



Peer Education

Training of Trainers Manual



*UN Interagency Group on Young Peoples Health
Development and Protection in Europe and Central Asia*

Sub-Committee on Peer Education

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The opinions expressed in this document do not necessarily reflect the policies of United Nations Population Fund (UNFPA) or the United Nations Children's Fund (UNICEF). The principles and policies of each agency are governed by the relevant decisions of each agency's governing body and each agency implements the interventions described in this document in accordance with these principles and policies and within the scope of its mandate.

INTRODUCTION

Peer education manuals have been developed in many countries around the world. In general they aim to provide guidelines for the training of peer educators or to propose ideas for activities that could be carried out in peer education projects with young people.

This publication, however, focuses specifically on the training of trainers (ToT) of peer educators and provides an example of a training programme. The sample curriculum is based in part on experiences gained in a series of sub-regional training workshops in Eastern Europe and Central Asia, organized by the Joint United Nations Interagency Group on Young People's Health Development and Protection in Eastern Europe and Central Asia.

The manual is intended to be used by 'master' trainers in peer education when training future trainers. However, many of the exercises included in the training curriculum could also be used for training peer educators aged 16 years and older. Some activities may also be suitable for field sessions in which peer educators are working with a target audience of young people aged from 14 to 20 years.

Sexual and reproductive health and the prevention of HIV, sexually transmitted infections (STIs) and substance abuse are the themes around which this training curriculum has been developed. Special attention has been given to gender and cultural sensitivity in health education actions. The overall training guidelines and suggested techniques can, however, be applied easily to peer education activities in any field.

But this training programme does not – and cannot – claim to cover all possible variations of the above-mentioned themes. Key information on HIV/AIDS is provided in (annex 4, page 151), and details of useful publications and web sites providing background facts and figures for this and other topics are included in the resource list in (annex 1, page 128).

It should also be emphasized that this manual cannot replace an in-person training course, but should primarily be seen as a support tool for a training workshop.

INTRODUCTION (continued)

The manual is composed of three sections:

- **SECTION 1: FROM THEORY TO PRACTICE IN PEER EDUCATION** reviews the definition of peer education and its rationale and value in the context of different behaviour change theories and models.

- **SECTION 2: GUIDELINES FOR TRAINING OF TRAINERS** provides the outline of a suggested six-day ToT workshop. For each of the training topics the curriculum provides appropriate training exercises and notes. The exercises are described in detail, so that they can easily be reproduced in future tuition courses.

- **SECTION 3: A SAMPLE PEER EDUCATION SESSION ON HIV/AIDS** presents an example of a field peer education activity. It describes a three-to-four hour HIV/AIDS education session with a group of adolescents.

- The annexes provide an annotated peer education resource list. This extensive catalogue of resources contains guidelines on peer education, research resources, peer education training manuals and related curricula on youth health prevention, resource guides, peer education journals and a list of useful web sites. The annexes also include samples of pre- and post-test questionnaires and a peer educator and trainer skills rating form, a series of handouts related to training topics such as key information on HIV/AIDS and substances, and samples of additional training exercises.

SECTION 1

FROM THEORY TO PRACTICE IN PEER EDUCATION

WHAT IS PEER EDUCATION?

WHY PEER EDUCATION?

THE THEORETICAL BASE FOR PEER EDUCATION

Theory of reasoned action

Social learning/social cognitive theory

Diffusion of innovations theory

Theory of participatory education

Health belief model

IMBR model: information, motivation, behavioural skills and resources

TRANSLATING THEORY INTO PRACTICE

Experiential learning

Use of role play

PEER EDUCATION AS A YOUTH-ADULT PARTNERSHIP

PEER EDUCATION AS A PIECE OF THE PUZZLE

WHAT IS PEER EDUCATION?

In the context of this manual, peer education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background or interests) over a period of time, aimed at developing their knowledge, attitudes, beliefs and skills and enabling them to be responsible for and protect their own health.

Peer education can take place in small groups or through individual contact and in a variety of settings: in schools and universities, clubs, churches, workplaces, on the street or in a shelter, or wherever young people gather.

Examples of youth peer education activities are:

- organized sessions with students in a secondary school, using interactive techniques such as quizzes, role plays or stories;
- a theatre play in a youth club, followed by group discussions; and
- informal conversations with young people at a discotheque, talking about different types of behaviour that could put their health at risk and where they can find more information and practical help.

Peer education can be used with many populations and age groups for various goals. Recently, peer education has been used extensively in HIV/AIDS prevention and reproductive health programmes around the world.

WORD SENSE

A peer is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic and/or health status, etc.

Education refers to the development of a person's knowledge, attitudes, beliefs or behaviour resulting from the learning process.

WHY PEER EDUCATION?

A young person's peer group has a great influence on the way he or she behaves. This is true of both risky and safe behaviour. Peer education makes use of peer influence in a positive way.

The credibility of peer educators in the eyes of their target group is indeed an important base upon which peer education can be built. Young people who have taken part in peer education initiatives often praise the fact that information is transmitted more easily because of the educator's and the audience's shared background and interests in areas such as taste in music and popular celebrities, use of the language, family themes (brother and sister issues, struggle for independence, etc.) and role demands (student, team member, etc.). Youth peer educators are less likely to be seen as authority figures 'preaching' about how others should behave from a judgemental position. Rather, the process of peer education is perceived more like receiving advice from a friend 'in the know', who has similar concerns and an understanding of what it's like to be a young person.

Not surprisingly, young people get a great deal of information from their peers on issues that are especially sensitive or culturally taboo.

Peer education is also a way to empower young people: it offers them the opportunity to participate in activities that affect them and to access the information and services they need to protect their health.

THE THEORETICAL BASE FOR PEER EDUCATION

When undertaking a peer education programme, the overall goal is to develop a recommended behaviour or to change risky behaviour in a target group.

A key question in this context is: why and how do people adapt new behaviours? The fields of health psychology, health education and public health provide relevant behavioural theories which explain this process. It is most important to be aware of these theories as they provide a theoretical base for why peer education is useful and beneficial. Moreover, they can help guide the planning and design of peer education interventions.

The following theories and models of behaviour change are of particular relevance for peer education.

THEORY OF REASONED ACTION

This theory states that the intention of a person to adopt a recommended behaviour is determined by:

- the person's attitudes towards this behaviour and his or her beliefs about the consequences of the behaviour. For example, a young woman who thinks that using contraception will have positive results for her, will have a positive attitude towards contraceptive use; and
- the person's subjective (a person's personal viewpoint about an issue) and normative (that which is the norm or the standard in their society or group beliefs) based on what others think he or she should do, and whether important individuals approve or disapprove the behaviour.

IN THE CONTEXT OF PEER EDUCATION...

...this concept is relevant considering that:

- young people's attitudes are highly influenced by their perception of what their peers do and think; and
- young people may be highly motivated by the expectations of respected peer educators.

SOCIAL LEARNING/SOCIAL COGNITIVE THEORY

This theory is largely based upon the work of psychologist Albert Bandura. He states that people learn:

- indirectly, by observing and modelling on others with whom the person identifies (for example, how young people see their peers behaving); and
- through training in skills that lead to confidence in being able to carry out behaviour. This specific condition is called self-efficacy, which includes the ability to overcome any barriers to performing the behaviour. For example, practising correct condom-use in a condom demonstration

IN THE CONTEXT OF PEER EDUCATION...

...this means that the inclusion of interactive experimental learning activities are extremely important, and peer educators can be important role models.

is an important activity leading to self-confidence when talking about safer sex methods with a partner.

DIFFUSION OF INNOVATIONS THEORY

This theory argues that social influence plays an important role in behaviour change. The role of opinion leaders in a community, acting as agents for behaviour change, is a key element of this theory. Their influence on group norms or customs is predominantly seen as a result of person-to-person exchanges and discussions.

IN THE CONTEXT OF PEER EDUCATION...

...this means that the selected peer educators should be trustworthy and credible opinion leaders within the target group. The opinion leaders' role as educators is especially important in outreach work, where the target audience is not reached through formally planned activities but through everyday social contacts..

THE THEORETICAL BASE FOR PEER EDUCATION

THEORY OF PARTICIPATORY EDUCATION

This theory claims that empowerment and a full participation of the people affected by a given problem is a key to behaviour change.

IN THE CONTEXT OF PEER EDUCATION...

...the relevance of this theory is obvious: many advocates of peer education claim that the (horizontal) process of peers talking among themselves and determining a course of action is a key to the success of a peer education project.

HEALTH BELIEF MODEL

The health belief model was developed in the early 1950s by social psychologists Godfrey Hochbaum, Stephen Kegels and Irwin Rosenstock. It was used to explain and predict health behaviour, mainly through perceived susceptibility, perceived barriers and perceived benefits.

