Included Involved Inspired

A Framework for Youth Peer Education Programmes

IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

Contents

Introduction to the Framework

This framework is a guide for our IPPF Member Associations and affiliated/partner organisations. It builds upon, and complements, existing frameworks and provides an IPPF perspective on peer education. It can be used by programme designers, managers and coordinators, as well as by senior managers overseeing larger peer education initiatives. Supervisors, trainers and other young people can also use this framework in their work, and as a basic reference tool. Depending on the stage of your programme, the framework can be used to initiate a new peer education project/programme or to help you rethink and improve your existing activities. See 'How to use this framework' on page seven for more information. We hope that you will find this document useful to your work.

1 IPPF and our work on peer education

1.1 IPPF's work with young people

Young people are at the heart of the work of the International Planned Parenthood Federation (IPPF). One of the 'Five A's[1] – the guiding principles of our strategic framework – is devoted to adolescents and young people. In practice this means we provide and promote youth-friendly services to all young people, irrespective of their age, gender, sexual orientation, ability, marital status or financial situation. We recognize young people are sexual beings who have the right to safe and pleasurable sex, and to express their sexuality in whichever way they choose.

1.2 IPPF's rights-based approach

> *"A rights based approach combines human rights, development and social activism to promote **justice, equality and freedom**. Key to this approach is that it holds powerful people and institutions accountable for their responsibilities to those of less power and supports the less powerful to claim their rights. In IPPF's work, implementing a rights-based approach to youth sexual and reproductive health programmes involves empowering young people to take action and to claim what is their due, rather then passively accepting what adults (government, teachers and other stakeholders) decide for them. A rights-based approach works towards access to quality youth friendly services and comprehensive gender sensitive sex positive sexuality education for all young people."*

Young people's sexual and reproductive rights are central to our programmes, and are thus not an optional extra. We know that promoting these rights can bring real benefits, including:

- **Making young people real stakeholders:** We think that young people's creativity and resourcefulness has often been underestimated. We take as our starting point the idea that young people not only have the knowledge to help develop, implement and evaluate programmes, but the right to participate in all decision-making processes which affect them. As such, our rights-based approach encourages young people to be active stakeholders within our programmes; indeed we believe that organizations need this youth participation if initiatives are to succeed.

- **Addressing discrimination:** Young people continue to be discriminated on the basis of many factors, including gender, ability, sexual orientation, and ethnic or religious background. A rights-based approach makes sure that this discrimination is properly addressed in the programmes.

- **Improving access to services:** The availability, accessibility and affordability of services has already proved to be key to preventing unwanted pregnancies and the spread of HIV and STIs. We believe that young people – who are often more vulnerable than the adult population – should have access to these services as a basic right.

Participation does not just mean using the methods and tools which encourage people to join in, but actually altering the power balance between young people and adults. This approach also means enabling young people to identify their own problems, and ensuring that young people – in all their diversity – are involved in programme activities.

1.3 IPPF and peer education

IPPF welcomes the contribution of all young people – it's part of our philosophy as a volunteer organization.

We work with young people in many ways: as policy and decision makers, as advocates and as researchers. We are pioneers in ensuring that young people are equal partners at the highest level of governance and policy-making within our organization, and at putting the provision of youth friendly services at the centre of our work. Traditionally, young people work with us as peer educators. Although we are not primarily an education body, over 80 per cent of IPPF Member Associations are involved in peer education in one way or another.[2]

Peer education programmes are, for many of our Member Associations, a way to integrate young people into our sexual and reproductive health services and to increase their active participation. Worldwide, we use the peer education approach in many different ways, at different venues and involving a great diversity of young people. Most commonly our approach involves trained peer educators providing sexual and reproductive health (SRH) information, services and referrals, through youth centres and outreach activities, to young people in-school and out-of-school.

IPPF's aim is to support young people – both the peer educators themselves and those receiving information and services – to exercise their rights to sexual health, diversity and choice. We see peer educators as more than simply agents for behavioural change in themselves and their peers – our programmes show a commitment to also empowering them as individuals. In other words, a rights-based approach to peer education helps young people to develop the SRH knowledge, skills and attitudes needed to make their own choices regarding their sexuality and health.

1.4 Why a framework for peer education?

Due to the increasing use of peer-education programmes in the field of sexual and reproductive health, there is a need for us to agree on

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1 Adolescents, Abortion, HIV/AIDS, Access and Advocacy

2 IPPF Strategic Planning Survey, 2004

what is good practice, and for this consensus to guide our current and future work. There are other good reasons for creating a framework:

- To highlight the important role of peer educators within the wider context of IPPF and youth participation. As noted above, peer education programmes provide one important way of involving young people in our programmes and services, and highlights our commitment to their participation. The framework provides steps to ensure that such participation within our Member Associations is built around the equal partnership of young people and adults.

- To develop common standards of good practice across the organization. By developing our own framework on peer education, we are building on existing versions to promote a new model that will reflect IPPF's broader agenda of sexual and reproductive rights. We want to show how peer education enables young people to make their own informed choices regarding their sexuality and health. This is why any IPPF peer education initiative should be backed by a full range of information and services concerning young people's sexual and reproductive health.

- To promote a rights-based perspective within peer education. To do so we have to look initially at ourselves; at our attitudes towards working with young people as partners in education and counselling, how we are working together, and what can we do to promote young people's positive enjoyment of their sexual and reproductive rights.

Finally, an essential component of successful peer education programmes is an emphasis on quality in terms of providing accurate information and choices, technical competence, sufficient training, effective motivation, youth-friendly clinical services, continuity and appropriate follow-up and referral. Good linkages with other programmes within the Member Association and the wider community are another central aspect of IPPF peer education programmes. Although peer education is beneficial in many ways, it cannot respond to young people's widely varying needs on its own. Rather, it can be an essential part of a wider initiative to more comprehensively address young people's sexual and reproductive health and rights.

1.5 How did we develop this Framework?

In 2006, the IPPF African Regional Office looked at ways of putting peer education on their broader agenda. An international consultative meeting was then organized bringing together young people and youth programme officers from IPPF Regional and Central Offices and experts from other international organizations, including UNFPA and Family Health International. The aim of this event was to take a critical look at peer education within IPPF – taking stock of where we are, where we want to go, and what we can learn from others – and to develop the first draft of this Framework.

The Framework was finalized by IPPF staff following the consultation meeting. It was then adapted according to further comments and recommendations of those involved. It represents what was

agreed to be good practice in peer education and reflects our rights perspective. It builds upon, and complements, existing documents and materials on peer education, and seeks to highlight our particular niche in young people's sexual and reproductive health.

What is peer education?

Peer education is a term widely used to describe a range of strategies where people from a similar age group, background, culture and/or social status educate and inform each other about a wide variety of issues. Although peer education is used with different populations, this document focuses on programmes for young people. Through a participatory process, peer education creates an environment where young people feel safe and able to share information, skills and values.

The rationale behind peer education is that peers can be a trusted and credible source of information. They share similar experiences and social norms and are therefore better placed to provide relevant, meaningful, explicit and honest information. Young people are trained to offer information and services on issues of sexual and reproductive health based on the premise that most young people feel more comfortable receiving information from people of the same age group rather than from adults. Peer education increases young people's access to sexual and reproductive health education – subjects which are often not fully addressed by parents and schools – and reaches vulnerable/marginalized young people who may not be in education. By means of appropriate training and support, the young people become active players in the educational process rather than passive recipients or messengers.

Peer education is sometimes seen as an easy and inexpensive solution to addressing the sexual and reproductive health of a large number of young people. However, successful peer education programmes require intensive planning, coordination, supervision and resources. Moreover, for peer education programmes to work they must motivate the peer educators and make them feel valued members of the organization. This instills a feeling of ownership, which shows in their work and which young educators pass onto their peers.

Peer education programmes do not take place in a vacuum. They are shaped by, and respond to, prevailing social norms and community contexts. Managers should take the social context of the programme into consideration at all stages of planning and implementation, identifying potential community opposition and supportive networks.

Peer education can take place in any setting where young people feel comfortable. This can include street corners, social clubs, school grounds, churches, bus stations, work places, homes, and farms. Peer Education meetings can also be formal or informal.

2 How to use this Framework

This Framework can be used in conjunction with other existing guidelines and training materials on peer education. It is meant to assist you in ensuring your peer education programmes are as effective as possible and that the process is as empowering as the outcome.

We hope that the case studies showing innovative approaches from different parts of the world will provide some inspiration for your work.

The Framework can be used to initiate a new peer education programme/project, or to rethink, re-assess and improve an existing one. It is important to note that there is no 'one size fits all' approach to peer education and that it should be seen as a continuous process which provides for flexibility and innovation.

We are also very well aware that it may not be feasible for Member Associations to implement all of the elements within this Framework due to limitations in time or resources. Even if you use only some elements of the Framework, it will still help you enhance your programmes.

The Framework contains the following ten sections:

1 **Planning a peer education programme:** This includes recommendations that can be used as guides to plan ahead. This is where creativity, innovation and cost-effectiveness are crucial.

2 **Selecting programme managers/coordinators:** To be a peer education programme manager you must like young people and accept them for who they are. Managing peer education programs requires specific skills and characteristics. This section gives you some ideas.

3 **Getting young people involved as peer educators:** The process of involving young people in the programme and identifying who will be a peer educator is vital. This includes asking how your programme seeks to show young people that they are valued as real partners, not just as recipients or non-paid workers. This section shows you how to foster a sense of empowerment and ownership.

4 **Training of peer educators:** The skills to be a peer educator are something young people acquire with practice. However peer educators need to be well prepared before they start. In this section you will find some topics to include in your training such as: communication skills, specific training on the range of subjects to be taught and how to work in a team.

5 **Implementing peer education programmes:** This includes ideas, examples and recommendations on how to run and manage a peer education programme on a day to day basis.

6 **Developing Content of peer education:** The process of peer education is important, but equally important is the message and how it is delivered. This section is based on IPPF's framework on comprehensive sexuality education and will inspire you to look at the content of your peer education programme.

7 **Providing Materials and condoms:** Peer educators need to have the right materials to work effectively. This section gives some recommendations on how to ensure that the materials – and language – used are appropriate for those young people you want to reach.

8 **Supporting peer educators – how to keep them motivated:** Getting young people involved as peer educators in one thing, keeping them inspired and motivated is another. Young people will stay in your programme if they feel acknowledged and valued. This section will give you some ideas about how to do this.

9 **Building linkages with services:** Peer education cannot work in isolation and should be a central part of other youth programmes/interventions. Other activities for young people, including services, should be directly related to the work of peer educators. This section shows how this can be done.

10 **Monitoring, evaluating and documenting your programmes:** Effective monitoring and evaluation (M&E) is an essential part of all peer education programmes. The M&E process will help you to document programme effectiveness, demonstrate what you have achieved, and improve your interventions. This section will show you ways to make monitoring, evaluation and documentation an ongoing and positive process.

Appendices: Finally, in the appendices, you will find a range of other useful resources, including examples of questionnaires, log frames, IPPF policies and a list of peer education resources.

3 Framework of good practice for an effective IPPF peer education programme

SECTION 1: Planning a peer education programme

Before you start planning, ask yourself if you can provide the right environment for working with young people. It's important at the outset to find out about staff and board attitudes towards young people as equal partners. You should also assess your organization's willingness to make the necessary changes to support an effective peer education programme.

Try to address these concerns at the planning stage. This is the time to identify needs and objectives, select a target population, undertake a needs assessment of the group, establish activities, assign responsibilities for activities, estimate the resources you need and consider monitoring and evaluation of the programme. Young people's participation throughout this stage is crucial as they can offer valid contributions and help to set clear and realistic expectations for the peer educators.

1. Understanding your organization and getting them involved

☑ Conduct an assessment of board and staff attitudes/readiness for a peer education programme.

☑ Ensure that there is a developed internal understanding of the connections between peer education programmes and IPPF's overall commitment to the participation and rights of young people, including the necessary qualities to be reflected within the programme.

☑ Carry out an assessment of staff attitudes within the organization on the involvement of young people in programmes and activities, and their role as equal partners (refer to Appendix D for examples of questions to ask in this assessment).

☑ Ensure that you fully understand the specific **rights, needs and desires** of the young people that you want to work with and for.

2. Getting support for your programme

☑ Involve government officials from the health and education sectors, community leaders and members, teachers, parents, etc. as much as possible during planning.

☑ Inform the community through promotional activities, group discussions, sexual and reproductive health (SRH) information events, and inviting parents and leaders to youth centres.

☑ Identify and meet with influential leaders of the intended audience, and include various leaders in all formative research (e.g. situation analysis).

☑ Use evidence-based data to advocate for the relevance and effectiveness of peer education programmes.

☑ Involve young people in identifying stakeholders and leaders in the community.

☑ Develop innovative ways, together with young people, of getting other young people interested in your peer education programme and activities.

☑ Be firm/brave and stick to your principles (for example, giving a full range of choices instead of promoting abstinence only messages). Remember: it may not be possible to please all stakeholders.

Case study: Working with stakeholders

Youth volunteers working with the Family Planning Association of Nepal in Kathmandu, worked with a variety of stakeholders to ensure that their programme had the full support of the community. Schools, colleges, community based organizations, local sports clubs and parents were all involved. As a result, the community have given this youth forum space to have their meetings and peer education sessions on sexual and reproductive health and rights (SRHR) issues. The youth volunteers have been trained in life skills and SRHR and have regular interaction with young people in schools and colleges and with young people who are not in school. They have also created a mini library with books and pamphlets in the local language. A small clinic in the same space provides services for young women and has increased the community participation and the number of clients visiting this creative initiative.

3. Finding out who your audience is

☑ Identify the target group as specifically as possible (such as geographical location, educational status, age, marital status, economical status, parental status, sexual status and orientation).

☑ Decide how the population should be segmented according to different age groups, gender or needs.

☑ Carry out a needs assessment of the target group, possibly using both **qualitative** and **quantitative** methodologies. (Refer to tool 2 in Appendix D for examples of questions to be answered in the needs assessment).

Definitions

Qualitative data provides information on attitudes, perceptions and motivations.

Quantitative data measures actions, tendencies and levels of knowledge. This approach usually measures amounts or quantities.

Qualitative methodologies for needs assessment:

- Focus groups
- Interviews with young people, parents and professionals
- Observation studies

Quantitative methodologies for needs assessment:

- Reports
- Statistics
- National health surveys and censuses
- Studies by universities or research institutes

☑ Ensure that your assessment includes questions on young people's sexual and reproductive rights. These could include:
- Do young people have access to a full range of services?
- Does their sexuality education include a full range of information on sexuality, sexual pleasure, prevention of unwanted pregnancies, and HIV/STIs?
- Are young people aware of their SRH rights?
- Which rights are violated and why?

☑ Ensure that your assessment looks at the preventative aspects of young people's SRH, such as risk taking, HIV prevention or unwanted pregnancies, but also issues of positive sexuality, including a focus on sexual pleasure and confidence.

☑ Weigh the cost, benefit and scope of a prospective assessment against the time and resources it will need and the other activities that will be postponed, reduced or omitted as a result. Use existing data on the target audience, such as Ministry of Health service statistics, and research on knowledge, attitudes and behaviours.

☑ Take into account gender inequalities and community related issues.

☑ Pay particular attention to the needs of the most vulnerable, marginalized and socially excluded groups within the target population. Consider any difficulties that may arise in reaching these groups and addressing their rights, desires and needs. Start to plan ways in which members of these groups can be involved in your peer education programme.

4. Collecting baseline and follow-up data

☑ Collect baseline data, using Tool 2 in Appendix D or another similar tool. Baseline data should be collected before your peer education programme begins.

☑ Keep a record of beneficiaries recruited, use pre- and post-activity surveys, pre-stamped envelopes with surveys, and offer incentives for completing follow-up surveys.

