. Training of trainers manual

Including young people in programme activities is a major component of adolescent and youth friendly service delivery. Issues that impact on young people cannot be adequately addressed if there in is no platform for engagement. At facility level an example would be setting up a peer advisory committee. Participation on such a committee is empowering for peer supporters and the young people they support.

The sample letter below provides a starting point for the involvement of peer supporters and young people on a youth advisory committee.

Invitation template to become a member of a Peer Advisory Committee

Name
Date
Address
Facility

Dear

South Care Facility would like you to join our newly formed Peer Advisory Committee (PAC). Your name has been put forward by (name of peer supporter) as a young person who would contribute a lot to our discussions and activities.

By joining our PAC, you will work with (name of peer supporter) and other members of our facility team) to think about how we can improve our services and support the young people who come through our facility doors.

Young people who are part of the PAC are also advocates and ambassadors for other young people in the community, and as such they have a very valuable role to play.

We invite you to meet others on the PAC and to learn more about the responsibilities and leadership opportunities that membership offers. Please join us on:

Date
Address
Time
Contact name and cell number

Please let us know if you will be able to attend the meeting by contacting (name of peer supporter, phone number).

We look forward to having you join us.

Name: Dora Majozi
Title: Facility manager

Adapted from: Philadelphia Dept. Of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Peer Support Toolkit.

Once established, it is important to ensure regular communication and engagement with the PAC to enable them to make a meaningful contribution to issues around service provision.

4. Intergenerational dialogues

LEARNING SPOT

At community level peer supporters can play a key role in organising and facilitating dialogues. By enabling the exchange of ideas between generations, intergenerational dialogues address the disconnect between young people and their parents or caregivers, foster communication around sexual practices and play a role in counteracting the beliefs that contribute to negative health outcomes. This kind of community engagement can contribute positively to shifting social norms regarding adolescent sexuality.

5. Networking and advocacy

LEARNING SPOT

Engaging young people and peer supporters as key stakeholders in community mobilisation activities means that they can also play an advocacy role. Advocacy refers to an activity by an individual or group which aims to influence decisions within political, economic, and social systems and institutions. Health Advocacy supports and promotes patients' health care rights and enhances community health and policy initiatives that focus on the availability, safety and quality of care.

In addition to community mobilisation, advocacy also involves activities that are aimed at influencing leaders and decision makers for example to change laws, policies, practices or structures at a national or global level. Advocacy at country level can include mobilisation through events such as at rally's, press conferences, television, radio talks, community talks and conference participation.

Adolescents and young people are often left out of opportunities to speak about their needs and interests. By identifying existing advocacy platforms and networks of young people, it becomes possible to ensure that the voices of young people are heard. Equipped with leadership and advocacy skills they can influence policy and at the same time help to create the kinds of services that young people want.

The actions involved in an advocacy initiative are much the same as those involved in community collaboration for example: identifying the problem, collecting information and determining what it is that needs to change
(see example below).

Identifying problem, causes and change

Problem	Causes	Change needed
High rates of teen pregnancy	Limited access to SRHR services	Legislation to improve access, information, education and services for girls
	Reproductive ignorance	Include sexual and reproductive health in education curriculum

Adapted from: IPPF (2011). Young people as advocates: your action for change toolkit. Retrieved 27 August 2019 from

The table below provides a sample tool for planning an advocacy strategy

Advocacy planning checklist

1. What should change	
2. Who can make the change happen	
3. How can advocacy targets be influenced to make change happen?	
4. How can young people participate in a meaningful way	
5. Who can support these efforts	
6. What obstacles might there be and how can they be overcome?	
7. How will advocacy efforts be monitored and evaluated to show they are working	

IPPF (2011). Young people as advocates: your action for change toolkit.

Peer supporters are ideally placed to take on an advocacy role for AYPLHIV, but opportunities to do so are limited. They are often not well represented at national, regional or global levels.

It is important that peer supporters are capacitated with leadership and advocacy skills and provided opportunities to link with national networks. This can facilitate their involvement in human rights advocacy and their opportunity to influence policy.