This model suggests that if a person has a desire to avoid illness or to get well (value) and the belief that a specific health action would prevent illness (expectancy), then a positive behavioural action would be taken towards that behaviour.

Unfortunately, this model of behaviour change does not sufficiently take into

IN THE CONTEXT OF PEER EDUCATION...

...the health belief model's most relevant concept is that of perceived barriers, or a person's opinion of the tangible and psychological costs of the advised action. In this regard, a peer educator could reduce perceived barriers through reassurance, correction of misinformation, incentives and assistance. For example, if a young person does not seek health care in the local clinic because he or she feels that his or her confidentiality is not respected, the peer educator may provide information on a youth-friendly service, thus helping to overcome the barrier to accessing proper health care.

account things like habits, attitudes and emotions. So, although the model is useful, the effects of a number of factors on behaviour (culture, social influence, socio-economic status, personal experiences, etc.) need to be considered if the model is to be integrated into peer education work.

IMBR MODEL: INFORMATION, MOTIVATION, BEHAVIOURAL SKILLS AND RESOURCES

The IMBR model, an adapted model upon which much of this manual is based, addresses health-related behaviour in a way that is comprehensive and clear and that can be applied to and across different cultures. It focuses largely on the *information* (the ‘what’), the *motivation* (the ‘why’), the *behavioural skills* (the ‘how’) and the *resources* (the ‘where’) that can be used to target risky behaviour. For example, if a young man knows that using condoms properly may prevent the spread of HIV, he may be motivated to use them and know how to employ them correctly, but he may not be able to purchase or find them. This is why the concept of resources was added to the model.¹

IN THE CONTEXT OF PEER EDUCATION...

...a programme that does not have a comprehensive approach including all four IMBR concepts probably lacks essential components for reducing risk behaviour and promoting healthier life-styles. A programme might, for example, explain to young people the need for contraception and describe contraceptive methods, but might omit demonstrating their proper use. Participants would then be informed about what to do but not how to do it. Other programmes might inform participants of the what and the how of certain healthy behaviours, but not give them strong emotional or intellectual reasons as to why they would want to practise such behaviours. Although resources can be considered part of ‘information’, it is important to provide young people with information about where to access appropriate resources or services beyond the scope of peer education sessions. Such resources might include, for example, youth-friendly clinics, counselling services, HIV/STI and pregnancy testing and care programmes, and commodities (e.g., condoms and contraceptives)..

TRANSLATING THEORY INTO PRACTICE

Whether you are providing training of trainers (ToT), training of peer educators, or peer education sessions with the target population, there are some basic methodological considerations for translating the theory into practice. Most important are learning based on experience and observation (experiential learning), and use of interactive methodologies and of drama.

EXPERIENTIAL LEARNING

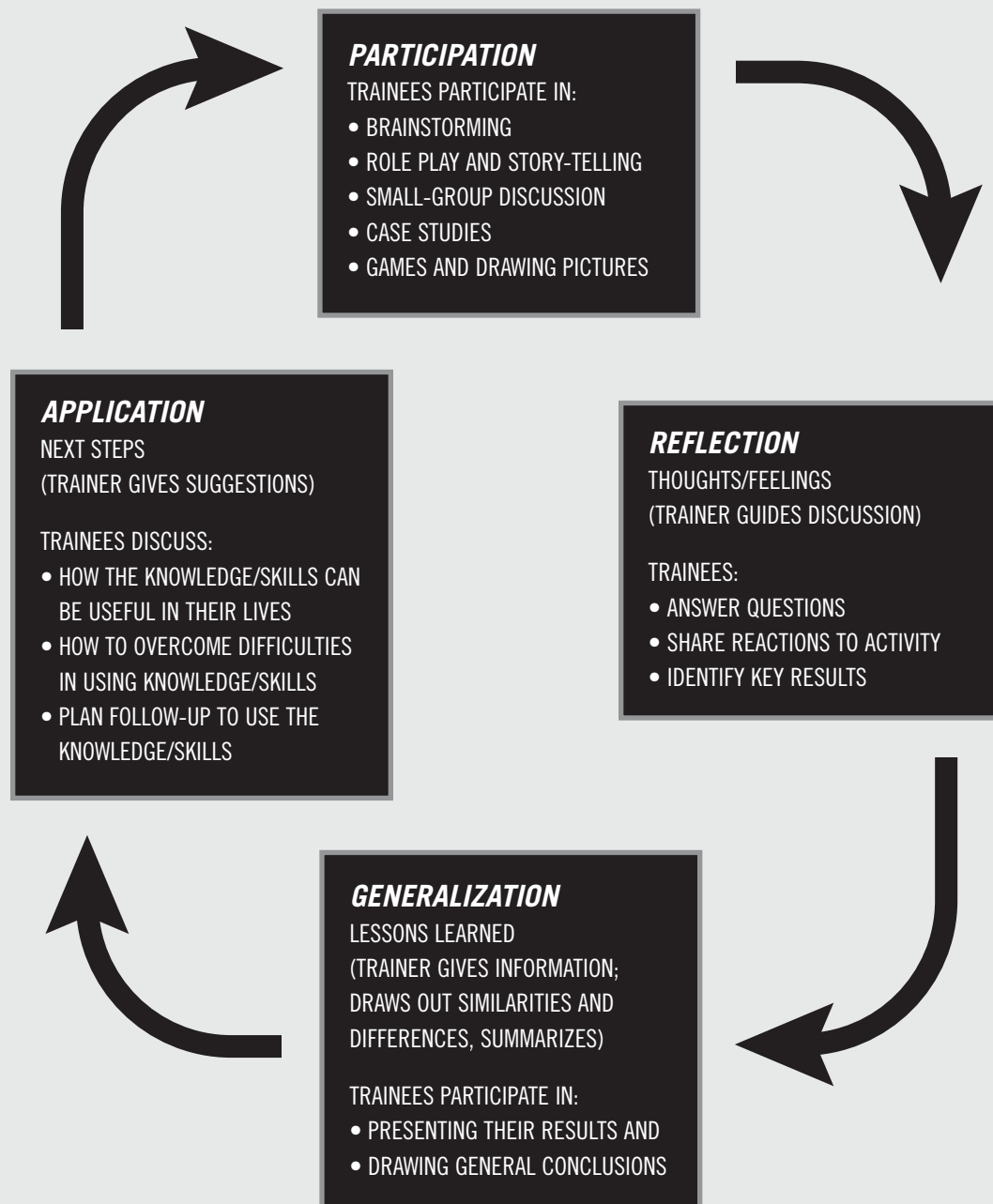
There is an ancient proverb that says: *Tell me... I forget, show me... I remember, involve me... I understand.*

‘Involving’ the participants in a training workshop in an active way that incorporates their own experience is essential. Such experiential learning gives the trainees an opportunity to begin developing their skills with immediate feedback. It also gives them the opportunity to participate in many of the training exercises and techniques first-hand, before they engage other peer educator trainees in such exercises.

The training of trainers proposed in this manual is based upon an experiential learning model, using highly interactive techniques. The model includes four elements: **direct experience** (an activity in which learners create an experience), **reflection** on the **experience**, **generalization** (lessons learned) and **applying lessons** learned. It can be summarized in a diagram as follows:²

DIRECT EXPERIENCE

(TRAINER INTRODUCES THE ACTIVITY/EXERCISE AND EXPLAINS HOW TO DO IT)



TRANSLATING THEORY INTO PRACTICE

USE OF ROLE PLAY

Peer education uses a range of interactive techniques: brainstorming, small-group discussions, case studies, quizzes, etc. Another commonly used and highly interactive technique is role play. Good, believable role play is a technique that can help achieve several major objectives of a health education programme. It can:

- **provide information:** role play is an attractive way to deliver information through humour and true-to-life drama. It permits educators to dramatize the myths that people spread and shows how to break them down. In role play, people can explore problems that they might feel uncomfortable about discussing in real life;
- **create motivation:** role plays can effectively dramatize life's external situational pressures (life-stressors) and difficult psychosocial situations, which are sometimes the consequences of poor decision-making and risk behaviour. They can bring to life the realities of, for example, getting an unwanted positive pregnancy test result, testing positive for STIs or HIV, etc. They can demonstrate the difficulties of having to disclose sensitive and painful information to a loved one or partner. Strong role play engages the hearts and minds of the audience and can motivate them to change their attitudes on certain issues;
- **build skills:** when done well, role playing has the potential to shape behaviour. It can demonstrate various skills, such as negotiation, refusal and decision-making, and also practical expertise, for example, how to use a condom correctly; and
- **make a linkage to resources:** role plays can provide an opportunity to inform the audience about the services that exist in the community, or to discuss their characteristics, for example, whether they are accessible to young people, whether they respect their right to confidentiality, etc.