☑ Ensure that data collected relates to the target population's knowledge, attitudes and behaviour.

☑ Make an effort to collect data on the most vulnerable and marginalized groups of the target population.

5. Setting clear goals and objectives for the programme

Definitions

The programme **goal** or purpose describes the long term change you want to achieve. Generally, the programme can contribute to achieving the goal, but it cannot accomplish the goal alone. Therefore, the programme will not be able to measure change at this level.

The programme's specific **objectives** clarify the direction of the programme and describe in detail what the programme hopes to achieve. These are more specific and include time limits.

☑ Verify that the programme goal reflects the needs of the target population based on the needs assessment.

☑ Set the programme's objectives.

Make sure that objectives are SMART:

- **Specific** Be precise about what you are going to achieve (e.g. improving knowledge and skills on a specific topic)

- **Measurable** Quantify you objectives (i.e. how much knowledge? What skills?)

- **Achievable** Are you attempting too much? Are you being realistic? (e.g. you can't change behaviour in one lesson)

- **Resourced** Do you have the resources to make the objective happen (i.e. educators, money, materials, and time?)

- **Timed** State your timeframe for achieving the objective (e.g. by the end of the programme? Within a year?)

☑ Build on existing lessons learned by understanding the challenges faced by previous programmes.

☑ Set a clear definition of what is meant by peer education in the programme, what is expected and why (refer to the definition of peer education in the Introduction).

☑ Ensure that the objectives are geared towards reaching the target population as a whole. Although training peer educators is an important part of peer education programmes, keep in mind that the final beneficiaries of the programme are the young people that will be reached through them.

6. Developing a programme work plan

☑ Ensure that your work plan addresses objectives, strategies, activities, partners, budget, and provides a timetable. The work plan should be a road map for your programme.

☑ Include training plans, a communication and advocacy strategy, materials/tools acquisition or development, community/parent involvement, role and responsibilities of partner organisations and a monitoring and evaluation (M&E) plan.

☑ Although it is important to have a clear work plan from the beginning, it will need to be flexible to adapt to changes and to the needs of the target population.

☑ Use a logical framework, if possible. This is a useful tool in organizing the information for programme implementation and evaluation. It is a table where you can chart the goal, objectives, strategies planned to meet each objective, and indicators of success for each activity (refer to Tool 4 in Appendix D for an example).

☑ Define implementation strategies to meet each programme objective, accompanied by indicators of success for each activity.

☑ Determine which programme needs are immediate and which can be addressed over time.

☑ Map out the possible challenges your programme might face and develop a plan on how to work constructively to overcome these.

> **Consider: A three to five year strategic plan is valuable for longer-term thinking and is often requested by funding agencies**

7. Setting-up an effective team within the Member Association – every programme needs a working team as Together Everyone Achieves More.

☑ Where possible, identify a qualified full-time adult programme manager/coordinator (refer to Section 2 for selection of a coordinator). This person should work within the programming team, ideally working on adolescents.

☑ Where not possible, ensure that someone in the organization's programming team is appointed to support and advise the peer education programme.

☑ Train the programme manager/coordinator and make staff aware of their respective roles.

☑ Ensure team members are knowledgeable about, and comfortable with, sexual and reproductive health issues, trustworthy, and available.

☑ Recruit peer educators as early on as possible (ideally from young people already involved in the organization) to ensure youth participation in the planning stage (refer to Section 3 on recruitment).

☑ Promote a process of youth-adult partnership where young people can provide input and help prepare programme plans.

☑ Involve community stakeholders in the development process.

☑ Set-up a programme advisory committee that is representative of all groups in the community.

Case study: Youth participation in planning

Youth peer educators in five districts of Nepal were an integral part of the planning process for the creation of Multipurpose Resource Centres. The new concept of the 'one–stop approach' being provided through these Centres - where SRH education and provision of services is integrated with skill development - was discussed with the young people at the planning stage and had their total buy-in.

Youth volunteers at the centres decided on the criteria for selecting the young women who would be trained as skilled birth attendants, and on how to enhance income generation activities and social marketing skills. Young people now form a major part of the management committee of the Multipurpose Resource Centres, deciding on anything from the creation of scripts for street dramas, to the design of the centre and record keeping.

8. Planning for logistics: This includes the what, where, when, how, and with whom

☑ Have a checklist of all logistical considerations (refer to Tool 1 in Appendix D for an example).

☑ Determine where to work, organize a physical space for the project that is safe and conducive to your programme activities.

☑ Choose media to be used in your project (adapt to audience).

☑ If the project has a donor, be sure to check the donor's budget requirements.

☑ Create a process for *realistic budgeting* and *careful monitoring*. There are programme costs inherent in each element of an effective peer education programme, including training, support, supervision, supplies, allowances.

Budget considerations
- Staff salaries
- Travel expenses
- Equipment and other assets
- Training
- IEC materials and activities
- Incentives for peer educators
- Materials and supplies
- Operating costs
- Costs of monitoring and evaluation activities

9. Planning and resources for programme sustainability

i   Financial sustainability:

☑ Identify available resources and existing gaps in funding. Consider how to fill these gaps.

☑ Consider potential sources of funding, either from internal budget lines or from an external donor. If possible, diversify sources of funding to reduce your reliance on a single or a few donors.

☑ Keep in mind that some stakeholders may also be willing to make in-kind donations (e.g. T-shirts, printing services and space for trainings).

☑ Generate financial resources to support peer education related costs (including uniforms, T-shirts, identification cards, educational kits, and transport/meal allowances). Despite often being considered as an inexpensive intervention, delivering good quality peer education can be costly.

☑ Document effectiveness of the programme for use to justify future funding.

ii   Programmatic sustainability:

☑ Plan for strategies to deal with turnover of peer educators and staff.

☑ Have continuous training, encourage skill development for peer educators, increase involvement of young people in the training and consider how to keep peer educators interested and motivated.

☑ Identify the services already available to the target population, including other peer education programmes, and consider how to form linkages with these services. Links with other services and programmes in the community are essential so that peer educators can refer programme participants to existing services outside the organisation if need be.

iii   Institutional commitment and positioning:

☑ Ensure that your organization has an on-going commitment to the peer education programme and the personal development of peer educators.

☑ Build in flexibility within programmes, so that they can change and be scaled-up at a later stage.

☑ Ensure the staff of the entire organization are informed and committed to the project.

☑ Create a mechanism for open and continuous communication between the staff members and peer educators.

☑ Integrate peer education within adolescent programmes and strategies. It should not be a 'stand-alone' service. Peer education programmes are generally more effective when they are integrated into the other areas of the organization's work. Your peer education programmes should be part of the overall Member Association strategy for adolescent programming and linked to other services and activities.

10. Setting roles and responsibilities for peer educators

☑ Set clear expectations and create Terms of References for the peer educators, the programme co-ordinator and the IPPF Member Association or organization hosting the training programme.

11. Setting guiding principles for the programme

☑ Develop a messaging strategy to ensure consistency and complimentary effects of all messages delivered to the audience.

☑ Involve peer educators in choosing topics and key messages.

☑ Clarify and disseminate definitions and policies relating to peer education and comprehensive sexuality education to all members of the project and to stakeholders.

☑ Promote free choice and informed consent, and make sure you do not focus on abstinence as the sole method for prevention.

☑ Define continuously and clearly the context in which the programme operates.

☑ Be clear about the organizations or groups that you want to work with.

12. Considering cross-cutting issues and key contextual concerns

☑ Consider and integrate cross-cutting issues and key contextual concerns. In particular, ensure the following:
  - Youth participation in all aspects of the programme
  - Sensitivity to, and respect for, culture
  - Gender-sensitive planning and implementation
  - The programme is sensitive to, and accepting of, differences in the expression of diversity (e.g. faith, culture, ethnicity, socio-economic status, ability/disability, HIV status and sexual orientation)
  - Sensitivity to age differences and needs
  - An understanding of the needs of marginalized and vulnerable groups

13. Defining monitoring and evaluation (M&E) indicators and activities

☑ Develop M&E plan and tools (refer to Section 10).

14. Developing feedback mechanisms

☑ Establish clear feedback mechanisms for the peer educators, programme recipients and stakeholders.

15. Creating linkages with existing Member Association services

☑ Ensure that the learning and outcomes from peer education programmes will feed into other Member Association programmes and Service Provider activities and vice versa.

16. Planning for referrals and linkages to other youth programs and organizations

☑ Establish linkages and referrals to services and commodities to compliment the peer education programme.

☑ Integrate peer education within sexual and reproductive health and HIV services, and where possible, with community health and development initiatives.

☑ Use other means of communication and information dissemination in conjunction with peer education, where possible, such as media campaigns, advocacy by celebrity spokespersons, and youth-friendly services.

☑ Provide a comprehensive program that is linked or integrated with services to provide access to condoms and other contraceptives, medical care, voluntary counseling and testing (VCT), and management of sexually transmitted infections (STIs).

☑ Address access and stigma issues; staff of other programs need to welcome and accept young people, particularly those who may be sexually active or infected with HIV.

☑ Exchange experiences and information, plan joint activities and inter-institutional projects such as health fairs and staff meetings.

☑ Develop partnerships with other organizations. Examples include youth organizations, ministry of health/education/youth and support/justice, local organisations, UN and other agencies, religious and community leaders, national and international organizations, human rights organizations, organizations for referral services, groups that have an effect on the lives of youth (e.g. police, employment, education, etc.), organizations representing vulnerable groups, such as people living with HIV, and non-SRH organisations (e.g. businesses that can help social marketing, new media, LGBTQ and disability groups).

Case study: Linking with the community
PROFAMILIA, the IPPF Member Association in the Dominican Republic, has an established community-based peer education programme that aims to contribute to improving the sexual and reproductive health of young people between 13 and 24 years of age, with an emphasis on preventing pregnancy, STIs/HIV/AIDS, and violence. This program provides information about sexuality to the community, young people, parents and teachers through a network of volunteer peer educators. Each year, approximately 600 youth volunteers receive training as peer educators for this program. Peer educators live in the neighbourhood where the programme's activities are developed. In 2000, PROFAMILIA began to change its focus to make the programme more sustainable. Since the the organization has invested considerable time in forming alliances with community institutions like churches, schools, sports and cultural clubs, neighbourhood associations, and cooperatives. In addition to offering space for activities, these alliances have helped PROFAMILIA to recruit, choose and support peer educators.

17. Some tools for planning

☑ Planning questionnaire, logical framework and work plan (refer to Appendix D of Appendix).

SECTION 2:
Selecting programme managers/coordinators

It is important to dedicate adequate time and resources to selecting a qualified manager/coordinator for the programme. Where a new person is recruited for this work, he/she should ideally be based within the programming team of the Member Association. If an existing staff member is to take on the role of peer education co-ordinator, he/she should already work within the programming team, and ideally have existing responsibilities for work on adolescents.

Supervising a team of peer educators is different to regular staff supervision. Peer education managers/coordinators must be prepared to address the specific needs and desires of peer educators, particularly in relation to training and support. They also need to understand their personal situation with regard to school/family and other life commitments to ensure that young people play an active part in the programme. Managers and coordinators should also be able to work in true youth-adult partnership and use participatory processes of working together.

1. Appointing the right programme coordinator

☑ Ensure that a staff member within your organization has responsibility for managing/coordinating the peer education programme.

☑ Appoint a full-time coordinator exclusively to the programme, if possible. Programmes are usually more successful if they have a dedicated person working to support them.

Case Study: Full-time coordinator
When BEMFAM, the IPPF Member Association in Brazil, first opened its youth centers in Paraiba and Maranhao, it hired part-time coordinators for both centers. However, this strategy did not work because the peer educators' availability did not coincide with the coordinators' work hours. Additionally, programme planning, supervision and monitoring required more time than the part-time coordinators had available. BEMFAM attempted to alleviate the situation with assistants from a psychology school who assumed some of the coordinators' responsibilities; however, this ultimately resulted in more work for regular staff. Finally, BEMFAM reconsidered its budget and hired full-time coordinators for the second stage of the projects, resulting in a substantial improvement in the programme's coordination and implementation.

2. Identifying the desired characteristics of managers/coordinators for peer education

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

3. Investing in your programme managers/coordinators

☑ Ensure that appropriate ongoing support and supervision is provided for peer education programme managers/coordinators. The supervisor of the peer education programme/coordinator should ideally work within the programmes team of the Member Association.

☑ Provide training, and other learning and development opportunities, for programme managers/coordinators; enabling them to become more effective in their work.

☑ Ensure that the programme manager/coordinator, as well as the peer education programme in general, has the support of the management and Board of the Member Association, As such, their work should be seen as providing an important contribution to the overall objectives of the organization.

SECTION 3:
Getting young people involved as peer educators

The process of finding and involving young people as peer educators is an essential part of creating an inclusive peer education programme. It is particularly important for programmes to make efforts to seek out young people from the target population, particularly among those most vulnerable. It is also a good idea to consult with young people who will be the future recipients, with former and more experienced peer educators, as well as community stakeholders, before you start the process of getting young people involved (refer to Section 1 on Planning).

There is no programmatic consensus on selection criteria for peer educators; some argue that all young people wishing to be involved should have the opportunity to become peer educators, while others believe that not all young people have the necessary skills and qualities to be good peer educators. With any such process, differences in local and national contexts, and target audience, should obviously be taken into account. In some cases programme coordinators may simply want to ensure that applicants show commitment to the programme goals and have the potential to acquire the necessary skills and knowledge; other programmes may have more detailed requirements. The latter is notably the case of peer education programmes with specific activities needing peer educators with certain qualities or with limited resources for training and support.

We strongly suggest that all young people interested in peer education, and with the motivation and time, should be encouraged to participate, although they may need additional training and support to effectively work, and develop, as peer educators (see Section 4). All young people have the potential to become effective peer educators, even the most unlikely. The young people who do not become peer educators may also be able to contribute to the work of Member Associations in other ways.

Ultimately the process of getting young people involved in our programmes should reflect our philosophy as a rights based organisation. Young people are entitled to know what they can expect from the programme, and what the programme manager/coordinator is accountable for. They should feel that they can benefit from the programme as much as they can contribute.

1. Finding potential peer educators

☑ Identify sources and channels for finding young people who want to join the programme. For example, make presentations to young people in the community; use existing peer educators to recruit others; identify youth among target population; consult institution administrators and community leaders; and publicize your programme through mass media. Make clear how important their involvement is, how much you value their input and what they can benefit from the programme.

☑ Be sensitive to the culture and context of the community when you trying to get young people involved as peer educators.

☑ In cases where the project is emphasizing vulnerable or specialized groups, efforts should be made to involve members of these groups within the peer education programme.

☑ Hold a meeting for interested youth to provide them with general information about the project and inspire them to join.

☑ Create a list of qualities and desired characteristics in peer educators (see suggested qualities below) that you believe are needed in your programme. Work with the youth peer educators to identity which qualities they have, and areas where they may need further learning and development (refer to Section 8).

Suggested qualities to look for and to discuss with a potential peer educator:
★ Within age range of audience
★ Commitment to goals and objectives of the programme
★ Ability to commit required time to the programme
★ Interest in working with peers and an understanding of their needs
★ Potential for leadership and willingness to work in a team
★ Willingness to learn about effective communication, interpersonal and listening skills
★ Similar socio-cultural background as the audience and/or potential to relate to the audience
★ Non-judgmental attitude and willing to accept others' ideas
★ Dynamic, motivated, innovative creative, energetic, and questioning
★ Understanding the importance of being trustworthy and respecting confidentiality
★ Interest in youth development issues
★ Ability and willingness to learn

Note this list is not exhaustive, so you can add on more characteristics to suit your programme preferences. It is advisable, however, not to make the list too demanding or unrealistic.

