Peer Education

A Review of Stakeholder Experiences

EU/UNFPA
Reproductive Health Initiative for Youth
in Asia (RHIYA) 2007

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Acknowledgements

The consultancy team would like to extend their gratitude to all the RHIYA in-country staff for facilitating the review process and providing valuable information and insight into the programme's successes and challenges. Special thanks are extended to all the stakeholders who were willing to share their experiences and who have given so generously of their time. In addition, thanks are extended to the UNFPA RHIYA Central Unit in Brussels for their inputs, guidance and support throughout the process.

Foreword

At the International Conference on Population and Development (ICPD) held in Cairo in 1994, 179 governments affirmed that ensuring access to reproductive health services and guaranteeing reproductive rights is essential to achieving broader development goals. Recognizing that the sexual and reproductive health needs of adolescents were not being met, the ICPD Programme of Action calls on governments, donors and civil society to work together to ensure that young people are equipped with the information and skills necessary to make a healthy transition to adulthood.

Nowhere is the challenge to fulfil the rights of young people to sexual and reproductive health more critical than in Asia, home to 70 per cent of the world's 1.5 billion young people aged 10-24 years. In many countries in South and South-East Asia, young people make up from one third to one half of the population.

Despite rapid changes in lifestyles, attitudes towards young peoples' sexual and reproductive health have not changed, leaving young people unprepared to make healthy decisions. The results are clear: worldwide young people accounted for 40 per cent of new HIV infections in 2006. The most striking increases have occurred in Asia and in Eastern Europe, where the number of people living with HIV in 2006 was 21 per cent higher than in 2004.

Through the EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA) the European Commission and UNFPA have partnered with seven national governments and civil society organizations to respond to the significant challenge of addressing the rights of young people to education and sexual and reproductive health. RHIYA has pioneered unique approaches and deployed a range of innovative activities to create opportunities for young people to protect their sexual and reproductive health, so that they may meet their full potential. In addition to developing successful methods to reach young people, RHIYA has contributed to developing national capacities to plan, manage and monitor programmes and to increase national commitment and investments in responding to the needs of young people within the frameworks of national plans and policies.

The purpose of this publication is to share the rich and varied experiences from RHIYA so that they may be used as a valuable resource within the seven countries and beyond. At the same time, it marks our pledge to continue to work in this important area. The World Summit in 2005 reaffirmed that the eradication of extreme poverty and hunger cannot be achieved if we do not invest more in education and health, including sexual and reproductive health. Young people must be at the centre of these investments.

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARH	Adolescent Reproductive Health
BCC	Behavioural Communication Change
CBO	Community Based Organization
CDA	Centre for Development Alternatives
CSW	Commercial Sex Workers
DALY	Disability Adjusted Life Year
DHO	District Health Office
EU	European Union
FPAB	Family Planning Association of Bangladesh
FPASL	Family Planning Association of Sri Lanka
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IDU	Injecting Drug User
M&E	Monitoring & Evaluation
NGO	Non-governmental Organizations
PE	Peer educator
PSL	Population Services Lanka
RH	Reproductive Health
RHAC	Reproductive Health Association of Cambodia
RHIYA	Reproductive Health Initiative for Youth in Asia
SACHET	Society for the Advancement of Community Health, Education and Training
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
ToT	Training of Trainers
UN	United Nations
UNFPA	United Nations Population Fund
UPSU	Umbrella Project Support Unit
YFC	Youth Friendly Centre
YIC	Youth Information Corner

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The EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA) is a regional programme seeking to improve the sexual and reproductive health of young people aged 10-24 in 7 countries in South and South-East Asia. The RHIYA programme commenced activities during 2003 and ended in December 2006. Over the course of the three years, the programme's activities reached in excess of two million young people across the region.

The programme's main activities related to:

- **Information, Education and Communication:** to increase awareness of adolescent and youth sexual and reproductive health (SRH) issues in society as a whole, to promote healthy behaviour and, where appropriate, to address gender-based violence and trafficking of women and girls.
- **Provision of quality services:** from counselling and prevention to primary care, including access to contraception, HIV/AIDS prevention and management of sexually transmitted infections (STIs).
- **Capacity building:** to develop civil society and non-governmental organizations, public sector and local community partnerships, to provide youth friendly information and SRH services.

Preface

This booklet is part of a series arising from a review commissioned to explore and evaluate how two cornerstone approaches of RHIYA's programme – peer education and services for young people – were implemented across the 7 RHIYA countries: Bangladesh, Cambodia, Lao PDR, Nepal, Pakistan, Sri Lanka and Viet Nam.

The review exercise was carried out between 2006 and 2007 by three international consultants from HLSP guided by UNFPA experts and RHIYA teams.

The resulting publications are:

- Two full reports
  - Peer Education – A Review of Stakeholder Experiences
  - Services for Young People – A Review of Stakeholder Experiences
- Two summary booklets
  - Positive Pressure – Learning from Peer Education Experiences
  - A Place of Our Own – The Benefits of Services for Young People

These four publications complement the wealth of quantitative and qualitative information on RHIYA's achievements available through the four Good Practice Guides and accompanying Case Studies, and through a forthcoming publication synthesizing the RHIYA programme achievements.

'Peer Education – A Review of Stakeholder Experiences' was conducted with the aim of providing policymakers, programme managers and development professionals with an account of how peer education as a programming approach was implemented across the RHIYA countries. It further aims to assist programme managers and staff in planning future peer education programmes. This report focuses on the perspectives of the stakeholders themselves and their experiences, including peer educators, peers, project managers and staff, local officials, religious leaders, teachers, parents and health staff. The consultants carried out a systematic review of peer education to provide a profile of the various approaches to implementing peer education and the factors which lead to the successful deployment of the approach to improve sexual and reproductive health (SRH) outcomes for young people[1]. It should be noted that this review does not aim at statistical sampling or representativeness of the peer education practices, but aims to complement the quantitative data with reflection based on the qualitative interviews undertaken.

Bruce and Chong (2005)[2] state that peer education is possibly the most elusive programme concept and that, while young people reaching out to each other with information as friends is both logical and appealing, it has been subject to little evaluation. Important questions to consider are: Who are the peers? Are they matched by age, gender, schooling, and marital status? Can boys speak to girls, older to younger? Where would adults, mentors, or family members be more effective? Are some youth better served by peer education approaches than others? Is peer education itself the answer or is it mostly effective when utilized as one among a set of interrelated interventions within a broader programme approach? These questions and others were asked to stakeholders across the 7 RHIYA countries. This report takes the reader through the responses and the processes involved in implementing peer education for adolescents[3] and youth[4], including what seemed to work and what did not work so well.

The review points to the importance of tailoring peer education to fit different socio-cultural circumstances and illustrates how the peer education strategy was shaped and implemented by exploiting, facilitating and overcoming constraining factors. The lessons learned as a result of piloting the peer education approach in SRH interventions are distilled. Finally, the report attempts to provide an understanding of how to operationalize peer education and concludes with a section covering important issues to consider when implementing peer education programmes for adolescents and youth in SRH.

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1 Young People defined as: 10-24 year olds (UNFPA)

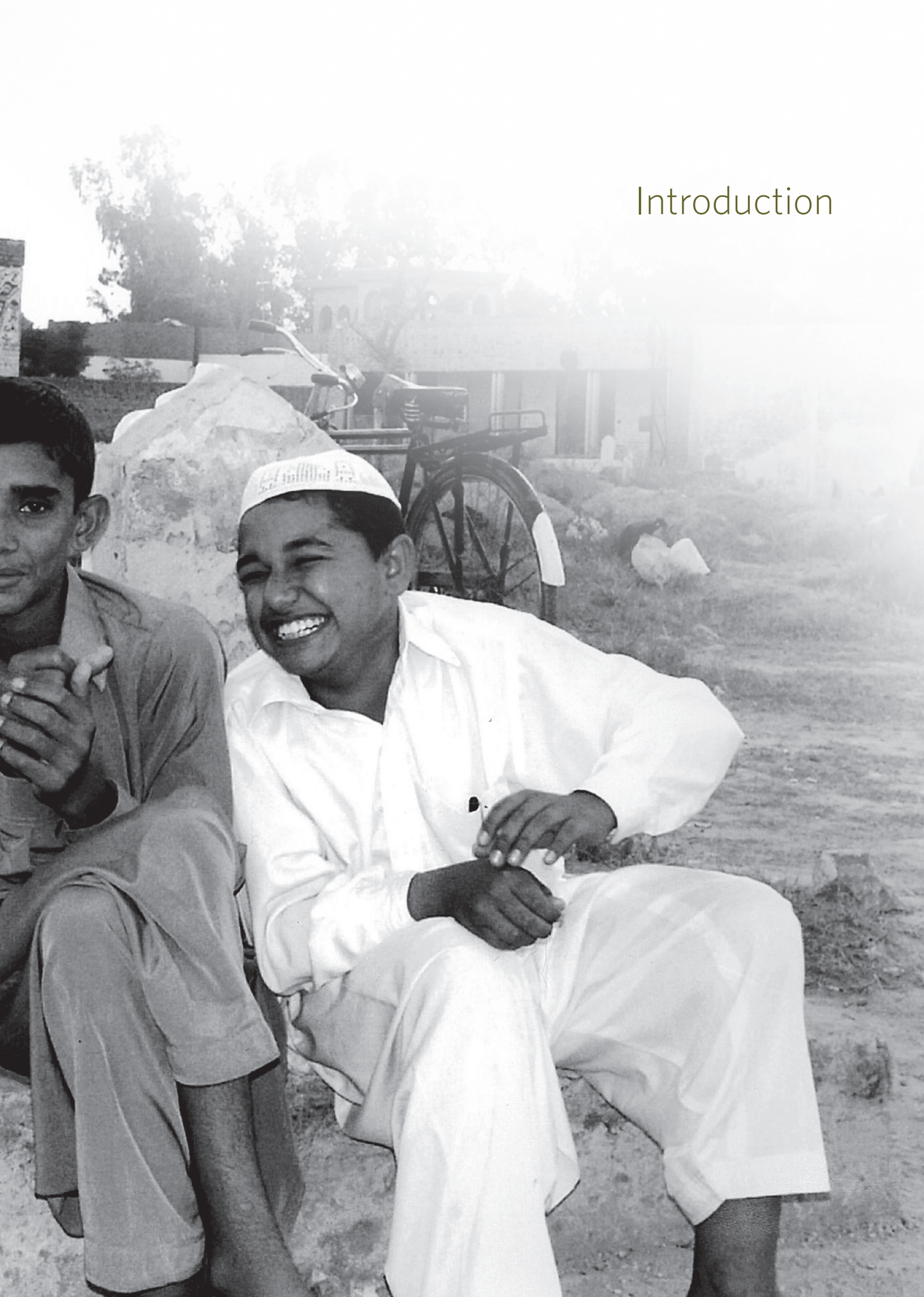
2 Bruce, J. and Chong, E. (2005) The Diverse Universe of Adolescents, and the Girls and Boys Left Behind: A Note on Research, Programme and Policy Priorities. Millennium Project

3 Adolescents defined as: 10-19 year olds (early adolescence 10-14 and late adolescence 15-19) (UNFPA)

4 Youth defined as: 15-24 year olds (UNFPA)

| 1 Young boys, RHIYA, Pakistan (Ranked best photo from Pakistan during the RHIYA Youth Summit in Sri Lanka, 8-12 November 2004)

Introduction



Development of the SRH concept and its definition

" SRH is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice of regulation of fertility, which are not against the law, and the right of access to appropriate health services that will enable women to go through pregnancy and childbirth and to provide couples with the best chance of having a healthy infant … Full attention should be given to …meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality."

(Source: Programme of Action adopted at the ICPD, Cairo, 5-13 September 1994 7.2 and 7.3, pages 44 and 46)

The shift from family planning towards reproductive health took place in the 1990s. The change came about due to the growing concern that family planning programmes tended to overlook women's reproductive rights and did not address the holistic nature of SRH and the well-being of both men and women as individuals. There was also an acknowledgment among policymakers and family planning programmers that programme effectiveness was dependant on the quality of care provided and the range of SRH services offered[5].

The International Conference on Population and Development (ICPD) in 1994 set an ambitious Programme of Action, based on a comprehensive definition of reproductive health that included sexual health. The Programme of Action noted that signatory 'countries', with the support of the international community, should protect and promote the rights of adolescents to SRH education, information, and care[6]. More recently, the Millennium Development Goals acknowledged the specific needs of young people for gender equity, education, safe pregnancy, and reduction in the spread of STIs and HIV/AIDS[7]. The Declaration of Commitment signed at the UNGASS committed governments to meeting specific goals to fight HIV/AIDS among young people[8]. They agreed to:

2 Youth activities, Vientiane Youth Centre, Lao PDR

> " ensure that at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection by 2010."

The needs of adolescents and youth have been recognized and, now that it is understood that the SRH of young people has profound effects on short and long-term socio-economic development prospects, programming in SRH has commenced. SRH information and services are considered to encompass all issues related to sexuality (masturbation, puberty, wet dreams, love and friendship, sexual dysfunction), contraceptive services, safe abortion (where legal), safe motherhood, STIs and HIV/AIDS, although HIV/AIDS is considered as a communicable disease and often treated separately from SRH.

5 Hardon A et al, Manual - Applied Health Research, Anthropology of Health and Health Care. 1995, page 89.
6 ICPD Programme of Action www.un.org/popin/icpd/conference/offeng/poa.html
7 www.developmentgoals.org
8 United National General Assembly Special Session on HIV/AIDS. *Declaration of commitment on HIV/AIDS.* Geneva: United Nations, 2001.

Peer education development and definitions

Peer education is one of the four most popular first-generation adolescent and youth approaches, alongside youth centres, youth friendly services and family-life education[9]. Peer education is referred to in a number of ways, as an approach, a strategy, a communication channel, a methodology in message transfer and a philosophy. It has been used in several health-related fields including nutrition, family planning, child health care, substance use (alcohol, tobacco and drugs), and violence prevention. The origins of peer education can be traced back as far as Aristotle, and it has become one of the most widely used approaches in combating the HIV/AIDS epidemic.

Although peer programmes vary widely (such as in who is a peer and what is education) consensus is to be found in the definitions of peer education. In essence peer education is a horizontal process of equals; 'peers' talking among themselves. Definitions of peer education include:

> " the transfer of factual information and/or healthy behaviour with the use of members of a given group"

> " to effect change at the individual-level, with the aim of modifying a person's knowledge, attitudes, beliefs, or behaviours. Peer education may also effect change at the group or societal-level by modifying norms and stimulating collective action that contributes to individual change as well as changes in programmes and policies[10]".

For the purposes of the RHIYA programme, the UNFPA identified the following working definition:

> " Peer education is often used to generate healthier behaviours among young people. It is about utilizing young people's influence over one another to make positive interventions in young people's lives. Peer education operates on the principle that young people are more likely to be genuinely influenced by members of their own group of friends than by outsiders, particularly adult authorities. Peer educators receive special training and information which they pass on to their friends."

9 Adolescent and Youth Sexual and Reproductive Health – charting directions for a second generation of programming – A report on a workshop of the UNFPA in collaboration with the Population Council (2002)

10 Peer Education and HIV/AIDS: Past Experience, Future Directions - Population Council, 1999.

3 EHDAG: Peer educators distributing IEC and condoms on World AIDS Day, Nepal

From the definitions on the previous page, a number of characteristics of peer education can be identified:

- Peer education typically involves education and/or counselling activities in which the educator/counsellor has the same or similar background characteristics as those of the young peers.
- Peer educators are not professionals, but they are trained to assist young people who need information and services.
- Peer educators receive special training in providing messages, decision-making, client referrals, providing commodities or services.
- Peer educators usually work with participants on a one-to-one basis or in small group settings.

Peer projects are often part of a larger programme that has added a youth-to-youth outreach component, such as in the RHIYA programme. However, for the most part definitions do not mention programme quality issues such as effectiveness and efficiency.

Many first-generation adolescent and youth programmes tended to homogenize young people, however, the RHIYA programme recognized their diversity. Peer education has been applied in different settings and among different target groups, including: in and out of school adolescents, unmarried and married adolescents and youth, university youth, street children, commercial sex workers (CSWs), drug users, rural and urban adolescents and youth.

Past successes in peer education

In the literature, there are many examples of peer education programmes being successful within different target groups, although the use of peer education for SRH is less well documented.

A number of examples of the impact of peer education are listed below:

- Peer education literature provides many examples illustrating the positive impact of peer education programmes on STI or HIV incidence, risk taking behaviour or health status among factory workers and injecting drug users, men who have sex with men, and people living with HIV/AIDS. In Zimbabwe, the HIV incidence among intervention exposed factory workers was 34% lower than the incidence in workers from the control group[11].

- The West African Youth Initiative in Nigeria and Ghana used peers to provide reproductive health, sexuality information and counselling to young males and females age 12-24. An evaluation of the initiative indicates significant positive effects on programme participants' knowledge, perceived self-efficacy, and behaviour. A post-intervention survey found that, after about 18 months of programme activities, the target population showed increases in knowledge and in the use of modern contraceptive methods, when compared to the baseline survey[12].

- In CARE's Community Resources for Under 18's on STDs and HIV (CRUSH) project in Kenya, survey results indicated that, following a peer-to-peer educational intervention, the target group of out-of-school youth age 12-18 displayed better knowledge, more positive attitudes, and signs of behavioural changes toward STI/HIV prevention when compared to a control group of non-participants[13].

- In a Thai factory-based setting, single female adolescent workers involved in a peer-led education programme demonstrated the most significant improvements in both knowledge and enabling skills when compared to their counterparts who were reached by either adult health educator-led sessions or by sessions employing materials only[14].

| 4 Group of young people attending an outreach session, KHANA, Cambodia © Thierry Lucas

11 Peer education and HIV/AIDS; Concepts, uses and challenges UNAIDS December 1999.
12 In Focus. Focus on young adults Using Peer Promoters in Reproductive Health Programs for Youth. December, 1997.
13 In Focus. December, 1997.
14 In Focus. December, 1997.

The review

Review methodology

Briefing: The consultants were briefed by the UNFPA RHIYA Central Unit in Brussels.

Literature review: The consultants reviewed the peer education literature to better understand the contexts in which peer education programmes were implemented and the processes involved in establishing a peer education approach.

Mapping for the peer approaches: In advance of the country visits peer education matrices were developed from the quarterly and annual RHIYA project reports. A matrix was developed for each project and included information on the peer education programme characteristics considered important (identified from the literature review).

Country context: The consultants prepared a country context sheet for each RHIYA country. The purpose was to assemble a summary of key contextual items directly relevant to young people's SRH rights. The country context was the background against which the review could be undertaken and it created a basis for recognizing the different and contrasting settings of the SRH reality of adolescents and youth. For instance, in one country the recruitment of female peer educators might be a major achievement whereas in another country the female peer educators were able to address SRH in mixed sex groups.

Development of peer education tool: A methodological framework setting out the key issues to be investigated was developed and applied by all three consultants during their fieldwork in the RHIYA countries. As appropriate, the consultants adapted the methodology to the country and sometimes as the fieldwork progressed and additional questions were also developed for specific stakeholder groups (Peer education tool and questions are included in the Appendix).

Fieldwork: Each of the 7 RHIYA countries were visited between December 2006 and April 2007. Country visits began with a briefing session, in which the Umbrella Programme Support Unit (UPSU) and in-country RHIYA partners were informed about the objectives and approach of the research. The UPSU staff provided an overview of their work and the work of the implementing partners.

Sampling: The consultants conducted fieldwork across a broad cross-section of programme settings. Fieldwork was facilitated by the UPSU staff; who made the fieldwork agenda and assisted in the logistics including briefing field staff. The UPSU staff were asked to select those settings that represented a typical profile of the peer education strategy employed in their respective country.

While the sampling could not be representative, care had been taken to ensure that a diverse set of characteristics was covered by the sample. In most of the countries, the sample included a representation of geographical variation (rural, semi-urban and urban) different target groups (in and out of school, ethnic minority groups etc) and different peer education approaches, as identified from the project documents.

Interviews: In-depth, semi-structured interviews were the main research tool used. Each interview took on average 1.5-2 hours. The tool was used to guide the interview, but the interviewee was encouraged to voice their opinions and experiences in a manner that most suited them as individuals. A cross section of stakeholders was interviewed at each project site, including project staff, peers, peer educators, religious and community leaders. Wherever possible, interviews were conducted on an individual basis, although on occasion two stakeholders from the same group had to be interviewed together for logistic purposes, e.g. two male peers. Interviews were then transcribed as soon as possible.

Debriefing: At the end of the country visit each consultant wrote a debriefing note of their initial impressions, which they provided for the UPSU.