6. Monitoring and evaluation

Monitoring and evaluation (M&E) are often not included in project development. Measuring what you are doing generally seems far less important than actually getting on and doing it and it is often not prioritised, understandably when resources are scarce. In addition, people often find it too technical and do not feel they have the expertise for it. You may feel certain that your project is progressing well and having the desired impact and indeed, anecdotal evidence can support this, eg. seeing enthusiastic adolescents attending an adherence club. This is however not enough to give us comprehensive feedback on how the project is going and what it is actually achieving. This is something funders will want to know too, and well conducted M&E can assist in securing funding to grow and develop a programme further. The saying, 'what gets measured gets done' is also applicable here. Measuring things allows you to see what is going on and thus adapt to ensure you achieve your outcome. It also motivates performance by holding people (staff and peer supporters) accountable and by demonstrating the impact of what they are doing. In terms of expertise, you may wish to see if you can draw on the resources of a local tertiary institution and get student or staff input on designing your M&E plan. If this is not possible, the following should provide you with enough information to initiate this yourself.

We have already touched on how to go about thinking and planning M&E briefly in the context of programme planning (see **Module 3**), because it is important to consider what you will monitor and evaluate at the outset of your project in order that you identify suitable indicators and measure and collect appropriate data from the start. In this section we will be looking at the M&E process in more detail.

monitoring

What is meant by monitoring and evaluation?

LEARNING SPOT

M&E provide information on what is happening with a programme, how well it is doing and whether it is meeting its aims and objectives. It also gives guidance on future intervention activities and plays a central role when it comes to accountability to funders and other stakeholders.

Monitoring refers to the routine and systematic process of collecting data and measuring progress towards programme objectives. Questions that monitoring activities seek to answer include:

- **Are activities occurring as planned?**
- **Are services being provided as planned?**
- **Are the objectives being met?**

It gives a good indication of whether things are going according to plan and helps with the identification of problems so that they can be addressed quickly. Monitoring is on-going and should be part of day-to-day activities.
Evaluation on the other hand is the process of systematically assessing a project's merit, worth, or effectiveness. In this process, the relevance, performance, and achievements of a programme are assessed. The evaluation process addresses the question:

- **Does the programme make a difference?**

It is mainly concerned with whether a project is achieving its goals and objectives. If a programme is doing well, the evaluation process can highlight the reasons for its success. If it has not done so well, evaluation shows what could have been done better or differently.

Ideally, monitoring and evaluation plans should be put in place at the start of an intervention or programme. So often programmes begin and have been running for a while before M&E is considered, and it is much more challenging to begin implementing collection of data at that point. This approach also means the opportunity to collect baseline data is lost. See **Module 3** on project planning where this is highlighted when you start to plan your programme.

The common types of evaluation include process evaluation, outcome evaluation, and impact evaluation.

Process evaluation consists of quantitative and qualitative assessment to provide data on the strengths and weaknesses of components of a programme. It answers questions such as:

- Are we implementing the programme as planned?
- What aspects of the programme are strong?
- Are we experiencing unanticipated problems?
- What actions were taken to address these?

Outcome evaluation consists of quantitative and qualitative assessment of the results of the programme. Outcome evaluation addresses questions such as:

- Were outcomes achieved?
- How well were they achieved?
- If any outcomes were not achieved, why were they not?
- What factors contributed to the outcomes?
- How are the target groups and their community impacted by the programme?
- What are the lessons learned?

Impact evaluation is the systematic identification of a programme's effects – positive or negative, intended or unintended – on individuals, households, institutions, and the environment. Unlike an outcome evaluation, which is focused at the programme level, impact evaluation is typically carried out at the population level and refers to longer-term effects.

The table below highlights a brief example of what components of process, outcome and impact evaluation could look like in a programme aimed at improving adherence to treatment in adolescent with HIV.

Examples of process, outcome and impact evaluation in a programme aimed at increasing adherence

Process evaluation	Outcome evaluation	Impact evaluation
• Evaluation of training of peer supporters to provide support on adherence • Evaluation of peer supporter role playing provision of support • Evaluation by adolescents and by staff of support groups run by peer supporters	• Evaluation of self-reported adherence rates • Evaluation of attendance at treatment visits and collection of ART • Evaluation of rates of disclosure of HIV status	• Evaluation of viral loads and CD4 counts in adolescents attending the programme vs those not attending the programme

The power of measuring results

- If you do not measure results, you cannot tell success from failure
- If you cannot see success you cannot reward it
- If you cannot reward success, you are probably rewarding failure
- If you cannot see success, you cannot learn from it
- If you cannot recognise failure, you cannot correct it
- If you can demonstrate results, you can win support

Adapted from: World Bank (2004). A handbook for development practitioners: ten steps to results-based monitoring and evaluation system.