Case study: Selection process of peer educators at PROFAMILIA/Colombia
PROFAMILIA, the IPPF Member Association in Colombia, begins its recruitment process with informational presentations at institutions where youth congregate, such as schools and youth clubs, to spark interest in the project. PROFAMILIA explains how the project works, the benefits of participation, and the commitments required of peer educators. When PROFAMILIA has recruited at least 25 interested youth, it conducts approximately 20 hours of basic training on sexual and reproductive health issues for this group. During this time, PROFAMILIA staff get a better sense of who these young people are in terms of the way they relate to each other, their skills, and their interests. PROFAMILIA pre-selects certain youth from this group to have an hour-long personal interview with staff. After comparing results from the basic training and the personal interview, PROFAMILIA makes the final selection of peer educators. This entire process lasts approximately three weeks.

2. Recruiting young people as peer educators

☑ Discuss the candidates' position/ideas on IPPF's core values, including the organisation's five A's and issues of choice, pleasure and sexual diversity (i.e. respecting different sexual orientations). They will need to understand the core principles of IPPF, feel comfortable with them, want to learn more about them and be willing to work to promote them.

☑ Make sure the selection process is transparent and fair, and that potential peer educators are aware of the process. This is crucial because it ensures accountability among programme coordinators and provides a model for how you want peer educators to be in their work.

☑ Keep in mind that because some of the youth that want to join may leave the project or may not be suitable as peer educators, it is better to invite more young people to join initially than needed for the project.

☑ Select a diverse and balanced team of peer educators that represents the important criteria across the group.

☑ Where possible, try to have a similar number of male and female peer educators and demographic diversity.

☑ Consult with current and former peer educators, as well as with the programme target groups on 'what makes a successful peer educator'.

☑ Ensure that the process of recruitment is as consultative as possible; involving programme managers and stakeholders such as teachers, community leaders, religious leaders and other youth organizations in identifying and recommending potential applicants.

☑ If needed, assign small assessment tasks to candidates, undertake personal interviews or offer them to participate in a trial period before the final selection.

Lessons learned
A common pitfall of programmes is to assume that peer educators should be role models who can honestly preach about their own no-risk behaviour. This assumption puts a great deal of unrealistic pressure on peer educators to be "perfect". Also, if only high achievers or role models are recruited as peer educators, recipients of the programme may have trouble relating to them as real peers.

3. Setting clear expectations for everyone from the outset

☑ Set clear and realistic expectations of both the programme and prospective peer educators at the beginning.

☑ Be clear about what peer educators can benefit from the programme and what they can expect from the programme managers/coordinators. Peer education is a two way process; expectations should be met by both parties, not just by the peer educators.

4. Providing alternative opportunities for young people

☑ Ensure that other opportunities for involvement are available for those young people that find that peer education is not suitable for them.

☑ Provide alternatives for those young people who decide to leave the peer education programme, but wish to remain involved in the work of the Member Association.

5. Some tools for involving young people as peer educators

☑ Recruitment flyer with summary of project, values assessment, self reflection lists and feedback forms.

SECTION 4:
Training of peer educators

Young people appointed as peer educators will need ongoing training from the Member Associations, or the organization undertaking the peer education programme, on the specific issues they will be teaching. The training should be adapted to the peer educators' needs and experiences and it should relate directly to the objectives and type of activities planned in the programme. Peer educators should play a participatory role in all aspects of planning and running the training. All peer educators should also be supported throughout their training (refer to Section 8).

1. Gaining the support of parents and the community

☑ Before you start the training inform parents and other important stakeholders, including teachers about the purpose of the training, including the contents of the curriculum. This can be done through a letter or by organizing a special meeting. It is also advisable to obtain the parental/guardian consent for very young peer educators.

2. Choosing the right trainer

☑ Select trainers with experience in the subjects you want to address.

☑ If possible, use experienced former peer educators as trainers. Experience shows that this enhances the training for young people.

☑ If qualified trainers are not available, consider conducting a training of trainers (ToT) course to build your own training team before conducting the peer education training programme.

3. Finding out what peer educators already know

☑ Before you begin training, undertake a group assessment to determine peer educators' own knowledge levels, needs and strengths. This will help determine the content of the training and the techniques that are best suited for the group.

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

4. Defining the content and methodology

i   Content:

☑ Introduce the work of your organization, explain any existing youth/peer education programmes. Arrange a tour of your facilities and introduce staff.

☑ Address sensitive issues such as abortion, emergency contraception, etc. and IPPF strategic priorities (refer to p. 29 for more details).

☑ Ensure that the training is integrated and comprehensive, covering the full range of sexual and reproductive health issues.

☑ Define your training programme according to the needs of the audience and in accordance with the IPPF Framework for Comprehensive Sexuality Education (refer to Section 6 on the content of a peer education).

☑ Highlight the role of peer educators as advocates for young people's sexual and reproductive health and rights.

☑ Consider the trainers' responsibilities. Remind them to:
- Acknowledge participants' concerns and interests
- Review the forms that peer educators will have to fill out to report on their work and activity planning
- Introduce peer educators to local needs, issues and problems that need to be addressed by the programme
- Clarify what the peer educators can expect from the programme, such as sources of support, supervision, and incentive systems
- Highlight the other opportunities for youth involvement that exist within the Member Association
- Explain the rationale and goals of a comprehensive model for peer education and of comprehensive sexuality education
- Provide peer educators with a reference guide of available services and youth-friendly organizations in the community

ii   Developing essential skills

☑ **Technical skills:** Peer educators will need to understand basic sexual and reproductive health concepts, such as the correct use of a condom and how to carry out condom distribution and demonstrations, and peer education seminars on how contraceptives work, etc. Peer educators should visit clinics and other services in their community as part of their training, so that they can refer their peers to these services more easily. They should also learn skills such as record-keeping, self-assessment and evaluation.

☑ **Teaching skills:** Emphasize education, communication and presentation techniques. This includes facilitating group discussions; working in groups; communication; listening; basic counselling; participatory methods of delivering information; presentation; advocacy; as well as learning how to have group debates; how to cope with personal questions; how to give clear directions; responding to peer pressure; and how to deal with controversial issues. Address legal and ethical concerns, including age of consent, child protection issues (refer to Appendix E), what confidentiality means and how to go about it.

☑ **Teamwork skills:** Activities conducted by peer educators are often done in either groups/pairs or with the whole team. As such, the peer educators must develop the skills to be able to work together effectively. Peer educators should be trained and encouraged to identify existing individuals or structures within the community that they can draw upon for support, if needed.

Case study: Developing important skills

In the Reproductive Health Initiative for Youth in Asia (RHIYA) project, run by the IPPF Member Association in Sri Lanka, peer educators were trained as peer counsellors to address the sensitive sexual and reproductive health and rights (SRHR) issues expressed by young people. The challenge was to enable these counselors to undertake their work without the required formal in-depth training in counselling. The Member Association took the advice of external consultants who suggested creating a 'community of counsellors' for a period of one year. Eighteen principle counsellors from 18 districts of Sri Lanka (which covers more than half of the country) were identified and trained. These principal counsellors in turn trained 312 peer counselors who were given a week's training in the key principles of counselling and some understanding of SRHR issues relating to adolescents. These peer counselors were supported with both theoretical and conceptual training as well as hands-on instruction in the field, on a monthly basis. The peer counsellors maintained regular diaries. Some cases, such as gender issues, were drawn from these diaries to analyze and discuss in greater depth. Through these diaries the peer counsellors were able to feed into the behaviour change and communication campaigns and material development, because the SRHR issues raised in their stories provided the content for IEC materials.

   The principles of clinical psychology were also included within the project, and two mentors run this program in a people centered manner. These mentors conduct regular tests to determine the effectiveness of both the principle counselor and peer counselor. The 312 peer counselors are drawn from the youth themselves which has enabled the peer education programme to better access and identify with the target audience.

iii   Nurturing positive values and attitudes

☑ Include a discussion on how to integrate a rights perspective and promote healthy sexuality and choices for young people and adolescents.

☑ Explore issues related to sexuality, religion, gender roles, people living with HIV, drug use, sexual orientation, decision-making, and risk-taking to help peer educators develop respect for different values, lifestyles and beliefs.

☑ Emphasize the importance of non-judgmental attitudes, confidentiality, empathy, self-confidence, assertiveness, group dynamics, and sensitivity.

☑ Encourage young people to be frontline advocates for sexual and reproductive health and rights.

☑ Address care and support issues.

☑ Highlight that IPPF is not a religious organisation, and thus religious values should not be imposed on others.

☑ Include a focus on the importance of youth-adult partnerships.

☑ Explain where the role of peer educators begins and ends and how it links to their responsibilities as peer educators (refer to Appendix C).

☑ Address ethical issues (i.e. the principles and values promoted by the programme) throughout the training. These can include issues such as confidentiality, power balance, gender equity, respect of human rights, cultural sensitivity, respect of diversity, and the limitations of the role of peer educator, sexuality and pleasure.

☑ Have peer educators work with the service providers to develop personal plans on how they intend to support the available youth friendly services to maximize service utilization by young people in the community.

Consider: Working with a team of staff and peer educators to develop a code of ethics for the programme

Addressing some sensitive issues and reflecting

IPPF's strategic priorities

Abortion

Raise awareness on what abortion is, what related services are available, the country's legislative position on abortion, address involvement of young men, discuss why there is often stigma attached to abortion, and emphasize the importance of confidentiality.

Gender based violence

Have clear definitions on what gender-based violence (GBV) is and what the role of the peer educators and the organization are; integrate discussions on respect, acceptable behaviour, etc.; make clear links with SRH issues, emphasize that young men are abused too; discuss how GBV particularly affects those who are marginalised (young people, GLBTQ); and have a clear referral system that peer educators are aware of.

Young people and HIV

Promote positive, accurate and unbiased messages about safer sex methods (addressing both condoms and abstinence) and living with HIV. Messages must be consistent and non-judgmental; address the issue of stigma; encourage female peer educators to be involved in condom promotion; promote condom distribution strategies that include explanations of how and when to use them; support and train peer educators to adopt positive attitudes to working with young people on preventing and living with HIV; involve young people living with HIV in the project; inform peer educators of comprehensive services available, from prevention to treatment and care; and support a sexually healthy life and support SRH needs of young people living with HIV.

Access to youth-friendly services

Address barriers to access (including psycho-social, economic, geographic, administrative, legal and cognitive); review organizations and support groups that provide support, information, testing, treatment and care to young people; train peer educators to refer and support their peers in using sexual and reproductive health services; and address stigma against young people in sexual and reproductive health services and issues of disclosure and violence related to HIV testing.

Young people and advocacy

Promote advocacy strategies to reduce stigma against young people's utilization of sexual and reproductive health services in the community and to provide accurate information on sexual and reproductive health to young people; programme participants may undertake advocacy to change policies or foster support for behaviour change goals; and encourage advocacy as a strategy to promote young people's sexual and reproductive health and rights.

iv   The training methodology

While the content of the training is important, the methodology used during the training is also key to preparing young people to be effective peer educators. Using a rights based approach means that 'teaching' becomes 'learning' . In other words, the training should aim to develop self-realization through exploration, as well as independent and critical thinking. This will then support the acquisition of new knowledge, attitudes and skills, such as in facilitating group work, exploring personal values, self expression creative writing, public speaking, building confidence, social networking and advocacy.

This approach to training emphasizes the importance of participatory educational tools and activities to guide the process of self discovery, such as using games (among other methods) to facilitate learning – both physical and intellectual – and a variety of creative mediums (e.g. art, music and drama) for discovering, documenting and analyzing experiences. The process of training and its outcome is not a one-off but a continuous journey of inquiry, discovery and learning. Continuity and consistency are an integral part of its success, and there must be commitment to its long term impact, regardless of if there are fewer visible achievements in the short term.

5. Using the training curriculum

☑ Select or adapt a curriculum that is participatory and creative and that balances skills building with team building. Virtually everything that peer educators will be expected to do with programme recipients should be modelled in the training. Note that training manuals and curriculum's are not cast in stone; therefore feel free to make any necessary changes to existing such documents to suit the audience and programme objectives.

☑ Ensure that the curriculum reflects the cultural realities of the target population, while promoting discussions on barriers to desired change.

☑ Involve peer educators in developing the training; giving input on what they think is important.

☑ Focus on how to convey information using participatory techniques to engage the audience.

☑ Make sure that training is interesting and relevant for peer educators.

☑ If possible, undertake the training in 'waves' (e.g. new group training every few months). This can help limit the size of the trainee group and it can capture new recruits in a timely way.

☑ Structure the agenda and timing of sessions to meet training needs. Avoid overloading peer educators and include time for breaks, evaluation, summary and planning future tasks.

4. Training peer educators

Useful techniques for group work:
- Individual work
- Working in pairs or small groups
- Brainstorming
- 'Aquarium' techniques (small group performing an activity in the centre of a circle)
- Conversation 'in circle'
- Role playing
- Group discussion
- Evaluation

6. Providing relevant materials and handouts

☑ The programme should serve as a model of good planning and provide useful, professional materials in a timely and orderly way.

☑ Ensure to provide peer educators with a list of services (clinical and non-clinical) provided by the Member Association, its clinics and other organisations in the community.

☑ Ask trainees to help prepare and distribute materials to encourage their participation.

7. Evaluating the training

☑ Involve the trainer, coordinator, trainees and senior management in appraising the training needs and objectives achieved.

☑ Use pre- and post-tests to determine whether peer educators have acquired the necessary knowledge and skills. Evaluation forms at the end of the training are also a useful tool to identify strengths and weakness of the training, and possible topics for refresher/ follow-up training.

☑ If some of the participants have shortcomings at the end of the training, the coordinator can decide whether the individuals have the skills necessary to be a peer educators and whether additional training can be organized for them. If not, the coordinator can talk to the individual about the potential for other types of work within the organization.

8. Acknowledging young people for completing the training

☑ Award certificates on completion of the training.

☑ If possible, organise a special day (i.e. to announce the start of the peer education programme) and offer items for peer educators to identity themselves with the programme, such as identity cards, T-shirts, etc.

9. Conducting follow-up/refresher training

☑ Undertake refresher training throughout the course of the programme.

☑ Run short sessions that address specific issues and skills and that reinforce teamwork.

Case study: Follow-up training
INPPARES, the IPPF Member Association in Peru, has a well-defined system for providing follow-up training and information to its network of peer educators. The program coordinator sends periodic email updates to the peer educators to provide updates about the project, more in-depth information about specific issues, and relevant information about the work of other organisations. If the peer educators have questions or need more information, they can speak with the coordinator. Computers are available for peer educators to use at INPPARES, which also services as an incentive for the educators.

10. Some tools for training

☑ Training aids, certificates, identification cards, training curriculum, checklists for material evaluation, and indicators/ evaluation tests.

SECTION 5:
Implementing peer education programmes

Although training peer educators is an important aspect of peer education programmes, it's equally important to support young people, programme managers and other stakeholders to run peer education programmes effectively. This phase includes identifying the participants, validating programme activities, establishing a safe learning environment, reviewing the materials, planning the logistics, maintaining community acceptance and ideally working with vulnerable groups. Involving young people throughout the implementation process is particularly important.

1. Identifying participants at every stage of the programme

☑ Ensure that young people can play a role at every stage of the programme. In doing so, it is important to acknowledge that young people have many different roles to play in this process, and should be treated equally irrespective of their role.

☑ Be clear about which staff, partner organizations and other stakeholders, should be involved at each stage of the programme.

2. Defining and validating programme activities

☑ Each activity should directly relate to the programme's proposed objectives and goals.

☑ Together with the peer educators, decide on the types of education activities that are appropriate for each particular audience and feasible given the resources available.

☑ Try activities based on one or more of these topics: information promotion and education; community distribution of services, providing commodities and referrals; undertaking advocacy (refer to Tools 5 and 6 in Appendix D for more on approaches and types of activities).