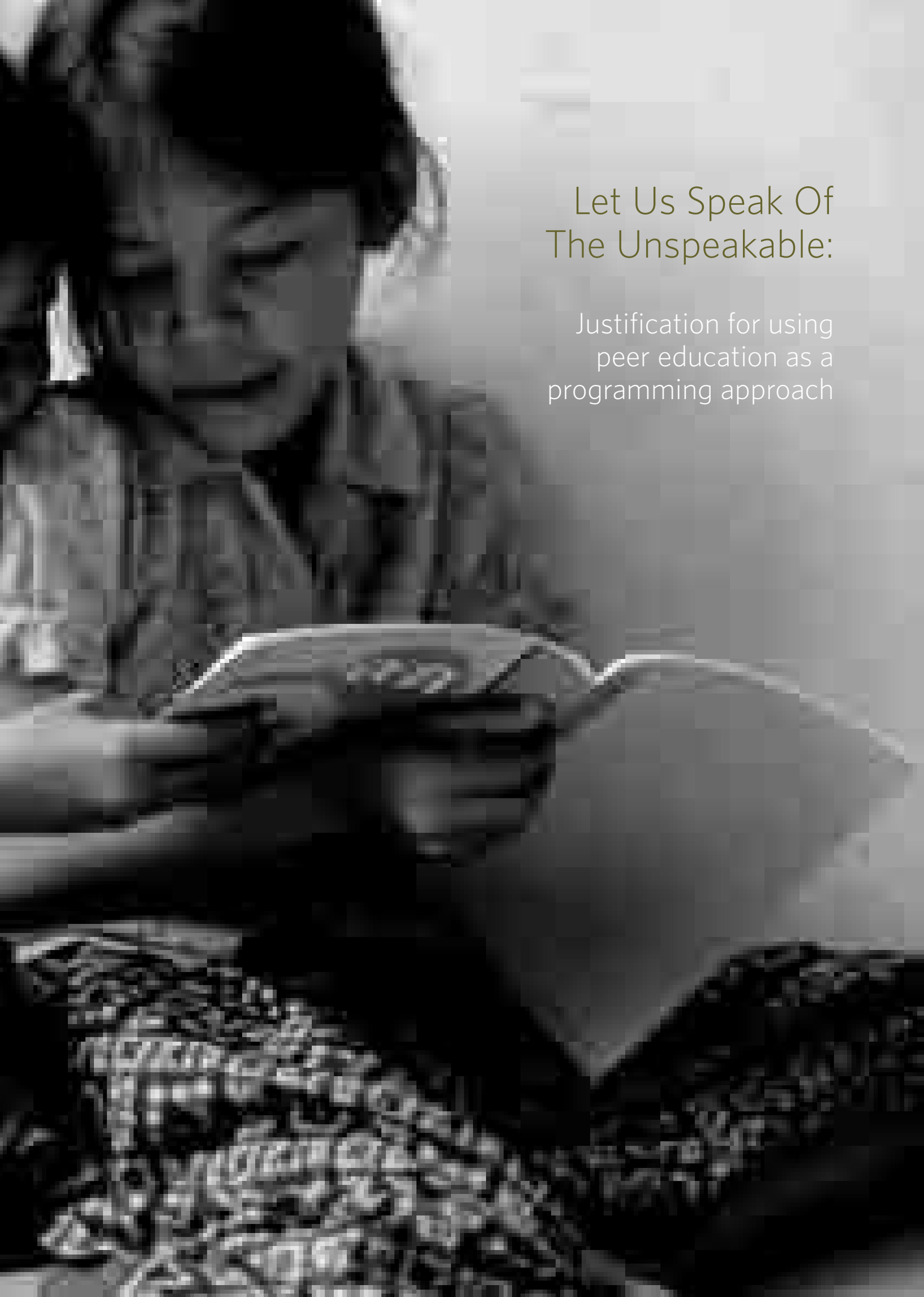
| 5 'Who can answer the question?': Youth learning in Hoa Binh, Viet Nam

Strengths of the review

- Triangulation of results – interviews were conducted with a number of different stakeholders at each site.
- The interviews were conducted without the presence of project staff.
- Use of 'purposeful' sampling – the UPSUs had been requested to select information rich cases or sites for the fieldwork.
- A unique opportunity to review the operationalization of peer education approaches in 7 different countries and within these a variety of project areas.
- RHIYA has a large database of project reports easily accessible for cross-referencing.
- All the interviews were conducted at the end of the project; allowing a retrospective view over the whole implementation period.

Limitations of the review

- Most of the RHIYA projects had closed down, so the consultants were not able to visit the actual project activities and interaction between peer educators and peers could not be observed.
- Not all RHIYA projects were included in the stakeholder review.
- Some interviews had to be interpreted and the quality of the translation could not be verified.
- Political unrest in southern Nepal, Bangladesh and Sri Lanka delayed visits.
- The long interviews meant that some stakeholders had to wait for long periods of time.
- Project staff selected the stakeholders for interview.



Let Us Speak Of The Unspeakable:

Justification for using peer education as a programming approach

| 7 Group outreach through Vientiane Youth Centre, Lao PDR

Key points covered in this section:

- The RHIYA projects aimed to increase access to information and to change the ways adolescents and youth obtain SRH knowledge.
- Justifications for using peer education generally fall under: providing knowledge and awareness, mobilization to utilize services, youth empowerment and positive peer pressure to adopt healthy behaviours.
- Peer education was seen as a way of reducing secrecy around SRH; while parents and teachers were reluctant to talk about SRH with their children, they were prepared for them to learn about SRH from peers and project staff.
- Peer education was seen as the favoured approach for reaching a number of different target groups, including 'hard to reach' youth.
- Peer education programmes need to take into account the different needs of young people, including their age, sex and their marital, schooling and social status.
- From the limited studies available, strategies (including peer education) implemented in high HIV/AIDS settings appear to be a cost-effective approach – but more studies are required in other settings.
- Peer education used in conjunction with other strategic and mutually reinforcing components, e.g. mass media and services, appear to be effective.

Justifications for peer education as a programming approach

"We can talk to our peers more easily, especially as it is taboo to speak to our parents about these issues" (Cambodia)

In planning and developing the RHIYA projects, justifications given for the use of peer education largely focused on the achievements that could potentially be realized by adopting a peer education strategy. Anticipated achievements included increasing youths' knowledge of SRH, mobilizing adolescents and youth to use youth centres and youth friendly health services, and promoting positive peer pressure as a means of encouraging behaviour change.

The selection of the peer education approach was mainly based on personal experience and not necessarily on any particular health promotion or behaviour change theory. However, some of the RHIYA country programmes were based on previous needs assessments and successful peer education approaches. Several project coordinators in Sri Lanka referred to research carried out showing that young people preferred accessing SRH information from their friends/peers as they felt more comfortable speaking to 'non adults'. In Nepal, projects used a peer education approach as it had already been successfully used in the same cultural context – 'Scaling-up of positive results experienced in HIV/AIDS and Safe Motherhood projects'.

While project staff did not refer to any specific behaviour change model, a number of studies have also found this to be the case. The systematic review of evidence from developing countries on prevention of HIV/AIDS in young people (WHO 2006) found that few interventions were explicitly based on a theoretical model and that neither the number nor the strength of outcomes was influenced by the presence or absence of a theoretical framework. Gallant and Maticka-Tyndale's review of school-based programmes in sub-Saharan Africa also found similar parallels[15].

A recurring perception found among the stakeholders was that "peer education is the only and best approach". On the whole, stakeholders did not appear to have reflected upon, nor have reservations about, the potential limitations of the strategy, despite the fact that its application heavily depends on the performance of peer educators. However, one respondent was very questioning of the approach, saying it had not been evaluated effectively at a global or local-level and that it was almost unethical to expect poor youth to carry out unpaid work and to support project activities to the extent required. Counter to this argument, a number of peer educators interviewed said that, while they did not receive financial incentives for their project work, they benefited in many ways, such as building skills and confidence and even increasing their future job prospects. In addition, a number of the non-government organizations (NGOs) providing clinical services felt that far fewer adolescents and youth would utilize their services if it weren't for peer educators mobilizing youth.

A pattern that emerged during the interviews was that the expectations of the project management staff and those of peer educators and peers varied. Staff and peers were more focused on the immediate project outcomes, while peer educators had greater long-term expectations. This could be related to the project staff's previous experiences with peer education projects, which allowed them to have a realistic view of what could be achieved, or it may be that the peer educators' expectations and ambitions were focused on what they could achieve personally. Benefits which peer educators expected to gain from the project were often in terms of skills and future job prospects, while the benefits for peers focused more on information, awareness, attitudinal and behaviour change.

| 8 Group learning, RHIYA, Sri Lanka

15 Gallant, M., Maticka-Tyndale, E. School-based HIV prevention programs for African youth. Social Science and Medicine, 1994, 58:1337–1351.

Specific Rationale for Peer Education

Turner and Shepherd (1999) undertook an extensive review of peer education literature[16]. The specific reasons they found for using peer education were very similar to those expressed by the RHIYA stakeholders. The headings below aim to frame and expand upon some of these reasons:

Information, Education and Communication (IEC)

By far the most frequent justification for using peer education among project designers was to provide information to adolescents and youth and to correct any misinformation they may have acquired. Most stakeholders perceived peer education as a preferable method of gaining knowledge over other forms of information, education and communication, such as mass media or materials alone. The strategy was thought to be capable of widely disseminating SRH information and raising awareness. More specifically, the following headings, framing a number of quotes from stakeholders, support their perceived justification for prioritizing IEC:

Peers are more successful than professionals or parents in passing on information because people identify with their peers and understand their concerns making it easier for sensitive issues to be addressed.

"We need to realize to whom adolescents and youth are willing to listen" (Viet Nam)

"Adult driven SRH sessions did not work in the past" (Viet Nam)

"Young people are more likely to address emotional and sensitive issues with members of their own age" (Nepal)

"Peer educators are closer to peers" & "Peers can easily talk to peers" (Nepal)

| 9 MSS: Auto workshop peer meeting, Jacobabad, Pakistan

16 Turner G. and Shepard J. (1999) A Method in search of a theory: peer education and health promotion. Health Education Research, Volume 14, Number 2, 235-247, April.

Peers are more successful than IEC materials and mass media, as peer education is instant and interactive

"Peer educators are available all the time and can repeat information to their school peers at least in the extra-curricular time" (Viet Nam)

"Our peer educators saw the same contacts twice a week" (Nepal)

Information coverage is greater as it utilizes already established social networks

"We are the strongest information network. In contrast to information delivered by parents, teachers and other adults" (Viet Nam)

"It fits well in our culture such as the Youth Union activities where youth gather together" (Viet Nam)

"Coverage is improved - using peers to spread information and key messages increases coverage within a specific target group" (Cambodia)

"Peer education is a more efficient and effective means than other IEC approaches of reaching youth with accurate information" (Lao PDR)

There is a lack of alternative ways of getting information

"Parents do not talk to their children about sexual and reproductive health, but friends talk to friends" (Bangladesh)

"As parents and teachers have difficulties with tackling SRH, we need to find other information sources such as our friends" (Nepal)

"Parents as well as teachers neglect the sexual and reproductive health information needs of adolescents and youth or feel uncomfortable in discussing these issues" (Nepal)

Peer education can be used to educate those who are hard to reach[17]

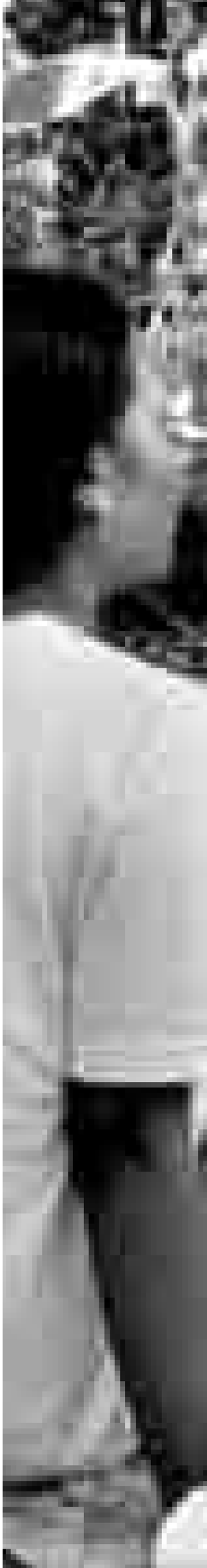
"Peer education is the most effective way to gain access to difficult to reach people" (Viet Nam)

"Without the peer educators we never could have reached our target groups" (Nepal)

Access was a very relevant point in Nepal. Young people living in remote mountainous areas were very difficult to reach, because of limited transport and poor roads – so the implementing NGO employed peers from within the local communities, who were there where young people needed them.

The peer educators interviewed had a strong belief in their skills, in sharing information with their peers and community members and perceived themselves as information resources that were stronger than IEC materials and/or mass media interventions alone. Many upheld a real sense of responsibility in relation to their role and some even made the time to dedicate to peer education activities as well as working long hours, caring for family members and studying part-time.

Both peer educators and project staff often mentioned that the peer educators would keep spreading their knowledge among friends and family after they were no longer peer educators; thus reflecting their longer-term commitment.



17 'hard to reach' groups – including street children, displaced youth, commercial sex workers and drug users

| 10 Peer Education Session for Girls Only, KHANA, Prey Veng Province, Cambodia © Thierry Lucas

| 11 CARE: Youth group, Lao PDR

Mobilizing adolescents and youth

"Peers are voluntary manpower to do outreach work for the Youth Friendly Centre" (Nepal)

A reason for using a peer education strategy often cited by NGO staff was to mobilize adolescents and youth to use the youth friendly services – whether information services based in 'youth corners' or health services based in youth friendly clinic settings. The NGO staff repeatedly mentioned that peer educators were able to reach more youth in the community than they would themselves. In addition to providing information, peer educators also referred their peers to services. For instance the commercial sex workers in Lao PDR had a range of health facilities to which they were referred by their peers.

"It is more cost-effective than other methods of advertising" (Cambodia)

The RHIYA endline surveys seem to support the assumption that peer educators are effective at increasing utilization rates of services. Not only has the number of adolescents and youth using these services increased, but more adolescents and youth now feel that family planning services are easier to access. In the Sri Lanka endline survey almost 58.9% of the respondents knew a place where they could find a contraceptive method. Significantly, more female respondents (63.9%) are aware of a place to access contraceptive methods than male respondents (54.1%)[18].

Adolescent and Youth Empowerment

"Empowering youth is the main objective to be accomplished by peer education" (Nepal)

While empowering youth was often not stated as a reason for establishing peer education approaches, it was often seen to be an outcome. NGO workers, parents, community leaders and youth all stated that peer education was empowering for those involved, both for the educators and the peers. This was particularly noticeable among female peer educators who consistently mentioned how empowered they felt in their role. However, the interviews did appear to support the perception that it is peer educators themselves who are most empowered by the process, gaining confidence, skills and a good standing within the community.

"I feel less self centred, and able to help my community" (female peer educator in Lao PDR)

As a result of their role, the majority of peer educators interviewed felt 'more mature', 'better equipped/ skilled to communicate', 'better able to problem-solve', and more respected by family, peers and the wider community. Peer educators felt better able to contribute to the well-being of the community, to develop themselves as a person by acquiring more skills and expected to have more opportunities in their future school or career. Unfortunately, peer educators represent only a small proportion of the target group in general.

18 End Evaluation Survey Report of the Reproductive Health Initiative for Youth in Asia Project in Sri Lanka October 2006

| 12 Demonstrating condom use, KHANA, Cambodia © Thierry Lucas

19 Turner, G and Shepherd, J (1999) A method in search of a theory: peer education and health promotion. Health Education Research Vol. 14, 235-247 April 1999.

20 Survey Assessment of Vietnamese Youth. MOH, General Statistics Office, UNICEF, WHO. August 2005).

Peer Pressure

"When peer educators talk about sensitive items, peers will follow" (Nepal)

Positive peer pressure was cited as a justification for peer education. However, the literature suggests that 'peer influence' or 'peer pressure' is complicated. Peer pressure may differ depending on both the socio-cultural context and the composition of the peer groups[19]. Previous research in Viet Nam revealed that gender had an impact on the type of pressure. Girls rather than boys perceived peer pressure as "protective", whereas young males (18-25) reported peer pressures around premarital sex, especially in urban areas (8-12%)[2]. This may be attributed to the fact that at puberty boys gain more freedom that exposes them to pressures which promote risk behaviours and negative attitudes towards girls. In both Bangladesh and Pakistan, male peer educators talked about 'negative' peer pressure they had experienced before becoming peer educators, while the peer education programme exposed them to positive pressure. NGOs rarely referred to how peer pressure manifested itself in the cultural context of sexual behaviour (e.g. as 'positive', 'protective' or 'negative'). However, the CARE project in Cambodia successfully used 'positive' peer pressure as their model. The project targeted young university youth and their attitudes and behaviour towards girls, especially those working in garment factories.

"Now I am a peer educator, I have gained self-esteem and am respected by my peers for the information and support I provide" (CSW - Lao PDR)

In Lao PDR, peer pressure was thought to be very strong. This aspect of the culture proved particularly advantageous for the CSW peer educators, who were able to exert positive peer pressure on their fellow sex workers.

Other forms of information, education and communication

Mass Media

"Unlike most other forms of IEC, young people are able to interact with each other and clarify misunderstandings" (Cambodia)

Most stakeholders embraced the perceived advantages of peer education in SRH and referred to the benefits associated with face-to-face, non-traditional and two-way communication.

Peer education was widely perceived as being more cost effective than other IEC approaches. To date, the few cost-effectiveness studies conducted globally have not tended to focus on SRH and peer education specifically, but instead on the cost of HIV infection averted and often related to high risk groups. Studies include:

- In Mexico, the Population Council programme Prosuperación Familiar Neolonesa was able to provide sexual health education through a peer outreach model for one-third the cost of a fixed youth centre models.

  (Townsend et al, cited in UNAIDS 1999[21])

- A study from a Connecticut needle-exchange programme for injecting drug users compared the programmatic effectiveness and cost-effectiveness of a professional outreach model with a peer-driven approach to needle exchange over a two year period. While both intervention types produced significant reductions in HIV risk behaviours among the intended audience, the study found that the peer-driven model reached a larger and more diverse set of injecting drug users and did so at one-thirtieth of the cost

  (Broadhead et al, cited in UNAIDS 1999)

Often mass media was used in conjunction with peer education as it has the advantage of being able to reach large numbers of young people and is able to relay specific messages, while peer education allows for clarification and dialogue between adolescents and youth. A cost effectiveness analysis of strategies to combat HIV/AIDS in developing countries found that interventions focusing on mass media, STI education (including peer education) for female commercial sex workers and treatment of STIs in the general population cost less than $150 per DALY[22] averted, which compared favourably with school-based education programmes[23].

A number of the RHIYA baseline surveys showed that TV was actually the main source of information for adolescents and youth. In Bangladesh the baseline showed that 79% received information from the TV and only 9% obtained information from peer educators or friends. However, young people did complain that information obtained from the TV was very superficial and needed further clarification from peer educators (Bangladesh). Although the endline survey demonstrated that TV remains a major source of knowledge (47%) information obtained from peers had risen to 38%, suggesting that RHIYA has significantly contributed to a change in the way young people obtain information. The endline also demonstrated that youth were obtaining information from NGO clinic counsellors and health workers (41%) and resource centres (18%)[24] where previously they had not been available to young people. Given the range of information sources, it is difficult to attribute the programme successes to peer education alone.

| 13 CWFD: Playing and learning, Bangladesh

21 Peer education and HIV/AIDS: Concepts, uses and challenges UNAIDS 1999 http://data.unaids.org/Publications/IRC-pub01/JC291-PeerEduc_en.pdf

22 Disability adjusted life years (DALY) DALYs for a disease are the sum of the years of life lost due to premature mortality (YLL) in the population and the years lost due to disability (YLD) for incident cases of the health condition. http://www.who.int/healthinfo/boddaly/en/index.html

23 Daniel R, Hogan, D. R. Baltussen, R. Hayashi, C. Lauer, J. A. Salomon, J. A. Cost Effectiveness Analysis of Strategies to Combat HIV/AIDS in Developing Countries British Medical Journal Nov. 2005

24 Report of Endline Survey on EU/UNFPA RHIYA Project – Vol 1. Quantitative survey among adolescents and youth. UNFPA October 2006

Adults – Parents and Teachers

"It is culturally taboo to discuss sexual and reproductive health between adults and adolescents and youth" (Nepal)

One expectation of project staff was to break the 'secrecy' surrounding SRH, to enable parents, other significant adults, adolescents and youth to discuss SRH more openly. This in turn would lead to an increased demand for SRH services (Nepal). For the most part parents appeared willing for their children to receive this information from peer educators or project staff, but in the endline surveys parents were not mentioned as a source of information themselves. This suggests that the majority of parents are still not willing to talk with their children about SRH issues. Similarly, teachers still have difficulty in discussing SRH issues with their students but will often allow peer educators to undertake sessions within school time.

"Parents, teachers, health workers and social workers lack the knowledge and skills to adequately identify specific problems and the SRH needs of adolescents and youth and provide them with the necessary support and guidance"

"School curricula only deal with HIV/AIDS and only from a very scientific perspective" (Bangladesh)

Reaching different target groups

The RHIYA country projects acknowledged the diversity among young people by utilizing peer education methods to address the needs of varied target groups in very different circumstances (see table on RHIYA target groups). The peer education approach seems to lend itself very well to addressing the needs of specific target groups such as commercial sex workers, displaced youth or street children, as their peers know how to find them and can easily access their social circles.