For all these reasons, peer education should dedicate sufficient time to using role play and to training the peer educators in good acting skills.

For more guidelines on the technique of role plays see Section 2, page 52.

PEER EDUCATION AS A YOUTH-ADULT PARTNERSHIP

Peer education must be seen as an example of a youth-adult partnership: good peer education is indeed about young people and adults working together to achieve the goals of a programme.

Youth-adult partnerships arise from the conviction that young people have a right to participate in developing the programmes that serve them and a right to have a voice in shaping the policies that will affect them. And also, good practice in youth health education shows that the target group's full involvement in the development of the programme contributes to its sustainability and effectiveness. It ensures that the programme responds to the specific needs and concerns of the target group and that the approaches used are interesting and engaging.

Therefore, when developing and implementing a youth peer education project, it is of critical importance for the overall success of the programme to build an effective partnership between youth and adults.

The core elements of an effective youth-adult partnership are addressed in the training course in Section 2, page 111.

PEER EDUCATION AS A PIECE OF THE PUZZLE

Peer education is one part of the complex puzzle of improving young people's sexual and reproductive health by preventing HIV, STIs, substance use and other health concerns. Peer education programmes must be well coordinated within a much larger context of health-care services and other institutions. Good peer education programmes work hard to build linkages with a host of other organizations so that they can work together in coalitions of associations that complement each other, work side-by-side and refer to each other as necessary. In this way, peer education needs to be part of a comprehensive approach and a community-wide effort. For example, peer education can complement skills-based health education led by teachers, or a condom promotion media campaign, the work of health staff in clinics, or the efforts of social workers to reach vulnerable young people out of school.

1 Zielony, R. and Lewis, T. 1993 personal communication. Adaptation of the IMB Model. Fisher, J.D. and Fisher, W.A. 'Changing AIDS Risk Behavior', Psychological Bulletin, 11, 455-474, 1992.

2 de Bruyn, M. Gender or sex: who cares? Notes for training of trainers. Chapel Hill, Ipas, 2002.

SECTION 2

GUIDELINES FOR TRAINING OF TRAINERS

INTRODUCTION

HOW TO USE THIS TOT CURRICULUM

KEY COMPONENTS OF A TRAINING OF TRAINERS WORKSHOP

A SAMPLE SIX-DAY TRAINING OF TRAINERS WORKSHOP

Objectives

Expected outcome

THE WORKSHOP AGENDA: AN OVERVIEW

DESCRIPTION OF THE TRAINING CURRICULUM DAY BY DAY

INTRODUCTION

This section provides a sample curriculum of a six-day training of trainers (ToT) workshop for approximately 25 participants. (See page 27 for an overview of the agenda.)

The suggested curriculum is based on experience with a series of regional training workshops conducted in Eastern Europe and Central Asia and organized by the Joint United Nations Interagency Group on Young People's Health Development and Protection in Eastern Europe and Central Asia.

HOW TO USE THIS TOT CURRICULUM

The ToT curriculum developed for this workshop includes a range of training exercises, which the trainees can copy in a peer educators' training workshop. Some of the proposed exercises may be suitable for field work, that is, working with the target group of young people. Other activities included in the curriculum, however, aim only at training adult trainers and may not be appropriate for other levels of peer education training. The description of the exercises includes an indication of suitable target groups.

Many topics and techniques described in this programme are accompanied by **training notes**. These provide information to help understand why a topic is important or how specific techniques will contribute to the objectives of peer education training.

In addition to the more formal training curriculum, socializing with other trainees is an important part of the training experience. In the evenings, participants should have the opportunity to eat and enjoy themselves together, share their experience, their culture and their talents, play games, sing together, etc. This opportunity to network provides the trainees with an important bonding experience. In a six-day training course, it is a good idea to leave a half-day free for a group excursion. This will provide another opportunity for bonding and networking as a group outside the training site.

KEY COMPONENTS OF A TRAINING OF TRAINERS

There is no ideal model of a ToT programme, but it should include the following key components:

- ***Exploration of the rationale for peer education, including its benefits and barriers.***

Although you may expect that future trainers of peer educators are familiar with the practice of peer education, it is essential to ensure that, at the start of the training, they not only understand the concept and benefits of this approach, but are also aware of its limitations or pitfalls.

- ***Building background knowledge of skills-based health education and behaviour change interventions.*** Peer education clearly goes beyond information sharing into the realm of behaviour change. It is essential to learn about the principles of comprehensive, skills-based health education and behaviour change interventions, and to understand how they relate to peer education, in order to provide training that includes all essential components of an effective peer education programme.

- ***Building basic knowledge of the programme's content.*** A trainer of peer educators needs basic knowledge about the health issues that the programme addresses. Whenever questions related to the programme's content arise – whether during training or when supervising peer educators in their field work – the trainer should be capable of responding to them adequately.

- ***Exploration of personal values around the health issues being addressed, including attitudes towards gender-based norms and biases.*** Trainers of peer educators must recognize what their own values and biases are, so they can help the trainees begin to understand their own. It is difficult to lead a group in training through a process of self-awareness without having done some of this work on a personal level before.

- ***Training in methodologies for skills building, such as role play.*** Skills building is an essential part of peer education. A good peer education programme will include role play as a technique to develop skills. However, delivering good, believable role play requires some training.

- ***Training in communication and group-work skills:*** Facilitating a training course and working interactively with a group of trainees requires a good knowledge of communication techniques. Future trainers must be able to serve as a model for communication techniques and group work, since the best training is conducted by example.

-
- ***Basic guidelines for planning, implementing, monitoring and evaluating peer education programmes.*** The planning and implementation of a peer education programme is not just the responsibility of the project manager. It is essential that all those involved in the programme, including the trainer and the peer educators, have a basic understanding of processes such as needs assessment or monitoring and evaluation. Future trainers also need solid guidelines on how to select, supervise and support peer educators.
 - ***Exploration of strategies for outreach to vulnerable young people.*** Peer education can be used either as an educational approach among mainstream youth or as an outreach approach to reach groups of especially vulnerable young people. Future trainers of peer educators need to be able to inform the trainees about the needs of vulnerable populations and techniques for reaching and working with them.
 - ***Referral to peer education resources.*** Trainers need to be familiar with resources that can complement their knowledge of peer education, such as peer education training guides, textbooks on peer education and behaviour change, resources on content areas of peer education (reproductive health, STIs and HIV/AIDS, information on drugs, etc). A ToT workshop should offer opportunities to explore these resources.
 - ***Referral to youth health services.*** Peer education programmes do not occur in a vacuum, but are components within a larger framework of resources. Trainers need to be aware of the clinics, information sources, pharmacies, supportive services, etc., that exist in their area and include this information as part of a comprehensive peer education programme. They should instruct both peer educators and other members of the community on how to access them.

A SAMPLE SIX-DAY TRAINING OF TRAINERS WORKSHOP

OBJECTIVES

The **overall objective** of the training of trainers workshop described here is to build the capacity of trainers of peer educators in designing and delivering a peer education training programme.

The **specific objectives** of the workshop are to enable participants to:

- *better understand the concepts of skills-based health education and related peer-led health education methodologies;*
- *acquire accurate information about reproductive and sexual health issues including HIV/AIDS;*
- *discuss their own attitudes and values regarding youth health education;*
- *develop communication and group working skills;*
- *acquire the skills to facilitate a range of interactive methodologies to be used in training of peer educators; and*
- *acquire basic knowledge in peer education programme development.*

EXPECTED OUTCOME

Confident, competent peer education trainers with the skills to design and implement a training programme for peer educators.