Case Study: Creative programme activities
Each peer educator in the programmes of PROFAMILIA, IPPF's Member Association in Columbia, works intensively with ten young people in the community, as well as giving presentations to reach wider audiences. To spark young people's interest, peer educators implemented a variety of creative strategies. For example, some volunteers developed theatre presentations and rap sessions to communicate messages about sexual and reproductive health, HIV prevention and contraceptive methods, while others got invited to appear on radio and television programmes.

3. Creating the right environment

☑ Establish a safe learning environment for open and non-judgmental discussions about sex, sexuality and sexual health; it is important to safeguard this environment.

☑ Ensure that one-to-one work respects individual boundaries and that child protection procedures are followed (refer to Appendix E for IPPF Child Protection Policy).

4. Agreeing the content of the peer education programming

☑ Discuss and agree the content of programmes with the Member Association, or implementing organization.

☑ Ensure that the content covers issues as suggested in Section 6 and that positive values are promoted.

5. Developing educational and promotional materials

☑ Review and select educational materials so that they are up-to-date and appropriate for the audience.

☑ Use appropriate materials that already exist (either from IPPF or other organizations).

☑ If additional materials are needed, involve peer educators in developing, pre-testing and reviewing materials.

☑ If your Member Association has little experience with vulnerable or underserved groups, find other organizations that do and work with them.

☑ Make sure the materials illustrate different types of young people, i.e. find a balance in race, gender, educational status, marital/parental status and educational background.

6. Planning logistics and transportation

☑ Coordinate transportation to and from the activities.

☑ Consider what peer educators will need in terms of materials and support before you begin activities.

☑ Ensure you have a system in place to reimburse expenses.

7. Ensuring management and oversight

☑ Ensure compliance with both IPPF standards and other programme standards.

☑ Ensure that there is positive and friendly contact between peer educators and managers/supervisors and among peer educators themselves.

☑ Ensure that management teams are technically competent in their areas of responsibility.

5. Implementing programmes

☑ Establish transparent decision-making process and budgeting, with a process for youth participation.

☑ Ensure that processes for effective administration of human and financial resources are in place.

☑ Use monitoring and evaluation for decision-making, addressing challenges as they occur.

☑ Promote cooperation and networking. Emphasize the importance of working with people outside of the organization and partnering at the ground/community level.

☑ Ensure a functioning system of referrals to services and commodities (refer to Section 8 for more details).

☑ Establish and maintain the quality of programme activities and develop remedies for situations where standards are not being met.

Consider: Peer educators will be more motivated to maintain a high standard in their work if they perceive that quality is an important issue for management

8. Supporting and supervising of peer educators

☑ This is a particularly important aspect of programme implementation. Support and supervision provides the opportunity both for peer educators to receive feedback on their work and technical support, as well as enable them to express their thoughts and concerns about the programme (refer to Section 8 for more details).

9. Maintaining community acceptance and support

☑ Keep the wider community informed of your programme.

☑ Involve influential leaders, including those from sensitive groups, such as religious groups, in meetings, steering committees and programme implementation.

☑ Invite leaders as guest speakers on ceremonial or formal occasions, involve them in reviewing new materials and supply them with educational materials used in the project.

10. Working with particularly vulnerable groups of young people

It is important that, where possible, your peer education programme and related services work for, and with, the most vulnerable, marginalised and socially excluded young people.

Vulnerable, marginalized and socially excluded groups can include the following:
• People living with HIV and AIDS
• Injecting drug users
• Children at special risk
• Sex workers
• Sexual minorities
• Ethnic and cultural minorities
• People with physical and mental challenges

For more information and advice on working with vulnerable young people, refer to the IPPF European Network 'Peer Education Handbook on Sexual and Reproductive Health and Rights: Teaching Vulnerable, Marginalized and Socially-Excluded Young People' – See Appendix F.

When working with particularly vulnerable, marginalized and socially-excluded groups of young people, ensure that the peer educators, programme coordinator and other staff fully understand the needs of these groups.

☑ Adapt/re-orientate your peer education programme and services, where necessary, to address the needs of these populations. This can include doing the following:
• Involving members of these groups as peer educators, and ensuring that they are treated as equals
• Having a better understanding and awareness of the cultural and social issues related to these groups
• Working steadily and slowly towards building a safe and trusting relationship with, and environment for, members/ representatives of these groups
• Designing and publishing of culturally, linguistically and visibly appropriate resources for, and with, members of these groups
• Being able to communicate using clear, direct and appropriate language
• Undertaking training and orientation of staff to ensure that your organization has a non-judgmental attitude towards these groups and communities.
• Advoacting against the stigma and discrimination that is faced by members of these groups.
• Providing services directly to members of these groups within their own settings (e.g. through outreach and mobile clinics)

☑ Decide, based on an assessment, whether to integrate members of these vulnerable groups into existing peer education programmes or to create a separate programme. Integration may be more appropriate, and advantageous, in certain circumstances (and also help to prevent further sigmatisation). In other instances, however, a separate strategy and programme may be the most effective way of reaching particular vulnerable groups.

☑ Advertise your services directly to vulnerable, marginalised and socially excluded young people, highlighting that your organization is committed to addressing their needs.

11. Some tools for implementation

☑ You will need activity planning forms, referral coupons, forms for documenting activities or taking field notes, and activity supervision forms (refer to Appendix D for examples).

5. Implementing programmes

SECTION 6:
Developing content of peer education

Make sure your peer education programme reflects your key messages and objectives. As a minimum, IPPF Member Associations should address IPPF's five strategic priorities (Adolescents, AIDS, Abortion, Access and Advocacy).   Additionally, you should aim to incorporate important sexual and reproductive health education topics and promote the core messages of IPPF's *Framework for Comprehensive Sexuality Education*.   This section provides a list of the key topics and messages you should encourage all peer educators to address/discuss with other young people when undertaking their work as a peer educator or counsellor.

1. Promoting sexual and reproductive health and rights education issues

Try to address as many as possible of the following elements from *IPPF's Framework for Comprehensive Sexuality Education*:[3]

i   Gender

Topics:

☑ The difference between gender and sex.

☑ Gender roles, stereotypes, myths, inequalities, and society's changing norms and values.

☑ How gender norms manifest themselves and how they may lead to negative SRH consequences.

☑ Issues of self-stigmatization, and double standards.

☑ Gender and gender equity issues, which should be considered in terms of programme reach, curriculum content, and social context.

☑ Cultural practices, such as early marriage and female genital mutilation (FGM).

☑ Where to get support in challenging gender norms.

Messages on gender:

• Emphasize changing our attitudes to be more respectful.

• Change your own attitude about yourself, do not put people in boxes and be aware of manifestations of gender inequality.

• Accept that it can take time to change gender roles/norms, but some gender roles and their consequences are unacceptable.

• Highlight that if you change your own attitude, then you can change social norms.

• Ensure gender equality throughout the programme, including during the training (e.g. boys should not dominate discussions).

• Recognize that there are public health and rights issues at stake, regardless of tradition.

• Emphasize the role of young people as 'agents of choice' and 'critical thinkers'.

• Emphasize that gender means male **and** female, and not to assume that negative norms affects only girls.

• Recognizing that men can also play a role in achieving gender equality.

ii   Sexual and Reproductive Health (SRH)

Topics:

☑ Body, puberty and changes; hygiene; sexuality and the life cycle; menstruation and social expectations, stigma and segregation.

☑ Integration of SRH and HIV issues; HIV/AIDS information, prevention, voluntary counselling and testing (VCT), treatment and care; Living with HIV/AIDS; prevention of mother-to-child transmission (PMTCT); injection drug use and HIV; Antiretrovirals (ARVs).

☑ STIs symptoms, testing and treatment.

☑ Reproductive process; pregnancy options and information, including safe and unsafe abortion.

☑ Male and female condoms (information and education).

☑ Contraception (including emergency contraception).

☑ Explaining abstinence.

☑ Self-esteem and empowerment.

Messages on SRH:

• Importance of respecting your body.

• Puberty and menstruation as natural processes.

• Not making the reproductive process too scientific or taboo.

• Reproduction as just one aspect of sexuality.

• Understanding virginity and the differences for boys and girls.

• Promoting choices and options for contraception and HIV prevention in a respectful way and in the context of safer sex.

• Highlighting condoms and contraceptives within the broader context of sexuality (people don't have sex to use condoms); avoid saying that condom use is only for people at risk.

• Faithfulness to tested partners as a method of prevention.

• The process of living with HIV; prevention between HIV positive partners; sexual and reproductive health and positive living of young people living with HIV/AIDS.

• Highlighting why go for VCT and follow-up.

• Everyone has a right to a relationship.

• Addressing myths and stereotypes about sexuality and sex.

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3   For more details refer to the IPPF Framework on Sexuality Education
http://www.ippf.org/en/Resources/Guides-toolkits/Framework+for+Comprehensive+Sexuality+Education.htm

Referrals to SRH services:
it is important that peer educators are aware of the services provided both by the Member Association clinics, and other organizations, so that they can refer young people, where necessary.

iii   Sexual Citizenship

Topics:

☑ Knowledge of international human rights and national policies, laws and structures.

☑ Available services and resources.

☑ Participation, advocacy, choice and consent.

☑ Changing cultural norms and practices.

☑ Rights-based approach to sexual and reproductive health, including choice and consent.

☑ Social, cultural, political and ethical barriers to exercising sexual and reproductive rights.

☑ Advocacy and political participation for sexual and reproductive rights.

☑ Personal values and the decision-making process.

☑ Negotiation skills (with partner and with wider community).

☑ Developing new communication strategies.

Messages on sexual citizenship:

• Integrate and legitimize different identities and sexual practices, recognizing gender, different sexualities and rights, without excluding anyone.

• Acceptance of religious association.

• Seek the help of religious leaders to tease out fundamental religious values.

• Discussion on impact of religion on sexual and reproductive rights.

• Not imposing religious values on others.

• Understand the difference between moral arguments and public health and rights arguments.

• Highlight the supportive role of peer educators in decision-making and its limits.

• Don't endorse prescriptive approaches such as judgemental attitudes, one-sided information.

iv   Pleasure

Topics:

☑ Healthy sexuality.

☑ Biology and the emotions behind human sexual responses.

☑ Gender and pleasure.

☑ Love, lust and relationships.

☑ Interpersonal communication.

☑ Diversity of sexuality.

☑ Masturbation.

☑ Safer sex practices and pleasure.

Messages about pleasure:

• Understanding that sex should be enjoyable and not forced.

• Addressing stigma associated with pleasure.

• Accepting personal sexual orientation as a human right.

• Understanding that both men and women have the right to pleasure.

• Sexuality and pleasure are a normal part of everyone's life.

• Masturbation as a normal, safe and enjoyable practice for both men and women and as a personal choice.

• Pleasure as not limited to sexual intercourse.

• Safe sex as pleasurable sex.

• Highlighting that communication with your partner can enhance pleasure.

• Discussing and understanding love and lust in sexual relationships.

• Avoiding dry sex practices, and addressing it as a public health issue.

v   Violence

Topics:

☑ Explore forms of violence, gender-based violence (address gender first), and what is unacceptable.

☑ Rights and laws.

☑ Support options and appropriate referral mechanisms.

☑ Community norms and myths.

Messages on violence:

• No person should inflict physical and mental harm/pain on another.

• Emphasize that it is not the victim's fault and that you have a right to protection, support and self-defence.

• Recognize that perpetrators can change and, although often difficult, do not dehumanise the perpetrator.

• Recognize that it is not only boys/men who are perpetrators and that they can be victims too.

• Emphasize the importance of preventing the victim from becoming a perpetrator.

• Explore non-consensual sex.

• People have a right to be respected, but certain behaviours can be unacceptable too.

6. Developing content

vi Diversity

Topics:

☑ Recognizing the range of diversity in our lives (e.g. faith, culture, ethnicity, socio-economic status, ability/disability, HIV status and sexual orientation) and accepting our own diversities.

☑ Using a considerion of what makes people different as a way of starting the discussion on diversity.

☑ Promoting a positive view of diversity.

☑ Recognizing discrimination, its damaging effects and how to deal with it.

Messages on diversity:

• Right to be different; responsibility to respect other people's diversity; each person is special and different.

• No tolerance for discrimination of any kind.

• Consider the potential risks involved with advocating a particular position on diversity within the social context (e.g. harm and discrimination as a result of being open about sexual orientation).

• It's okay for a peer educator to say that an issue is too complex for them to discuss.

• Moving beyond tolerance to a celebration of diversity.

vii Relationships

Topics:

☑ Everyone has a right to a relationship.

☑ Understanding the different types of relationships (e.g. family, friends, sexual, romantic, etc.).

☑ Emotions.

☑ Communications.

☑ Emotional and physical intimacy.

☑ Rights and responsibilities.

☑ Power dynamics, peer pressure and social norms.

Messages on relationships:

• Relationships are more positive if there is trust and honesty.

• Relationships can change.

• It's not wrong to say yes; it's not wrong to say no. The important thing is that you do not feel forced.

• Love and sex are not the same.

• Using condoms or contraceptives does not mean you are unfaithful.

• Both women and men can carry a condom.

• Recognizing healthy and unhealthy or coercive relationships.

2. Including knowledge issues

☑ Peer educators should be careful not to inundate young people with information, and try not to present information that is overly medicalized or scientific.

☑ The information presented by peer educators should be relevant to the context and reality of programme recipients.

3. Addressing critical thinking issues

☑ Peer education must help young people confront the inequities that lead many of them to engage in risky sexual behaviour, including unequal gender norms. While safer sex may reduce the likelihood of disease transmission, unprotected sex may have its own goals: motherhood, demonstration of virility, possible economic support, etc.

☑ Programmes should encourage young people to weigh the consequences of their actions and question whether the risks are worth taking.

4. Understanding the needs of vulnerable/marginalized populations

☑ Recognise that encouraging membership in marginalized populations requires special outreach and a flexible approach.

☑ Ensure that peer educators understand the needs of marginalized populations, recognize the patterns of discrimination and stigmatization, and advocate against such problems.

SECTION 7:
Providing materials and condoms

Good, appropriate materials, together with condom supplies, make all the difference between average peer education and a really successful programme. Think about what's suitable for your audience: their age, their level of literacy, gender, culture and their needs. For this reason, it's important to ask peer educators and participants to review your teaching materials, commodities and equipment.

1. Developing educational materials

☑ Ensure that brochures and leaflets are consistent with your programme's content and messages, and that they reflect IPPF's values.

☑ Use existing materials if they are available and involve the target group in designing and developing new materials.

☑ Use leaflets/brochures, pictorial materials and different types of information, education and communication (IEC) materials.

☑ Encourage peer educators to develop their own resources or to review existing materials.

☑ Control the quality of literature and ensure that your messages are consistent. Decide whose responsibility this will be.

Case Study: Developing creative materials
For the YES!! Project, part of the youth programme of INPPARES, the IPPF Member Association in Peru, youth peer educators worked with young people to develop educational games. These were a fun way for young people to learn about their rights, make a life plan, and learn about sexuality and other issues. Following these games, educational materials were produced by these young people, for distribution to other young people, on a range of sexual and reproductive health and rights topics. These materials have been so successful that they are not just used within the project but are also shared with other organizations.

2. Providing commodities and equipment

☑ If you have good materials, make sure peer educators can access them. Keep them in a designated location, and ensure that peer educators always have access to them.

☑ Include condoms (both male and female, if possible) as an essential part of your peer education programmes on sexual health. However, they should not be the only method available. Remember to emphasize choice.

☑ Address issues of both quantity and quality of commodity supplies.

☑ Establish a reliable source for commodities, and have alternative sources as back-up. If possible, stock male and female condoms

and emergency contraceptive (EC) supplies for both demonstration and distribution.