In Viet Nam, girls working in factories had no time to visit a clinic to seek information. Peer education was seen as the best approach for this setting, as a peer educator represented a 'fixed' resource person they could trust and ask questions of. Peer education projects for the HIV-positive and Injecting Drug Users (IDUs) have been extremely successful in the distribution of condoms and needles (Viet Nam). The realization that boys and girls have very different needs was an important one. While boys gain more freedoms and social mobility as they get older, girls are kept closer to home, especially in Pakistan where they practice purdah, which separates the sexes and restricts females socially. In Bangladesh, Nepal and Pakistan many older female adolescents are married, with different needs to unmarried girls of the same age[25]. Gender disparities featured prominently during the interview process. Gender had more implications for programmers and young people than foreseen at the beginning of the programme. Issues included limited access to project activities and services, difficulties in addressing gender with peer educators and peers alike and aspects of programme approaches that did not successfully address gender disparities. These issues are addressed in some detail later in the paper.

Each of the RHIYA countries focused on specific target groups

Country	Target group			
	Geographical focus	Age	Specific Group	In school/out school
Bangladesh	Urban/peri-urban – more disadvantaged zones	10-24	Poor adolescents and youth - unmarried and married	In and out of school
Cambodia	Urban and rural (11 provinces)	10-24	Street Children, migrants, sex workers and orphans, unmarried, drug users	In and out of school, male university students
Lao PDR	Urban – Vientiane – and rural 60 selected villages in six districts of three Southern provinces	10-24	Bar workers, commercial sex workers, urban and rural adolescents and youth	In and out of school, unmarried
Nepal	Rural – 19 districts	10-24	Unmarried and married youth, drug users	In and out of school
Pakistan	Urban and rural – 5 provinces	18-30	Poor youth, unmarried and married adolescents and youth	In and out of school
Sri Lanka	Urban, peri-urban, rural and conflict areas	15-24	Youth exposed to tourism Poor youth in plantations and agricultural zones Internally displaced people	Unmarried and married youth, in and out of school
Viet Nam	Urban and rural – 7 provinces	15-24	Adolescent and youth	In school and out of school

Target group selection differed among the RHIYA country projects and depended on a number of factors:

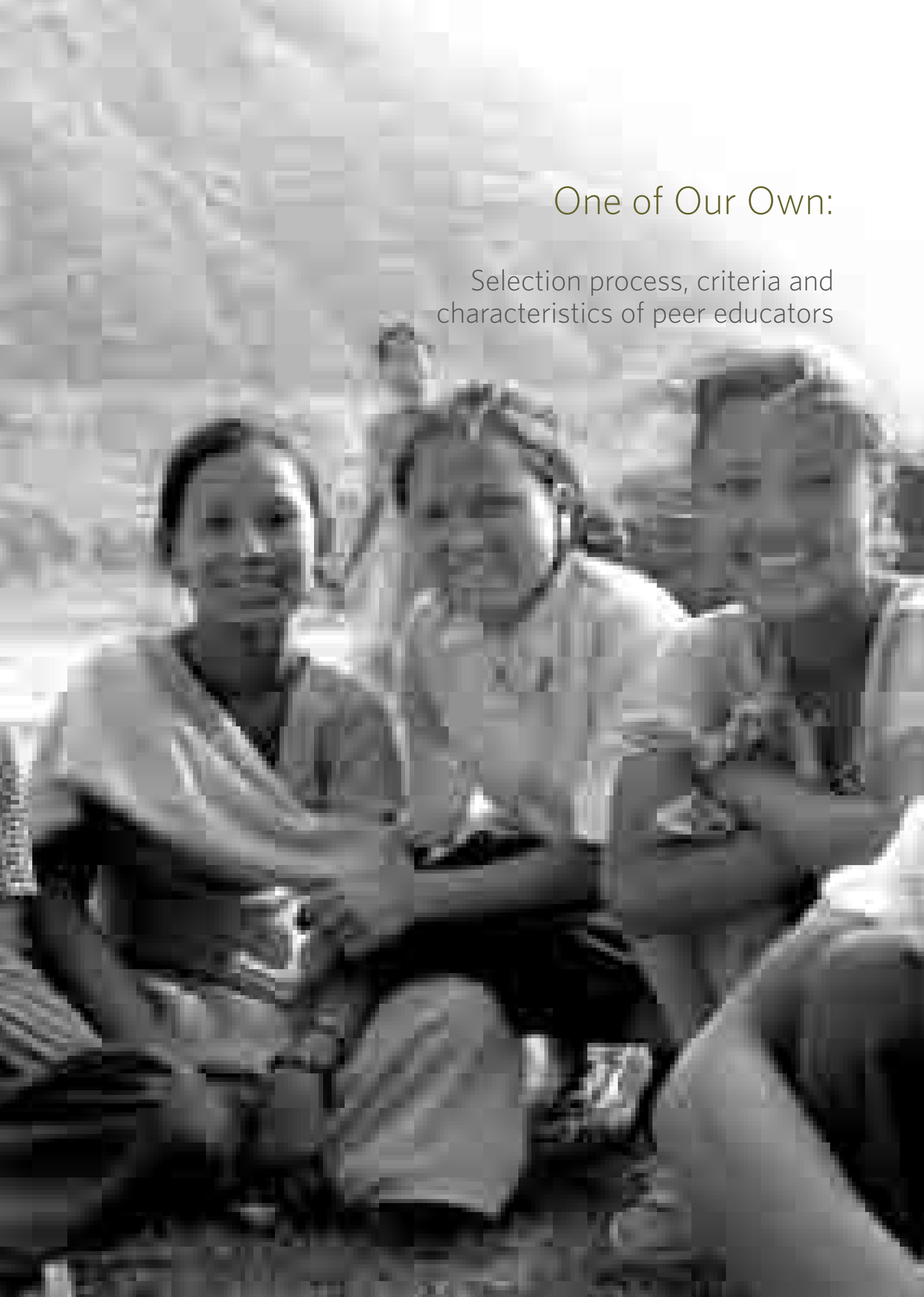
- Previous experience of implementing youth activities had highlighted the need to address specific target groups, such as with sex workers in Lao PDR.
- The implementing partner's focus was towards a specific target group, such as FRIENDS in Cambodia and their work with street children.
- Surveys and research studies conducted in country had highlighted the needs of a specific target group.

Interestingly, those implementing agencies working with harder to reach groups had often begun working with youth more generally. Their experiences of working with youth had demonstrated the different needs of more vulnerable groups and the different approaches needed to work with these groups. This learning had prompted a decision to expand their operations to address the needs of more vulnerable youth and to adapt their programming approaches accordingly.

Of note in addressing diversity among young people is the issue of age. Often projects would initially start up with the age range of 10-24 years. This proved to be too large a range and, as project staff learned more about the needs of different age groups, project activities were adapted. In addition, the needs of married youth were often not considered in depth; for instance if a married youth became pregnant she would be referred to adult health services. These issues are explored later in the paper.

25 Hardee, K. Pine, P. Wasson, L. T. (2004) Adolescent and Youth Reproductive Health in the Asia and Near East Region, Status, Issues, Policies and Programs - Policy Project.

| 14 Nepal © Thomas Bell



One of Our Own:

Selection process, criteria and characteristics of peer educators

Key points covered in this section:

- When peers were able to select their own peer educators, this ensured the peer educators were acceptable to the group.
- Often the attributes considered important for a peer educator differed between project staff and peers. It is important to ensure that the peer educator selection criteria address the characteristics most appreciated by the peers.
- Parity in the numbers of girls and boys within the programme is not the only gender-related criteria, the gender sensitivity of potential peer educators should be considered when recruiting peer educators.
- Where projects had developed common curricula, it had been possible to ensure consistency of message across the projects and adopt a more standardized approach to training, including a greater pool of master trainers to draw from.
- More interactive/case study teaching sessions would have helped to better prepare peer educators for their role.
- Clearly peer education is an intensive approach requiring ongoing support and monitoring, which can be a costly exercise. There needs to be exploration of the optimal level of support that would ensure both effectiveness and efficiency.
- The cascade training model was not well evaluated and should only be used very cautiously with intensive monitoring to ensure both the quantity and quality of the information being attained by both peer educators and peers.

Selection process

Peer education literature indicates that the processes used to select peer educators may affect whether they are perceived as 'true peers' and whether or not they are able to influence peers in the group (MacDonald & Grove 2001)[26]. The processes used for recruiting and selecting peer educators across the RHIYA counties varied significantly (see table below for an overview of the different approaches employed).

Different approaches used to select peer educators:

Approach	Bangladesh	Cambodia	Lao PDR	Nepal	Pakistan	Sri Lanka	Viet Nam
Selected or elected by peers or peer educators	✓	✓	✓				
Selected by project staff		✓		✓	✓	✓	
Selected by community reps/parents			✓			✓	
Selected by Youth Organizations							✓
Selected by local officials/ universities/ schools						✓	✓

16 Health Unlimited: Explaining reproductive health, RHIYA, Lao PDR

Selection of peer educators by their own peers

This selection process was practiced in Bangladesh and in one project in Lao PDR and Cambodia. In these countries the selection criteria were discussed and agreed between the adolescents and youth before the election. Discussions with the peers would suggest this worked well in terms of the peers being accepted by their peers. For instance, in Bangladesh, while in-school peer educators had no more life experience than their peers, they were accepted as they were considered to have more knowledge and understood their peers' needs. Conversely, in Lao PDR the CSWs commented that it was important to have a peer educator who had experience as well as understanding the issues and concerns of their peers. It would appear that the expectations of each peer group were quite different, which suggests that peers are in the best position to select their own educators.

26 McDonald J & Grove J. Youth for Youth: Piecing Together the Peer Education Jigsaw. Paper presented at the 2nd International Conference on Drugs and Young People Exploring the Bigger Picture 4-6 April 2001. Melbourne Convention Centre, Melbourne.

Project staff or other adults identified and selected peer educators in most countries

While this sometimes started as quite a formal process, it appears that over time the process of applying criteria became less formal, as project staff 'got a feel for a good PE' (Cambodia). Often peer educators would be selected from the adolescents and youth attending sessions. The adolescents and youth would be approached if they were considered to have the best characteristics. Otherwise youth would be asked to volunteer to be peer educators. None of the projects had difficulty in finding volunteers to train as peer educators.

In Nepal, project implementers agreed that 'fair' recruitment and selection remained a challenge. Recruitment procedures varied across the projects, but in most cases similar selection criteria had been applied. In Viet Nam recruitment and final selection was either delegated to the Youth Union (YU), a key player in all youth related activities, or was an internal responsibility of the staff of the organization where peer education was going to be implemented (e.g. High schools and Universities). In the majority of cases the YU appointed peer educators strongly linked to the Youth Information Corners (YICs). In some cases, a client of a youth friendly clinic and his/her contacts expressed interest in becoming a peer educator. In Sri Lanka head teachers were asked to identify which of the pupils had leadership qualities.

Throughout the interviews the peers consistently stated that they were happy with their peer educators, however some peer educators did mention they had experienced difficulties in getting some of their peers to take an interest in their sessions, or they had been faced with difficult questions that they could not answer (dealing with difficult questions is discussed later in this report). In Cambodia, one member of the project staff said that once an adolescent or youth was selected and trained as a peer educator they were no longer seen as a peer and they moved up the hierarchy. This may have been reduced if peer educators had been selected by the peers themselves using their own criteria, which were found to differ from those of the project staff and adults.

| 17 Save the Children Australia: Peer educator session, Cambodia

What makes an effective peer educator?

Gore (1999)[27] refers to peer educators as either 'true peers' or 'near peers'. A true peer is a member of a particular group, who is considered by both themselves and by the other group members as belonging to that group. For example in Cambodia, the FRIENDS project used street children as peer educators – true peers. The leader or a respected member of the peer group is more likely to be influential (Gray 1996)[28]. A near peer is similar to the peer group, but differs in some way, for example they could be a few years older. The peer group may be as narrow as a group of friends or as broad as the more generic group regarded as adolescents or youth.

27 Gore C. (1999) Peer education among injecting drug users. In N.C.f.E.a. T.o Addition (ed.,) Strategies for intervention in opioid overdose: a resource for community workers. Report of the Workshops 'Heroin Overdose': National Forum on Strategy Development: Adelaide, February 1997. Adelaide: National Centre for Education and training on Addition

28 Gray J. (1996) Peer education: Looking for a Home. Forum on child and youth health, 4(3),3-8

Selection Criteria

The selection criteria used by the RHIYA projects were found to be quite consistent across the 7 countries. Selection criteria for peer educators included attributes such as 'enthusiasm' and 'willingness' of the candidate to allocate time to the peer education activities, but also included a number of more objective criteria.

Age

While age was the most commonly mentioned selection criteria, there was a great variation in the perceptions of the ideal age for a peer educator. Most of the projects attempted to match the ages of the peer educators to the peers. For example the Family Planning Association of Sri Lanka (FPASL) only chose peer educators who were under age of 25 while Population Services Lanka (PSL) split youth into age bands (i.e. 10-14, 15-19 and 20-24). Youth stated they were not too concerned about the age of the peer educator, whether younger or older – provided they had the relevant knowledge. In one project they aimed to recruit peer educators who were at least 2-3 years older, so the peers would listen more readily to them. This is consistent with studies from Ghana, Nigeria, Kenya and South Africa, which suggest girls want to learn about SRH issues from an older female[29]. Although, others projects have suggested that peer educators should be roughly the same age in order to be accepted among their peers.

The issue of age is complex and appeared to have been based on the perceptions of project staff, either that older peer educators may be listened to more readily or conversely that older peer educators tend to be seen as having more power and as a part of the hierarchy. Clearly, when planning peer education activities, the wishes of the peers and their perceptions of an ideal peer educator need to be taken into account and acted upon.

Gender

Throughout the RHIYA projects a lot of attention has been paid to getting an equal mix of girls and boys as peer educators. In Pakistan, boys and girls were strictly separated throughout the project and peer educators only educated the same sex. Whether peer educators and peer groups were mixed sex or separate varied across the other countries. In countries where sessions had been mixed, youth stated that to start with they felt embarrassed discussing such issues with the opposite sex. In Sri Lanka, for example, several female peers interviewed said that prior to becoming peer educators they would have felt too shy to speak to boys and that working on RHIYA has enabled them to overcome this. In Bangladesh, the peers said that once they had overcome concerns about having mixed gender sessions it had helped them to better understand the issues and concerns of the opposite sex.

Stakeholders emphasized that recruitment of females was as easy as mobilizing males, if not easier. Even when significantly more men than women attended the community-level project advocacy meetings, recruitment of both sexes demanded similar efforts. In some cases, more candidates were recruited and trained in order to achieve a gender balance (Nepal). In Pakistan and Viet Nam, selecting female peer educators was greatly affected by the need to obtain their parents' or mother's permission. Gaining permission for girls to become peer educators, often required advocacy visits to individual households by project staff or sympathetic community leaders. Other aspects of gender within the programme are addressed in the section 'Peers in Practice'.

The gender selection criteria focused most often on parity between the numbers of girls and boys. Attitudes conducive to a more gender responsive peer education programme; that of open, non-judgemental and egalitarian attitudes of the potential peer educators were not considered in the selection process. Once accepted onto the programme, the emphasis was placed more on training peer educators in gender issues. However, given the limited success of gender training on attitudes towards females (explored later in the paper) it may be worth considering including attitudes towards gender as a selection criteria.

29 Erulkar, Annabel, Mags Beksinska, and Queen Cebekhulu. December 2001. "An assessment of youth centres in South Africa." *Population Council and Reproductive Health Research Unit*, and Erulkar, Annabel, Linus I.A. Ettyang, Charles Onoka, Fredrick K. Nyagah, and Alex Muyonga. 2004. "Behaviour change evaluation of a culturally consistent reproductive health programme for young Kenyans." *International Family Planning Perspectives*, 30(2):58–67.

Communication skills

Communication skills were considered one of the most important attributes of the peer educator. Good communication skills were expressed in a variety of ways, including being able to:

- Interact easily with peers
- Listen
- Talk openly without being 'shy'
- Provide information in a way that people could readily understand
- Notice if people were not understanding and to rephrase the information
- Be vocal and more willing to speak up than others in their peer groups
- Be brave enough to speak and express their opinions

In Sri Lanka, language capabilities were also important for communities that included both Tamil and Singala ethnic groups (CDA).

> Interestingly, project staff often referred to a 'good peer educator' as someone who was more vocal than others, had opinions and was brave enough to speak. In contrast, peers often referred to good peer educators as those who were willing to listen, were able to provide information in a way people could understand and were willing to rephrase information which people did not understand.

Educational requirements

Many projects stipulated a minimum educational level among their peer educators (often to about grade 10) whereas others were less ambitious and just mentioned functional literacy. Requiring adolescents and youth to be literate excludes more vulnerable youth. UPSU staff in Lao PDR mentioned that the lack of basic education was a constraint in the rural-based project in the south of the country, where most peer educators were illiterate. This required extra thought in planning teaching activities and made training sessions longer. However, whenever possible they tried to 'buddy' literate and illiterate peer educators during training sessions, which worked well. While literacy may have been a constraint, the endline survey suggests it was overcome. The level of knowledge of at least two modern methods of contraception in the south of Lao PDR went from 19.2% at the baseline to 58.8% in the endline. This compares very favourably with the Vientiane results, which demonstrated an increase from 29.3% at baseline to 52% at endline.

Ability to commit

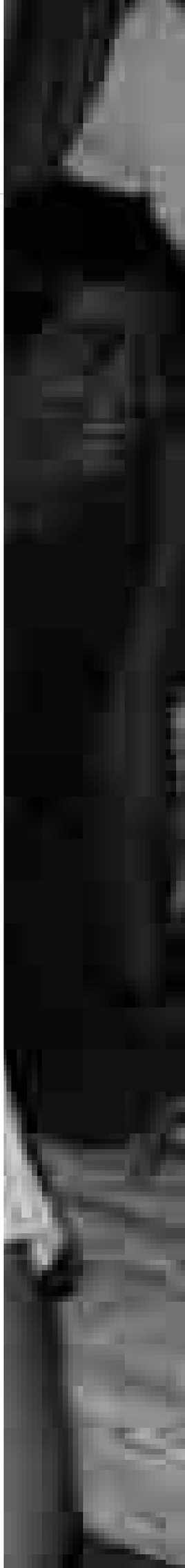
Some projects required the peer educators to agree to work for a specified period of time; this varied from 6 months, required by the Family Planning Association of Bangladesh (FPAB), 10 months for the Women's Union Youth Centre in Lao PDR to a minimum of 2 years for the Family Planning Association of Sri Lanka (FPASL). All the NGOs operating this system found dropout rates low during the formal or informal contracted working period and found they were able to plan resources more efficiently. Rather than contract peers, some NGOs selected those who were unlikely to leave the village or those based at close proximity to the project – i.e. same village or district. Those projects which did not provide any financial incentive to their peer educators had to ensure the peer educators were willing to work on a truly voluntary basis (FPASL).

Personal attributes

'Leadership qualities' and 'a good role model for other youth' in the community were cited as desirable personal attributes for peer educators. In addition, being involved in clubs and societies in order to capitalize on networks (Cambodia) and increase access to other youth was considered beneficial. For example, in the FRIENDS project in Cambodia, peer educators were selected from the street children attending the youth centre. The desired peer educator attributes were clearly defined as having close or the same backgrounds and similar life styles to the peer group.

Peer educators who broke the rules of the organization they were working with, or displayed poor role model behaviours, were suspended.

In reviewing recruitment and selection, the focus was always on recruiting the right people, but right for whom? Adults or peers? Often selection criteria were decided upon and applied by adults rather than peers. The different recruitment processes employed throughout the RHIYA programme have not been reviewed in relation to their effects on the interactions between peers and peer educators. When designing further peer education initiatives peers need to be more involved in deciding on the attributes they require and in selecting their peer educators.



| 19 Save the Children Australia: Peer educator session, Cambodia

Training and Support

Curriculum Development

In a number of the countries, such as Pakistan, Bangladesh and Lao PDR, the implementing NGO partners developed a common training curriculum. This was often based on an established training curriculum such as the Y-Peer manual[30], which was also used as the basis of the training curriculum in Sri Lanka. For the most part, adolescents and youth were not involved in curriculum design and few of the curricula were based on specific needs assessments. In Cambodia, each of the implementing partners had different curricula based on their own project objectives. It was difficult to measure how consistent the messages provided by the different curricula were.

Interestingly, during interviews the overall HIV/AIDS-related knowledge of the youth interviewed in Cambodia was very high (as illustrated in the endline results) but knowledge of issues around unintended pregnancy and unsafe abortion was poor. In fact, the peer educators were convinced that abortion was illegal in Cambodia. Peer educators were comfortable talking about HIV/AIDS but showed signs of discomfort when the issue of unplanned pregnancy was raised. This may be due to the cultural taboo of sex before marriage, or that the youth interviewed, while knowing about HIV/AIDS, did not consider themselves to be at risk. The difference in knowledge may also be linked to the development partner's agenda, which perhaps prioritized HIV/AIDS over the specific SRH needs of adolescents and youth.

Topics

In all countries, topics usually covered HIV/AIDS, STIs, family planning, condom use, reproductive health and rights, gender (such as differences in social roles, gender based violence and sexual harassment), unwanted pregnancy and abortion, and sexuality. In addition, 'life skills' training was provided including subjects such as negotiation, communication and decision-making skills. Often topics were linked with the age of the adolescent or youth group. For younger adolescents (10-14) topics were restricted to puberty and personal hygiene. From 15-19 years topics included issues around HIV/AIDS and contraception. For older youth, topics also included pre-marriage counselling, although in a number of the countries young girls were often married between the ages of 15-19 years.

On the whole peer educators were happy with their training, although some did say that they were very grateful for follow-ups and the support from project staff, as they lacked confidence to start and were unsure when faced with difficult questions.