THE WORKSHOP AGENDA: AN OVERVIEW

DAY 1

Workshop opening, introduction to training team and participants

Introduction to training methodology

Introduction to icebreakers, warm-up activities and energizers

Setting ground rules

Participants' expectations and concerns

What to expect during this week

Peer education – theory and practice

Use of topic lead-in in training programmes

Introduction to team-building and trust-building games and exercises

Use of role play

Selection of daily feedback teams

Wrap-up

DAY 2

Stretching and warm-up

Feedback on day 1

Energizer/icebreaker game

Techniques for sharing information

Techniques for exploring values and attitudes

Gender awareness and sensitivity

Wrap-up

DAY 3

Stretching and warm-up

Feedback on day 2

Icebreakers/team-building exercises

Techniques for building skills

Motivational tools and techniques

Role play

Wrap-up

THE WORKSHOP AGENDA: AN OVERVIEW

DAY 4

Stretching and warm-up

Feedback on day 3

Icebreakers: using trust-building games

Working with vulnerable groups

Identification of priority target groups

Wrap Up

Group Excursion

DAY 5

Stretching and warm-up

Feedback on day 4

Icebreakers suggested by participants

Co-facilitation skills

Selection, training and supervision of peer educators

- *Different models for peer education training*
- *Recruitment and supervision of peer educators*
- *Managing internal relations among peer educator trainees*

Counselling versus education

Wrap-up

DAY 6

Stretching and warm-up

Feedback on day 5

Icebreakers suggested by participants

Monitoring and evaluation of peer education programmes

Youth participation in programming

Feedback and evaluation

Closing ceremony

DAY ONE

DESCRIPTION OF THE TRAINING CURRICULUM DAY BY DAY

AGENDA DAY 1

NO.	AGENDA ITEM	OBJECTIVES
1	Workshop opening	
2	Introduction of trainers and participants	To provide an ongoing evaluation of the workshop
3	Pre-test questionnaire	To introduce evaluation tools
4	Introduction to training methodology	To clarify the workshop's objective To introduce the concept of experiential learning
5	<i>TRAINING TOPIC</i> Introduction to icebreakers, warm-up activities and energizers Exercises: <ul style="list-style-type: none"> • Pass the beat • Ball toss name game 	To begin getting to know the other participants To allow participants to understand the purpose of icebreakers and to get experience in using them
6	<i>TRAINING TOPIC</i> Setting ground rules	To agree on the ground rules for the workshop To identify common ground rules for peer education
7	Participants' expectations and concerns	
8	What to expect during this week	To identify participants' expectations of various aspects of the training workshop
9	<i>TRAINING TOPIC</i> Peer education – theory and practice Exercises: <ul style="list-style-type: none"> • Peer education: what and why? • Theory – practise it • Information, motivation, behavioural skills and resources 	To allow participants to understand the nature and purpose of peer education To allow participants to gain insight in the mechanisms of behaviour change and how these relate to peer education
10	<i>TRAINING TOPIC</i> Use of topic lead-in in training programmes Exercise: <ul style="list-style-type: none"> • How careful are we with our health? To introduce the use of a topic lead-in 	To allow participants to identify and practise skills in public speaking and facilitation

DESCRIPTION OF THE TRAINING CURRICULUM DAY BY DAY

AGENDA DAY 1 (continued)

NO.	AGENDA ITEM	OBJECTIVES
11	<p><i>TRAINING TOPIC</i> Introduction to public speaking</p> <p>Exercises:</p> <ul style="list-style-type: none"> • Public speaking skills • 30 seconds of fame. 	To start a process of team building in the workshop
12	<p><i>TRAINING TOPIC</i> Introduction to team-building and trust-building games and exercises</p> <p>Exercises:</p> <ul style="list-style-type: none"> • Moving sculptures • Human knot • Aha, and I was there 	To allow participants to understand the importance of team building in training and to get experience with appropriate techniques for team building
13	<p><i>TRAINING TOPIC</i> Use of role play</p> <p>Exercise:</p> <ul style="list-style-type: none"> • Role play revolution 	To introduce role play as a highly interactive method serving the purpose of health education
14	Selection of daily feedback teams	To introduce a monitoring and evaluation tool
15	Wrap-up	

1. WORKSHOP OPENING

The workshop starts with a brief welcome from the host organization. This gives the organizers an opportunity to explain the background of the project, and also to give the participants any additional information about the training sessions or about special arrangements and housekeeping issues (for example: accommodation, meals, excursions, etc.).

TRAINING NOTE

*A **welcome session** can vary depending on the style of the host organization and on local traditions. Sometimes opening ceremonies are conducted along very traditional and formal lines. The trainees may have to sit quietly through several speeches, which sometimes are of little interest to them. The result may be that the young people become bored, wondering whether this is going to be the format for the rest of the training. Trainers should try to avoid this situation. For example, they should make sure that the trainees are given a voice during this important first meeting. At the very least, the trainees should each be invited to introduce themselves to the whole group, stating their name and the town and/or the organization they come from.*

2. INTRODUCTION OF TRAINERS AND PARTICIPANTS

Members of the training team should introduce themselves and briefly tell the participants about their background and training, emphasizing their enthusiasm for the opportunity to work with this group.

Note: *In this manual, we will refer to the training team both as trainers and as facilitators.*

DAY ONE

TRAINING NOTE

Trainers in a peer education workshop play several roles:

- **Expert:** *the trainer transmits knowledge and skills, answers questions (or promises to obtain information for participants later), clears up misconceptions.*
- **Socializing agent:** *the trainer strives to share values and ideals with trainees, for example, adolescents and adults should treat both female and male peers as equals and take responsibility for promoting gender equity.*
- **Facilitator:** *basing their methods on the participants' experience, the trainers help to make it easier to acquire the new knowledge and skills introduced in the workshop.*

Trainers can facilitate different types of learning:

- *Learning about subject matter: for example, what is gender or sexual orientation?*
- *Learning about the relationship between the subject matter and real life: for example, how do gender roles affect adolescent boys' and girls' relationships?*
- *Learning how to apply knowledge acquired: for example, how can adolescents use their gender sensitivity to recognize and avoid health risks?*

Group discussions play a major role in an interactive training programme. To lead group discussions effectively, facilitators will need various facilitation skills. They should know how to deal with different types of participants and how to deal with situations of discomfort in the discussion.

Further guidelines on facilitating group discussions can be found in the session on facilitation skills (day 5, page 97).

WHO SHOULD BE INCLUDED IN THE TRAINER'S TEAM?

- Men and women who encourage equal participation by female and male participants. This will help to promote gender sensitivity in the programme.
- The team can also include experts in areas relevant to the focus of the peer education programme, such as immunology, gender violence, substance abuse, etc.
- One possibility that should be considered is to include in the team – as trainers – young women and young men who have extensive experience in peer education or who have other specific, useful strengths.
- Including a drama/acting teacher in the training team can be very beneficial as role play is an important component in peer education. If no budget is available for this, it might be possible to find volunteer actors or senior drama students to fulfil this role. The acting teacher instructs peer educators how to act and play characters for role plays, and how to perform monologues. Some trainers might already be skilled in both health and drama instruction/coaching. Other facilitators might learn enough from the experts who come to teach acting techniques, to be able eventually to lead this part of the training as well.

3. PRE-TEST QUESTIONNAIRE

A pre-test is administered to participants to obtain a baseline level of knowledge, attitudes and skills (or perceived skills) regarding the issues to be covered in this training. The facilitator should encourage the participants to answer the questions from their own perspective if it seems that they are looking at other participants' questionnaires. A sample of a pre-test questionnaire is provided in annex 2, p.144.

TRAINING NOTE

A pre-test questionnaire, aimed at assessing the initial knowledge, attitudes and skills of the trainees, is an evaluation tool similar to those used to evaluate the impact of an intervention within the target group of young people. Monitoring and evaluation is a significant aspect of quality control and sustainability of any programme. This issue will be further explored in a session on monitoring and evaluation on day 6.

4. INTRODUCTION TO THE TRAINING METHODOLOGY

The trainer(s) explain very briefly the experiential and highly interactive training that will be proposed during the six-day session. This is a good time to invoke the old saying: "Tell me...I forget, Show me...I remember, Involve me...I understand." Explain that this training will be one of 'involvement', of experiential learning, as explained in Section 1, page 12. The diagram provided both in that section and in annex 4, page 154, could be copied and distributed to the participants.

5. TRAINING TOPIC *Introduction to icebreakers, warm-up activities and energizers*

Objectives of the session To begin the process of getting to know each other in this workshop, and to allow participants to understand the purpose of icebreakers and to get experience in using them.

The trainer first introduces one of the icebreakers suggested below. After experiencing one exercise, a group discussion is conducted on the use of icebreakers, warm-ups and energizers in training and peer education sessions.

If there is enough time, trainees could do a second exercise.

WORD SENSE

Icebreakers are activities that are undertaken at the beginning of an exercise to help people feel at ease in a given situation.

Energizers are activities used to stimulate and motivate training sessions.

DAY ONE

TRAINING NOTE

When a trainer first walks into a group to teach, participants will not necessarily react favourably. By 'warming up' the group, for example, playing enjoyable icebreakers or energizer games, the trainees will probably relax a little and, as a result, be more responsive and participate more positively.

At the beginning of a peer education training course, icebreakers are essential to help the participants get to know each other and relieve the initial tension of beginning to work with a new group of people. Subsequently, it is recommended that training sessions begin with warm-ups and icebreakers. Icebreakers help the educators play and learn together and set the stage for continued training together.