Case Study: Condom distribution and community opposition
During 2001–2002, APROFAM, the IPPF Member Association in Guatemala, implemented a project distributing male and female condoms to young people to prevent STIs and unwanted pregnancy in three target communities. The sale of condoms was so well received by the young audience (APROFAM exceeded its distribution goal) that the educators asked to sell other methods and products, like contraceptive pills, flavoured condoms and pregnancy tests. The APROFAM team faced some tough opposition too; a number of community members argued that it was illegal to sell condoms to minors, and there were accusations that the condoms were stolen, and that police confiscated them. APROFAM's experience shows that, when you're planning your programme, it is important to consider the types of resistance that might occur and develop strategies for overcoming them.

3. Undertaking effective communication and distribution strategies

☑ Create a development and communication strategy for your peer education programme to reach the widest possible audience.

☑ Find a space for young people to use a variety of innovative and traditional communications strategies (including dance, theatre, etc.)

☑ Consider innovative condom distribution strategies, for example cooperating with social marketing organizations.

☑ Decide whether to sell condoms and other commodities or to distribute them for free. If you choose to sell them, ensure that you first understand what implications this may have for young people's access to these commodities.

☑ Provide basic training in the handling and distribution of condoms.

☑ Train peer educators in basic accounting.

7. Providing materials

SECTION 8:
Supporting peer educators – how to keep them motivated

IPPF believes that it is essential that peer educators feel valued and respected for their time, efforts and contribution to the work of the organization. Therefore, ongoing support and supervision are essential for any peer education programme. This creates the opportunity for peer educators to express their thoughts and concerns about the programme (thus feeling a greater sense of ownership), and also for programme managers to address the peer educators' performance.

Support, coaching and supportive supervision are ways of providing peer educators with updated information, giving them feedback about their activities, providing technical support for creating new activities, ensuring that the group dynamic is working, and helping peer educators resolve problems. The support of the project coordinator can be particularly helpful in offering suggestions, encouragement and emotional support when there are obstacles or problems between peer educators and intermediaries or guardians.

1. Providing appropriate training for peer educators (see Section 4)

☑ Ensure that peer educators have received adequate preparation to begin their work.

☑ Clarify and agree on expectations for peer educators' activities and performance.

☑ Include capacity building as an essential component of peer education training.

☑ Provide opportunities for peer educators to update their knowledge and skills as needed.

2. Enabling supervisors/programme coordinators to be effective and understanding

☑ Make sure supervisors and programme coordinators are trained, perceptive to the issues faced by peer educators and aware of their own values and attitudes (refer to section 2 for more details).

☑ Supervisors should be able to manage the group dynamic and encourage team building.

☑ Enable supervisors to share responsibility with peer educators and involve these peers in the supervision process.

3. Creating an environment of self-reflection where young people feel able to be honest

☑ Promote team building and healthy group dynamics.

☑ Routinely include discussions of gender equity, gender based violence, and the relation between gender roles and sexual and reproductive health in training and supervision.

4. Providing supportive supervision throughout the programme

☑ Ensure that supervision of peer educators is both supportive and mentoring; not punitive or hierarchical.

☑ Provide emotional support, encouragement and suggestions when peer educators encounter problems or obstacles.

☑ Continually reinforce motivation and ethical behaviour.

☑ Plan continuous assessments, self-assessments and regular meetings, both with individual peer educators and with the whole group, to provide an opportunity to discuss issues that have come up.

☑ Review work plans, peer reviews, field visits, regular reports, and monitoring and analyzing data, Also keep in mind that support can also be informal.

☑ Ensure that the supervision process has a bottom-up and top-down approach, especially in terms of feedback through all levels.

☑ Ensure that peer educators have fun together.

☑ Make linkages with service providers as part of the supervisory process.

☑ Ensure that supervision includes the implementation of child protection policies (refer to Appendix E).

Consider: Motivation or Retention?
Consider thinking about 'motivation' rather than 'retention' of peer educators. Young people's needs and priorities are constantly evolving. Thus, programme managers and coordinators must understand that some peer educators will age out of the programme. However in some cases, peer educators leave because of frustration, burnout, or lack of support. Programme managers should think about strategies to prevent such problems. Peer education in which peer educators feel appreciated and supported, and where they are encouraged to feel greater ownership of the programme, tends to be much more successful. Thus, it may be more appropriate to think about how to 'motivate' peer educators, rather than simply trying to prevent them from leaving.

5. Providing elements of motivation for continued commitment

☑ Emphasize supervision and individual support, without being too invasive; show that you trust young people to do their job.

☑ Document the expectations of peer educators to ensure they are met by the programme.

☑ Emphasize that commitment is more important than just physical presence.

☑ Ask for, and be open to, feedback on your role as supervisor.

☑ Harmonize personal and organizational values and beliefs.

☑ Promote full participation of peer educators in all stages of the programme. Involving peer educators in deciding how to use available resources to make the process more open and participatory can also function as a motivational factor.

☑ Develop creative compensation approaches, consulting with peer educators on what they want. Ensure that the compensation system is fair and transparent.

☑ Ensure that organizations and services operating together, or within the same area, harmonize their incentive systems to avoid resentment from peer educators.

☑ Provide incentives for motivation and acknowledgement of peer educators, such as:
  • T-shirts and backpacks, which help youth identify with the project
  • Food, refreshments, and transportation, which are crucial to ensure continual participation
  • Badges for identification, certificates, and personal and professional development opportunities, which can help peer educators feel valued
  • Offer opportunities for increasing involvement and responsibility in the organization (e.g. becoming a board member or a youth representative in national meetings)
  • Foster career development, accreditation, graduation and promotion opportunities, particularly if the programme aims to promote youth development, and not just to serve as an information delivery system
  • Consider whether to offer monetary compensation for peer educators that take on a more important role within the programme/organization, depending on financial, sustainability and organizational factors
  • Establish a mentoring system for peer educators, which can provide additional support and encourage self-development

Consider: Innovative incentive systems e.g. mobile phone top-ups

☑ Document the history of a peer education programme, and make this available to peer educators and other programme stakeholders. This can help to make participants feel part of a broader process.

"I am not in peer education because of incentives or payment, but because I love my work!"
IPPF peer educator, Colombia

6. Creating a flexible environment for ongoing learning and development

☑ Promote the importance of peer educators building their skills and potentially moving into other roles within the organization.

☑ Highlight other youth roles and activities/issues in which peer educators can become involved.

Case study: Moving from volunteer to staff member
In the IPPF Member Associations of Peru and the Dominican Republic former youth volunteers within the peer education programme became valuable staff members of the organization.

☑ Accept/understand that young people change more rapidly than adults and will likely eventually move on from peer education programmes, even if there are excellent support and incentives in place. As such, Member Associations need to be flexible, and adapt to changing situations. Recognise that young people who move on will continue to support sexual and reproductive health and rights in other ways in their private and professional life.

7. Conducting exit interviews when peer educators leave

☑ Discuss with peer educators who leave the programme what they liked and disliked about their role as peer educators, what recommendations they would make for programme improvement, and whether they still want to have a future role as adviser or mentor.

8. Having clear, continuous feedback and communication mechanisms

☑ Ensure that supervisors are trained in supportive supervision and aware of their role and responsibilities.

8. Supporting peer educators

SECTION 9:
Building linkages with services

Sustaining good links between appropriate clinical, counselling and referral services and commodities to supplement the programme is a key component of peer education. Peer educators will often encounter situations and needs that are beyond their knowledge and capabilities. In cases where the services needed are not available within the Member Association, there should be a clear referral process to quality services outside the organisation. The term 'services' refers in part to sexual and reproductive health services, defined as the constellation of methods, techniques and service that contribute to sexual and reproductive health and well-being through preventing and solving reproductive health. At the same time, peer education programmes should also establish links with other types of services relevant to the needs of their target population, such as police, employment services and organizations representing vulnerable groups.

1. Involving peer educators in planning of services

☑ If the Member Association does not have clinics, ensure that peer educators make links with partner services.

☑ Promote services as part of the role of peer educators.

2. Providing referrals to services

☑ Prioritize working relationships with organizations and agencies according to those services most needed by your target population. Assess the quality of care of these agencies.

☑ Keep an updated directory of these organizations and the names of contacts.

☑ Support peer educators to know when their role ends and referrals need to be made (refer to Appendix C for a breakdown of the roles of peer educators and peer counsellors).

☑ Enable peer educators to play a role within the clinic referral process or by accompanying young people to services.

Case study: Good links boost young people's use of services

The Mombasa Youth Counselling Center, which receives support from Family Health Options Kenya, the IPPF Member Association in Kenya, was created as a way of integrating sexual and reproductive health services, HIV prevention services and the provision of information to young people. The centre's clinic began offering VCT services to young people in 2005, including testing, counseling, post-test clubs and referrals. Thanks to the effective links between peer educators and service providers from the clinic, peer educators (about 50 in total) have played an important role in increasing the number of young people using the VCT services offered at the clinic. The centre also organizes groups for young people living with HIV (YPLHIV) and advice for pregnant HIV positive young women.

3. Building interactions between peer educators and service providers

☑ Ensure peer educators have the support of service providers by involving the service providers from the very beginning.

☑ Ensure service providers learn from the experiences of peer educators; these providers will then better understand what makes young people access the services and what prevents them from doing so.

☑ Ensure adequate support for the peer educators who also act as peer counsellors, Peer educators who are not trained as counsellors should know the limits of what is expected of them and when they should refer young people to the services they need (refer to Tool 6 in Appendix D for a breakdown of the roles and responsibilities between peer educators and peer counsellors).

4. Imbedding youth participation within the programe

☑ Make sure young people are involved at all levels of the organization and programme. Equal partnership at all levels is key in a rights-based organization (refer to IPPF self assessment guide section 'Participate' –refer to Appendix F for more details).

☑ Ensure that peer educators can work as advocates and promote rights among their peers.

SECTION 10:
Monitoring, evaluating and documenting your programmes

It's essential to monitor, evaluate and document your programmes. Only by doing this can you be sure whether or not it is having an impact on the young people you want to reach. IPPF emphasizes the importance of a participatory approach to monitoring and evaluation. Our experience shows that involving young people is the best way to measure the effectiveness and improve the quality of programmes. A rights-based approach to monitoring and evaluation is an inclusive process - one which involves everyone including peer educators, peers, programme managers and community stakeholders - and is sensitive to issues of gender and discrimination.

Definitions

Monitoring is the continuous follow up and systematic tracking of programme activities. Monitoring also involves measuring progress towards programme objectives. Monitoring keeps track of achievements: from how personnel are employed and the use of supplies and equipment to the way money is spent in relation to the resources available. The idea of continuous monitoring is that if anything goes wrong it can be corrected immediately.

Ask yourself
- Are the planned activities taking place?
- Are services being provided?
- Are the objectives being met?

Evaluation is the process of determining whether the programme has achieved its objectives and assessing the programme's worth or effectiveness. Evaluation should assess the *process*, *outcomes* and the *impact*.

Ask yourself
- Has the programme made a difference?
- Have we achieved the changes we wanted to make?

Documentation provides evidence and references of the programme. This too should be a participatory process, that gives an overview of the structure, the process and the outcome of the programme. By documenting your programme you are aiming to capture project achievements, successful outcomes, significant developments and challenges. The best kind of documentation shows how the programme can be replicated and what is needed to share good practices. This information can be presented as a written document, or as photos or video for future reference and for sharing with others.

Refer to Appendix B for a review of the key terms related to monitoring and evaluation.

Remember that monitoring, evaluation and documentation are *ongoing* processes reflecting the achievements throughout programme, rather than just at the end.

Evaluation should also not be seen as an end in itself. In addition to being a tool to improve programme effectiveness, the process itself should also be seen as part of a wider learning experience for the Member Associations, its staff and young volunteers. Think of it as a positive way to share lessons learned and good practices.

1. Creating a monitoring and evaluation team

☑ Define who is responsible for collecting information. It is important that young people/peer educators are part of this group, so that there is strong youth-adult partnership throughout this process.

☑ Ensure that each team member understands their individual role in systematic data collection, documentation, programme monitoring and evaluation.

☑ Provide training for members of the team to ensure they are familiar with monitoring and evaluation processes.

☑ Decide how often the monitoring and evaluation team will meet.

Case study: Involving young people in monitoring and evaluation

The monitoring and evaluation of the Saying Power Scheme in the U.K. involves developing indicators for assessing projects with young people, in conjunction with Save the Children and partner organizations.

Rather than waiting until the end of the three-year programme, the monitoring and evaluation process has run parallel to the projects over the lifetime of the scheme. Thus, programme managers and coordinators have been able to learn from the experience and modify their approaches accordingly. Participatory methods have played a central role in facilitating processes with different actors. With young people, confidence lines and the "H" method (see Appendix D), and matrix scoring of indicators that they have defined for themselves have been effective methods in highlighting project strengths and weaknesses, steps required to improve the project scheme, and key achievements. Through their inclusion in the process, young people have not only identified their own assessment indicators, but also acquired a greater sense of ownership over the programme.

2. Reviewing and completing your logical framework

In Section 1 we discussed the creation of a logical framework and work plan for your peer education programme. This section will help you in finalizing this logical framework, and strengthening your monitoring and evaluation activities.

☑ Review the programme objectives within your workplan, ensuring they are SMART (refer to Section 1). Consider having intermediate objectives so that you can measure progress at an earlier stage.

☑ Develop corresponding indicators that reflect the programme's

objectives. These should be simple and they should measure only what is most important and realistic. It is not necessary to measure everything. Think about which results are defined as 'successful'.

Challenge!
Worthy objectives that are not easily or precisely measured should not be overlooked as a result. It can take several years and gradual evolution to be able to pinpoint indicators that can successfully assess factors such as 'a friendly atmosphere'.

☑ Use both process indicators and results indicators (refer to 'Evaluation' in Appendix B for distinction between process and impact evaluation).

☑ Ensure that your indicators reflect issues such as equality, non discrimination and participation, rather than focusing only on behavioural change.

☑ Monitoring the process of empowerment of peer educators and changes in attitudes among stakeholders is as important as the outcomes of the programme.

☑ Tools to support you in completing the logical framework (refer to Section 1, Tool 3 of Appendix D which gives an example of a logical framework).

3. Establishing a data collection system

☑ Evaluate the resources available for collecting data.

☑ Define who is responsible for collecting information within the M&E team, and be clear about each person's role and expectations.

☑ Involve peer educators and staff in the development and review of data collection tools, data collection activities, data entry, leading discussions, and analyzing, interpreting and disseminating data.

☑ Train the coordinator and peer educators in monitoring and evaluation methodologies.

☑ Have clear procedures for feedback from the target audience and stakeholders.

☑ Make sure that you have data for every indicator in the logical framework and that these reflect your programme's objectives.

4. Developing the methodology for data collection

☑ Use both qualitative and quantitative methodologies (refer to Section 1 for definitions).

Examples of qualitative methodologies:
• Field registries and activity reports
• Field supervision visits and observations
• Participatory exercises
• Focus groups with the different stakeholders
• In-depth interviews
• Qualitative surveys with peer educators and beneficiaries
• Supervisory support and meetings

Examples of quantitative methodologies:
• Point-of-comparison and follow-up studies
• Quantitative surveys of peer educators and beneficiaries
• Baseline and follow-up surveys
• Regular tests in peer education workshops

☑ Ensure transparency and simplicity throughout the process:
• Decide together with peer educators the most important changes they want to see happening among themselves and their peers
• Prioritize the important issues on which you want to monitor and report on a regular basis (e.g. changes in the participation of peer educators; empowerment; ownership; changes in attitudes and skills for including peer educators; which young people are reached and which are not, due to gender, ability etc.)