Dealing with difficult questions

Advice on dealing with difficult questions included:

- Never try to answer something to which you do not know the answer, tell the peer you will check and get back to them
- Ask a more experienced peer educator colleague if they have had similar questions and if they know the correct answer
- Either contact your supervisor immediately or, if this is not possible, bring the question to the next supervision meeting for discussion

Some peer educators, (mainly in High School) expressed frustration that the training topics were not always relevant for them and their peers, and that there was repetition and updated information was lacking. A group of peer educators even claimed that they could have done the work without the peer education training. The only difference, they all agreed, would be the perceived level of confidence (Viet Nam).

In Bangladesh, one of the peer education groups interviewed had received their 'life skills' education later than other peer educators. Peers that had received their life skills training at the beginning of the project displayed a lot of confidence, while those who received it later appeared less confident in their discussions around the issues, but were no less knowledgeable than the other groups.

Negotiation skills were considered to be the most important aspect of training for the girls working in bars and commercial sex workers in Lao PDR, as many expressed considerable difficulties in negotiating condom use with clients. This was particularly worrying as a number of them had experienced violence while trying to negotiate condom use, the solution to which was to provide marshal arts training. However, a number of stakeholders mentioned the need to target clients and not just the CSWs. The issues around gender training are further explored later in this report.

[30] Peer education Training of Trainers Manual – Y Peer (Youth Peer Education Electronic Resource) UN interagency Group on Young Peoples Development and Protection in Europe and Central Asia.

Length of training

Peer educator training varied considerably in length: from one day to 8 days or a number of sessions spread over several weeks. Even within the same country and the same type of project the length of training varied. In Sri Lanka, the training had initially been one day (FPASL). However, this was considered insufficient by the UNFPA country office and IPPF[31], which subsequently organized a five-day residential Training of Trainers (ToT) programme held primarily for peer educators.

Sometimes the length and schedule of training differed due to the time constraints of the peer educators, such as in Lao PDR where training had to be tailored to the working time of the CSWs and girls working in bars. This also applied in the FRIENDS project for street children in Cambodia, where training was planned around the street children's' availability.

In Cambodia, one local implementing partner was critical of their NGO umbrella partner as it had restricted training, refresher courses and incentives for peer educators. This was in spite of the local NGO's recommendation to provide more training, support, incentives and follow-up based on the needs identified during monitoring activities.

Training methodologies

Training methods used included formal didactic lectures as well as interactive participatory approaches including role play scenarios (with counsellors required to counsel young people); demonstrations of contraceptive methods (e.g. how to apply condoms) and group discussion. Peer educators in Viet Nam reported that more training would need to focus on SRH true life stories and on details of 'love and friendship' as that was the topic most demanded by their peers. In Bangladesh, peer educators stated that for the most part the training was adequate, but they would have benefited from more 'case studies' – real life situations – which they could have discussed. The finding that interactive learning tends to be more successful than didactic learning is similar to those found in the peer education literature. Although a small amount of didactic learning is believed to be appropriate, especially when accompanied by youth friendly resources[32].

Training of trainer approaches

In most countries, a 'training of trainers' (TOT) or 'cascade' model was used. This model relies upon a group of 'master trainers' representing the RHIYA partners who were trained to disseminate the peer education training by conducting subsequent local level trainings. In some cases, peer educators were also expected to take the skills they had learned and cascade the information to other peer educators under their guidance. In Bangladesh, the peer educators were expected to form groups of peers, in turn these peers were expected to cascade the information down to their peers. In all cascade situations, it seemed questionable whether or not the training took place to the same extent and quality in all situations. When project coordinators were asked about this type of training, the specific constraints they cited included the quality and the limited budget available for training and follow-up. The inherent multiplier effect of cascade peer education training allows for a large number of trainees to be trained at local level, which is seen as a cost-effective advantage of the model especially in countries such as Nepal where project areas are scattered. In contrast, lack of quality control over the training content (including PE concepts and skills) that has been transferred by master trainers, is a disadvantage (Gordon 2006)[36]. Project staff were not able to provide an adequate answer as to how they ensured the quality of cascade training and how they assessed the knowledge of peers who had received training from peer educators.

In Viet Nam, staff from the health centres where youth friendly health services were established provided training directly to the peer educators. Peer educators associated with YICs in the health care facilities reported that health care staff were easily accessible when additional or refreshed information was needed. In addition, health workers were available to provide assistance, such as providing unmarried women with contraceptive pills.

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31 IPPF was the executing agency for RHIYA Sri Lanka from the inception. However their role was limited to that of channelling funds to FPASL (IPPF member association). FPASL played the role of the lead implementing agency which forwarded funds and gave direction to other partner NGOs. UNFPA realized that this modality was not satisfactory for several reasons and requested IPPF to play a stronger role in project execution – which they did from March 2005.

32 McDonald J, Grove J. & Forum Y.A. (2000) Youth for Youth: A Project To Develop Skills and Resources for Peer Education: Final Report. Adelaide: National Centre for Education and Training on Addiction, Flinders University of South Australia

33 Gordon P, (2006) Report of the evaluation of the PE training conducted by Anglicare STOPAIDS and by Implementing Agencies, Papua New Guinea October 2006

Support and follow-up

A common feature among the partners and across the RHIYA countries was the strong support and follow-up provided to the peer educators. Each NGO developed a system of support and follow-up including regular meetings, mentoring, and capacity building activities. In addition, the peer educators themselves provided a source of mutual support. In the CARE group in Cambodia, the peers even formed themselves into an association to continue the peer education approach after the RHIYA project closed. Across the projects, follow-up meetings varied from one or two hour weekly meetings with project staff to day long monthly meetings. These meetings were a forum for sharing experiences and updating knowledge. Following their initial training, adolescents and youth often appeared to considerably influence the agenda, including suggesting the topics for discussion based on the questions they had been asked by peers or the situations they had encountered.

A typical agenda of a monthly meeting might include:

- Presenting to the group and handing in data sheets that captured information on activity outputs such as number of contacts made/ type of information provided to peers etc
- Open forum for peer educators to ask questions and share problems
- Training on a specific issue such as HIV/ AIDS
- Planning activities for the month ahead

In cases where peer educators distributed condoms and contraceptive pills, these meetings also provided an opportunity to restock.

In several project settings, the NGO field staff or local CBOs provided peer educators with a practical field orientation programme that included sessions on how and to whom to report, and how to mobilize, approach and deal with peer groups. One NGO in Nepal (Samjhauta) followed a regular implementation programme including an hour long group orientation and a twice weekly two hour IEC session. Peer educators were advised to never address issues they did not feel comfortable with as these topics should be addressed by experts.

Information, Education and Communication Materials

Projects provided IEC materials, mainly through interactive 'toolkits' designed at a country-level. These toolkits were rarely designed by the adolescents and youth, but often included a pre-testing phase during which the opinions of young people were elicited (IEC materials were seen as a factor in supporting peer education retention and are dealt with later in this report in more detail).

Innovative IEC materials in Nepal

In Nepal, an innovative approach was taken to IEC materials with the development and production of a newsletter: 'Jigaysa' (Curiosity). Key features included:

- Newsletter on ASRH and development issues

  Equally targeted at, and liked by, in and out of school adolescents
- Multi-coloured, attractive and suited to the taste of adolescents
- Developed by adolescents for adolescents

Viet Nam developed a country-wide behaviour change communication strategy, with full quality control and evaluation of the impact of different materials and methods. A selected team of young people together with local NGOs were in charge of this strategy.

Monitoring peer education activities

A number of systems were set-up to monitor peer education activities, this included diaries to record activities, the number of peers approached and experiences. Most peer educators had some form of targets to achieve, in terms of numbers of meetings held or youth approached. All staff agreed that monitoring the quality of the peer educators work was not an easy task. Some peer educators were asked to prepare a topic thoroughly prior to the communication sessions; this was then reviewed by the project staff. Sometimes the peer educator's knowledge was tested during the PE meetings and/or project staff interviewed some peers after the PE sessions. In some projects staff were able to observe the peer educators providing sessions to monitor the quality or delivery and accuracy of the content. The RHAC project in Cambodia developed a system of grading peer educators into three groups. The first group were considered competent to provide one-to-one peer education, the second were allowed to give group sessions under the supervision of project staff and the third group were not allowed to provide education, but were used to mobilize youth.

| 21 Kompong Chhang field visit, Cambodia

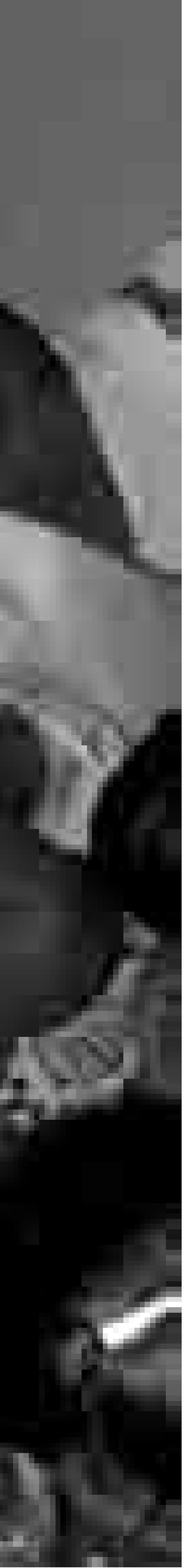
It's Good To Talk:

The Peer Educator's Role

Key points covered in this section:

- It is important to match the peer educator's role with the project objectives and expectations with respect to increasing knowledge, changing attitudes and behaviour change.
- Interactive peer education approaches are more appealing and lead to peer educators being seen as a peer rather than a teacher. They also encourage exploration of the issues and facilitate attitude change.
- The length of time that peer educators can be expected to remain active is relatively short and projects have to ensure that this is factored into their costings and programme plans.
- An innovative range of financial and non-financial incentives are needed to keep peer educators motivated, although the skills they gain are also a motivating factor. The age and personal circumstances of the peer educator will influence their ability to commit time to their peer education activities.

| 23 MSS: Candlemaking girls, Kohat, Pakistan



The peer educator's role

The peer educator's role was to a great extent determined by the peer education model chosen by the project. This in turn was closely related to the project's objectives, whether they were primarily to provide information and improve knowledge or to influence sexual or health seeking behaviour.

Models

Broadly speaking three models were adopted by most of the RHIYA projects:

- **Peer Teaching Model** (Gore 1999)[34] – focused on a more formal teaching style
- **Peer Influencer** (Bloor et al., 1999)[35] – an informal interactive style
- **Peer Mobilizers** – often peer educators acted as mobilizers for youth friendly services. This model sometimes included acting as a distributor of pills and condoms. Most peer educators were allowed to demonstrate condom use, but younger peer educators were not.

In some projects, the peer educator model included a mixture of two or more of the above; this often depended on whether or not the project was linked with youth friendly health services.

The peer teaching model

In this model, the educator prepared and conducted education sessions for small groups or classes, as well as for quite large audiences of young people. These sessions were mainly used to impart knowledge. In the smaller groups, discussion was possible, but in the larger groups interaction was restricted to question and answer sessions. The model tended to be used more often in school peer educator programmes and by mass organizations such as the Youth Union in Viet Nam.

The peer teaching model tends to create a 'hierarchy of power' between the peer educator, who acts more as a 'teacher' than a 'peer', and the peers. The project staff were concerned that this 'hierarchy of power' had a negative effect on the relationship between educators and peers. This hierarchical issue prompted the SC (AUS) project in Cambodia to change the role of the peer educator quite dramatically from one of peer teacher/educator to peer mobilizer[36]. Even in settings where imparting SRH information was the core task, 'peer counselling' also took place. Peer educators were trained to listen, discuss options with the peer and then encourage them to take their own decisions on the most appropriate course of action (Viet Nam).

The peer influencer model

This was used in more informal interactive approaches, where the aim of the peer education was to change behaviour. This approach was adopted in projects targeting street children in Cambodia and CSWs in Lao PDR. Often the interactions took place either on the streets or in bars or clubs. Interactions took the form of everyday conversation, handing out leaflets and answering questions during youth events, or through performing dramas.

Mobilizers

Peer educators who performed the role of mobilizers either worked in small teams with the project staff, who acted as the SRH educators, or alone. They were either linked with clinical services through the youth centres or just provided SRH education. Save the Children Australia in Cambodia adapted their programme from a peer educator to a peer mobilizer model – the approach relied heavily on peer networks and the ability of the peer mobilizer to interact with different networks within their communities. Peer educators were employed as mobilizers for the RHAC project in Cambodia (as illustrated in the Box 'Peer educators as mobilizers').

34 Gore C. (1999) Peer education among injecting drug users. In N.C.f.E.a. T.o Addition (ed.,) Strategies for intervention in opioid overdose: a resource for community workers. Report of the Workshops 'Heroin Overdose': National Forum on Strategy Development: Adelaide, February 1997. Adelaide: National Centre for Education and training on Addition

35 Bloor, M., Frankland, J., Parry Langdon, N., Robinson, M., Allerston, S., Catherine, A., Cooper, L., Gibbs, L., Gibbs, N., Hamilton-Kirkwood, L., Jones, E., Smith, R. W., & Spragg, B. (1999). A controlled evaluation of an intensive, peer-led, schools-based, anti-smoking programme. Health Education Journal, 58, 17-25.

36 full details are available Case Studies from RHIYA: Good Practices in Education & Communication EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA) 2006

Peer educators as mobilizers

The peer educators work closely with RHAC staff (Cambodia) and actively refer youth to the RHAC youth friendly health centre to receive information, counselling and clinical services. The peer educators are also involved in the youth centre activities and encourage peers to use the centre as a source of social support – the centre has a computer, books and provides craft training. RHAC staff are trained to provide youth friendly health services and the clinic provides confidential youth friendly services. Exit interviews demonstrate a high level of satisfaction among young people using the services.

In Sri Lanka, the peer educators' primary function was to provide the link and referral mechanism between youth and trained counsellors, as well as to provide basic information on SRH to their peers. Peer educators were not intended to provide counselling services themselves, but to act as an entry point for peers to access counselling.

Across all three above-mentioned models a common feature is the role of peer educators in advocacy. Peer educators not only acted as positive representatives of the RHIYA programme within their community, but also acted as brokers between parents, and other gatekeepers, and youth (see box 'Too young to marry'). On occasions, peer educators were able to convince parents to accept SRH and peer education activities. In some more difficult circumstances peer educators referred the issue to project staff who provided further support, often by meeting with parents and community leaders. In a number of countries, peer educators did not start out operating in an enabling environment, but contributed to the creation of such an environment.

In addition to their role in advocacy at a local-level within their own homes, schools and communities, youth were often involved in advocacy efforts at a national-level. Through national-level youth seminars (Pakistan) and youth camps[37] (Cambodia) young people had an opportunity to make their views known to policymakers, professionals and experts from different areas.

| 24 CWFD: Young girl at school in Khulna, Bangladesh

Too Young to Marry – a new life through peer education in Bangladesh

One peer group member said the reason she became involved with the RHIYA project was as a result of her mother's wishes for her to marry. The girl's mother had wanted her to marry a man from outside the country while she was still in class 10 (about 15 years old). The girl had wanted to continue school and was afraid of what marrying and leaving Bangladesh would mean for her. The girl approached the local peer educator and peer group – over the course of two weeks they met with the mother on several occasions and were able to persuade the girl's mother to stop the arrangements and the girl was permitted to stay at school to complete her education.

(From Cox's Bazaar Bangladesh)

Peer education venues

Peer education activities took place in many different settings, these included:

Formal settings:

- School classrooms/youth corners
- Youth friendly health facilities, including dispensaries and clinics
- Youth centres/clubs
- Community centres

Informal settings:

- Peer educator's homes
- On the street
- Bars and shops
- Street children's living accommodation

Organized events

- Youth events – e.g. on special days such as World AIDS Day
- National Youth Seminars – advocacy events at national-level
- Youth Camps

| 25 In the street in Jacobabad, RHIYA, Pakistan

Identifying which venues best support peer education activities is difficult, as the venues were often determined by the target groups being addressed. However, from the interviews it appeared that more formal settings were useful when transferring knowledge. While less formal settings facilitated discussions leading to changes in attitudes, as youth felt more relaxed, able to explore issues and to discuss the strategies required in order to begin the process of changing behaviour.

Youth camps ranged from one to several day events where youth from the various projects and different areas of the country came together to share experiences and participate in both educational and social group events. These events were hugely successful and were mentioned favourably in all the RHIYA countries. These camps were a major breakthrough in Pakistan, where girls were often not allowed to participate in social events and certainly not outside their province (the Box on 'Jacobabad district' below demonstrates the change that took place over the period of the project).

Jacobabad district, Sindh province, Pakistan:

- In 2004, no parent would give permission for a boy or girl to attend the out of province youth seminar in Islamabad.

- In 2005, 5 boys and 5 girls were given permission by their parents to go to the youth seminar, but only after visits to their families by district coordinators

- In 2006, 10 boys and 10 girls were able to obtain permission from their parents themselves to attend the youth seminar

Youth camps gave young people the opportunity to socialize, to share experiences and to feel they were part of a larger and more powerful youth movement. In particular, girls mentioned the youth camps were very empowering, specifically as girls met other girls with whom they had so much in common and they were given the opportunity to offer their opinions to policymakers, to make speeches and presentations. The young people felt they were listened to and appreciated.

Motivation, retention and rewarding mechanisms

While peer education is widely considered as a relatively inexpensive strategy as it relies on volunteers, those implementing peer education programmes recognize that, since many of the youth involved come from poor communities, some form of compensation is critical to the retention of the volunteers. A number of motivation and retention strategies are reported in peer education literature[38]. All RHIYA country projects developed a number of incentive strategies based on their circumstances and budgets, although rarely based on peer performance; these included both financial and non-financial incentives, as detailed below. Retention strategies included below may not immediately appear to be obvious strategies, but were mentioned as important aspects of the peer educators' motivation and satisfaction with their role.

Easy access to project staff and regular discussions on the scope of work and work load

These regular meetings were both a monitoring and motivational tool. As mentioned in the monitoring section, these varied from weekly to monthly meetings. Many of the projects employed fieldworkers or coordinators to take responsibility for the peer educators. These workers often supported peer group formation and assumed responsibility for reporting and coordination with other agencies. Peers often referred to the usefulness of these meetings, especially for discussing experiences and for gathering new information.

Selection criteria

Peers were selected based on their ability to allocate time to peer education activities (Viet Nam) and for being representative of the local community – for example speaking the local language – and *'as they know best who is an active and enthusiastic candidate'*. These factors increased the likelihood of their being accepted by the youth in that community (Nepal) and whether they would continue to be active (Cambodia).

Quality IEC material

Many of the projects provided IEC 'toolkits' and these were considered an important tool to motivate peer educators. In the Lao PDR Youth Centre project in Vientiane, the toolkit included 13 topics identified and developed with youth. The story and activity cards on SRH topics were used to encourage discussion, and activities were provided to further explore the topic including jigsaw puzzles and cartoon booklets portraying stories on HIV/AIDS and STIs. Peer educators relied heavily on the materials to support their education efforts and were *'proud to use good materials'* (Lao PDR). In particular, educators mentioned that pictures of sexually transmitted diseases taken in Lao clinics helped convince youth that these diseases existed in Lao PDR[39]. In Sri Lanka, the quality and availability of up to date IEC materials was cited as a big constraint for the peer educators. Although materials were adapted and made available during the course of the project the delay in receiving these impacted on project implementation.

| 26 Sharing information, RHIYA, Nepal

38 Peer Education and HIV/AIDS: Past Experience, Future Directions. Population Council, "Horizons: (1999)

39 We've Got a Right to Know: Good Practices in Education and Communication, Reproductive Health Initiative for Youth in Asia (2006)

Potential for personal and professional growth

The potential for personal and professional growth was frequently cited across the countries as an incentive for becoming a peer educator. For example, in some Nepali projects peer educators were appointed as NGO staff as a result of the skills and experience they gained as peer educators. Respondents reported having gained decision-making skills, self awareness, a feeling of satisfaction at helping other people and confidence. Furthermore, the respondents had appreciated the social aspects of the programme, including sports, drama, discussion groups, exchange visits (Viet Nam) and even overseas trips (Lao PDR, Pakistan).

In areas where levels of poverty were high and job opportunities limited, vocational training opportunities were a big motivational factor – for instance in Pakistan and Bangladesh. The inclusion of these activities in the projects often facilitated the community's acceptance of the youth programme, as it was addressing what was felt to be a need within that particular community.

Delegation of responsibility to peer educators

Delegation of responsibility took place to a varying degree across the RHIYA countries and tended to follow a pattern. In countries where a lot of advocacy was required and peer education was not so well established as an approach, the projects were often heavily influenced by adult participation. In settings where peer education was more accepted and better established, youth had more responsibility. For example, in the CARE project in Cambodia, the male university students led many aspects of the planning and implementation of activities. Often the degree of youth control increased over the course of the project, as the confidence of both the project staff and peers increased. In Viet Nam the SRH project's annual workplan was originally prepared by the project staff but gradually became the responsibility of the peer educators.

Reward mechanisms

The reward mechanisms used varied, sometimes even within the seven countries. Many project staff stated they would have liked to give more incentives to the peer educators but were often constrained by limited budgets, already stretched due to the need for a continued cycle of recruitment and training.