Warm-up activities are usually used at the beginning of training sessions to begin on a positive note. Some groups begin with a simple stretching exercise to get warmed up. At other times, energizers may be introduced to 'recharge' the group's energy if it seems to be low. Even when people are interested and concerned about the subject being covered, they can get tired and sleepy. Energizers give people a quick break and may add some humour, contributing to a positive group spirit.¹

THINGS TO CONSIDER WHEN USING ENERGIZERS

- Use energizers frequently during a training session, whenever people look sleepy or tired or to create a natural break between activities.
- Try to choose games that are appropriate for the local context. Think carefully, for example, about games that involve touch, particularly of different body parts.
- Try to select games in which everybody can participate and be sensitive to the needs and circumstances of the group. For example, some games may exclude people with disabilities.
- Try to ensure the safety of the group, particularly with games that involve running. For example, make sure that there is enough space and that the floor is clear.
- Try not to use only competitive games, but also include ones that encourage team building.
- Try to avoid energizers going on for too long. Keep them short and move on to the next planned activity when everyone has had a chance to move about and wake up.

Based on: 100 ways to energize groups: games to use in trainings, meetings and the community, International HIV/AIDS Alliance, 2002.

EXERCISE 1: PASS THE BEAT²

OBJECTIVES Participants get to know each other and the group's energy is raised as trainees become aware of their dependence upon one another.

TIME 5 to 10 minutes

MATERIALS None

SUITABLE FOR All training and field work

PROCESS Have all participants form a circle. To introduce the exercise, say: *"I am going to face and make eye contact with the person on my left, and we will try to clap our hands at the same moment [demonstrate]. Then, she or he will turn to the left and clap hands at the same time with the person next to her or him. We will 'pass the beat' around the circle. Let's try it now and remember to make eye contact and try to clap at the same time."*

The rhythm builds up and the facilitator can call out *"faster"* or *"slower"* to increase the speed of the game. Once the handclaps have passed around the circle, say: *"Now we will try to make the rhythm go faster and faster. Always be ready because we might begin to send additional rounds of handclaps around the circle, chasing the first one."*

The 'beat' begins to be passed around the circle, from one person to the next. Remind people to keep it going, even if it stops for a moment when someone misses the beat. When the first round of handclaps is well-established, start a new round. Eventually there might be three or four beats going around the group at the same time. This will often result in a sort of enjoyable, high-energy chaos in the group with lots of laughter.

CLOSURE Briefly ask whether participants enjoyed the game. Ask the group to describe, without singling anybody out, what happens in an interdependent team game when a player drops the ball. Remind the group that, to get the best results when working as a team, everyone is interdependent and depends on the other team members.

DAY ONE

EXERCISE 2: BALL TOSS NAME GAME³

OBJECTIVES Participants learn each other's name with this icebreaker, while learning a simple metaphor for communication skills.

TIME 30 minutes

MATERIALS Three paper or *very* lightweight balls for each group of approximately 8 to 12 people

SUITABLE FOR All training and field work (when played with a small group)

PROCESS Have the balls ready for use at any time during the exercise. Make sure that the circles are positioned with a safety zone of one or two metres of space behind each group in case the participants move backwards to try to catch a ball.

Have small groups of participants (about 8 to 12 people in a group) stand in a circle. Tell the participants: *"In this game, we will try to learn each other's names in the small groups."* Start by getting everyone in the circle to say their name, one by one. Repeat this once or twice and remind the group to call out their names slowly and clearly so that the others have a chance to remember one or two names. Explain that, at the beginning, the person holding the ball will call out the name of someone in the group and then throw the ball to him or her; demonstrate how this is done.

Continue to explain: *"The person who receives the ball makes eye contact with another group member, calls out that person's name, and tosses the ball to them. If you forget someone's name and want to be reminded of it, you can ask her/him to repeat it to you. If you like, you can even throw the ball back to the person who threw it to you."*

Part 1: Playing the game. Begin the game as described above. After a couple of minutes, when the participants start to remember several names, add in a second ball and instruct the group to continue playing with the two balls. After a minute or so, introduce a third ball to the game. The group should then aim at throwing and catching each ball, all the while calling out the receiver's name, ten or 15 times without dropping the balls; if a ball is dropped, they must start counting again. All three balls must be used in the exercise.

Part 2: Discussion. When the ball throwing has been done, ask how the players felt playing the game. Then move to the idea of how throwing the ball from one person to another can be considered a metaphor for how we communicate as peer educators. Ask the group to consider what actions were necessary to ensure that the game was successfully completed. These can include making eye contact, calling someone by name, making sure the person was ready to receive the ball (or message), throwing it directly to the person, not throwing it when another ball was coming in, etc.

CLOSURE Point out how one of the most fundamental skills in peer education is good communication. Suggest that the peer educators remember this game as a guide for asking themselves whether they are using the best possible communication skills in their teaching.

6. TRAINING TOPIC *Setting ground rules*

Objectives of the session To agree on ground rules for the workshop and to identify common ground rules for peer education.

The facilitator first decides upon the ground rules for this training workshop with participants. This is followed by a group discussion on the importance of setting ground rules in any training activity.

TRAINING NOTE

At the beginning of a training session, the group needs to set and agree upon a series of ground rules or guidelines for their work, and also to understand why they are important. The trainer should ensure that certain essential rules are included (see box below). An especially important rule in a workshop dealing with sensitive issues is to respect all participants' privacy or confidentiality; it should be made clear that no one is allowed to share personal information about other trainees outside the group. Some groups also operate with a rule encouraging people to share their feelings if they feel offended or hurt by someone so that the offender has a chance to apologize. This can be especially relevant in cases where participants feel hurt or insulted by jokes or remarks related to gender, ethnicity or personal characteristics.

Once all participants have agreed on a set of rules, the list is posted in the training room for the entire duration of the workshop. At times, it may be necessary to remind participants of the agreed rules.

DAY ONE

COMMON GROUND RULES

These include:

- Respecting each other, even when you disagree
- Agreeing to participate actively
- Having the right not to participate in an activity that makes you feel uncomfortable
- Listening to what other people say, without interrupting them
- Using "I" statements: using sentences that begin with "I" when sharing values and feelings (as opposed to "you")
- No "put-downs" (i.e., snubbing or humiliating people on purpose)
- Respecting confidentiality
- Being on time

7. PARTICIPANTS' EXPECTATIONS AND CONCERNS

Participants are given an opportunity to speak about their expectations for the training session and to state any concerns regarding peer education that they would like to have addressed. Responses are recorded on a flip chart.

Assess which expectations are likely to be met in the course of the training workshop, and which ones may go beyond its scope.

At the end of the session, a review of these initial expectations could be part of the evaluation.

8. WHAT TO EXPECT DURING THIS WEEK

The facilitator provides a brief explanation of the expectations of the training team for a successful workshop incorporating participants' expectations. He or she explains what will happen during the training sessions in the next few days, so that participants are aware of what to expect.

9. TRAINING TOPIC *Peer education – theory and practice*

Objectives of the session To allow participants to understand the nature and purpose of peer education as well as to gain an insight into the mechanisms of behaviour change and how these relate to peer education

EXERCISE 1: PEER EDUCATION, WHAT AND WHY?

OBJECTIVE To have a common understanding of the concept of peer education
To identify the benefits and the limits of peer education

TIME 30 minutes

MATERIALS Three flip charts and markers

SUITABLE FOR ToT, training of peer educators

PROCESS The facilitator conducts three consecutive group ‘call-outs’ (an activity similar to brainstorming, in which participants call out their responses) on the following questions:

- What do we understand by peer education?
- What are the possible advantages of peer education?
- What are the possible disadvantages of peer education?

All responses are recorded on the flip charts.

When agreeing on a working definition, it is important to come as close as possible to the following description:

“Peer (health) education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background or interests) over a period of time, aimed at developing their knowledge, attitudes, beliefs and skills and enabling them to be responsible for and protect their own health.”

DAY ONE

When discussing major advantages and disadvantages of peer education over other forms of education it might be useful to have the following table at hand to add essential points if necessary:

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none">• Young people taking responsibilities• Educators and target group speak the same language• Peer educators gain skills which are important for their further personal development• Peer education can supplement other educational interventions, such as the work of teachers, social workers, health service providers, etc.• Peer education is a community-level intervention which can provide a link to other community services• Peer educators can gain access to groups which are otherwise difficult to reach• Peer education is relatively cheap	<ul style="list-style-type: none">• As peer educators age, they grow out of their role; so new people always have to be recruited and trained• It is difficult to evaluate the impact of peer education• If educators are not well trained, peer education can have a harmful effect (misinformation, unprofessional advice, etc.)

CLOSURE At the end of this activity, the trainers should emphasize that peer education is not the solution to every problem, and sometimes it may be better to use other approaches. The objectives of the intervention, the characteristics of the target group or the specific setting are all elements that play a role in whether peer education is appropriate or not.

EXERCISE 2: THEORY – PRACTISE IT

OBJECTIVE Participants understand the application of theoretical and other methodological approaches to behaviour change in practice.

TIME 30 minutes

MATERIALS Paper for flip charts, markers and tape

SUITABLE FOR ToT

PROCESS After a brief presentation on the theories and models for behaviour change (see handout in annex 4, page 155), the participants are instructed to separate into three groups each with a large sheet of paper and markers.