Case study: recognizing small changes
Peer educators working with illiterate girls in rural India found a subtle but important way of assessing the success of their project: the growing responsiveness of the girls in the sessions. At the beginning of the programme none of the girls answered questions, and mostly kept their heads down; after a few sessions some girls looked up and smiled. By the end of programme they would talk freely and ask questions – a sure sign that the sessions were helping them feel more comfortable, developing their confidence and empowering them to play a greater part in the project.

5. Using the right tools for collecting data

☑ Where possible use existing tools which can be adapted by your programme.

☑ Make sure young people are involved. In particular, use specific 'participatory monitoring and evaluation tools' (refer to list of resources, in Appendix F) to measure involvement, empowerment and ownership levels of both peer educators and young people.

6. Reviewing baseline data and undertake follow-up data

☑ Review the baseline data previously collected (as part of Section 1).

☑ Ensure that the data collected relates to the target population's knowledge, attitudes and behaviour.

☑ Ensure that you have also data on the most vulnerable and

marginalized groups of the target population. If not, undertake a further baseline to collect this data.

☑ The follow-up study/assessment of the programme should include the same questions as the baseline assessment in order to measure the level of change (refer to Tool 2 in Appendix D for further assistance).

☑ Keep a record of beneficiaries recruited, use pre- and post-activity surveys, pre-stamped envelopes with surveys, and offer incentives for completing follow-up surveys.

7. Monitoring peer education activities

☑ Collect data on peer educators' activities. Data should be collected on both peer educators and the young clients. This data should monitor changes in the target population's knowledge, attitudes and behaviour.

☑ Collect data regularly through registers/databases, data review and, more simply, by discussing any problems that come up.

☑ Ensure that the peer educators talk about both their successes and challenges.

☑ Document both positive and negative elements of your peer education programmes. Pay particular attention to examples of successful activities and good practice, as well as activities that did not work so well.

8. Analyzing, sharing and utilizing the data

☑ Organize regular meetings with the project team and young people so that you have regular feedback. These regular meetings will help you review and interpret data; make adjustments to activities; increase community support; report to donors; publish articles; educate the public; redirect the programme's efforts if needed; raise the awareness among the rest of your organization's staff and boost your advocacy activities.

9. Documenting your programme

☑ Identify together with staff and peer educators what are the key points of interest. These might include: how to deal with difficult issues or experiences in promoting the acceptance of youth sexuality and use of partnerships with other youth organizations.

☑ Analyze other project documents and reports, and identify those with the most useful information. This process will also help you publish any particularly successful approaches within your programme that could be replicated elsewhere within the organization.

☑ Decide how the documentation will be undertaken. It could involve write-ups, photos, videos, and songs, etc.

☑ Ensure that documentation is an ongoing process (not just at the end of any programme).

☑ Try to capture project achievements, successful outcomes, significant developments, and challenges.

☑ Always document examples of how the work was done, when it worked and when it did not. This information on the 'process' will enable you to identify good practice examples and lessons learned for the future.

☑ Share the information that you have collected and documented with others both inside and outside your organization. This will both raise the profile of your peer education programme, and ensure that other people and organizations can learn from your experience.

10. Some tools for monitoring, evaluation and documentation

☑ Refer to Appendix D for examples.

4 Appendices

Appendix A:
Definition of some key terms

Baseline information: Facts and figures collected before an intervention begins.

Potential sources of baseline information:
- Baseline survey of youth prior to the intervention
- Data documenting prior youth programme experience
- External measures collected by another organization, government agency or donor, such as government health facility utilization data
- Information on youth reproductive health obtained from a national survey, such as a Demographic and Health Survey (DHS)
- The professional judgment of those who work with youth

Baseline survey: A structured way of collecting factual information from multiple respondents about the state of a population before an intervention begins.

Evaluation is the process of determining whether the programme has achieved its objectives and of systematically assessing the programme's merit, worth or effectiveness. During evaluation, the relevance, performance, and achievements of a programme are assessed.

> **Evaluation answers the question:**
> **Does the programme make a difference?**

Programme evaluation of peer education usually demonstrates effects on two levels: on the peer educators themselves and on the beneficiaries. Although evidence shows that peer educators often benefit more from the programme than recipients, both need to be taken into consideration, particularly if the main goal of the programme is to effect change in the target population.

There are two major kinds of evaluation used to assess the success of a programme: **process evaluation** and measurement of the **outcomes and impact**.
- Process indicators evaluate the extent to which the activities planned really do occur and the strengths and weaknesses of the programme.
- Evaluation of the outcomes and impacts measures the impact of the programme as a whole. Outcome evaluation focuses us a quantitative and qualitative assessment of the results of the programme. The impact evaluation refers to longer-term effects at the population level.

Exit interview: A conversation designed to produce feedback from peer educators after they have participated in the programme.

Feedback Mechanisms: A process by which programme recipients or stakeholders are given the means to voice concerns and opinions regarding a particular programme or activity.

Follow-up survey: A survey initiated after intervention activities have begun to measure changes during a designated time period.

Goal: The purpose or the general change desire in the long term. Generally, the programme can contribute to achieving the goal, but it cannot accomplish the goal alone.

Implementation: The process of carrying out programme activities.

Indicator: A measure which can be recorded, collected and analyzed in order to allow an objective or activity to be measured so that the programme manager can compare actual results with expected results.

Logical framework: is a methodology for conceptualizing projects and an analytic tool that has the power to communicate a complex project clearly and understandably on a single sheet of paper. It is a participatory planning tool whose power depends on how well it incorporates the full range of views of intended beneficiaries and others who have a stake in the project design. It is best used to help project designers and stakeholders:
- Set proper objectives
- Define indicators of success
- Identify key activity clusters (project components)
- Define critical assumptions on which the project is based
- Identify means of verifying project accomplishments
- Define resources required for implementation.

Monitoring is the routine and systematic tracking of programme activities by measuring on a regular, ongoing basis whether the activities planned are being carried out, as well as the quality of these activities. Monitoring also involves measuring progress towards programme objectives and keeping track of and registers achievements, personnel utilization, use of supplies and equipment, and the money spent in relation to the resources available, so that if anything goes wrong immediate corrective measures can be taken.

The main questions that monitoring activities seek to answer include:
- Are planned activities occurring?
- Are the planned services being provided?
- Are the objectives being met?

Objective: A statement that clarifies the direction of the programme and describes in greater detail what the programme hopes to achieve. Objectives are used to measure programme outcomes.

Post-test: A test after an intervention that measures the participants' knowledge and skills, which can be compared to what they knew before the intervention.

Pre-test: A test before an intervention that measures the participants' knowledge or skills, which can be compared to what they know after the intervention.

Qualitative: Qualitative data provides information on attitudes, perceptions and motivations. Qualitative data sources can include in-

depth interviews, case studies, focus groups and observation studies.

Quantitative: Quantitative data measures actions, tendencies and levels of knowledge. It is usually expressed in numbers or quantities. Quantitative data sources include programme records, service statistics, surveys at the programmes level and surveys at the population level.

Stakeholders: Persons outside the immediate programme staff who have an interest and role in programme functions and activities.

Social Marketing: A process of promoting or selling ideas, products or values thatcontribute to improvements in the health or social welfare of a group or population.

Target population: The specific group of individuals that a programme is trying to affect, influence or serve.

Workplan: A detailed outline of what activities will be implemented in order to achieve specified outcomes and objectives.

Voluntary counselling and testing (VCT): The process by which an individual undergoes counselling enabling him or her to make an informed choice about being tested for HIV.

Sources: FOCUS (2000), IPPF/WHR (2004), IPPF/WHR (2002), IPPF/EN (2004)

Appendix A

Appendix B:
Olsson's adapted 'Stairs of Tolerance'

5

Celebration of Diversity!

4

Mutual Understanding

3

Respect

2

Acceptance

1

Tolerance

-1

Dislike

-2

Prejudice

-3

Discrimination/ Stigma

-4

Hate/ Violence

-5
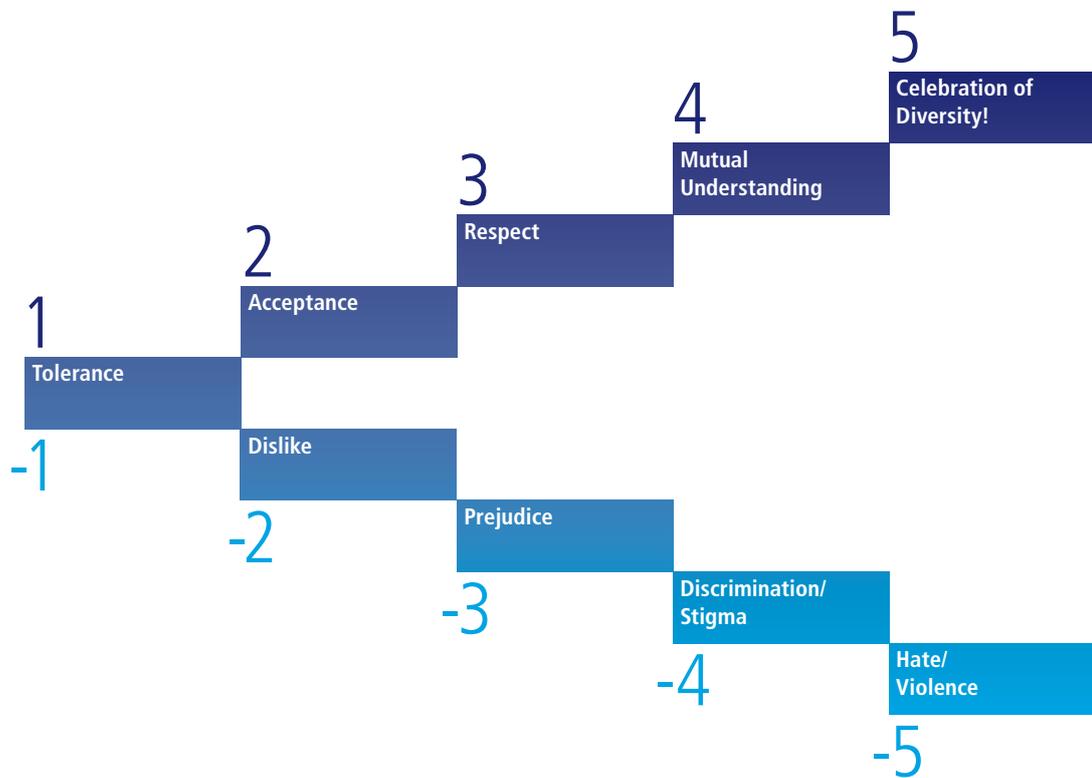
Source: Hans Olsson (2005). Sweden: Riksförbundet för sexuell upplysning (RFSU)

Appendix C:
Rules and responsibilities of peer educator and peer counsellor

Role of the peer educator

☑ Knows the content

☑ Teaches for a specific amount of time, usually short-term

☑ Is goal oriented

☑ Works to improve knowledge, attitudes, and skills to facilitate young people making informed choices

☑ Refers to other professionals as needed

Role of a peer counsellor

☑ Is trained in counselling skills

☑ Conducts counselling as a potentially long-term process

☑ Works with a person's thoughts, feelings, and behaviour

☑ Has an open-ended relationship with the person being counselled

☑ Is relationship oriented

☑ Addresses motivation, denial, and resistance on a personal level

Adapted from Y-PEER/UNFPA/FHI Training of Trainers Manual

Appendix D:
Tools for peer education programmes

Tool 1: Questionnaire – Should I use a peer education approach?

Peer education can be useful and powerful. However, it is not appropriate in all situations. You will need to do some formative research to decide whether peer education is the best approach to meet your objectives. Also, before making your final decision, use the following questions to help you think about the appropriateness of peer education for your target audience.

1   What are the goals of this project?

2   Who is the target audience?

3. Will it be possible to attract and maintain interest and support for this project from opinion leaders and influential people in the target community?
☐ Yes   ☐ No
If the answer is 'no,' a peer education strategy may not be appropriate.

4. Are there people within the target group who have the time, interest and ability to work as peer educators?
☐ Yes   ☐ No
If the answer is 'no,' you should develop another strategy that does not involve peer education.

5. What will these peer educators need to do?
☐ Teach their peers about STDs/HIV/AIDS
☐ Teach their peers how to avoid becoming infected
☐ Create more supportive and understanding attitudes toward people who are infected with HIV
☐ Recognize risks and risky situations
☐ Teach peers how to care for people living with HIV/AIDS
☐ Make referrals to health care workers
☐ Empower peers to make informed lifestyle decisions
☐ Emphasize decision making, assertiveness and relationship skills
☐ Support the maintenance of behavior change

6. What will the peer educators need in order to meet these objectives?
☐ Initial training
☐ Refresher training
☐ Educational materials
☐ Condoms
☐ Penis model or dildo for condom demonstrations
☐ Supervision
☐ Meeting space

☐ Other

7. Can the project provide these things?

☐ Yes ☐ No

If the answer is 'no,' examine the goal(s) of the project. You might need to change the goal, reduce the size of the target group or use a different strategy (not peer education).

8. How large is the target group?

9. How many peer educators will be needed to reach the members of this target group?

10. Can the project train and support that many peer educators?

☐ Yes ☐ No

If the answer is 'no,' examine the goal(s) of the project. You might need to change the goal, reduce the size of the target group or use a different strategy (not peer education).

11. Will the peer educators need incentives?

☐ Yes ☐ No

If 'yes,' what type of incentives will they need?

☐ Salaries   ☐ Meal allowances

☐ Paid expenses   ☐ Bicycles

☐ Special badges or awards

☐ Other

Can the project provide these incentives?

☐ Yes ☐ No

If 'no,' what are other options?

12. How long will the peer education continue?

13. Can the peer educators be supported with supervision, refresher training and incentives over the long term?

☐ Yes ☐ No

If the answer is 'no,' examine the goal(s) of the project. You might need to change the goals, reduce the size of the target group or use a different strategy (not peer education).

Source: AIDSCAP/FHI, 1996

Tool 2: Planning questionnaire

There are a number of key questions that need to be answered in order to focus the direction of the project and conduct a needs assessment. Some examples are listed below.

Questions to be answered in the planning phase

- Is the peer education program an appropriate mechanism to meet the needs of the target population? ☐ Yes ☐ No

- How and when will the needs assessment be conducted?

  [ ]

- What are the objectives of the program?

  [ ]

- Who is the target population?

  [ ]

- How large is the population?

  [ ]

- What is the ideal profile of the peer educators, given the target population?

  [ ]

- Are there people within the target population who have the time, interest and ability to work as peer educators? ☐ Yes ☐ No

- How many peer educators will be necessary to reach the population?

  [ ]

- Can the project train this number of peer educators? ☐ Yes ☐ No

- What will the peer educators need to do? (Provide information, make referrals, etc.)

  [ ]

- What do the peer educators need in order to reach these objectives? (Training, materials, contraceptives, etc.)

  [ ]

- Can the project provide these things? ☐ Yes ☐ No

- Does the budget include supervision expenses? ☐ Yes ☐ No

- How can we make sure youth can participate and express their opinions?

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- For this project, will it be possible to attract and maintain the interest and support of opinion-makers and influential people in the project community? If so, how?

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Questions to be answered in the needs assessment

- What problems does the community see regarding the sexual and reproductive health of youth?

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- Do adolescents see a need to gain knowledge, skills or services in sexual health? ☐ Yes ☐ No

- Do national and local data support these perceptions? ☐ Yes ☐ No

- What programs and services are currently in place to support the promotion of young people's health? How does the community view them? How do youth view them?

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- What needs do adolescents have that are not currently being satisfied?

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- What limitations do adolescents face in getting information about sexual health?

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- What sexual and reproductive health issues or related questions will be addressed through this project?

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- What methods will it be necessary to offer?

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- What other complementary methods will be used to reach adolescents?