Incentives included:

- Small gifts such as key rings, pencils, t-shirts/ badges, cans of fish etc. In Lao PDR, Cambodia and Sri Lanka presents such as t-shirts, bags and umbrellas were given.
- Money for transport – to cover peer educator activities and travel associated with the regular meetings. Sometimes, however, this did not cover the full cost of travel. In Sri Lanka, for example, peer educators in one programme were given US$1.8 month to cover travel costs, which was insufficient to cover the cost of attending the monthly meeting. Lunch was provided during the monthly meeting however, which was also considered an incentive.

Examples of financial rewards included:

- Payments for individual SRH speeches (US$1 in Viet Nam)
- US$7-14 a month stipend in Nepal
- US$5 a month stipend in Cambodia
- US$7 a month stipend in Bangladesh (for 6 months only)

Payment in kind:

- In Bangladesh, peer educators were also exempt from youth friendly clinic charges.
- Peer educators with the PSL project in Sri Lanka kept monies from sales of condoms.

| 27 Peer educator learning, RHIYA, Cambodia

An innovative mix of non-financial motivational activities and financial compensation rewards were used across the RHIYA programme and these were often adapted as the projects progressed in order to better address the needs and expectations of the volunteers. Rewards were often very context-specific, and still remained an unresolved issue in a number of projects, because the projects did not meet the expectations of young people and had limited ability to increase payments due to small budgets. Many of the respondents, both peer educators and project staff felt that better reward systems should be included in any future peer education programmes.

When considering setting up a reward system, a number of context-specific factors seem to be significant and consultation with peer educators on the types of reward they would like to see is very important. The above examples of specific rewards could be categorised into a ranking system addressing different levels of need:

- **Basic need** – e.g. How much money do peer educators need to travel to monthly meetings/ events to enable them to carry out their role? Is it possible to allocate sufficient budget from the start to cover this expense?
- **Immediate reward** – i.e. What type of reward would peer educators value the most (e.g. food, stationary, money, exemption from paying for health care services etc)?
- **Long-term reward** – Certification of the peer educator's role would be helpful for their future careers.

Immediate and long-term rewards could be identified through a consultation process with peer educators.

Dropouts

"We cannot force them to stay as peer educators forever" (Viet Nam)

One of the regular criticisms of peer education was that it is not a long-term investment, as young people may only be involved for a certain length of time before moving on to other interests[40]. However, peer educators and project staff perceived the dropout of peer educators as a normal phenomenon, especially since the work is mainly on a voluntary basis.

Many respondents felt that a reasonable time to remain an active peer educator was between 6 and 12 months. In Bangladesh, peer educators were only provided financial incentives for 6 months, with the expectation that approximately 50% would drop out following that time period. In Lao PDR, youth centre peer educators agreed to an informal contract for 10 months.

Many of the projects had not formally monitored their dropout rates, but when asked estimated the rate as between 10-30%. In projects where an agreement for a 'time bound' contribution was instituted, the dropout rates during that period were said to be very low, such as in the case of Bangladesh during the initial 6 months. In Lao PDR, the Women's Union Youth Centre project initially experienced dropout rates of up to 50% before adapting the peer education approach and introducing informal contracts with the peer educators. Dropout rates in both Viet Nam and Nepal varied between 10% and 20%. While project staff put this down to peer motivation, some of the peer educators interviewed feared losing grades when they graduated from school if they dropped out and felt adult pressure to continue. Some NGOs found that dropout rates varied depending on the time period – for example the rate would peak immediately after training when peer educators realized the role was not for them and then increase again after 6 months. However, a small proportion of peer educators continued operating without financial incentives for three years.

Reasons cited for dropping out

The reasons for dropping out of the peer educator role varied, these included:

- Student's study workload, vocational training and graduation.
- Female peer educators often stopped operating following marriage.
- Large workloads and burnout.
- Difficulties working due to community resistance.
- Both male and female peer educators dropped out on finding employment and migrating – in Cambodia youth migrating to Phnom Penh for employment in the garment factories was a major factor in dropout rates. One project coordinator stated that if you could pay a peer educator US$30 a month, then they would not migrate to the city.

28 KYA: Operation Enfants du Battambang field visit, Cambodia

In Nepal: project staff observed that dropout rates were lowest in the youngest age group 10-14.

> "They are not yet money oriented and schoolwork allows them to be rather active"

Around 15 years of age, peer educators tended to become busy at school and oriented towards graduation.

- Older peers age 16-21 had increasing expectations and migrated to find work.
- Girls got married and were often not allowed to attend the meetings on a regular basis as they lived in remote areas.
- In areas where Maoists were most active, boys dropped out because they feared being recruited by the Maoists. Some left the project for a while but were always allowed to resume their peer educator role when they were able to come back to the project.

Interestingly, a lack of financial incentives was not often mentioned as a reason for dropping out of the peer education programme. Changing interests, motivational factors and alterations in personal circumstances all played a seemingly larger part in dropout rates. Clearly, emotional and motivational support is an important factor in the retention of peer educators. Higher dropout rates had a direct impact on the projects; affecting their cost-effectiveness related to resource intensive recruiting and training cycles continuing throughout the project. In the future it may be prudent to factor in costs for a dropout rate of approximately 20% for all peer education projects to ensure adequate funding for training and follow-ups.

40 Backett-Milburn K. & Wilson S. (2000) Understanding Peer Education: insights from a process evaluation. Health Education Research, Theory and Practice. Vol. 15 no.1, Pages 85-96.

| 29 Adolescents in Vientiane Youth Centre outreach activity, Lao PDR

Peers in Practice:

Facilitating and constraining factors and how have these been utilized/exploited or overcome

Key points covered in this section:

- Identifying and exploiting facilitating factors was an important factor in the success of the RHIYA programme. Project staff continually adapted their programming approaches to make the most of facilitating factors.

- Adolescents and youth themselves became facilitating factors, not only through their eagerness to extend their knowledge and skills to others, but also as 'role models'. Throughout the interviews adults, both community leaders and parents, commented on the exemplary behaviour of the peer educators, thereby dispelling the notion that if you provide young people with information about SRH they will adopt 'bad behaviours'.

- NGOs implementing SRH peer education programmes faced many constraints. Some of these constraints were common across the countries, such as parental resistance, others were unique to the setting such as the civil unrest in Nepal and Sri Lanka.

- It is a credit to the NGOs that they were able to operate in what were often disabling environments, by overcoming these constraints. It is perhaps even more of a credit that some NGOs actually succeeded in, or contributed to, the creation of an enabling environment.

- SRH remains a taboo subject and resistance to youth peer education programmes continues. These initiatives, therefore, need to be nurtured and supported if attitudes are going to be influenced and adolescents and youth achieve their right to SRH information.

- While parents and adults are important conduits to youth, care needs to be taken to ensure that youth are empowered to identify their own needs and priorities as well as being involved with project implementation.

- Gender is a complex multi-faceted issue, which is an essential element of successful youth programming, not only in terms of parity in numbers of girls and boys, but in terms of gender-responsive attitudes and approaches displayed by staff and peer educators.

Facilitating factors

Throughout the RHIYA programme a number of facilitating and constraining factors have been utilized or overcome in order to increase the project's effectiveness and efficiency. A number of these facilitating and constraining factors have been mentioned in the previous sections; however, this section aims to explore a number of key facilitating factors in more depth.

Youth are curious about SRH and want to talk about it

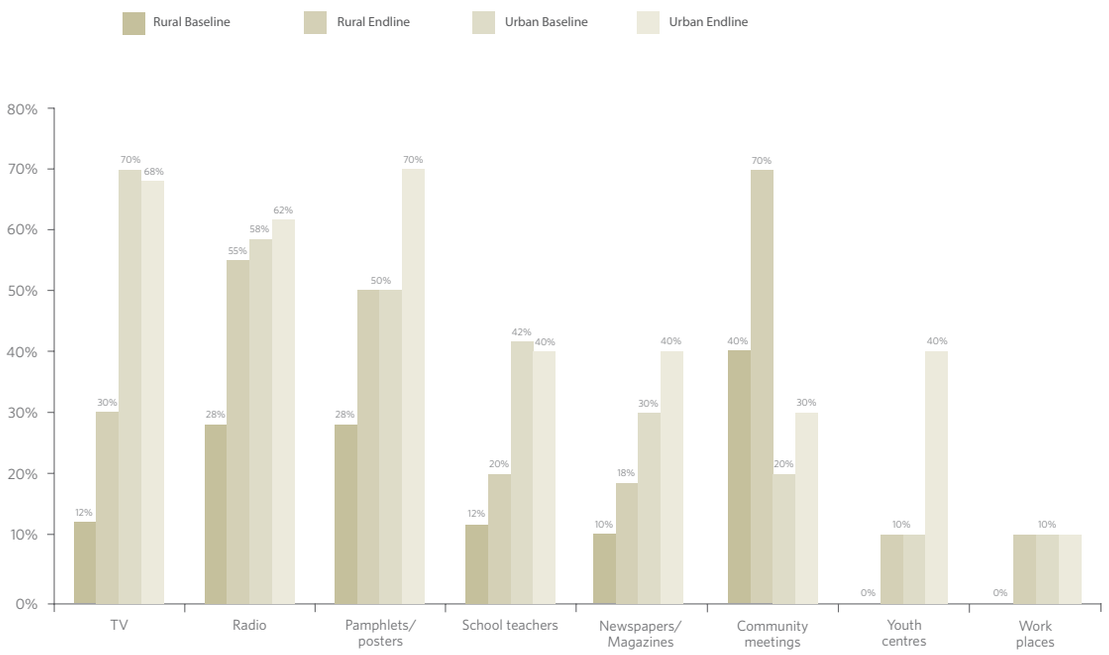
From the stakeholder interviews, people clearly thought that a major facilitating factor is that youth are curious about SRH. Youth are willing to gather SRH information from a variety of sources and want to discuss SRH issues with others, in particular their friends and peer educators.

RHIYA projects have exploited this facilitating factor both by increasing the range of sources of accurate information available and also by increasing the opportunities for young people to discuss these issues more openly. Peers access information from mass media and/or peers and are able to discuss these issues with health professionals, teachers and their peers. Results from a number of the RHIYA country baseline and endline surveys provide evidence of this fact. Presented below are the baseline and endline figures from both urban and rural areas in Lao PDR and across the projects in Viet Nam.

| 31 EHDAG: Young people preparing a news bulletin, Nepal

Lao PDR – baseline and endline information[41]

Information source from where respondent obtained information on STIs in the past six months



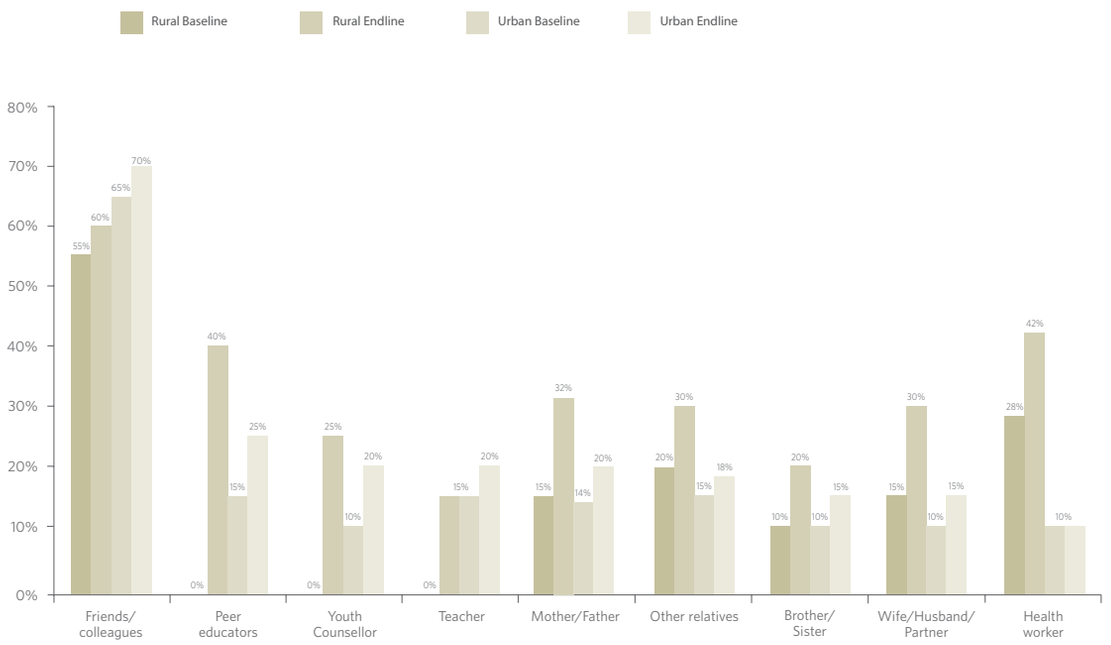
Of particular note:

- Youth obtaining information from **community meetings** in **rural** settings rose from 40% at the baseline to 70% at the endline
- Youth obtaining information from **youth centres** and **work places** in **rural** settings rose from 0% at the baseline to 10% and 'up to 10%' respectively at the endline.
- Youth obtaining information from **youth centres** increased from 10% to 40% in **urban** settings.
- Youth obtaining information from **pamphlets and posters** in **urban** settings rose from 50% to 70% at the endline.

41 Baseline and Endline Comparison Report (Final) – Indochina Research Ltd.

Youth are accessing more information from more sources, and sources for rural youth have increased significantly, especially through attendance at community meetings. TV and Radio continue to be popular sources of information for urban youth.

Stakeholders with whom respondents discussed STI issues in the past six months



Of particular note:

- Discussion with **peer educators** increased from 0% to 40% in rural settings and from 15% to 25% in urban settings.
- Similarly discussion with **youth counsellors** increased from 0% to 25% in rural settings and from 10% to 20% in urban settings.
- Discussion with **parents** increased from 15% to 32% in rural areas and from under 15% to 20% in urban settings.

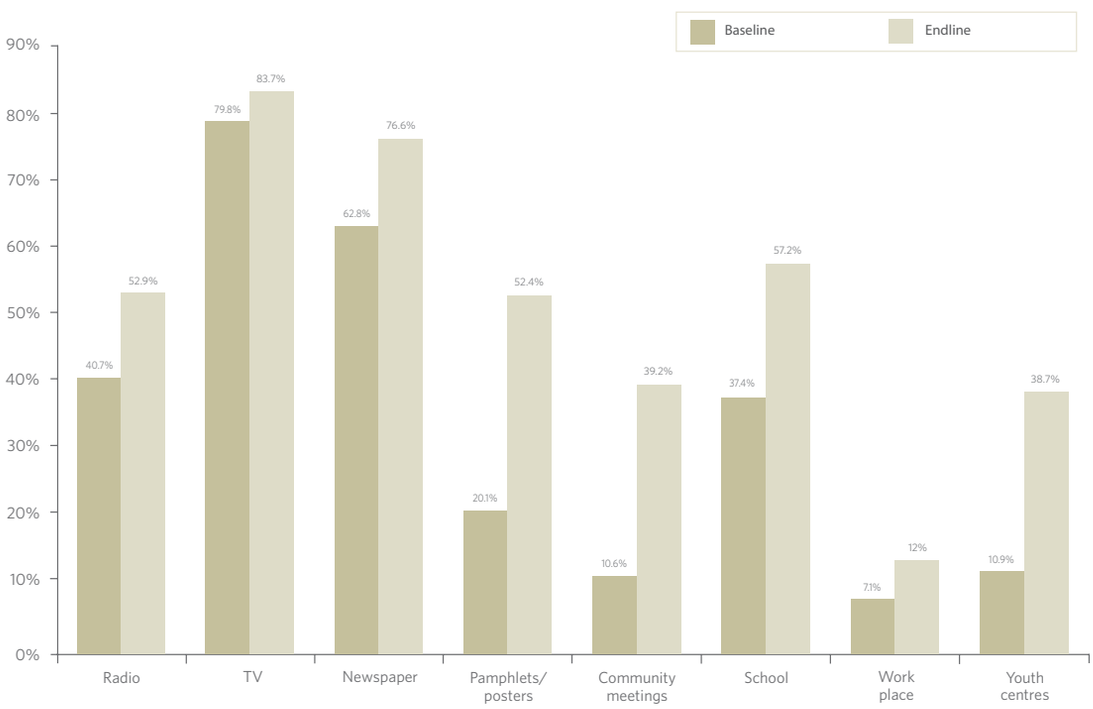
Friends and colleagues continue to be the people youth turn to when discussing STIs, but clearly the range of people (in particular youth counsellors, peer educators but also parents) available to talk to and the willingness to discuss these issues with them is increasing. This suggests that the shroud of secrecy and shame associated with discussing SRH issues is lifting.

The above graphs are taken from the baseline and endline studies and results are not broken down by age or sex. More detailed results are presented in RHIYA's final synthesis report (Catalysts for Change).

Viet Nam – baseline and endline information[42]

The Viet Nam base and endline survey results also show similar trends to those in Lao PDR.

Sources of contraceptive information

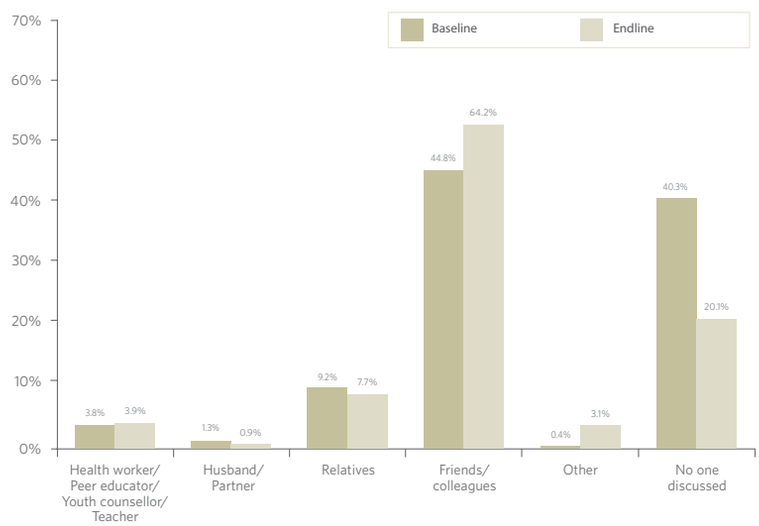


Of particular note:

- 96.1% of youths received information on contraceptive methods in the last 6 months; this rate increased by 7.2% from the baseline of 88.9%.
- Proportion of youths obtaining information on contraceptive methods through mass media such as TV, newspaper and radio have increased slightly. However, the largest gains have been experienced in use of pamphlets and posters (32% increase); community meetings (29% increase); youth centres (27% increase) and schools (20% increase).

43 Romance and Sexual Initiation among Unmarried Young People in Viet Nam: a Multi- Method Approach (Bussarawan Teerawichitchainan, Population Council. Prepared for a presentation at the Annual Meeting of population Association of America, New York City, March 29-31, 2007

People with whom youth discussed contraception



Of particular note:

- Only 20% of young people have not discussed contraception with anyone.
- Friends and colleagues (including peer educators) continue to be the most popular choice, with 64.2% of young people discussing contraception with their friends.

In Viet Nam, friends and colleagues are by far the most popular group with which to discuss SRH issues. This data supports the assumption that young people consider other young people better able to understand their needs and more aware of the topics young people are most interested in. In Viet Nam, the peer educators reported that the topics of 'love and friendship' and 'how to recognize love and how to react' were favourites. Ethnographic research revealed that adolescents and youth increasingly consider sex as an ultimate expression of love in a romantic relationship . Interestingly the 'friendship and love' topic may therefore prove a more acceptable way to phrase questions which are actually about sex as part of love and relationships. The endline findings suggest that youth do not usually choose parents, teachers or even peer educators to discuss SRH issues. This may be related to the fact that the peer educator model used was more that of a peer teacher.

| 32 Health Unlimited: Watch and learn, RHIYA, Lao PDR © Thierry Lucas

Parents wish that their children should know about HIV/AIDS

In RHIYA countries, parents are aware of the effects of globalization on youth culture and when interviewed a number of them expressed concern about the risks of HIV and its bearing on their children. Mass media HIV campaigns already appear to be challenging conservative attitudes toward discussing HIV/AIDS and condom use[44], which has been a facilitating factor for the programme, despite the fact that cultural norms still make talking about SRH a taboo.

So, how was the RHIYA programme able to leverage parental concerns over HIV/AIDS?

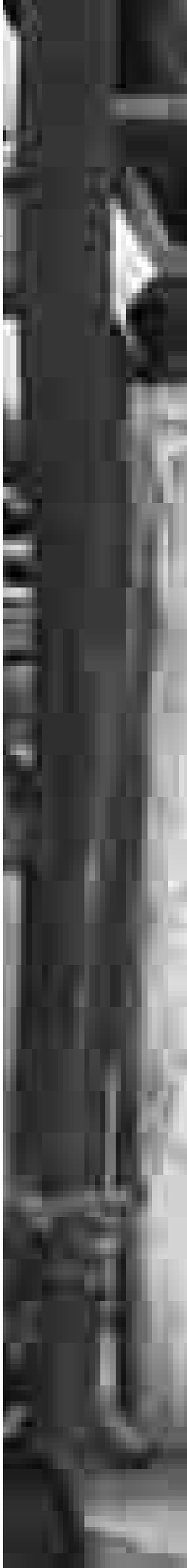
In some settings, the NGOs were able to benefit from the fact that they were established and trusted within the communities. In Bangladesh, the NGOs involved in the RHIYA programme are well established, have large networks and are considered good providers of services by the communities in which they operate. Consequently, staff were able to approach parents directly, discuss their concerns and reassure them of the culturally sensitive nature of the programme.