Ask participants to choose a programme in which one of their group members is involved and analyse all aspects of it: what, where and how. Then ask them to outline the programme on the sheet of paper and to identify the theories and models (or parts of theories and models) that are being used in it. Emphasize that multiple theories and models may be used in the same programme, and that only some aspects of theories and models may be used. Ask the group to present their group discussion to all other participants.

CLOSURE Point out that, without realizing it, everyone uses theories and models of behaviour change in their everyday work. Initiate a discussion on the topic of why organized theoretical and methodological approaches to behaviour change should be included in training programmes. Emphasize once again that a theory or a model does not have to be used in its entirety, and that different parts of different theories and models can be used in a same programme.

TRAINING NOTE

Comprehensive model for peer education. As previously mentioned, peer education efforts must be framed within a model or theory of behaviour change, in order to reach their greatest potential. The comprehensive nature of such a model can only assist and increase the success of peer education interventions.

See the IMBR model (Section 1, page 15) for its application in peer education.

DAY ONE

EXERCISE 3: INFORMATION, MOTIVATION, BEHAVIOURAL SKILLS AND RESOURCES

OBJECTIVES To identify information, motivation, behavioural skills and resources as the four primary components of successful peer education.

TIME 20 minutes

MATERIALS Flip chart and markers

SUITABLE FOR ToT

PROCESS The facilitator draws four columns (untitled at this stage) on the flip chart and leads a group call-out, asking the participants what they consider the essential components of successful peer education programmes.

The participants are still not aware of the identification of the columns, but the facilitator records their responses on the flip chart according to where they belong in the following four categories:

- Providing information
- Creating motivation
- Building behavioural skills
- Referring to resources

It is best not to name the categories beforehand, but to list the participants' suggestions in the untitled columns. Once all the responses have been included, the four categories can be identified and the trainees' responses discussed within that context.

CLOSURE The facilitator can point out that these are four complementary components.

10. TRAINING TOPIC *Use of topic lead-in in training programmes*

Objective of the session To introduce the use of a ‘topic lead-in’, and get experience with a topic lead-in related to health education training.

TRAINING NOTE

The exercise below, "How careful are we with our health?", can be considered a topic lead-in to health education. There are several ways to introduce a new theme or topic to a group of peer educators.

A topic lead-in can play a number of functions; it can:

- *generate interest in the topic;*
- *activate participants' prior knowledge of the subject;*
- *encourage the sharing of information and resources; and*
- *reverse resistance to discussion or learning.*

Another simple example of a topic lead-in is the use of 'buzzwords'. The trainer writes a key word up on a flip chart, and gets the participants to call out words or ideas that they associate with the buzzword, which are also written on the flip chart (if they are appropriate). For an example, see the gender not sex exercise (page 73). Another way to introduce a topic could be to get participants to fill in a brief questionnaire on the subject. Sometimes a facilitator may choose to use some improvisational role plays as an introduction to a topic. (For other examples, see the role play revolution exercise (page 54) and the peer education password exercise (page 59).)

DAY ONE

EXERCISE: HOW CAREFUL ARE WE WITH OUR HEALTH?⁴

OBJECTIVES This exercise encourages participants to consider the fact that many people behave in a manner that is not in the best interest of their health. It aims at increasing our understanding about human behaviour: the discrepancy between what we know and how we behave.

TIME 10 to 15 minutes

MATERIALS A chair for each participant

SUITABLE FOR ToT, training of peer educators

PROCESS Have all participants stand in front of their chairs. Introduce the exercise by saying: *“To start this exercise, you all need to stand in front of your chairs. I’m going to read out some statements. If your answer to one of them is ‘no’, you have to sit down on your chair. As long as you can reply ‘yes’ to the statements, you remain standing. But once you have sat down, you remain seated, even if your answer to following statements is yes. For example, if the first statement is ‘I get regular medical check-ups’ and you do not have regular medical check-ups, you have to sit down and remain seated.”*

Explain two additional rules: *“Sometimes someone has to sit down right away, after the first or second statement. If the order of statements had been different, they might have still been standing. They ask if they can stand up again. But participants may not stand up once they have had to sit down. This might not seem fair, but that is how this game works. Also, sometimes someone says, for example, ‘Oh, sure, I get regular medical check-ups. Let’s see, I think my last one was in 1992!’ We have to decide together how frequent regular is in this exercise, but it must be reasonable: regular is not once every ten years!”*

Ask the participants to stand up. Then read out the statements from the list below quickly, in a clear, audible voice:

- I get regular medical check-ups
- I get regular dental check-ups.
- I don’t smoke cigarettes.

-
- I get regular exercise.
 - I stick to healthy food (not junk food).
 - I never drink alcohol to excess.

When everyone is seated, ask the participants what these statements have in common. If no one says it, point out that they are all health-related behaviours. Explain that while we all might know what is basically in the best interest of our health, we do not always use this information as well as we could. For example, even though we know we shouldn't eat lots of sweet things, our will-power is not always there when we need it. That second portion of ice-cream or cake might just be calling us too loudly from the refrigerator!

CLOSURE Point out that in our work we may come across people who have become ill due to a number of different factors. It does not take a lot of thought to understand that most of us have put ourselves in harm's way at some point or another, and usually we are lucky. This is not true for everyone.

11. TRAINING TOPIC *Introduction to public speaking*

Objective of the session To allow participants to identify and practise skills in public speaking and facilitation.

TRAINING NOTE

Peer educators might be nervous about speaking in public or being in the spotlight. To ensure that tasks are carried out successfully, educators should not be asked to undertake activities that are beyond their limits.

The following exercises will help participants to gain experience in speaking in public and improve their public speaking skills.

DAY ONE

EXERCISE 1: PUBLIC SPEAKING SKILLS

OBJECTIVE Participants identify and practise their skills in public speaking and facilitation.

TIME 20 minutes

MATERIALS None unless a participant chooses to use relevant materials, such as a flip chart

SUITABLE FOR ToT, training of peer educators

PROCESS Tell the group that they are now going to focus on public speaking techniques. Show the participants major features of good public speaking and ask them to watch closely and describe what you are doing. This not only allows the group to see good public speaking methods, but also to reflect upon them.

Then ask for feedback: *"How would you describe what I'm doing at this moment?"* To help participants to identify good public speaking skills, move in and out of the group, all the while using many of the important components of good public speaking, including:

- Use of engaging/interactive techniques
- Movement into and out of the audience
- Use of gestures
- Eye contact (of appropriate duration)
- Modulation of intonation
- Appropriate use of humour

Following this, facilitate a discussion of what makes for good public speaking. Be sure to bring up the following areas:

- Use of storytelling as a technique to capture attention
- Caution about inappropriate use of slang terms or other unacceptable language
- How to ensure the creation and maintenance of a safe learning environment for the audience
- How to respond to incorrect answers from the audience

CLOSURE Tell the participants that they will receive feedback on how they use their public speaking skills throughout the training session.

EXERCISE 2: 30 SECONDS OF FAME⁵

OBJECTIVE Participants have a public speaking ‘performance’ experience that should be as positive as possible to build confidence.

TIME 30 minutes

MATERIAL Chairs for all participants

SUITABLE FOR ToT, training of peer educators

PROCESS Explain that this is an exercise in which everyone will be given 30 seconds to speak to the group about anything she or he would like to. Tell the participants that: *“At the end of the 30 seconds, no matter what is happening, I will start to clap, and that will be the signal for everyone else to begin clapping. During your 30 seconds, you can do whatever you want. However, even if you stop speaking, we will not begin to clap until your 30 seconds are over. It is the job of everyone in the group to give each speaker with their undivided attention and delighted, enthusiastic interest. Please do not interrupt any speaker in any way at all. Do not try to rescue them in any way. We should clap as loudly for the last person as we did for the first, and for everyone in between.”*

The first person is told when to begin; after 30 seconds, even if she or he is in mid-sentence, the clapping begins. You may sometimes have to remind the group to remain silent while a person speaks or make sure they wait until you give the correct signal to begin clapping or to give every speaker their undivided attention.

CLOSURE After everyone has had 30 seconds to speak, lead a group discussion in which participants talk about how they felt doing the exercise.

DAY ONE

12. TRAINING TOPIC *Introduction to team-building and trust-building games and exercises*

Objectives of the session To start a process of team building in the workshop, to allow participants to understand the importance of team building in training and to get experience with appropriate team-building techniques.

After the group has experienced the first team-building exercise (the moving sculptures exercise below), the facilitator discusses the importance of team and trust building in a training workshop (see training note). The other examples of team-building exercises ('The human knot' and 'Aha, and I was there') could be included in a future workshop.