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Appendix D

Source: IPPF/WHR, 2004

Tool 3: Questions to help you identify the sexual and reproductive health rights of young people, especially the need for access to peer advocacy activities

People

Are the following groups of young people treated equally in terms of society's acceptance of their sexual and reproductive health needs and rights:

- Young women

- Unmarried girls

- Young men

- Under 16 year olds

- Young people living with HIV/AIDS

- Young people identify as gay, lesbian, bisexual or transgender

- Young people with disabilities

- Other vulnerable groups

Policies

- Is there legislation (or a national policy) promoting the sexual and reproductive well being of all young people?

- Does the legislation make special reference to promoting:

  - Youth friendly sexual and reproductive health services?

  - Comprehensive sexuality education?

- Is there legislation that prohibits discrimination against gay, lesbian, bisexual or transgender people?

- Is there legislation that prohibits discrimination against young people living with HIV/AIDS?

- Can married and unmarried young people under 18 access voluntary counselling and testing for HIV without the need for consent from others?

- Is there a policy that young people have the right to services without the need for parental consent?

- Are all srh tests and procedures voluntary?

- Is there a national child protection policy?

- Is there a policy against practices that violate young peoples SRH rights for example female genital mutilation, child marriage, sexual exploitation/trafficking?

- Is there a system where young people's opinions are taken into consideration at a national level on sexual and reproductive health and rights matters, e.g. Youth parliaments, etc?

- Is abortion legal for women of any age?

- Do young women under 18 need consent from their parents or spouse to have an abortion?

- Are abortions safe, accessible and affordable for young women?

Programmes

- Is there a national programme for providing high quality youth friendly sexual and reproductive services?

- Are the following services nationally available to all young people?
  - STI/HIV testing and treatment and support
  - A range of contraception including emergency contraception
  - Abortion services
  - Services for young people who have experienced sexual, physical or emotional violence

- Do sexual and reproductive health services reach the most underserved young people?
  - Young women
  - Unmarried girls
  - Young men
  - Under 16 year olds
  - Young people living with HIV/AIDS
  - Young people identify as gay, lesbian, bisexual or transgender
  - Young people with disabilities
  - Other vulnerable groups

- Are male condoms available and affordable to all young people?

- Are female condoms available and affordable to all young people?

- Are sexual and reproductive health services for young people carried out with respect to their privacy?

- Can young people use national sexual and reproductive health services without the need for parental consent?

- Is there a national programme for comprehensive sexuality education in school? Do such programmes cover contraception, abortion, sexual abuse, sexual and reproductive rights, sexual enjoyment, gender issues, sexual diversity and relationships?

- Do national sexuality education programmes reach all young people including
  - Young women
  - Unmarried girls
  - Young men
  - Under 16 year olds
  - Young people living with HIV/AIDS
  - Young people identify as gay, lesbian, bisexual or transgender
  - Young people with disabilities
  - Illiterate young people
  - Other vulnerable groups

- Does sexuality education promote young people's rights and safer sex options rather than only promoting abstinence?

- Are there efforts to raise community awareness on and support for young people's SRHR (e.g. meetings with teachers, religious leaders etc)?

- Are there programmes or services to protect young people from violations of their SRH rights, including female genital mutilation, child marriage, sexual exploitation/trafficking?

- Are there national campaigns to challenge practices and policies that are detrimental to young people's SRHR (e.g preventing female genital mutilation, child marriage and sexual exploitation/trafficking)?

Based on framework and self assessment guide: Implementing rights based sexual and reproductive health programmes for and with young people (draft, IPPF 2006)

Appendix D

Tool 4: Logical Framework

Project Title

Overall Goal

Objective 1

Key Activities	Indicators	Means of Verification	Frequency of Data Collection	Person Responsible
1.1 1.2 etc.	**Results**			
	Process			

Objective 2				
Key Activities	**Indicators**	**Means of Verification**	**Frequency of Data Collection**	**Person Responsible**
1.1 1.2 etc.	**Results**			
	Process			

Guide to boxes:

Goal: What problem will you contribute to solving?

Objectives: What you wish to achieve?

Activities: How you propose to do it?

Results and process indicators: How you will show that the objectives were reached?

Means of verification of indicators: What are your data sources?

Frequency: How often you will collect data?

Person responsible: Who will collect data (person/department/organisation responsible)?

Source: IPPF/WHR, 2004

Appendix D

Tool 5: Sample budget worksheet

Project Name

Today's Date

Currency, exchange rate

Organization

Period Covered (specify months, days, years)

Expense	Unit cost	# Units	Year 1 donor	Year 2 donor	Total 2 years	Local Counterpart
Personnel (Salaries & Benefits)						
XX (Specify % of time)						
XX (Specify % of time)						
Subtotal						
Technical Assistance						
Consultant Fees						
Staff Travel and Per Diem						
Consultant Travel and Per Diem						
Subtotal						
Equipment						
Vehicles						
Audio Visual Equipment						
Office Equipment						
Medical Equipment						
Communications Equipment						
Computer Hardware and Software						
Subtotal						
Training						
Consultant Fees						
Consultant Travel and Per Diem						
Staff Travel and Per Diem						
Training Supplies/General Services						
Subtotal						
IEC						
Publications (Printing and Design)						
Production (TV, Radio, Media)						

Documentation (Writing and Editing)								
Distribution								
Subtotal								
Operational Expenses								
Rent and Utilities								
Repair and Maintenance								
Postage and Shipping								
Telecommunications								
Professional Fees, Audit/Legal								
Subtotal								
Materials and Supplies								
Office Supplies								
Clinic Supplies								
Commodities								
Subtotal								
Evaluation								
Evaluation Staff Time or Consultants for developing instruments and methodological protocol								
Providing technical assistance								
Processing data								
Analyzing data								
Conducting evaluation training								
Per diem and travel costs								
Photocopying of instruments								
Training (meeting space, equipment)								
Honoraria and refreshments for focus groups and interviews								
Evaluation software								
Data processing (if outsourced)								
Subtotal								
Total Operational Costs								
Indirect Costs (specify X%)								
Total Project Costs								

Source : IPPF/WHR, 2002 – Make a simpler one

Appendix D

Tool 6: Types of peer education approaches

	Peer information	Peer education	Peer counselling
Objectives	Awareness	Awareness	Information
	Information	Information	Attitude change
		Attitude change	Self-esteem
		Self-esteem	Prevention skills
		Skills building	Problem solving/ coping skills
		Prevention skills	Self-esteem
		Advocacy	Psychosocial support
			Advocacy
Coverage	High	Medium	Low
Intensity	Low	Medium/high	High
Confidentiality	None	Important	Essential
Focus	Community	Small groups	Individual
	Large groups		
Training required	Brief	Structured workshops and refresher courses	Intense and long
Relative Cost	Low	Medium	High
Examples of activities	Distribution of material in public events (sports events, youth concerts), mobile vans	Repeated group events based on a curriculum	Counselling of young people living with AIDS
	World AIDS Day activities		Clinic-based youth counselling on reproductive health
	Material distribution		Young people living with AIDS
	Drama, special events		Clinic-based youth counselling

Adapted from Y-PEER/UNFPA/FHI Training of Trainers Manual
and Save the Children, 2002

Tool 7: Types of activities for youth peer educators

- Make presentations in schools or in the community
- Perform theater/drama presentations, followed by discussion
- Show video/movie presentations, followed by discussion
- Set up kiosks to offer information
- Distribute information, education and communication materials
- Distribute contraceptives
- Demonstrate the use of condoms
- Organize educational meetings and sessions
- Create groups for discussing sexual and reproductive health topics with other youth
- Teach peers to do a self-assessment of risk

- Teach peers how to negotiate less risky sexual activities
- Offer counseling to peers (individually or in groups)
- Inform and refer youth to clinical services
- Participate in training new educators
- Participate in the development of IEC materials
- Participate in local, national and international youth fora
- Attend awareness-raising activities, for example World AIDS Day
- Secure funding for program continuity
- Advocate for better laws and programs
- Hold media campaigns to promote the organization's services

Source: IPPF/WHR, 2004

Tool 8: Example of activity planning form

Objective	Theme	Activity	Target Population	Place	Date and Time	Resources Needed	Educators Responsible	Evaluation
Improve knowledge, attitudes and practices related to HIV and pregnancy prevention among youth in two schools in Community X	HIV	Distribute condom use brochures and condoms	First year students	School A/ School B	First Monday/ Thursday of each month between 12–1pm	STI/HIV/ flyers Condoms	Maria Cristina	Baseline/ Endline survey (% of sexually-active youth reporting condom use at last sex)
	Emergency Contraception	EC presentation and activity	Second-year students	School A School B	Jan. 15, 22, 29 Feb 2, 9, 16	EC activity EC flyers Dedicated product	José and Alejandra	Pre- and post-test
Increase SRH clinical service utilization among youth aged 15 to 19 in Community X	Clinical services	Refer 10 youth to clinical services	Peer educator groups	Various	Each month	Referral forms	All peer educators	# of youth who were referred; # of youth referred who received services in clinics
	Marketing and promotion	Distribute promotional materials	Youth ages of 15 to 19	Shopping mall	Jan. 20, Feb. 15, Mar. 15	Promotional flyers	Felipe	# of flyers distributed
Strengthen skills of peer educators	Supervision	Group meeting	Peer educators	Youth centre	First Saturday of each month		Coordinator All peer educators	Feedback form
	Supervision	Individual meeting with coordinator	Peer educators	Youth centre	See schedule for each peer educator	Peer educator supervision form	Coordinator Peer educators	

Source: IPPFWHR, 2004

Appendix D

Tool 9: Form to document activities or take field notes

Date	
Name	
Activity/Session	
Briefly describe the training session or activity (issue, population, place, date and time, objective, resource, educator responsible and evaluation)	
Number of participants: women/men	
Number of peer educators	
What worked?	
What did not work?	
Why?	
What should be revised to be more successful in the future?	
Other comments/notes	

Source: IPPF/ , 2004

Tool 10: Activity supervision form

Peer educator's name [_____]

Zone [_____] Date [____][____][____] Time [____][____]

Issue Addressed [_____]

No of Attendees [_____]

Aspect to be supervised	Comments
Introduction of issue	
Description of objectives	
Presentation of content	
Methodology	
Communication skills	
Group's level of participation	
Group's level of understanding of content	
Motivation and enthusiasm	
Peer educator's leadership	
General organization	

Appendix D

Source: IPPF/WHR, 2004

Tool 11: Types of indicators for different stages of activity

Activity Stage	Indicator Type	Thematic Examples
Pre-intervention **Participatory exploratory research** **Existing data review**	Baseline	• Existing attitudes and self-reported behaviours • Existing service utilization data • STI/HIV prevalence
Training, participation **Information distribution** **Service provision**	Process	• Number of people trained • Number of materials distributed • Number of condoms distributed
Short-term, post-activity	Intermediate	• Changes in knowledge and attitudes • Changes in social/peer norms
Medium-term, post-activity	Outcome	• Self-reported adoption of positive behaviours • Increased service utilization
Long-term, sustained **Note that these may not be relevant to some of the work of Member Associations.**	Long-term outcomes/impacts	• Maintenance of positive self-reported behaviours • Prevented onset of risky self-reported behaviours • Reduced STD/HIV incidence • Changed social/peer norms

Source : Save the Children, 2002

Tool 12: Common indicators for peer education programmes

Below are examples of qualitative and quantitative indicators commonly used in Peer Education programmes. Data should be broken down by sex in order to determine if the interventions are more or less effective with males and females. It is also important to compile the data by age.

The indicators should specify the population for which the data will be collected. Many indicators can be collected at various levels: among peer educators/young people and staff, among beneficiaries/target population, and among other stakeholders. Remember that to show the results of your programme you will need to collect some data at the target population level.

The following are simply a list of illustrative examples. It is not necessary to use all of them. Please also refer to Tool 3 to ensure that you include indicators/questions on rights.

Indicator	Possible Levels of Data Collection		
	Peer Educators	Beneficiaries/ Target Population	Stakeholders
Qualitative			
Awareness of specific issues (for example, gender)	☐	☐	☐
Attitudes towards specific issues (for example, premarital sex)	☐	☐	☐
Content of group debates (concerns, recommendations)	☐	☐	☐
Feedback from people reached	☐	☐	☐
Opinions on quality and relevance of training	☐	☐	☐
Opinions on quality and relevance of activities conducted by educators	☐	☐	☐
Opinions on social norms	☐	☐	☐

Appendix D

Possible Levels of Data Collection

Indicator	Peer Educators	Beneficiaries/ Target Population	Stakeholders
Quantitative			
Level of support from parents, teachers and others			☐
Proportion with correct understanding of specific issues (for example, contraception, HIV/AIDS infection)	☐	☐	
Degree of certain types of behavior (for example, condom use, sexual activity without risk)	☐	☐	☐
Number of sexual and reproductive health services sought by youth		☐	
Proportion of youth with adequate skills in specific areas (for example, condom negotiation)	☐	☐	
Number of contacts with youth via peer educators		☐	
Number of youth in a school who say they have spoken with a peer educator about SRH issues		☐	
Number of contraceptives distributed by peer educators		☐	
Number of people who attended an activity		☐	
Number of referrals made by peer educators		☐	
Number of referrals by peer educators that were followed through		☐	
Number of youth reached		☐	
Cost of the programme (per person reached, per peer educator, per referral, per contraceptive user)	☐		

Source: IPPF/WHR, 2004

Tool 13: Reasons to monitor and evaluate: Different needs for different stakeholders

By developing consensus among stakeholders about what information should be collected and taking into account your available resources, you can make monitoring and evaluation (M&E) more manageable.

Program Managers and Staff	Funding Agencies and Policymakers	Communities and Youth
What M&E Measures: • Quality of activities and/or services • Why some sites are less successful • Capacity in M&E techniques • Programme coverage **What M&E Results Identify:** • Priorities for strategic planning • Training and supervision needs • How to improve reporting to funding agency • Feedback from clients • Why programme is not accomplishing what it set out to do **What Decisions Are Guided by M&E Results:** • Resource allocation • Replication and scaling up of interventions • Fund-raising • Motivating staff • Policy advocacy • Community mobilization	**What M&E Measures:** • Evidence of achievement of programme objectives • Programme outcomes and impact • Programme cost-efficiency • Data about youth reproductive health **What M&E Results Identify:** • Priorities for strategic programme funding • Programmes that qualify for donor assistance • Best practices that donor should require of youth programmes • Impact of donor assistance **What Decisions Are Guided by M&E Results:** • How much funding should be allocated to ARH • What types of youth programmes should be funded • Which programme approaches should be presented as models • New strategic objectives, activities or results packages • Replication and scaling up of successful programmes	**What M&E Measures:** • Youth behaviors related to reproductive health • Young people's needs • How programme funds are being spent • The process and impact of community participation **What M&E Results Identify:** • Actual and potential benefits of youth programmes • Need for new and better youth services • Community resources that can be used to support ARH programmes • Need for local support for ARH issues and action **What Decisions Are Guided by M&E Results:** • The degree to which community members and youth should participate in and support the programme • How to better coordinate community actions to address ARH • How many and what type of local resources should be allocated to ARH

Source: FOCUS, 2000

Appendix D

Appendix E:
IPPF youth policies

Policy 4.19: Protecting children and young people

Creating a safe environment for working with children and young people

1. The purpose of this policy is to provide a set of guiding principles that volunteers and staff in the Federation can follow in order to prevent abuse, promote ethical practice and generally create a safe environment for children and young people.

2. In 1998, IPPF adopted a Youth Manifesto and thereby committed itself to protecting and upholding the sexual and reproductive health and rights of all young people.

3. Respecting, protecting and fulfilling the sexual and reproductive health and rights of young people which include the right to be free from all forms of abuse or harassment and the right to participate in decisions that affect their lives, now forms a core component of IPPF's Strategic Framework approved by Governing Council in November 2003.