7. Steps in the development of an M&E system

Various steps are recognised in building an M&E system. There are different models, but the actions required are much the same, namely:

1. To decide on the goals and objectives of your programme
2. To select indicators to monitor progress
3. To gather baseline information on the current situation
4. To set targets to reach and dates for reaching them
5. To regularly collect data to assess whether the targets are being met
6. To analyse and report results

In the following section you will be taken through each of these steps starting with the formulation of goals and objectives for your programme.

Step One: Determining programme goals and objectives

This was covered in Module 3 on project planning, as deciding on your project goals and objectives is an essential first step in planning your programme.

Step Two: Selecting indicators to monitor progress

Again, this was covered in Module 3 on programme planning.

Step Three: conducting the baseline

LEARNING SPOT

Baseline assessment is an important part of M&E. It is usually done right at the beginning of the programme to determine the situation as it is currently, before an intervention or project is implemented. Baseline assessment provides a benchmark for determining the success or failure of the project. Without a baseline it would be impossible to know the impact of the programme. Measurement tools used during a baseline study are usually the same as those used in the evaluation of the programme. This is very important because it ensures that "apples are compared with apples". These tools will be discussed in the data collection section.

It may happen that no baseline data was collected, but the programme has already started. While collecting baseline data is preferable, one way of addressing this would be to conduct a survey incorporating questions that relate to knowledge, attitudes and behaviour before implementation of the programme. For example, a young person who has attended the facility for a few years might be asked to comment on the services that were offered two or three years ago. Another way would be to use existing reports and studies (secondary data), to determine local delivery of services. This information would pre-date your programme start date and could be used as a basis for comparison.

An example of the use of baseline information for conducting health talks is given below. Notice how the baseline provides a starting point for progress towards the target.

Use of the baseline assessment

Activity 1	Activity Indicator 1		Baseline	Milestone 1 (3 months)	Milestone 2 (6 months)		Target
Conducted health talks	Number of talks given						
		Planned	2 per month	6 per month	8 per month		14
		Achieved		5 per month	7 per month		12
				Source:			
				Facility Health Talk Register			

Adapted from: PATA (no date). Facility-Community collaboration toolkit: working together to improve PMTCT and paediatric HIV treatment, care and support.

Step Four: Timelines

It is important to include timelines in your M&E plan. By providing dates against events or actions it becomes easier to see what has been achieved, what is presently in progress and what still needs to be completed. Timelines help to keep projects on track.

The key elements of a timeline include activities that must be accomplished, plus the start and end dates (the length of time allocated for completion of an activity). Although an M&E plan will reflect activities and start and end dates, it may not provide a detailed breakdown of the steps required for completion of each activity.

There are various ways in which this can be done, for example by using a Gantt chart. The sample Gantt chart below illustrates use of the chart for the facility health talk indicator.

Template for Gantt chart for facility health talks

Activity	Aug	Sept	Oct	Nov	Dec	Jan
Draw up list of topics						
Develop calendar per topic for health talks						
Baseline assessment						
Milestone 1						
Milestone 2						
Target reached						

Step Five: Data collection

Before you can begin with collecting data it is important to identify team members responsible for collecting M&E data and create your M&E team, ensuring everyone is clear on their role in this process. It is important that your peer supporters are part of this group, so that there is strong youth-adult partnership throughout this process. Provide training for members of the team to ensure they are familiar with the required processes and arrange regular meetings with the team.

Involve your M&E team in reviewing and selecting the data collection tools, data collection activities, data entry, and analysing, interpreting and disseminating data. Make sure that you have data for every indicator in the logical framework and that these reflect your programme's objectives. It is also important to develop a clear plan for how you will use the data and share this with the team in order that they can understand its value. M&E is time-consuming and thus it is important that it has a clear purpose and that the effort involved is not wasted.

Depending on the objectives, the activities that support them and the indicators selected you will find that there is a variety of data collection tools available. For example, Appendix 2 provides links to various resources with examples of data collection tools.

This means you don't have to develop something from scratch. The table below provides an overview of additional tools from this toolkit as well as links to some other useful resources.

Tools should be easy to understand and fill out. Ensure that tools are in the language of and written for the reading level of those who will use them, and pilot test them with those who will be using them. Through this you may be able to identify ways to simplify the data collection process, identify any problems and ensure support for the process.