TRAINING NOTE

Early in a peer educators' training session, it is important that the trainees develop a sense of teamwork and trust. Team-building and trust-building exercises help create working relationships among peer educators who, in their future work, must be able to collaborate and sometimes rely on each other for support. They must trust each other enough to work successfully as a team.

EXERCISE 1: MOVING SCULPTURES⁶

OBJECTIVES Participants are energized, encouraged to be spontaneous and 'get outside themselves' while performing. Participants also work towards building the team and building trust.

TIME 20 to 45 minutes (often repeatable, with variations)

MATERIALS None

SUITABLE FOR ToT, training of peer educators

PROCESS Designate an open space at the front of the room as the 'stage' area. Explain that, "In this exercise we will make some human team sculptures and poems together. It's a team-building and group creativity exercise.

The trainer asks for a group of about five to eight volunteers to come up and stand on either side of the stage (indicate where the stage area is). Instruct them to come up and strike a pose of their choice (demonstrate examples), one at a time. Once the first person is in their pose, the rest of the volunteers come up and strike their pose. All participants

must touch at least one other ‘poser’. The facilitator should make sure that everyone is comfortable with the physical contact. Continue instructing participants to come up voluntarily, strike a pose and freeze in that position. Explain to them that when you say the word ‘change’ (let the word last a few seconds: chaaaaange), they should change to a new pose. Remind them that they should still be touching at least one other participant, even during the time they change poses. Tell them that, as soon as you finish saying the drawn-out chaaaaange, they should freeze in their new positions.

Watch the group carefully and advise them whenever you see that someone is not in contact with at least one other person in the group. If you notice that male and female participants feel uncomfortable touching one another, help rearrange the sculpture so that people of the same sex are closer to each other. You can also play with the group by changing the length of the word ‘change’, so that sometimes they have a long time to find their pose, while at other times they must rearrange themselves very quickly (in two to three seconds). This makes the game more challenging and entertaining. Allow more teams to come up after the first group has made a few poses.

CLOSURE A nice touch and a useful team-building factor is for the trainer to take some photos of the wonderful group poses that will emerge in this game. Giving copies of the photos to the trainees can help make them feel part of a team.

Variations on the Exercise

Say a word (no theme). Participants can be asked to say a word (any word) as they come onto the stage to pose. Once the group is in a pose, the trainer asks them to repeat their words one after the other in the same order as they came up onto the stage. Encourage them to try to say their words in a sequence, which flows like a sentence.

Make a poem (words in line with a theme). This time the participants can be asked to use a word that fits a certain theme (which can be selected by a participant). Once the group has done this a few times, as a sort of a poem, they can be invited to shout out their words in a random sequence, repeating them all simultaneously.

Varying the exit process. Once you are ready to move on to another group, you can vary the way in which the participants leave the sculpture. They can state their words in the original order and leave the sculpture one by one as they each state their word. Or they could state their words as they leave the pose in reverse order (i.e., the participant who came up last and has the last word now leaves first).

DAY ONE

EXERCISE 2: THE HUMAN KNOT⁷

OBJECTIVES Participants work on trust building, team building and problem solving.

They learn to respect people's bodies by exercising self-control while trying to accomplish a group task without hurting anyone.

TIME 10 to 15 minutes

MATERIALS None

SUITABLE FOR ToT, training of peer educators

PROCESS Clear a space in which to form one or more circles of about eight to ten people. Explain that for this game it is very important to follow instructions and listen to each other carefully, so that no one gets their wrist twisted or hurt in any way.

Explain that everyone will stand in a circle, reach into the middle of the circle with both hands to get hold of the hands of two other people. Without letting go, their job is to untangle the 'rope' and back into a circle.

Tell the participants to seize the right hand of one person and the left hand of another person. Next, ask them to try slowly and carefully to unravel until they can form a circle without ever having let go of the hands they are holding. If the group gets very good at this, variations can be made such as, no talking, or only whispering, etc.

CLOSURE You can talk to the group briefly about how they felt playing the game.

Caution: Participants taking part in this game should be warned before beginning that they need to be very careful not to hurt anyone by twisting their wrist, stepping on them, etc.

EXERCISE 3: AHA, AND I WAS THERE!⁸

OBJECTIVES Participants work on team and trust building.

TIME 30 minutes

MATERIALS A room in which participants can move around comfortably

SUITABLE FOR ToT, training of peer educators

PROCESS Prepare the room so that participants have enough space to run around a little. Chairs should be put out of the way.

Explain that one participant will begin narrating a story and acting out a role in the

story. Participants will then respond to the narrator by engaging in the same actions, as if they also were the narrator's character in the story.

Begin by saying, *“Someone will begin to tell a story and act out her or his part while telling it. Everyone in the group must do the same actions, as if they also were the narrator's character in the story. For example, if I, as the first narrator, were to begin by saying ‘One day I was walking down the street...,’ while I walk, you all walk as well. I might then continue, ‘I saw a giant tree and began to climb it,’ all of you begin climbing the tree as well. At any time, anyone in the group can shout, ‘Aha, and I was there!’ At this moment everyone in the group responds together, calling out, ‘And what did you see my friend?’ The person who interrupted takes over the narration and the exercise continues like before.”*

Also explain to the group that it is important that everyone tries to support each other as much as possible. For example, if the narrator is obviously stuck and can't think of anything else to say, you can ask the group what they would like to happen at that point if they were the narrator. They will probably reply that they would like someone else to jump in. This is a good time to point out that, in a team, everyone should be ready to jump in and 'save' someone who appears stuck or uncomfortable, just as others would like someone to help them if they were in an awkward situation.

Explain that it is important that, even if there are other characters described in the story, no matter what the other characters might say, the group's job is only to say or do whatever the narrator's character says or does in the story.

If, as the facilitator, you realize that people are describing less active behaviours, such as thinking, waiting, watching, etc., you can point out that it is more fun if the choices involve a lot of action.

You can bring the game to an end when most participants have had an opportunity to be the narrator.

DAY ONE

CLOSURE Lead a discussion about how people felt while playing the game. Ask, for example, if anyone remembers feeling 'saved' by the person who jumped in to take over the narration or if they helped a narrator who appeared stuck. Point out that working well as a team requires paying careful attention to how group members are doing and that it is important to learn how and when to help them, without dominating them or trying to take over too quickly or at the wrong time. You can end by saying, "Things work much better when you know people will be there for you if you need help, and your target audience will probably feel it."

13. TRAINING TOPIC *Use of role play*

Objective of the session To introduce role play as a highly interactive method serving the purpose of health education.

Introduction to the session The facilitator first highlights the importance of acting skills in peer education. She or he points out that this session will introduce the technique of role play. In the course of the following five days, role play will be used frequently as an educational tool and participants will have other opportunities to develop their acting skills further.

TRAINING NOTE

Role play is a multipurpose tool in peer education (see also Section 1, page 18). Many peer education programmes use role plays to illustrate challenges and to model important skills. Strong role play engages the hearts and minds of the audience and motivates them to begin the all-important move from pre-contemplation to contemplation of real behavioural change.

When setting up a role play for presentation by trainees, the following guidelines are important:

- *Usually two or more people are asked to take on the role of a certain character and then act out a scene focusing on a predetermined situation. In some cases, details might be given about how a situation unfolds, only asking the role players to create an ending.*
- *Make sure that no one is bullied or forced to act in a role play by other participants; some young people may not feel comfortable acting. However, if a group member only seems to be a little shy and therefore reluctant, encourage her or him – gently not forcefully – to try acting a role.*
- *Suggest that male participants play female roles and female participants play male roles from time to time so that they have a chance to place themselves in situations encountered by members of the opposite sex.*
- *Visit small groups creating a role play to make sure that they are developing a scene that is no longer than five to seven minutes in length and to ensure that all members of the small group are involved in some way.*
- *Make sure that a small group does not spend all the exercise time devising a script – they need to practise their role play as well.*
- *Create sufficient space for the role play performance so that all other participants can watch it easily when it is presented.*
- *Encourage the players to speak loudly so that the whole audience can hear their dialogue.*
- *If the role play goes on too long or seems to get ‘stuck’, invite the players to stop so that everyone can discuss the situation.*
- *Allow the other participants to offer their observations after the small group has performed their play and answered the exercise questions. For example, you might ask the audience what they saw and then ask the actors whether they intended to portray that.*
- *Sometimes, when doing strong role play, it might be necessary to ‘de-role’, so that the actors can acknowledge who they are in real life, outside the role of the character they have just played.*
- *If you have sufficient time, ask the participants how the role play relates to their own lives.*

DAY ONE

SUGGESTIONS FOR ROLE PLAY SCENARIOS

- Condom demonstration. You are about to engage in a sexual encounter with another person, who is applying a condom incorrectly. Show your partner how to do it correctly, while not 'spoiling the moment'.
- Drug/alcohol use. A good friend of yours has decided to try a drug her boyfriend has been using for a while. Her boyfriend told her about how wonderful it feels, and that she will forget all her school and family problems. How would you handle this situation?
- Parents finding a condom. Parents finding a condom in their teenage daughter's bedroom. What are the subjects and issues that may come up in conversation?
- Drunkenness, parties and sex. Your teenage friend is bragging to you about drinking alcohol and having sex with a woman he met at a party. He hints that he does not remember all the details of that night. Similar incidents happen almost every weekend. What would you say to him?
- Being there for someone who is HIV-positive. A friend confides in you that he or she is HIV-positive. How would you handle this situation?