In Viet Nam, the YU is a mass organization well known by parents and in many project areas it played a key role in the acceptance of the projects. However, in Pakistan project staff mentioned that community members were often suspicious of NGO activities, as they consider NGOs to be instruments of Western values intent on modernization and changing traditional values and beliefs. In these cases, the NGOs would initially approach the community leaders (including religious and tribal figures), and, once on board, these leaders played a large role in encouraging the parental acceptance of the programme.

Encouraging parental interest

Additional strategies used for harnessing the parent's interest in their children's sexual health education were:

- **Door to door awareness raising** – this was used to reach parents, and provide them with reading materials, such as the 'Our Questions' booklet (developed by Marie Stopes Society and Save the Children UK in Bangladesh).
- **Ensuring the subject matter was appropriate for the age of the adolescent** – parents were not happy to have adolescents between the ages of 10 and 14 learning about HIV/AIDS and SRH.
- **Inviting parents to take part in the project's activities** – in Viet Nam, the Centre for Reproductive and Family Health in Hoa Binh Province initiated Mother-daughter and Father-son clubs where they learned and socialized together.
- In Pakistan, mothers were encouraged to accompany their daughters to the youth centres to participate in project activities. In addition, parents were included in the project governance structures, including district and facility advocacy committees.
- **Ensuring the SRH was introduced in a culturally sensitive manner** – in Viet Nam, SRH discussions in youth clubs were more easily accepted under the title of 'adolescence and puberty' rather than 'reproductive health'.
- **The peer educator's personal conduct** – peer educators considered to be good role models within the community were more easily accepted as providers of information on SRH. Peer educators demonstrated a high degree of responsibility for their YICs (Nepal) and were respected for their work.



| 33 A family relaxes while listening to ASRH training: overcoming parental opposition, RHIYA, Cambodia © Thierry Lucas

44 The Continuum Complete International Encyclopaedia of Sexuality. Nepal Elizabeth Schroeder, MS.W 2004).

The quotes below are from parents and guardians in Lao PDR, and demonstrate how successfully the projects have been able to use the concern of parents and introduce peer education programmes.

"Kim's[45] brother had an STI and did not know what to do, she sent him to the doctor at the centre for treatment and told him how to protect himself"

"My daughter knows things and shares them with her younger siblings, at home they talk about issues using the toolkit"

"Ly knows many things and prepares well. She knows where to go - I now share experience with her like my younger sister – I have worked in a nightclub so know the dangers and share them with her"

| 34 School girls, RHIYA, Viet Nam

Creating an enabling environment - participation, ownership and partnership

One of the major achievements of the programme has been to create an enabling environment across the RHIYA countries. The RHIYA projects have worked with stakeholders at all levels, from local communities to government. This has been possible as the implementing NGOs have used a number of principles in their work: *Participation, Ownership, and Partnership.*

In order to facilitate the programme's recognition and acknowledgement within communities, projects worked in partnership with a range of organizations and individuals. This focus on collaboration also served to reinforce and extend the individual project's own efforts. At community and government levels, NGOs have worked with administrative and religious leaders, local governments, political groups, education departments, teachers, departments of youth and social affairs, private and public health staff and CBOs. Through these efforts, policies and strategies have been developed and youth SRH programming has been accepted as an important aspect of a young person's transition into adulthood.

In Viet Nam and Lao PDR, the selection of peer education as a strategy was perceived as a scaling up of previous positive peer education experiences and in Nepal as a scaling up of positive results experienced in HIV/AIDS and Safe Motherhood projects. Therefore, some of the NGOs had experience which their implementing partners could draw upon. This was facilitated by the UPSU's[46] convening role. In most of the RHIYA countries, NGO implementing partners met regularly. NGOs shared information, decided on joint advocacy events and developed curricula and IEC materials, in addition to holding joint youth camps and workshops.

As NGOs were experienced in participatory learning approaches and the use of innovative programming approaches, they were able to adapt these to support peer education activities in a number of ways: in all settings, creative modalities (role play, quizzes, festivals, debating etc.) addressing SRH had been employed in order to attract as many adolescents and youth as possible.

The use of radio programmes to support peer education activities is also a useful tool. In rural Cambodia, radio is an important mass communication medium, especially for reaching audiences with low literacy rates. This approach is documented in the Case Studies for RHIYA: Good Practice in Education and Communication (2006). The endline results from Cambodia demonstrate how effective their approach was in increasing the level of SRH knowledge among rural youth. For instance, the percentage of young people who have heard about HIV/AIDS increased in rural areas from 53.2% at baseline to 80.8% at endline.

Street drama was used in a number of countries, including Nepal, Viet Nam and Sri Lanka. In Viet Nam, high school peer educators stated that role play was their preferred method of working with their peers. In Sri Lanka, the Centre for Development Alternatives (CDA) staff had experience in using street drama, and used the talents of the peer educators to develop dramas for public performance. These dramas were well received by the local Tamil minority community living on the tea plantations as they built on local folk drama traditions, they work well for low literacy audiences and provide entertainment which is popular with all ages[47].

During the interview process, it was clear that programme staff and youth had become close partners during the implementation of the programme. Traditional roles between programme implementers and beneficiaries had been transcended with youth themselves seen as an important driver for change. This appeared to have increased as the projects matured, with youth being increasingly involved, and in some cases leading, planning and implementing processes. Even so, many of the project staff identified increasing the decision-making role of youth as an aim for future projects. In particular, youth involvement in the project design phases, and in developing and refining monitoring and evaluation frameworks, would more closely link the perceived needs and expectations of young people with the project indicators and targets.

In many countries, youth policy formulation continues to be the preserve of policymakers and experts. While the RHIYA programme gave young people access to policymakers, for example during youth camps, their role in determining policies to meet their needs is still relatively limited and should be explored further.

45 all names are changed to ensure confidentiality
46 In the case of Sri Lanka - the UNFPA country office
47 We've Got a Right to Know: Good Practices in Education & Communication – Reproductive Health Initiative for Youth in Asia (2006)

Developing strategic alliances with policymakers, health and community leaders

The RHIYA in-country structure facilitated the NGO implementing partners' access to policymakers and different line Ministries. The UPSUs often played a pivotal role in taking the lessons learned from the field and assisting the NGOs to move issues forward, which will be important for the future direction of youth programming.

A number of examples of how this facilitating factor was utilized are provided below:

- In Nepal, links with the District Health Office (DHO) and other official public health staff were important, for instance the DHO supplied peers and YICs with condoms and IEC materials.
- In Bangladesh and Cambodia, the UPSU and NGOs provided input into the development of the National Strategies on Adolescent Reproductive Health and, in Cambodia, the UPSU was involved in developing youth friendly service guidelines.
- In Pakistan, the UPSU and NGOs have been actively campaigning for the draft strategy of Adolescent Reproductive Health to be ratified by parliament. Although this has not been achieved to date, they have been able to obtain a verbal commitment to extend the age range from 18-30 to 15–30.
- In Viet Nam, CARE and the YU developed a national advocacy strategy based on a needs assessment conducted into youth SRH. The assessment found that no specific policy existed for dealing with youth SRH. The strategy and advocacy activities have served to increase awareness of the importance of young people's SRH issues among policymakers and community leaders. Now policymakers are open to discussing the issues and are more supportive towards the provision of SRH information and services.
- In Sri Lanka, the Medical Officers for Health, District Medical Officers and other official public health staff were both supportive and instrumental in the refresher training aspect of the programme – attending monthly meetings and speaking about pertinent topics. In addition, the UNFPA country office ensured youth participation in the consultation phase with policymakers for the Health Policy for Young People.

Constraining factors

Constraints encountered and overcome

Many of the constraints faced by the projects have been dealt with above, but this section provides more in-depth information about how the NGOs overcame specific constraints.

| 36 UNFPA: Young girl and baby, Nepal © Teun Voeten

Cultural context in relation to adolescent sexual and reproductive health

The major constraint to addressing SRH in the RHIYA countries was the cultural context and the resistance to youth programming encountered at many levels of society. The social and cultural context pertaining to young people differs across the seven countries. In some countries, adolescent and youth have greater knowledge of SRH, and access to information and services as a result of policies and programmes designed to address their SRH needs. While, in other countries, there has been little progress and young people have limited options for education, in particular girls, who are often married and start child bearing early, suffer from gender inequity, gender based violence and have few life choices[48].

In South Asia, the difference in attitude towards boys and girls leads to discriminatory behaviours that begin at birth. In Bangladesh and Pakistan, women are in a similar situation. Menstruation marks a girl's transition to womanhood, and marriage and childbearing follow within two to three years. In Nepal, for boys, entering into puberty means increased mobility, reduced parental supervision and a growing interest in the outside world. In contrast, for girls, adolescence is marked by decreased social mobility. Within the household, girls are expected to do more housework and so have less leisure time[49]. In Sri Lanka, there are lower levels of gender discrimination at home and at school compared to other countries in South Asia, but even though youth are often aware of family planning methods there is still a strong social taboo surrounding discussion of adolescent and youth SRH[50].

In Lao PDR and Cambodia, marriage and childbearing are the primary goals for girls. Young girls are often removed from schools to do the household chores and to care for younger siblings. In Cambodia, girls are expected to uphold their virtue and the honour of the family. In contrast, young men are not expected to maintain the same standards of virtue and it is more acceptable for them to have multiple partners. In Viet Nam, there is a conflict between modern and traditional models of gender relationships. While women are now economically active, they are still expected to be good housewives and respect their husbands as head of the household. Again, virginity is still considered important, although levels of premarital sex are rising. The tables below attempt to illustrate some of the similarities and differences among the RHIYA countries in terms of the sociocultural customs and the degree to which these customs are respected.

48 Hardee, K. Pine, P. Wasson, L. T. Adolescent and Youth Reproductive Health in the Asia and Near East Region

49 Pradham, A. Strachan, M. (2003) Adolescent Reproductive Health in Nepal: Status, Policies, Programs, and Issues - Washington, DC: Futures Group International, POLICY Project.

50 De Silva, W.L. Somanathan, A. Eriyagama, V. Adolescent Reproductive Health in Sri Lanka: Status, Policies Programs and Issues, Futures Group International, POLICY Project

Illustrating a number of cultural issues associated with adolescent and youth SRH in South-East Asia †

Cultural issues	Cambodia	Lao PDR	Viet Nam
Interaction between boys and girls	Allowed	Allowed	Allowed
Literacy rates	Boys 84% Girls 64%	Boys 77% Girls 61%	Boys 94% Girls 87%
View of premarital sex	Virginity in girls very important More freedom given to boys	Virginity in girls very important More freedom given to boys	Virginity in girls very important More freedom given to boys
% girls married before 18 years	25%	18.6%*	11%
Marriages arranged	Yes – over 50%	No	No
Parents speak to children about SRH	Not usual	Not usual	Not usual

** Source: Lao PDR Population and Housing Census 2005 - data range of up to 19 years*

Illustrating a number of cultural issues associated with adolescent and youth SRH in South Asia †

Cultural issues	Bangladesh	Nepal	Pakistan	Sri Lanka
Interaction between boys and girls	Restricted +	Allowed	Restricted +++	Restricted +
Literacy rates	Overall 84%**	Boys 63% Girls 35%	Boys 63% Girls 36%	Boys 92% Girls 89%
View of premarital sex	Not allowed – especially girls	Not allowed – especially girls	Not allowed - boys and girls	Not allowed – especially girls
% girls married before 18 years	69% Early marriage is an issue	56% Early marriage is an issue	32% Early marriage is an issue	7-9%***
Marriages arranged	Yes	Yes	Yes	Yes
Parents speak to children about SRH	Strong taboo	Strong taboo	Strong taboo	Strong taboo

*** school enrolment – not literacy rate. Figures from the State of the World's Children 2007 (UNICEF)*

**** Sources: PRB World's Youth 2006 Data Sheet (7%) - data range of 15-19 years and refers to year prior to 1997 or earlier than the year listed; and IPS Dept of Census and Statistics 2001b (9%) - data range of up to 20 years.*

† Information taken from various sources including: RHIYA country reports, Futures Group International's POLICY Project and State of the World's Children 2007 (UNICEF)

Overcoming resistance

Resistance to projects providing SRH information and services for young people was experienced to varying degrees across all the RHIYA countries. Often it was not the peer education concept per se that was opposed, but the subject of SRH and the idea of peer educators providing information on SRH to their peers. Resistance was most acute in countries where SRH was a completely taboo subject and where conservative sociocultural traditions stipulated very strict codes of behaviour for young people, especially girls. One unmarried peer educator (26 years old) from Nepal reported that her talks, even in relation to pregnancy, were not welcomed by the community as she was unmarried. In other settings, peer educators admitted to feeling more comfortable talking about drug abuse rather than SRH, particularly masturbation and menstruation (Cambodia).

Key Opponents

Resistance to the concept of SRH education for adolescents and young people came from community leaders, teachers and parents:

Community Leaders

In Pakistan, community and religious leaders were initially very reluctant to approve the project activities in many areas and community leaders failed to provide buildings in which to establish the Youth Friendly Centres. Community leaders thought the NGOs were tools of western society that wanted to change religious and cultural values and beliefs. In some areas staff were even threatened and told not to return. In Nepal, young people needed to have the permission of their family and community to engage in gathering SRH information. The extent of the taboo around talking about SRH is demonstrated in the case study below.

Teachers

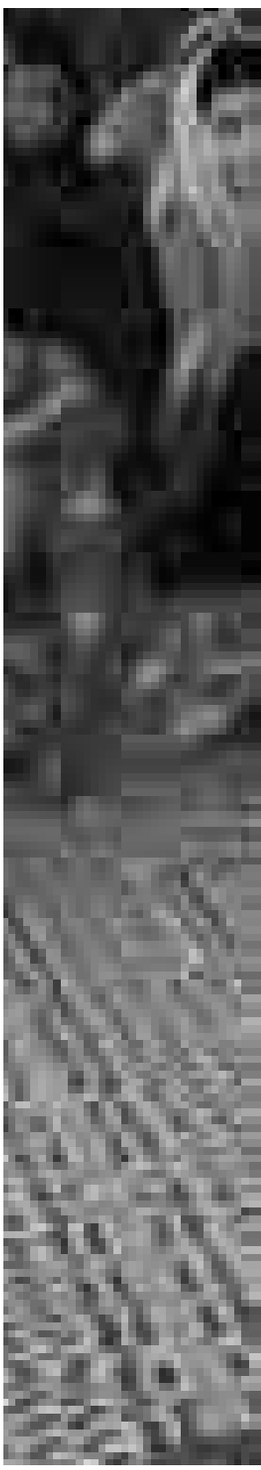
On the whole, teachers were reluctant to teach SRH as a topic, although in a number of areas they taught HIV/AIDS in science lessons. During interviews peers stated that HIV/AIDS was taught in a very superficial way i.e. as a science subject teaching modes of transmission not related to sexual behaviour and condom use.

However, a systematic review of the evidence related to interventions designed to prevent HIV/AIDS in young people conducted by WHO[51] found that curriculum-based interventions with characteristics that have proved effective in developing countries and are led by adults should 'go'[52] to widespread implementation. In contrast, the evidence from a few studies related to non-curriculum-based interventions led by peers is not strong enough and at this point in time the review finds that it falls under the 'steady'[53] category. Although uncomfortable with teaching SRH, many teachers supported the activities of peer educators. Some teachers remain concerned, however, as to the depth of SRH knowledge the peer educators have and the extent to which peer educators should take on a teaching role (Viet Nam). In Nepal, youth were advised to only teach subjects they were comfortable with. In Pakistan a number of schools established 'Youth Corners'. Although in Madrassahs (Islamic schools) where Youth Corners were established, project staff were asked not to use their marked project vehicles when visiting and only literature about general health matters was allowed to be displayed.

Parents

Respondents in all the RHIYA countries talked about parental resistance to the SRH projects. In all 7 countries it is not the norm for parents to discuss SRH issues with their children, even changes during puberty are not discussed. For example, many girls experience their menses without any prior knowledge and boys experience physical changes such as 'wet dreams' without warning. SRH was seen as being 'vulgar' and those who discuss it are believed to have 'bad characters'. The acceptance of the concept of using peer educators to approach SRH issues was gradual, whereas now it is broadly acknowledged that 'peers discuss SRH with their peers'.

In Viet Nam, parents agreed that their children should be exposed to SRH education at a certain age. However, what remains to be explored is the kind of topics and issues appropriate for specific age and sex groups. In the case of one in-school peer educator project, a whole group of parents disagreed with tackling a broader set of SRH issues. They felt that peer education strategies could potentially continue, provided that they addressed limited subjects such as HIV/AIDS and menstruation.



37 SACHET: Female Youth Friendly Centre (YFC) meeting, Chakwal, Pakistan

51 Ross, D. A. Dick, B. & Ferguson, J Preventing HIV/AIDS In Young People A Systematic Review Of The Evidence From Developing Countries, UNAIDS Inter-agency Task Team on Young People

52 "Go" – the evidence threshold has been met and there is sufficient evidence to recommend widespread implementation on a large scale now with careful monitoring of coverage, quality and costs.

53 "Steady" – there is some encouraging evidence of effectiveness but this evidence is still weak and further development, pilot testing and evaluation are urgently needed before they can move into the "Ready" category;

In Focus

Any questions?

One lady doctor gave a lecture on reproductive health in Pakistan. At the end she asked if there were any questions. There were no questions, so the project staff left the room. Still the women would not ask questions. So, the doctor said to write any questions down. Then lots of questions came in. The doctor also gave her phone number and had many phone calls from women over the following weeks.

(From Balochistan, – Pakistan).

Strategies used to overcome the constraints

Creating an enabling environment

The advocacy processes used to create an enabling environment are explained in detail later in the paper. However, a major 'theme' that emerged from respondents across the RHIYA countries was the fact that often the environment in which the projects began operating was actually 'disabling' with resistance from all levels of society. Through intense and time consuming effort, and by establishing key partnerships, the majority of projects have been able to operate and have made progress in changing the perception of SRH for youth. At the start of the programme, the majority of parents and significant gatekeepers believed that SRH knowledge would increase sexual activity among young people. Now that this perception has changed, it is largely accepted that increased knowledge among young people is a protective factor. Among these efforts the most striking examples of changing people's perceptions have been found in the more conservative countries, such as Pakistan, where opposition to youth programming has been most intense. Through partnerships with local CBOs, religious and local leaders, project partners have been able to operate in remote and conservative areas and these areas now continue to look for ways to sustain the work the projects have begun.

Working with parents to meet the needs of young people

While the projects were focused on the needs of young people, the project staff accepted and acknowledged that it is often impossible to reach youth without first working closely with parents and other adults (see box on 'Parental training is necessary to address ARH issues'). This obviously created a high degree of local ownership among parents. To illustrate this point, many parents were left feeling confused by the fact that project funding has stopped. The question was often asked during interviews as to why funding had ceased at a critical time – i.e. at a time when the programme had been accepted by parents and was beginning to make good progress.

Parental training is necessary to address ARH issues

The training of parents on adolescent RH (ARH) issues was conducted by SACHET in Pakistan. At three Union Councils (UCs) special training sessions were organized for parents to sensitize them about ARH problems. These sessions encompassed various issues such as adolescent development, gender-based violence, influence of media on young people etc. At these UCs, it has been observed that the parents have become more supportive and now help youth in solving their problems. Parents had organized dialogue sessions with local teachers and religious leaders to arrange special ARH related sessions at schools and in mosques. It has also been observed that myths and misconceptions (surrounding masturbation, female sexuality, dysfunction of the male sexual organ, premature ejaculation) have been diminished, which has helped in creating an enabling environment for youth to seek more information about ARH.

The dangers of adults dominating the project activities are explored later in the paper. However, projects have encouraged youth participation in planning and implementing activities, including selecting their own peer educators. Many of the project staff did say that the next step was to increase the youth involvement even further.