Data collection tools

Module Title	Module Number and Section	Tool
Creating a conducive facility environment for the successful integration of peer supporters	**Module Two**	Checklist for assessing SRHR service quality
As above	**4.1**	Checklist for minimum AYFS service package
As above	**3.2.1**	Checklist for central characteristics of AYFS
As above	**3.3**	Client referral form
As above	**6.2.1**	Score card
USEFUL LINKS	**Website**	**Topic**
A guide to tools for assessments in sexual and reproductive health	https://www.unfpa.org/resources/guide-tools-assessments-sexual-and-reproductive-health-introduction	SRHR
A tool for strengthening gender-sensitive national HIV and sexual and reproductive health (SRH) monitoring and evaluation systems	https://www.unaids.org/sites/default/files/media_asset/tool-SRH-monitoring-eval-systems_en.pdf	SRHR
Making your health services youth friendly	http://www.psi.org/publication/making-your-health-services-youth-friendly-a-guide-for-program-planners-and-implementers/)	Assessment tools
Comprehensive peer educator training curriculum	http://files.icap.columbia.edu/files/uploads/Peer_Ed_TM_Complete.pdf	Record keeping and reporting
Adolescent-friendly quality assessment tools	https://www.lenus.ie/bitstream/handle/10147/50953/AFQA.pdf;jsessionid=9899F6461F19CB1085111F-BAD7DFEB56?sequence=1Lenus	AYFS
Facility assessment of Youth Friendly Services: a tool for Rapid Assessment and Improving Reproductive Health for Youth	www.pathfinder.org/publications	AYFS/SRH

Depending on whether you are collecting data for qualitative or quantitative indicators you can use a variety of different approaches.

LEARNING SPOT

Quantitative methods use scientific procedures to gather numerical data, eg. counts and percentages. Quantitative data is often collected through closed-ended questions that ask participants to count how many times an event has occurred or to rate their satisfaction using a numerical scale. These methods can gather data on a large, random sample of participants. This allows the data to be generalised to larger populations.

Qualitative methods use scientific procedures to collect non-numerical, in-depth responses about what people think and how they feel. These methods can create an understanding of the difference that the peer supporter programme is making at a personal level in the lives of people. They can provide valuable insight into attitudes, beliefs, motives and behaviours.

Examples of methods for collecting quantitative and qualitative data

Quantitative
Before/after surveys, questionnaires (closed-ended questions)
Published articles
Document review (useful for obtaining data from the past)
Qualitative
Field observation visits
Stakeholder meetings
Interviews
Focus group discussions
Case studies
Diaries
Questionnaires (open-ended questions)

Whatever method you choose, do remember that ethical aspects must be considered. For all data collected, consent will be required. Assent is generally required from youth and adolescents, with consent obtained from parents or caregivers. This will vary between countries, so it is best to check the guidelines that apply (see sample consent and assent forms below). In addition, depending on how you plan to use the data, your proposed process of collecting and analysing data may need to undergo ethical review by a regulated ethical review board. If you want to consider publishing your findings in an academic journal, ethical approval from an ethics review board will certainly be a requirement.

Assent indicates that a person is willing to participate in a study or assessment, however if they are minor (either under 18 or 21 depending on the country) informed consent to participate should be obtained from a parent or guardian in addition.

Sample assent and consent templates

Name of facility: South Main Facility
Date: 22 August 2019
Title of survey: Patient satisfaction survey

Hello, my name is (name of peer supporter). I am asking if you would be prepared to answer some questions about the services that are offered here at South Main Facility.

Why am I being asked these questions?

We, at South Main Facility, want to make sure that the services we are offering young people meet their needs and expectations. By answering these questions, you will help us to understand where we are doing well and where we are not doing so well. We can then make improvements.

What will happen if I take part in this survey?

You will be asked some questions about the services that are offered here at South Main and how you feel about them. We will also ask your parents to give their permission for you to take part in this survey. But even if they agree, you can choose not to participate, and it will not make any difference to the service you receive. The questionnaire will take about 20 minutes.

Are there any risks involved if I participate in this survey?

No, there are no risks. The questionnaire is anonymous (your name will not be on it). What you say will in no way impact the service you receive.

Are there any benefits if I participate in this survey?

You will have helped to ensure that you people like yourself get the health services they need.

If I have any questions later, who should I ask?

You can contact (facility manager name) on (telephone number) or speak to me (peer supporter name) on (telephone number).