4. To be proactive in safeguarding the rights of young people, IPPF now needs a unified approach that will outline the Federation's responsibilities to promote ethical practice, prevent abuse and protect children and young people it works with and for.

The Federation's commitment and guiding principles

5. IPPF believes that all forms of child abuse are violations of children's rights and all children have the right to be protected from abuse as provided for in the 1989 United Nations Convention on the Rights of the Child (UNCRC) .

6. IPPF's commitment to the protection of children and young people from all forms of abuse is in line with the goals of the IPPF Youth Manifesto, IPPF Policy on Meeting the Needs of Young People and the IPPF Charter on Sexual and Reproductive Rights.

7. IPPF recognizes that:

   i   children and young people are particularly vulnerable to violence, exploitation and maltreatment

   ii child abuse and exploitation in any form is never acceptable

   iii children and young people it works with and for have the right to be protected from all forms of abuse and exploitation

8. In its work with and for children and young people, IPPF is therefore committed to the following guiding principles:

   i   promotion of ethical practice and behaviour among volunteers and staff

   ii protection from all forms of physical or mental violence, injury, neglect, maltreatment or exploitation of children and young people

   iii prevention of abuse and exploitation/violence

Policy implementation

9. In line with this policy, the Secretariat and its Member Associations are urged to raise awareness among volunteers and staff and develop their own appropriate guidelines and procedures for the protection of children and young people. These may include the following:

   i   Development of checks on the suitability of volunteers and staff (including peer educators) working directly/indirectly with children and young people

   ii Establishment of procedures for reporting, investigating and acting on cases of abuse of children and young people

   iii Induction and training for IPPF volunteers and staff on protecting children and young people

   iv Development of guidelines in relation to how children and young people are portrayed through information and images

10. It shall be the responsibility of the Director General, Regional Directors and the Executive Directors of Member Associations, to develop and implement in their own settings (Central Office, Regional Office and Member Association) suitable guidelines and procedures to meet the principles set out in this policy. Staff from the IPPF Central Office Youth Unit shall be available to advise on sample protocols and generally support this work.

Policy 4.7: Meeting the needs of young people

1. IPPF is committed to implementing the IPPF Youth Manifesto and to promoting, protecting and upholding the sexual and reproductive health rights of all young people, including the right:

   i   to information and education on sexuality

   ii to comprehensive sexual and reproductive health services, including a full range of contraceptives

   iii to pleasure and confidence in relationships and all aspects of their sexuality

   iv to participate fully as active members of society

2. The Federation and its Member Associations are urged to work towards removing all legal, administrative, institutional and other barriers adversely affecting young people's sexual and reproductive health rights.

3. IPPF and its Member Associations must recognize the diversity of young people's situations and strive to ensure that the sexual and reproductive health needs of young people are met regardless of age, sex, sexual orientation, race, disability, background, beliefs,

HIV or other status. IPPF is committed to addressing the factors that render young people especially vulnerable to HIV/AIDS, sexually transmitted infections (STIs) and unwanted pregnancies and other sexual and reproductive health (SRH) issues.

The right to information and education

4. IPPF and Member Associations are urged to advocate for and provide SRH information and education that enhances the independence and self-esteem of young people and provides them with the knowledge and confidence to make informed choices. The following should be taken into account in the provision of SRH information and education:

   i   Information should be accessible to children and young people of all ages in accordance with their evolving capacities

   ii Whether sexually active or not, and irrespective of sexual orientation, young people should be given the information to enable them to feel comfortable and confident about their bodies and their sexuality

   iii Comprehensive sexuality education should be provided that helps young people acquire the skills to negotiate relationships and safer sexual practices, including whether and when to engage in sexual intercourse

   iv Broad based information and education strategies are needed to address young people both in and out of school. Special attention should be paid to the most disadvantaged young people

The right to sexual and reproductive health services

5. IPPF is committed to the provision and promotion of youth friendly services which are easily available to all young people irrespective of their age, sex, marital status, or financial situation. Member FPAs are encouraged to provide youth friendly services and lobby for their provision including the following:

   i   Sexual and reproductive health services for young people that are accessible and assure privacy. Confidentiality must be paramount

   ii Staff members who always treat young clients with respect and in a supportive and non-judgemental manner

   iii Special attention and specific approaches that meet the different needs of young men and young women

   iv Access to a full range of contraceptives

   v   The elimination of unsafe abortion among young women. Counselling should include all the different options open to her and be responsive to personal circumstances and cultural background

   vi Sensitive and supportive post abortion counselling and follow-up for young women. Contraceptive counselling and services should be made available to reduce the risk of further unwanted pregnancies

The right to pleasure and confidence

6. IPPF believes that young people with knowledge, confidence and comfort with their own bodies are better equipped to negotiate relationships, including any sexual relationships they may have now and in the future. IPPF also recognizes the right of all young people to enjoy sex and express their sexuality in the way that they choose.

7. IPPF and Member Associations should strive to empower young people to give them confidence in themselves and to encourage them to know their rights and respect the rights of others. Such an approach is necessary in order to ensure young people's sexual and reproductive health as well as their mental well-being.

8. Recognising that physical and mental well-being includes remaining free from all forms of sexual violence and coercion, IPPF and Member Asscociations should commit themselves to eliminating gender based violence towards young people, including female genital mutilation. Member Associations are encouraged to offer services for young survivors of violence and advocate on the issues of sexual and gender-based violence.

The right to participate

9. IPPF encourages Member Associations to support young people and ensure they receive practical skills and knowledge so they can participate to the best of their ability in society. IPPF and Member Associations are urged to take the following into account in their work with young people:

   i   When Member Associations programmes and services are being designed, implemented and evaluated, every effort should be made to involve young people and ensure they have real decision making power

   ii Member Associations and Regions are strongly urged to attain at least twenty percent young people on their decision-making bodies in line with IPPF's Governing Council structure

   iii The participation of young people should be built around the equal partnership of young people and adults

   iv Young people need to be supported to participate in all of the above through the provision of resources (material and financial), information and training

Member Associations shall not discriminate on grounds of age, especially in approving applications for membership of the Member Association, providing information or services, in recruiting staff or in any other aspect of the Member Associations work, subject to local law. Indeed, Member Associations should make efforts to actively recruit young people as members of Member Associations.

Appendix E

Appendix F: List of sources and peer education resources

Sources for IPPF Framework for youth peer education programmes

1 AIDSCAP/FHI. 1996. How to create an effective peer education project.

2 FHI. (not yet published). Youth peer education in reproductive health and HIV/AIDS: Progress, process and programming for the future. Youth Issues Paper No. 7.

3 FOCUS on Young Adults. 2000. A guide to monitoring and evaluating adolescent reproductive health programs.

4 International HIV/AIDS Alliance. 2006. Peer education outreach, communication and negotiation: Training module.

5 IPPF/ARO. 2006. Framework for developing standards of peer-education programmes.

6 IPPF/CO. 2006. IPPF Framework for Comprehensive Sexuality Education.

7 IPPF/CO. 2006. Consultative meeting to review adolescent programming – Report.

8 IPPF/CO and IPPF/ARO. 2006. Consultative meeting on building capacity on adolescent sexual and reproductive health within the African region.

9 IPPF/EN and Robert Zielony. 2004. Peer education handbook on sexual and reproductive health and rights: teaching vulnerable, marginalized and socially-excluded young people.

10 IPPF/WHR. 2004. Peer to peer: creating successful peer education programs.

11 IPPF/WHR. 2002. Guide for designing results-oriented projects and writing successful proposals.

12 Save the Children. 2002. Learning to live: monitoring and evaluating HIV/AIDS programmes for young people. Abbreviated version.

13 Svenson, Gary and Europeer. 1998. European guidelines for youth AIDS peer education.

14 UNDP. 2003. Handbook for peer educators: HIV/AIDS and reproductive health.

15 Y-PEER/UNFPA/YouthNet. 2005. Standards for peer education programmes.

List of peer education resources

1. IPPF and sexuality education

IPPF Framework for comprehensive sexuality education
IPPF, 2006

'Increasing access to comprehensive, youth friendly, gender-sensitive sexuality education' is a stated objective within the IPPF **Strategic Framework 2005–2015**. This document has been developed to support this objective, and to build upon the recommendations of an extensive, international consultation (involving IPPF staff, young people and external organizations). As well as providing an in-depth overview of comprehensive sexuality education (CSE), this document aims to inspire thought and spark discussion by providing Member Associations with a basic planning framework for CSE.
Available online at: www.ippf.org/en/Resources/Guides-toolkits/Framework+for+Comprehensive+Sexuality+Education.htm

2. IPPF and youth participation

IPPF Guide: Participate: To strengthen and promote the meaningful participation of young people in programmes and policies
IPPF believes that participation is a fundamental right of young people. Many adults are convinced that young people have a right to access health care and information, but not that they have a right to participate in the decisions that affect them and their community. Participation empowers young people by giving them a voice and responsibility. It is also a method that guarantees that policies and interventions meet the real needs and aspirations of young people. This guide takes youth participation beyond peer education, to include working with young people at all levels, including governance, decision making, research, programming, planning, implementing and evaluating.
Available on request from IPPF and online soon. Copies of the previous version, 'Setting Standards for Youth Participation: Self assessment guide for governance and programmes' can be found at: http://content.ippf.org/output/ORG/files/11970.pdf

3. Guidelines on peer education

Standards for peer education programmes
Y-PEER/UNFPA/FHI/YouthNet. 2005

Standards for peer education programmes is a tool for managers to use to monitor and improve their program activities. Developed during a consultative meeting with peer educators, trainers, project managers, and technical experts from 22 countries, this tool provides a framework of standards for programs, as well as tips and examples from around the world. The tool includes a description of 52 recommended standards under five categories: planning, recruitment and retention, training and supervision, management and oversight, and M & E.
Available online at: www.fhi.org/en/Youth/YouthNet/Publications/peeredtoolkit/Standards.htm

European guidelines for youth AIDS peer education
Svenson G, et al. (eds). European Commission, 1998.

This publication by the European peer education network (Europeer) provides guidance on setting up, running and evaluating AIDS peer education projects for young people. Sections address policy making and planning, initiating and setting up projects, training, implementation and evaluation.
Available online at: www.europeer.lu.se/files/english72.pdf

How to create an effective peer education project: Guidelines for AIDS prevention projects
AIDSCAP, Family Health International, 1996.

This handbook provides guidelines and practical tools in planning and implementing a peer education project. It approaches peer education from a Behaviour Change Communication (BCC) perspective.
Available online at: www.fhi.org/en/HIVAIDS/pub/guide/BCC+Handbooks/peereducation.htm

Peer approach in adolescent reproductive health education: Some lessons learned
UNESCO Asia and Pacific Bureau for Education, Thailan, 2003

This document focuses on relating research relating to the impact of Peer Education in promoting change with regard to the sexual and reproductive health of young people. The booklet provides a synthesis of peer education experiences in different guidelines and offers guidelines for programme implementers.
Available online at: http://unesdoc.unesco.org/images/0013/001305/130516e.pdf

Peer education handbook on sexual and reproductive health and hights: Teaching vulnerable, marginalized and socially-excluded young people
International Planned Parenthood Federation European Network, 2004

This handbook contains an overview of peer education and central issues related to sexual and reproductive health. In addition to guidelines on planning, implementing and evaluating peer education programmes, this document focuses specifically on the needs and issues that such programmes must address when working with vulnerable, marginalized and socially excluded young people.
Available online at: www.ippfen.org/site.html?page=34

Peer to peer: Creating successful peer education programs
International Planned Parenthood Federation/Western Hemisphere Region, 2004

This guide describes the steps necessary for planning, identifying and training youth, and implementing, monitoring and evaluating a peer education program. It also contains examples of good practice from IPPF sexual and reproductive health projects for youth in Latin America and the Caribbean.
Available online at:
www.ippfwhr.org/publications/publication_detail_e.asp?PubID=62

4. Research on peer education

Youth issues paper No. 7
Family Health International (FHI), 2006

This 28-page report summarizes the latest thinking on youth peer education, as discussed at a two-day international consultation held in Washington, DC in January 2006. The report frames the key issues,

provides a summary of evidence/research of the degree of impact of these programs (Chapter 2), discusses major issues for peer education, gives examples of programs that are scaling up activities (Chapter 4), and offers suggestions for the future.
Available online at: www.fhi.org/en/Youth/YouthNet/Publications/YouthIssuesPapers.htm

Peer education and HIV/AIDS: Concepts, uses, and challenges
Joint United Nations Programme on HIV/AIDS, Best Practice Collection, 1999

This paper presents the results of a literature review and a needs assessment based on peer education programmes around the world. It also provides recommendations for best practice in the area of HIV/AIDS Peer Education.
Available online at: http://data.unaids.org/Publications/IRC-pub01/JC291-PeerEduc_en.pdf

Summary booklet of best practices
Joint United National Programme on HIV/AIDS, 1999

The booklet includes 18 sexual health and HIV/AIDS projects aimed at young people, most of which include a peer education component.
Available online at: http://data.unaids.org/Publications/IRC-pub02/JC-SummBookl-1_en.pdf

5. Monitoring and evaluating programmes for young people

Assessing the quality of youth peer education programmes and performance Improvement: A resource for youth peer education managers
FHI, UNFPA and Y-PEER

These are valuable tools for managers. The Assessing Quality resource is an evidence-based tool, based on YouthNet's large research project on peer education. Their research revealed that checklists are the most helpful tool for identifying effective peer education programmes. These checklists provide guidance for program managers to gather the most essential information for determining how a peer education project can best function and can be compared over time and across programs.
Available online at: www.fhi.org/en/Youth/YouthNet/Publications/peeredtoolkit/index.htm

Learning to live: Monitoring and evaluating HIV/AIDS programmes for young people
Webb D, Elliott L. Save the Children, 2000

This handbook explains key concepts of monitoring and evaluation and applies them to HIV/AIDS projects for young people. It also identifies good practice and gives examples of methods and procedures to use in monitoring and evaluating HIV/AIDS projects.
Available online at: www.savethechildren.org.uk/scuk/jsp/resources/details.jsp?id=362&group=resources&section=publication&subsection=details

6. Training manuals

Y-PEER: Peer education training of trainers manual
UNFPA and FHI/YouthNet, 2005

This manual provides a comprehensive training programme to be used by 'master' level peer educators and trainers. The training curriculum uses participatory techniques to address sexual and reproductive health and the prevention and management of HIV, other STIs, and substance abuse.
Available online at: www.fhi.org/en/Youth/YouthNet/Publications/peeredtoolkit/TrainingTrainers.htm

Y-PEER: Theatre training manual
UNFPA and FHI/YouthNet, 2006

This manual provides detailed training for using theatre in peer education - a valuable tool for many programmes. It contains four peer theater training workshops, a series of theater games and exercises that can be used in trainings, and information on developing and building a peer theater program.
Available online at: www.fhi.org/en/Youth/YouthNet/Publications/peeredtoolkit/index.htm

7. Useful websites

Advocates for Youth
www.advocatesforyouth.org/

AVERT
www.avert.org

Europeer
www.europeer.lu.se/index.1002---1.html

Family Health International
www.fhi.org

Go Ask Alice
www.goaskalice.columbia.edu

Global Youth Coalition on HIV/AIDS
www.youthaidscoalition.org/

Harvard University School of Public Health
www.hsph.harvard.edu/peereducation

International Planned Parenthood Federation (IPPF)
www.ippf.org

Save the Children
www.savethechildren.org.uk

Sexuality Information and Education Council of the United States
www.siecus.org

Teen Wire
www.teenwire.com

UNAIDS
www.unaids.org

United Nations Population Fund
www.unfpa.org

United Nations Children's Fund
www.unicef.org

YouthHIV
www.youthhiv.org

Y-PEER
www.youthpeer.org/

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