38 Learning session, RHIYA, Cambodia

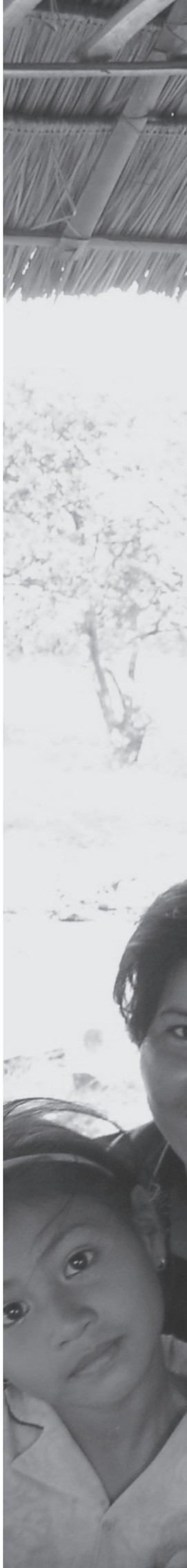
Advocating for adolescent and youth programming in Pakistan

Issue	Approach
Permission to establish YFCs – especially as leaders and communities were suspicious of NGOs in general	• One to one advocacy meetings with political, community and religious leaders • NGOs took care to be transparent and to involve communities in decision-making • Partnering with local trusted CBOs • Identification of 'early acceptors' and community change agents to work with
ARH was not considered a priority, especially in poor communities	• Community meetings held to identify the community's health issues e.g. Hepatitis B • The youth strategy included vocational training opportunities for youth • Parents were encouraged to participate in the youth friendly centre activities • Community leaders and parents were invited to be part of the governance structures
RH/family planning not an accepted concept in the more conservative areas	• Booklet on RH and Islam* developed and seminars conducted to introduce the booklet and debate the issues around RH and Islam • Identified RH champions in the form of religious scholars in the districts talked to other leaders • Visits were conducted to other districts to observe YFCs operating
Girls not allowed out of the house or to travel unchaperoned	• One to one advocacy with parents - especially to seek their permission for girls to attend the YFCs and other events

* *Dr Farooq Khan, AGEHI Resource Centre – SACHET, 2006*

Throughout the RHIYA in-country interviews, the NGOs demonstrated a great degree of respect for the community and parental concerns and objections. This respect was translated into a willingness to listen and acknowledge people's concerns and to endeavour to find culturally appropriate ways of addressing them. NGOs were careful to take an 'open approach – no hidden agendas'. The NGOs were able to overcome opposition by ensuring activities were based on expressed needs identified through community participation, even when this meant delaying the introduction of SRH as a topic until the project had gained the trust and acceptance of the community in which they were operating. Local CBOs provided a valuable entry point into the communities, particularly in more conservative areas in Pakistan.

Project staff throughout RHIYA countries developed and implemented intensive and innovative advocacy campaigns at local and national-levels (details of which are highlighted in the RHIYA Good Practice Case Studies). These campaigns allowed the projects to continue and caught the attention of policymakers and government line Ministries, and in many instances have driven the youth agenda forward in-country. The types of activities that these advocacy efforts included are briefly covered overleaf >

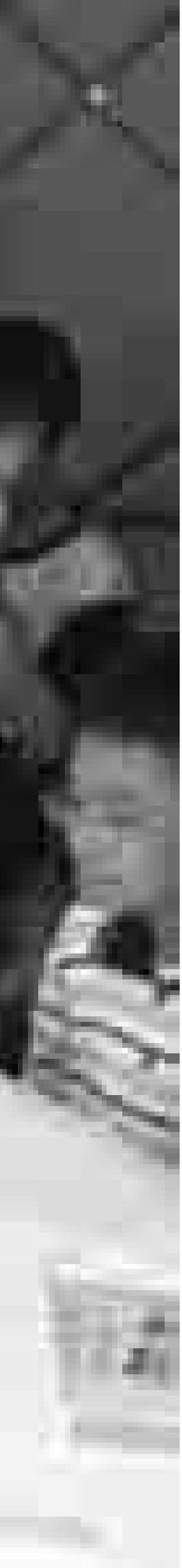


39 Peer educator meeting, RHIYA, Cambodia

- Conducting needs assessments to provide evidence of the need to provide SRH education for youth and to show that youth are the best people to deliver these messages, such as in Viet Nam and Cambodia.
- Holding one-to-one meetings with community leaders and parents throughout the project.
- Holding initial community meetings and providing the opportunity to raise concerns and ask questions.
- Involving community leaders and parents in designing and overseeing the implementation of the programme.
- Early acceptors within the communities were asked to advocate for the programme. In a number of instances the support of community leaders including mullahs and teachers was a key factor in the project's continuation.
- Working together as RHIYA partners, but also forming strategic alliances to move the SRH agenda forward – in particular working with UPSUs at a national-level to help influence the policy agenda.
- Operationalizing mother/daughter and father/son groups in Viet Nam to bridge the generation gap and working with the two generations to learn about and discuss SRH items.
- In Pakistan, the publication of the Reproductive Health and Islam booklet (as detailed above) and the seminars which followed contributed to the acceptance of the NGOs and the concept of RH for youth. Bangladesh is in the process of reviewing and adapting this booklet for use in their ongoing youth programmes.
- Particular attention was paid to recruiting girl peer educators but also towards providing them with additional support, such as guidance from teachers and project staff.
- Age determined peer education topics and activities, for example in Nepal and Viet Nam female peer educators from age 10 to 14 were not allowed to demonstrate and/or distribute condoms.
- Hosting street theatre for the community in Sri Lanka – telling stories related to SRH issues pertinent to that particular community, developed and performed by those living there.
- Hosting community-wide exhibitions for local plantation communities (Sri Lanka) providing information - delivered passively - on (non-controversial) SRH, in particular related to the reproductive health system and body changes during puberty, menses etc.

Need to change this image

| 40 Peer education session, RHIYA, Cambodia



Gender

Over recent years, both at national and international levels, there has been a growing awareness of, and support for, strengthening gender equity, improving SRH, and protecting the rights of all people (including adolescents) to make informed decisions regarding reproductive matters and other important aspects of their lives. The Convention on the Rights of the Child (CRC), which defines childhood as ending at age 18, and the Convention to End All Forms of Discrimination Against Women (CEDAW) jointly provide a comprehensive foundation for efforts to define and respect the rights of adolescents. Both conventions recognize the impossibility of protecting human rights without promoting gender equality[54]. Gender disparities influence all aspects of life and interventions to address these disparities are crucial throughout the life cycle, from childhood, through adolescence and into adulthood.

Gender has played a critical role in the projects across the RHIYA programme. The key issues which have emerged from the interviews are:

- Equitable access to peer education
- Changes in attitudes towards girls/women
- Empowering girls to improve their SRH

Equitable Access

It has often been more difficult to address the needs of girls than of boys through the projects. Parents and community members would more readily accept boys' involvement in the activities than girls. Within the projects, access was often seen as ensuring girls could participate in activities rather than addressing access issues more broadly, e.g. attitudes of staff and peers or whether girls responded better to different peer education approaches or whether gender differences affect the quality of the peer education provided. These factors may explain in part why, while there is a general perception that girls know more about SRH, data from the baseline and endline surveys suggest that boy's knowledge, their ability to access information and to negotiate sexual behaviour such as condom use is actually greater than that of their female peers[55]. However in Viet Nam, endline results show that girls' knowledge is greater than that of boys across many of the knowledge indicators, for instance 83.5% of girls were able to spontaneously name at least two contraceptive methods compared with 76.6% of boys at the endline.

NGOs in Nepal reported that parents were especially against participation of girls and some withdrew their daughters from peer education work completely, however endline knowledge indicators were again found to be better in girls than boys. In Viet Nam, parents who were initially supportive of the concept of girls becoming peer educators were not pleased to discover their daughters demonstrated condom use. Often respondents would mention that while boys needed this information, imparting it to girls would *"ripen them too early"* (Bangladesh).

To counter the difficulties associated with addressing the needs of girls, project staff have endeavoured to ensure equal access to project facilities, focusing on recruiting girls, advocating with parents to allow their girls to participate and ensuring a gender balance in facilities – for example the Youth Friendly Centres in Pakistan, where there were 40 youth centres for girls and 40 for boys.

Mixed sessions for boys and girls were not allowed in Pakistan throughout the project. It was only with the introduction of computers into the single sex Youth Friendly Centres that, in some areas, it was accepted that boys could teach girls the basics of computer use. Unfortunately, while this provided an opportunity for girls and boys to interact, in itself it reinforces gender differences, putting boys in the role of teacher and girls in the role of student, and thus reaffirming the power/gender differences.

As mentioned earlier, in some countries such as Cambodia, Viet Nam[56], Nepal and Bangladesh, mixed sessions were introduced during the projects. However, careful implementation of mixed sessions is still required as the youth themselves often mentioned feeling uncomfortable when discussing certain subjects in mixed groups.

54 Bruce, J. Chong, E. (2005) The Diverse Universe of Adolescents, and the Girls and Boys Left Behind: A Note on Research, Programme and Policy Priorities UN Millennium Project

55 Adolescent and Youth Sexual and Reproductive Health – Charting Directions for a Second generation of programming (2002)

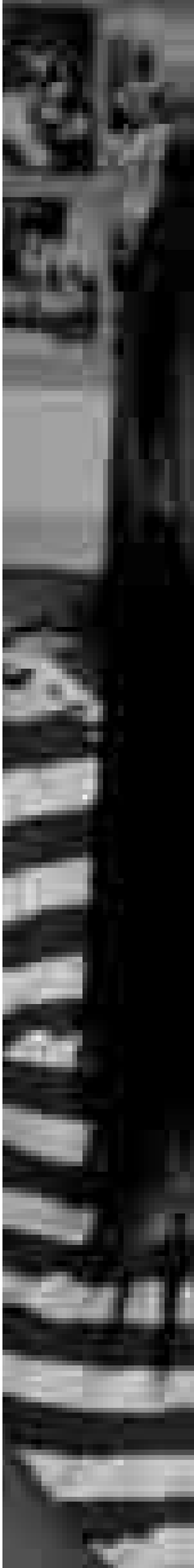
56 According to the survey Assessment of Vietnamese Youth (MOH, UNICEF, WHO and General Statistics Office 2005) - Parents in Hanoi prefer same sex groups, and discourage mixed peer groups in an effort to avoid the attraction between young people of the opposite sex that often occurs during puberty. "Such attitudes and perceptions may create barriers to open communication between young men and women" (page 36).

Changing attitudes towards girls

In addition to access issues, the attitudes of young people towards gender were addressed through trainings, role plays and discussions. However, most respondents continue to feel less than satisfied with their ability to address gender appropriately. While most NGOs developed manuals for gender training and provided training courses, these measures were not viewed as having been totally successful. Project staff felt that they were often not adequately equipped to deal with the complexity of gender as an issue. In addition, teaching gender as a subject failed to 'mainstream' gender as an integral part of all aspects of the project and thus into the consciousness of staff and peers alike.

The projects have tried to address both girls' involvement in, and access to, peer education. However, issues related to gender as a social-construct and young people developing appropriate attitudes to gender related issues still need to be further and better addressed. Focus on mainstreaming gender into all aspects of programming to ensure a gender responsive approach is required, especially to challenge well meaning but potentially misguided activities which reinforce gender stereotypes.

- **In Cambodia**, one member of the project staff felt that gender was addressed in a way that left boys feeling 'demonized' for being male, with the negative aspects of gender differences reinforced by discussions during training. The CARE project, based on work which demonstrated that gang rape by young men was an issue in Cambodia, specifically aimed at changing the attitudes of young men towards poorer women working in garment factories. Through peer education, the project was able to bring about a change in the perception of young middle class males towards women and the women's right to say no to sex[57]. Furthermore, during many of the peer education interviews both boys and girls mentioned that they understand the opposite sex and the issues they have to deal with much better as a result of their peer education activities.
- **In Bangladesh**, young men complained that girls now have greater access to education than poor boys, as girls were provided with grants to continue education. In some cases, efforts to address a sensitive issue such as sexual harassment did not provide the intended results. For instance, young men did not think that personal teasing about appearance or calling after girls were forms of harassment.
- **In Sri Lanka**, during the Final Youth Camp peer educators were shown the film Monsoon Wedding (Mira Nair, 2002). The film was chosen as it addresses a number of pertinent issues such as incest, arranged marriage and infidelity. The youth reacted to the subject matter in a way that would suggest they had not taken the gender training on board and were unable to apply it to their own lives. Young men failed to see that wolf whistling was a form of sexual harassment and even argued that this was acceptable behaviour since it was a means of appreciating female attractiveness. Project staff were worried that such attitudes had not been challenged through the project, but were unsure how to challenge attitudes which lead to such behaviour.



41 At Vientiane Youth Centre, Lao PDR

Empowering girls

Peer educators in Lao PDR were very successful in conveying their safe sex messages to their target group – girls working in bars and brothels. However, the girls themselves experienced difficulties putting this message into practice. Clients would often refuse to wear a condom, demand a reduction in price if they wore a condom or simply refuse to pay. Girls were beaten up for trying to get their clients or boyfriends to wear condoms. This problem was especially acute among migrant workers from other countries. To help the situation, peer educators worked very closely with the bar owners to illicit their support for the girls. The girls also used mobile phones to keep in touch, ready to support those in trouble. In addition, CARE provided marshal arts training for the girls, although the effect of this has not been evaluated. However, a number of respondents felt that the project was missing a vital target group: the clients and that if a similar project was attempted in the future, careful assessment of how to approach the client group should be made. A survey of the bar girls found that 70% of them wanted to leave the business and, in response to this, the NGO provided vocational training opportunities.

In Bangladesh, community meetings were vital in facilitating young girls' participation within the project. These meetings included parents, religious and community leaders as well as other gatekeepers. These meetings included discussions around trafficking of girls to India and contributed to building strong partnerships in order to fight this problem.

By participating in the programme and having the opportunity to gain knowledge, learn life skills and debate issues, girls stated they were more prepared to negotiate with their future husbands over birth spacing, were more able to question health staff and importantly were more able to discuss issues such as their arranged marriages with their parents. While encouraging, it is unclear how girls will be able to fulfil this potential unless attitudes and behaviours that reinforce gender discrimination remain unchallenged among boys and men.

"SRH is not our problem but poverty is....."

In a number of areas, the projects were criticised for not addressing the community's priorities (Pakistan and Sri Lanka). A number of more pressing needs were identified by communities including clean water, general health care, and unemployment. In response to the criticism that SRH was not a priority, projects ensured that employment opportunities were raised as a priority in communities and established vocational training activities that were often free or greatly subsidized, for example a small fee was charged for computer lessons. In areas of high migration, such as Cambodia, the projects were not able to retain peer educators in the rural areas as they needed to go to the city to earn a living. Many stakeholders stated that SRH programmes should link up with other youth activities, whether youth centres and sports or income generating schemes and vocational training. Although SRH is an important part of youth development, they have a myriad of other needs to address.

Lack of SRH service provision

In countries where NGOs were both service providers and project implementers, the lack of SRH service provision was rarely mentioned as a constraint, especially as many of the organizations had strong referral linkages to other public or private institutions. However, where NGOs did not provide, or were not allowed to provide SRH services, peer educators and project staff mentioned the challenge of referring young people, especially when the young people could not afford to pay for services. In Pakistan, establishing or refurbishing the UNFPA basic health unit did not keep pace with the demand for services created by the NGO project activities. In settings with a low HIV prevalence, the focus on HIV/AIDS was criticized. Many felt there should be a greater focus on services to provide safe abortion, post abortion care and safe motherhood. In addition, in Sri Lanka the issue of referral for psychological support, for example in cases of domestic violence, was a challenge.

Those NGOs lacking the ability to provide SRH services did develop referral linkages, for instance in Pakistan the NGOs worked with Lady Health Workers and developed strong connections to other public and private practitioners or NGO partners that provided services. Both Lady Health Workers and the private practitioners were included in youth friendly trainings.

In Cambodia, a group of public facility staff providing STI and HIV/AIDS diagnosis and treatment were oriented to the programme and a strong referral network was established. In Bangladesh, the FPAB does not provide access to menstrual regulation – part of the essential package of services in Bangladesh – therefore referral linkages had to be developed with other practitioners. For the most part the NGOs were able to overcome the lack of SRH services by developing and sustaining linkages and by training public and private practitioners. However, despite the best intentions, often public services did not have the capacity to address the specific needs of young people. In addition, when staff moved on there was a need for further training and support.

Staff recruitment and retention

Staff recruitment and retention has been a constraining factor across the RHIYA country programmes, both within the UPSUs and the NGO implementing partners. The challenge has been to recruit staff and local female staff were particularly difficult to recruit. The rates of pay were not considered competitive, which meant the staff turnover was quite high and had cost implications for training, supervision and support. In Pakistan, as staff were not able to provide clinical care, the medical officers recruited felt a lack of job satisfaction, which increased the staff turnover rate. In Bangladesh, it was difficult to retain medical staff in peri-urban areas outside Dhaka. In addition, the failure to secure future funding for these programmes in many of the countries reduced the prospects for longer term job security.

Finding solutions to these constraints was difficult, especially as staff salaries were fixed within the overall project budget and future funding was not secured. However, the projects were able to continue with the peer education programmes despite these difficulties. It is also worth noting that the RHIYA Central Unit in Brussels provided support and endeavoured to brief new UPSU staff and bring them up to speed as quickly as possible. The fact that a number of projects were operating at a country-level also ensured at least a degree of institutional memory and NGO staff were willing to support newly appointed staff whenever possible.

Youth or adult/community focus

In order to overcome parental resistance, parents and mothers were often involved in the project activities. This created the additional challenge of ensuring that project activities continued to be focused on the needs of young people and to allow youth to adequately determine how the projects were to be implemented in order to meet their needs. Literature in this area suggests this situation is not unique to the RHIYA programme and that SRH agendas often appear to be adult and not youth driven. Often adults select messages and message content without understanding the relevance for different age and gender specific groups[58]. In Viet Nam, both peer educator and adult respondents reported that adults tended to interfere and provided too much guidance, thus limiting the scope for adolescent and youth initiatives. In an in school project, the peer educators stated that they felt most productive in an environment away from school and outside the control of parents and teachers. Parental involvement tended to be greater in the more conservative areas and especially at the start of the programme. In Pakistan, the Youth Friendly Centres were used by all the community, including women involved in income generation activities.

Project staff endeavoured to keep the balance by ensuring that adolescents and youth were participating in decision-making and the peer educator programme itself ensured that peers were interacting with peers. Stakeholders felt, however, that as SRH became more acceptable and as respect for the peer educator's role grew, parents would want to have less influence on the project activities.

Peer educator mobility

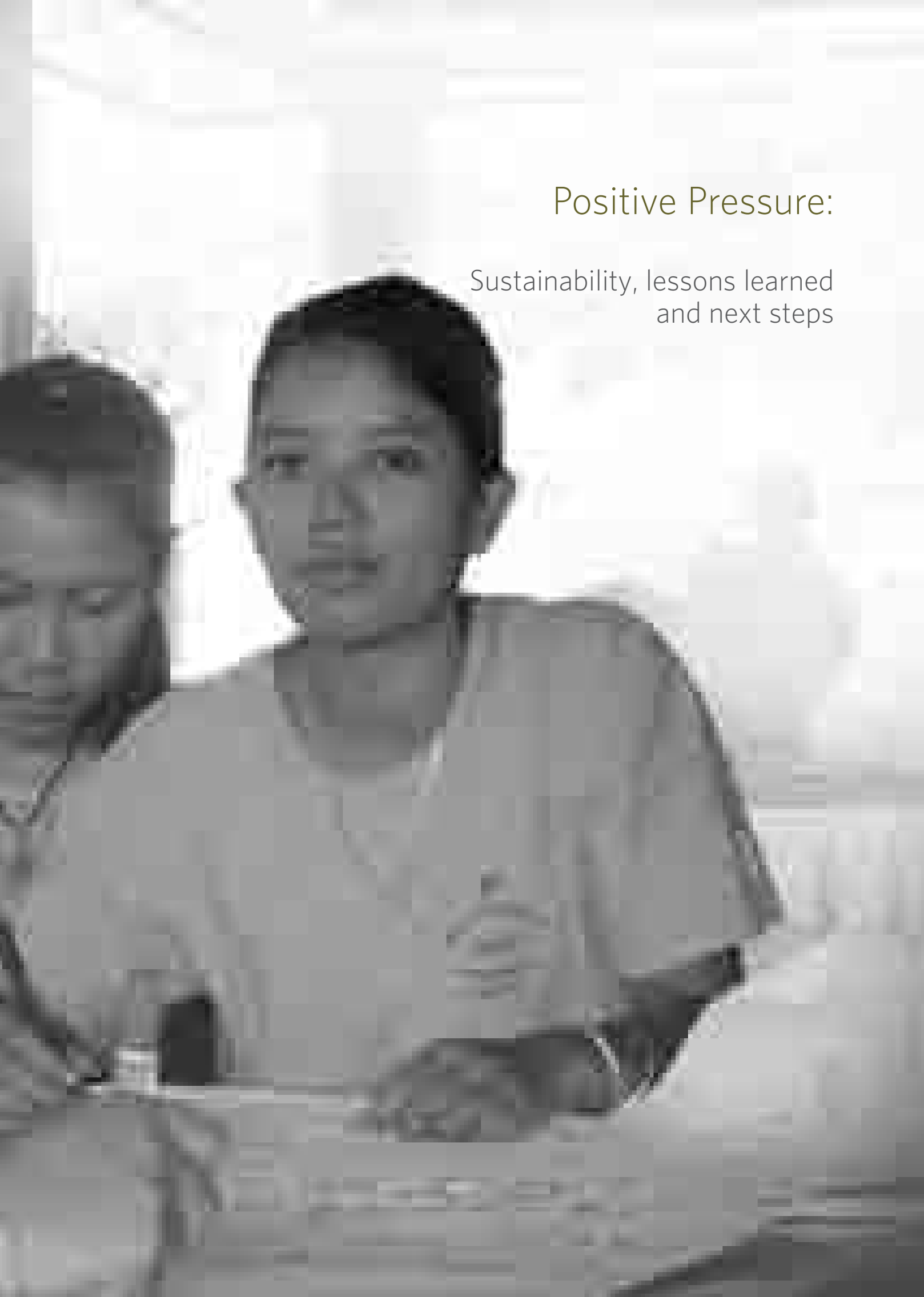
Peer educator mobility was a challenge in a number of ways:

- Peer educators were not allowed to travel – for instance girls were restricted from moving outside the home and immediate vicinity, or were scared to travel, especially in the evenings. Projects allowed parents to accompany their daughters and also advocated with parents on a one to one basis to allow them to be involved in the project activities. These strategies worked as the numbers of girls involved in the project activities continued to increase over the course of the projects (Pakistan).
- Peer educators had no method of transport to carry out peer education activities – some peer educators used bicycles, sometimes projects were able to provide transport for specific events and travel costs were paid whenever possible.
- In Cambodia, girls working in bars were highly mobile and difficult to keep in contact with as they moved on quite often – in response to this the peer educators established a strong network and would try to locate girls who were moving on by speaking to other girls and the bar owners. In addition, the peer educators tried to travel to the peri-urban areas to locate girls who may have been moved on during times when authorities were trying to reduce the numbers of girls in Phnom Penh.
- Boys living in areas of civil unrest were afraid to travel in case they were thought to be part of the civil unrest – this was difficult to overcome, but the projects were very flexible and tried not to put pressure on the boys. If boys had to stop for a while, the projects would accommodate their decision and welcome them back when they wanted to return to being an active peer educator.
- Geographical problems – for instance in remote areas of Nepal or tea estates in Sri Lanka where people needed to travel on rough terrain to provide information. Whenever possible peer educators were recruited within a close geographical distance and project staff provided additional coverage, working with local CBOs to ensure that the more remote areas were also covered.