Name of facility: South Main Facility
Date: August 22, 2019
Title of assessment: Patient satisfaction survey

Hello, my name is (name of peer supporter). We would like to obtain your consent for (name of adolescent) to participate in a survey about the services that are offered here at South Main Facility.

What is this survey about?

We, at South Main Facility, want to make sure that the services we are offering young people meet their needs and expectations. By answering these questions your child will help us to understand where we are doing well, and where we are not doing so well. We can then make improvements.

What will happen if s/he takes part in this survey?

S/he will be asked some questions about the services that are offered here at South Main and how s/he feels about them. Your child does not have to participate. Should s/he decide not to do so it will not make any difference to the services s/he receives. The questionnaire will take about 20 minutes.

Are there any risks involved if I participate in this assessment?

No, there are no risks. The questionnaire is anonymous (your child's name will not be on it). What your child says will in no way impact the service your child receives.

Are there any benefits if I participate in this assessment?

Your child will have helped to ensure that young people attending South Main Facility will get the health services they want.

If I have any questions who should I ask?

Adapted from: University of California, San Francisco (2020). Consent and assent form templates.

Note that when you are seeking consent/assent for participation in a focus group it is important to state that confidentiality cannot be guaranteed due to the group nature of focus groups as a method of data collection.

Step Six: Analysing and reporting results

LEARNING SPOT

Monitoring and evaluation of your programme will ensure that you are able to report on the results. Reports are communication tools that can be shared with the donors, local and national authorities etc. They usually include as much detail as possible on how results were accomplished, and if the programme had a significant impact. Reporting helps others to learn from your experience and provides guidance on how they can avoid some of the challenges that you faced. It is helpful to include any difficulties that were encountered in implementation as well as the successes.

Funders will usually provide a reporting template for completion. However, the following sample template provides more general guidance:

Report writing template

Provide background to the programme (background/context)

Summarise what the project set out to do and achieve

Describe what was done (activities/ output/outcomes)

Describe the challenges you faced

1 . What challenges were encountered?

2. How did you respond/steps taken to overcome challenges?

3. When things didn't happen as you expected how and why did this happen?

4. What could be done differently in future?

Make the numbers clear (explain the trends that you see; include outputs and outcomes)

5. Use tables or graphs to summarise

6. Use comparisons (eg. figures from baseline)

7. Tell the story (share some specific example or case stories of how the programme has helped adolescents and young people)

Discuss the way forward

8. Where to from here?

9. What could other organisations learn from this experience?

Other ways of disseminating your findings include submitting a paper to a peer-reviewed research journal, success stories, case studies, presentations at conferences, reports, newsletters, and news stories.

Report

Peer Supporters and data collection

Different team members may be responsible for collecting data, for example nurses and counsellors, but peer supporters too can contribute to data collection at both facility and community level. In fact, the opportunity for involvement in the process of M&Eis an important part of skills development and can help peer supporters to feel part of the health care team.

Opportunities to engage with young people for instance around aspects such as satisfaction with service delivery can do much to strengthen and develop peer relationships. Whilst it may not always be feasible for peer supporters to participate in all processes, they have a valuable role to play, not just in terms of administering tools such as questionnaires, but also by making sure that the assessment experience is perceived as being friendly and collaborative.

Remember that your success indicators will need to be reviewed on a regular basis. Actively involving peer supporters in this process will encourage them to keep detailed records and follow the necessary procedures. By seeing their efforts come to fruition they may be motivated to make further improvements that will contribute to reaching programme objectives.

KEY MESSAGES

1. Community engagement and mobilisation is an important part of a comprehensive peer support programme which relies on a network of stakeholders and organisations to complement one another
2. In order to optimise community linkages, community stakeholders should be involved in programme planning from the outset
3. It is important that AYPLHIV are engaged meaningfully as part of this process
4. AYPLHIV and peer supporters can also plan an advocacy role at national or global level and efforts should be made to capacitate them for this and provide them with appropriate opportunities
5. Monitoring refers to the routine and systematic process of collecting data and measuring progress toward programme objectives, while evaluation is the process of systematically assessing a programme's merit and effectiveness
6. Ideally M&E should be put in place at the start of a programme and a baseline assessment should be conducted
7. To ensure successful data collection for M&E, provide training to those involved and ensure the data is collected for every indicator in your logical framework and that this reflects programme objectives
8. Reports on M&E may be required by funders and can also be used to secure further funding
9. Peer supporters can play an important role in data collection for M&E purposes

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Additional resources

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Download the templates and checklists from this module.

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