Fragile Political Situations

Both Nepal and Sri Lanka experienced civil conflict throughout the project implementation. In Nepal, dropout rates were often high as male peer educators were afraid of being recruited by the Maoist groups. Sometimes outreach work had to be temporarily suspended or peer educators pretended to be visiting relatives rather than conducting project activities. In some areas, Maoists could be convinced that the project was exclusively in favour of the community, while in other areas Maoists perceived SRH as an infiltration of western ideas and lifestyles, which they preferred to keep from the villages. The unstable political situation required the NGOs to be ever vigilant. Peer educators had to take care where and when they met with their peers. All NGO representatives applied a low profile to their activities and presence. The NGOs took the approach of *"listening carefully to the community as they know best"* and were as transparent as possible. Operating on this basis most of the peer education project activities were able to continue. For the most part, both Sri Lanka and Nepal were able to continue their project activities and were able to achieve their target outputs despite these constraints.

58 McDonald, J. Grove, J. (2001) Youth for Youth: Piecing together the Peer education Jigsaw. Presented at the 2nd International conference on Drugs and Young People Exploring the Bigger Picture. 4-6 April 2001. Melbourne Convention Centre, Melbourne.



Positive Pressure:

Sustainability, lessons learned and next steps

Key points covered in this section:

- The success of any programming approach is influenced by the project operating environment.
- Key lessons learned in peer education programming included: how to create an enabling environment, effective methods of communicating with young people, selecting and training peer educators, retention issues, cost-effectiveness of the peer education approach and gender.
- Future peer education programmes could benefit from scaling-up, improving linkages, focusing on advocacy early in the programme and ensuring quality (e.g. by conducting systematic needs assessments).

Sustainability of advances in peer education

The success of any programming approach is influenced by the project operating environment. SRH through peer education was a new, or relatively new, programming concept in most of the RHIYA countries. The RHIYA programme successfully created an enabling environment for youth programming in all the countries, although it is still to be fully embraced by all stakeholders in all countries. The role of the UPSU has been important in creating an enabling environment supportive of the RHIYA project objectives and in facilitating the sustainability of project outputs. The UPSUs have facilitated networking among implementing agencies and have provided technical support both to NGOs and governments. The level of training activity has ensured a critical mass of trainers, peer educators and young people with SRH knowledge in the community. Sharing and lesson learning between implementing agencies has built capacity in quality youth programming within individual organizations. However, maintaining peer education activities across the RHIYA countries and sustaining the gains made in creating an enabling environment for SRH youth programming is dependant on a number of factors at different levels, including:

- Inclusion of SRH for youth at a policy level, into sectoral strategies and plans.
- Funding, from either governments or Development Partners for scaling up activities.
- Local support for youth initiatives.

Policy change

Through the efforts of the UPSUs and the implementing partners, policy gains have been achieved in a number of countries, including:

Cambodia, where RHIYA where partners have:

- Provided technical input to revise the national curricula on life skills for HIV/AIDS education (Ministry of Education Youth and Sports).
- Supported development of National Standard Guidelines for Adolescent/Youth Friendly Reproductive and Sexual Health Services (Ministry of Health).
- Supported development of the HIV/AIDS workplace policy - this policy initiative included, the Ministry of Social Affairs, Labour, Vocational training and Youth Rehabilitation and & managers representing 25 garment factories.

Nepal

- Updating of the Family Health Division (Ministry of Health) Adolescent SRH sections of the clinical protocols and management guidelines for reproductive health.

Pakistan

- Although the RH policy for youth remains in draft, RHIYA partners have been instrumental in integrating RH activities for youth into Government plans.

Viet Nam

- Integration of SRH issues into the Youth Law, approved by the national Government in 2005.
- Recognition of the special needs of vulnerable youth in the National Master Plan for Adolescent and Youth Health 2006-2010.

Sri Lanka

- The UNFPA has had a pivotal role in promoting youth participation in policy formulation – facilitating a youth forum to allow young people to have a voice on the Health Policy for Young People. Previously this was referred to as the Adolescent Health Policy and was changed at the request of UNFPA; as the organization is promoting a more inclusive approach to policy development. This policy is currently being formulated by the MOH and acknowledges the need for SRH services for youth.

Funding for youth SRH activities

Although some of the RHIYA partners have been able to secure short term funding, for example in Pakistan where UNFPA was able to provide a further 6 months' bridging funds, most countries have not at the point of writing this report, secured longer term funding from development partners. This is in the context of a changing aid environment where a number of development partners are reviewing the way they provide development aid, often moving from projects towards more programmatic approaches, such as budget support and/or sector wider approaches. Funding decisions are then based on government priorities translated into Poverty Reduction Strategy Papers (PRSPS), sector strategies, budgets and plans. While there are obvious benefits to this strategy, there are potential risks for youth programming, as often governments do not include youth programming in their sector strategies and budget lines. There maybe a strong case for funding youth programmes off-budget if there is no youth SRH policy and sectoral plans.

Scaling up

There is interest from a number of agencies, such as PLAN International and Save the Children (US) in replicating and scaling up the peer education model established by the RHIYA programmes (Pakistan). In addition, peers from the CARE peer education project in Cambodia have formed their own NGO called People Health Development (PHD) in order to continue their peer education activities.

While the full scale of the activities has now ceased, a number of the peer educators at a local-level continue to operate on a purely voluntary basis. In addition, many respondents mentioned that as members of families and communities, the peer educators continue to be able to support their peers through their personal interactions. In Bangladesh, the peer education groups linked with the youth friendly health services continue to use the youth centres to meet and use the facilities. In Pakistan, a number of communities and CBOs are exploring the possibility of turning the YFCs into community councils, which would mean they could secure 80% of their operating costs from the Government. In some areas the youth corners established in schools continue to operate.

RHIYA partners have attempted to generate financial resources and support to sustain peer education programmes, including documenting programme effectiveness and promoting the results to development partners, stakeholders and governments. At a local-level, the implementing NGO partners have been working with CBOs and local communities in order to create a sense of joint ownership and support for sustaining activities beyond the life of the RHIYA programme.

Youth programming is at a critical stage in its development and, while it is increasingly accepted as an important approach, sustained advocacy efforts including mapping and analysis of youth programming and needs assessments are still required in order to continue to develop an understanding of the issues and needs of young people and to clearly demonstrate the future direction which programmes should take. In addition, in several countries there are a number of ongoing youth programmes operating in various sectors, including education, women's projects etc. There would appear to be a need to explore the concept of linking SRH peer education activities with the activities involved in other sector programmes. For example, the upcoming UNFPA/UNICEF maternal health programme in Bangladesh may explore the possibility of addressing the specific needs of mothers age 15-19 as part of their programme activities. In addition, the NPPP programme with the Department of Youth Development may be able to link its youth centre activities with health facilities in their project areas.

Lessons Learned

Throughout the course of the stakeholder interviews a number of valuable lessons learned emerged, which should be considered when planning future programmes.

Creating an enabling environment

- An enabling environment is essential for the success of peer education programmes. Creating an enabling environment is possible, but can involve substantive advocacy efforts tailored to the sociocultural context.
- Early and continuing sensitization of officials, religious leaders, parents, public and private health workers, officials, policemen etc. is important to ensure the environment is enabling for youth activities.
- Adolescents and youth themselves are the best advocates for peer education programmes, both through their eagerness to extend their knowledge and skills to others and also as 'role models' within their communities.
- Through intensive advocacy efforts the stigma around discussing SRH can be reduced, but overcoming the social taboos around dialogue between parents and their children is more difficult. Many adults remain ignorant and unable to support their children's SRH education. Where activities to educate parents have been developed, these have helped to increase support dialogue with and support for young people.
- Peer education for SRH issues is still a recent concept, it continues to require support and funding from development partners, as it has yet to be fully integrated into government policies, strategies and systems.

Effective methods of communicating with young people

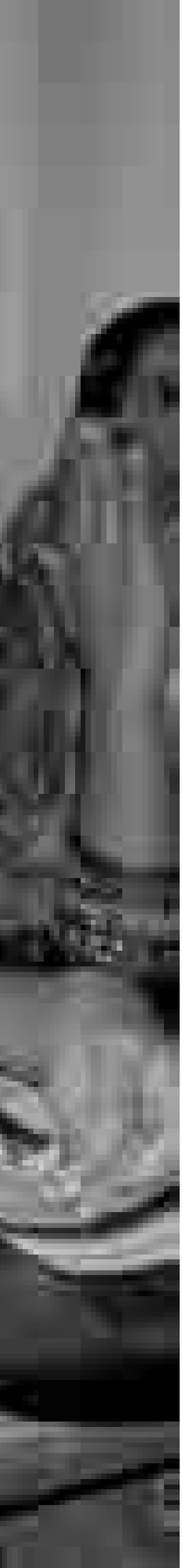
- Peer education is a useful approach for reaching 'hard to reach youth', as the peer educators are from the same groups and understand the issues and difficulties facing these adolescents and youth.
- Peer education projects can increase access to information and change the ways adolescents and youth obtain SRH information.
- Peer education can be used in conjunction with other communication approaches, such as radio or television and appears particularly useful for clarifying messages, discussing issues and exploring attitudes.
- While peer education has contributed to an increase in knowledge and to changes in attitude, behaviour change does not necessarily follow. For instance, commercial sex workers in Lao PDR knew the risks of unprotected sex and were able to access condoms, however ensuring their clients used condoms was difficult and often outside their control.
- Events such as youth seminars and camps are excellent opportunities for peer educators to work with their peers and proved very popular across all RHIYA countries.
- It is important to match the peer education model closely with the project's objectives and expected outcomes.

Selection, training and support

- Selection of peer educators by their own peer group ensures they possess the characteristics considered important to young people and increases their credibility within the peer group.
- Peer education curricula should be based on needs assessments and tailored to the risks they face within their sociocultural context.
- Common peer education curricula help ensure consistency of message, adopt a more standardized approach to training, and ensure a greater pool of master trainers to draw from.
- More interactive/case study types of teaching sessions for peer educators would help better prepare them for their role and help them to learn how to tackle difficult questions and sensitive issues.
- While cascade training is effective in reaching larger numbers of youth, the quality of the training can not be ensured and this method should only be used with caution and under strict monitoring and control.

| 44 CARE: Kompong Chhang field visit, Cambodia

| 45 CWFD: Khulna School, Bangladesh



Retention issues

- The length of time that peer educators can be expected to remain active is relatively short and projects have to ensure this is factored into their costings and programme plans.
- A innovative range of financial and non-financial incentives are needed to keep peer educators motivated, although the skills they gain are also a motivating factor.
- The age and social circumstances of the peer educator will influence their ability to commit time to their peer education activities.

Cost-effectiveness

It is appealing to think of peer education as a 'cheaper' alternative, and the few studies conducted on the cost-effectiveness would suggest that peer education is cost-effective, but caution is advised and good fiscal practices need to be assured:

- It is necessary to allocate sufficient resources for constant recruitment and training of peer educators.
- Ongoing supervision and support is required to assist peer educators and to help maintain their motivation and the quality of the peer education.

Gender

The complexity of gender as an issue is often not appreciated. While ensuring access to peer education programmes is a consideration, other aspects of gender need to be addressed.

- Addressing discriminatory attitudes towards girls needs to be both mainstreamed into programming and be reflected in explicit components of all aspects of the project cycle, including organizational policy.
- Access is not just about parity between the numbers of girls and boys involved in the programme, but needs to address the broader programming approaches to ensure they are sensitive to the needs of girls.

Linkages with other services

Peer education should be seen as part of a broader programming approach, which acknowledges the development needs of young people and encompasses a holistic, multi-disciplinary approach to programme design and implementation. In addition, programmes that are not focused on youth as a primary target group should begin to view their work through a 'youth lens' – for instance, 'does this safe motherhood project address the needs of young married girls/ women?'

SRH programmes cannot operate effectively in a vacuum:

- SRH is not the only issue facing young people at this stage of their lives. SRH should be integrated into other programmes, which are addressing issues such as income generation, in order to provide a more holistic approach to young peoples needs.
- Peer education that is not linked to SRH counselling and services can only address knowledge and attitudes, but does not facilitate changes in health seeking behaviour. Peer educators can successfully distribute condoms and pills to their peers.

Next steps

Stakeholders had a number of suggestions for future peer education programmes, and how they could be further improved:

Improving linkages

- Link more with education departments, schools and continue to expand the school corners.

  Develop stronger links with health services, including public and private practitioners, pharmacies etc.

- Link with other ministries involved in youth work, including sport and women's affairs.

Scaling up

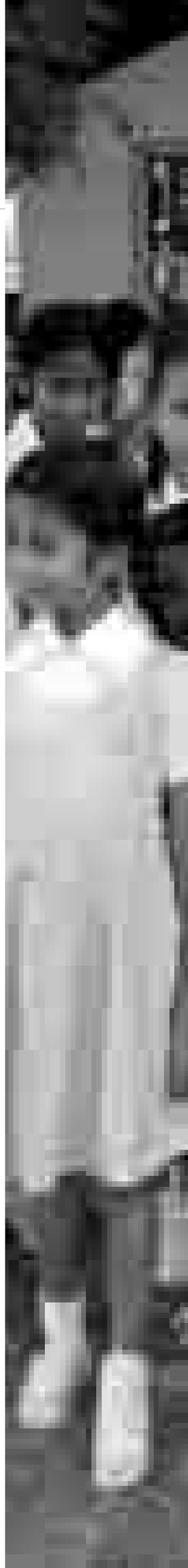
- Improve the quality of peer education and expand the network by using more interactive approaches such as helplines, drama, youth camps etc.
- Scale up youth programming to other districts using parents and leaders as champions and 'positive role models'.
- Have a certificate at the end of the programme to help peer educators in securing a job and as a mark of appreciation for their role. To validate the certification process and maximise its value in a working environment, linkages between ministries (e.g. Vocational, Training, Employment, Education etc) should be developed.

Enabling environment

- There is a need for more advocacy, spending time and effort establishing ownership within the village, district etc. Emphasis needs to be placed on gaining the support of tribal leaders and other gatekeepers earlier – such as exposure visits for gate keepers.
- Improve utilization rates of peer educators by formally introducing them to the community – rather than expecting them to introduce themselves. Perhaps in some circumstances having identity badges for peer educators as well as for counsellors could help establish peer educators within communities – although this is very context specific.

Peer education quality

- Adopt a more needs-based approach based on needs assessment for peer education programmes.
- Continuous/refresher training – determined by the peer educators needs and regular assessment of the quality of peer education and knowledge.
- Improve the M&E framework to be able to evaluate qualitative information in addition to quantitative data and ensure data is disaggregated. Also attempts should be made to monitor different elements of the programme for their contribution – e.g. peer education, mass media, youth corners etc.
- In an integrated programme measuring the individual contribution of each intervention is challenging. This may be facilitated by developing a specific monitoring approach for each activity during programme planning or by establishing an operational research component within the programme to experiment with different combinations of interventions for different target groups. For instance, which communication method is more likely to support increased awareness among girls who have limited mobility outside the home as compared with those who are in-school. Furthermore baseline and endline surveys should include questions on what knowledge young people gained from each source of information.
- Further explore the optimal level of support that would ensure both effectiveness and efficiency – e.g. cost benefit analysis.
- Ensure information is tailored to the needs of different ages. Suggestions were:
  - 10-15 – sports, competitions, groups, general information, puberty.
  - 16-18 – still sport but listen to friends more and need more specific information on SRH/HIV/AIDS, support for married adolescents.
  - 19-24 - premarital counselling etc.
- Increase the level of adolescent and youth participation in planning, implementing and monitoring the project.



| 46 Schoolgirls, RHIYA, Sri Lanka

Appendices

Peer Education Tool - Areas of discussion	Prompts	Informant Responses
Conception Phase		
What did you want to achieve by using Peer Education (PE) in your programme?		
What was your target group?	E.g. age/ gender/ out-of-school / in-school/ urban / rural etc	
Why did you choose PE as an approach?	I.e. Did you use it in previously? Were you asked to use it?	
Implementation Phase		
How was it implemented?	What were the selection criteria for PEs in your programme and why did you use these? Was cost a factor? What were the core tasks of PEs? Did all PEs perform the same tasks? What type of training is used? I.e. topics used for training/ duration / refresher / training methods and materials? In what settings was PE carried out? I.e. schools, youth friendly corners, outreach Methods used? I.e. group sessions (how large/small), one-to-ones and which method proved most effective? How many PEs did you employ? What type of supervision/support was provided to PEs? How did you monitor quality of peer education? (qualitative) did you participate in a self-evaluation of PE made by peer educators ? What was the drop-out rate of PEs? How did you retain PEs? I.e. what type of incentives did you use? Have PEs been involved in the concept / development of programmes/ M&E activities?	
Effectiveness and sustainability of Programme		
How effective was your PE programme in achieving your objectives?	Which tasks proved most effective among respective groups? E.g. IEC, Condom distribution among married couples Which topics were best dealt with by PEs? Could you have used another approach to achieve the same objectives? What adaptations did you make to the PE programme during implementation and why? Do you think your PE programme has been successful in the eyes of the community, peers etc and in what sense?	
Do you think PE programmes can be sustainable?	What happens to PEs post-programme? Should PE programmes be sustainable? E.g. adolescents move on / become adults	
Cost-effectiveness	What % of your budget is allocated to PE? How much money does this represent?	
Constraints / Facilitating factors		
What were the key constraints faced in your PE programme and how did you overcome these? What were the main facilitating factors in implementing the PE programme?		

Guide Questions for Peer Educators/Peers

General questions

- What is your name?
- How old are you?
- Where do you live?
- Are you at school or have you left school?
- Do you have a job?

Type of peer educators

- Are you an in-school or out-of-school peer educator?
- Are you married/single?
- What is your target group? Do you have targets to achieve?
- How long have you been a peer educator?

Selection

- How did you become a peer educator? What was the selection process?

Training

- What training did you receive? How long? What subjects? What kind of training methods?
- Have you had any refresher training since the first training? If yes, what, how many days etc?
- What subjects are the most difficult for you?

Role of PE

- What tasks do you do, say in 1 month?
- If you do group sessions, how many youth participate in a group session?
- At the end of your session, how do you know your peers have understood and learned?
- Do you refer peers to the health centres? If yes, how and when do you refer peers?
- Do you know the health centre staff? Do you think they are youth friendly?

Support

- What support do you get from the NGO you work with?
- Do the staff work with you? When and how?
- Do you attend regular meetings?
- Are you involved in the planning and management of the project?
- Do you have IEC materials to work with? Were you involved in developing these materials?
- If you do not know the answer to a question you are asked, what do you do?
- What do you like about being a PE?
- What problems have you encountered as a PE?

Incentives

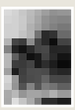
- What incentives do you receive for your peer education activities?
- How has it helped you personally?

Peers

- How did you hear about and get involved with the programme?
- How have you been involved in the programme?
- What topics did you learn about?
- Have your attitudes towards SRH/gender changed, if yes how and why?, if no how and why?
- What did you like most and least about the programme activities?
- How could the programme have been improved?
- What would you like to see included in future youth programmes?
- How have you benefited from the programme activities?
- How have you changed your behaviour as a result of the programme, if you have?

Further reading

In this series

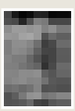


Positive Pressure –
Learning from Peer Education Experiences

Services for Young People –
A Review of Stakeholder Experiences

A Place of Our Own –
The Benefits of Services for Young People

EC/UNFPA RHIYA publications



Making Common Cause:
Good Practices for Creating an Enabling Environment

We've Got a Right to Know:
Good Practices in Education & Communication

You are Welcome Here:
Good Practices in Counselling & Clinical Services

Opening the Doors of the Corridors of Power:
Good Practices in Advocating for Policy Development

Case Studies from RHIYA:
Good Practices for Creating an Enabling Environment

Case Studies from RHIYA:
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(due October 2007)

Reproductive Health Initiative
for Youth in Asia (RHIYA)

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Printed by: Commercial Colour Press, United Kingdom, ccp@ccpress.co.uk
Printed on Ikono 150 gsm, chlorine-free, using recycled pulp

Blank