The scenarios described above may offer opportunities to provide information on numerous topics, such as:

- What is the window period of HIV infection?
- Should I be tested for HIV?
- I'm afraid I have an STI. Can it be treated?
- What is the difference between a latex and lambskin condom?
- What are spermicides or a lubricant?
- What are the effects of Ecstasy?

EXERCISE: ROLE PLAY REVOLUTION¹⁰

OBJECTIVE This exercise can be used to accomplish many objectives. It can serve as a topic lead-in to introduce various issues of a certain subject. It can be used to help provide information, motivate people to change behaviour, demonstrate a variety of negotiation and decision-making skills, model appropriate behaviour and provide information about accessing resources.

TIME 20 minutes

MATERIALS Two chairs

SUITABLE FOR ToT, training of peer educators

PROCESS Have eight to ten volunteers stand in a semi-circle behind the backs of two chairs. Ask two volunteers to sit on the chairs; explain that they will do a little acting.

Ask one of the players sitting on the chairs to start an improvised ‘scene’ by saying something to which the other player responds. Explain that at any point, one of the participants standing behind the chairs can ‘tap in’ and take over by simply lightly tapping the shoulder of one of the actors in the scene (provided this kind of touch acceptable in the local culture). The actor who comes in can either continue the story that was being played or start a whole new scene.

CLOSURE After most or all of the participants have had a chance to act, end the acting and start a discussion about what the participants’ experienced while playing their role. Any incomplete or incorrect information that appeared in the story can be discussed. It is very important to note that the actors were ‘in character’ and not necessarily playing themselves.

Note: This exercise is a valuable example of how peer educators can practise supporting each other as a team. For example, it should be made clear to them that when they are standing in the background, behind the chairs, they need to be quiet. They can be instructed to behave in such a way that it appears as though the role play is ‘*the most fascinating thing happening at this moment on the planet!*’

14. SELECTION OF DAILY FEEDBACK TEAMS

The facilitator explains the importance of daily feedback from participants on all aspects of the training (not only on the content of the training, but also on organizational and logistical issues), which will allow the trainers to make changes as needed. She or he therefore suggests appointing an evaluation team made up of two volunteers (called the ‘eyes and ears’) for each day of training. Their task will be to collect feedback from the group and report to the whole group the next morning.

TRAINING NOTE

Similar to the pre-test questionnaire, this daily feedback is also a useful tool for monitoring and evaluation an educational process.

15. WRAP-UP A brief review of the topics covered during the day. Participants are asked to think back on the day’s activities, mentioning some of the central themes. They can give feedback on how they feel the training is going.

DAY TWO

DESCRIPTION OF THE TRAINING CURRICULUM DAY BY DAY

AGENDA DAY 2

NO.	AGENDA ITEM	OBJECTIVES
1	Stretching and warm-up	To provide participants with experience of energizers and warm-up activities
2	Feedback on day 1	To provide an ongoing evaluation of the workshop
3	Energizer/team-building exercise: <ul style="list-style-type: none"> • A cold wind blows 	To provide participants with team-building techniques
4	<i>TRAINING TOPIC</i> Techniques for sharing information Exercises: <ul style="list-style-type: none"> • Peer education password • STI challenge 	To provide participants with experience in information sharing techniques on sexuality, STIs, HIV/AIDS, drugs, etc. To build participants' knowledge of peer education subjects such as sexuality, STI/HIV prevention, substance abuse prevention, etc.
5	<i>TRAINING TOPIC</i> Techniques for exploring values and attitudes Exercises: <ul style="list-style-type: none"> • Language of sex • Privacy squares • Brainstorming on four topics • Do you agree? 	To provide participants with experience in techniques for exploring values and attitudes To allow participants to explore their own attitudes and values related to sexuality, STI/HIV prevention and substance abuse prevention To become more comfortable talking about sexuality

AGENDA DAY 2 (continued)

NO.	AGENDA ITEM	OBJECTIVES
6	<p><i>TRAINING TOPIC</i></p> <p>Gender awareness and sensitivity</p> <p>Exercise:</p> <ul style="list-style-type: none"> • Gender not sex 	<p>To create awareness of sensitive issues when teaching people about sexuality</p> <p>To allow participants to understand the difference between ‘sex’ and ‘gender’ and learn to recognize gender stereotypes</p> <p>To create awareness of the importance of gender sensitivity in health education</p>
7	Wrap-up	

1. STRETCHING AND WARM-UP

Participants are invited to lead the group in some stretching exercises. Several trainees can demonstrate in turn which muscles to stretch. Trainers can add some fun to the exercise by asking participants to “try to reach the ceiling (or the floor)” when stretching. It is also an opportunity to invite participants to pay attention to their breathing, which can help the group relax and prepare for the day’s work.

2. FEEDBACK ON DAY 1

The feedback team delivers a summary of the feedback they collected from all participants on the training programme in general and on the previous day’s activities.

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3. ICEBREAKERS AND TEAM-BUILDING EXERCISES

EXERCISE: A COLD WIND BLOWS¹¹

OBJECTIVE Participants raise their energy level.

TIME 10 to 20 minutes

MATERIALS A circle of chairs

SUITABLE FOR All training and field work

PROCESS Prepare a circle of chairs in which there is one less chair than the number of participants.

***Caution:** For safety purposes, make sure that there are no sharp edges directly behind any of the chairs, in case, in the excitement of the game, someone slides the chair backwards into another participant or runs into the chair backwards. Also, make sure the chairs are strong enough to handle this type of activity, with participants jumping onto them.*

Stand one participant in the centre of the circle and explain that the objective of the game is for that person to get a seat. The player standing in the middle of the circle starts a sentence by saying, “A cold wind blows for anybody who...” and ends it with a fact that is true about her/himself. For example, if the player in the centre is wearing black shoes, he or she might say, “A cold wind blows for anybody who is wearing black shoes.” Everyone for whom that fact is also true – in this case people wearing black shoes – must then immediately get up and run to find a seat left empty by someone else. Participants may not take the seat next to them unless there is only one other person who is changing seats. The person in the middle also rushes to find a seat so that there is one person left standing. Whoever is left in the middle then repeats the process, and the game continues.

Explain that the choices for ending the sentence don't have to be limited to physical things. For example, participants could include attitudes about things or life experiences. If someone believes in helping support people who wish to abstain from sex, they could say, “A cold wind blows for anyone who believes people choosing to be abstinent should be supported in their decision.” Or they might say, “A cold wind blows for anybody who

thinks you should make condoms available in secondary school.” The game ends whenever the facilitator (or group) chooses to end it.

CLOSURE Ask whether participants enjoyed the game and how they felt about it.

4. TRAINING TOPIC *Techniques for sharing information*

Objectives of the session To build participants’ knowledge in content areas of peer education, such as sexuality, STI/HIV prevention, substance abuse prevention, etc., and build their capacities in using techniques for sharing information on these subjects.

Introduction The facilitator gets up and (perhaps using a flip chart) begins a traditional style lecture, talking about some technical information in a factual manner. This may last a few minutes, enough time to demonstrate the negative impact of an old-fashioned lecture style. This could be followed by a brief group discussion on more interesting and creative techniques for information sharing which require the active participation of the trainees.

EXERCISE 1: PEER EDUCATION PASSWORD¹²

OBJECTIVE To learn and share information in a way that is fun and appealing.

TIME 20 to 40 minutes

MATERIALS Large index cards with selected words on them, one word per card. Two rows of chairs for participants

SUITABLE FOR All training and field work

PROCESS Place two rows of chairs so that they face each other and ask the participants to sit on them. Have a stack of index cards with words ready to use, but do not let the participants see the words on the cards yet.

Stand behind one line and tell everyone to look straight ahead. Show the password to the people in the line facing you. The participants who have seen the password have to get those sitting opposite them to guess it, by giving them one-word clues. One person at the beginning of the line gives a clue, and the person sitting directly opposite him or her tries to guess the password. If he or she is wrong, the next person gives a clue, and the participant sitting opposite tries to find the password. This continues until someone

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guesses the word. Some sample passwords are mucous membranes, clitoris, penis, etc.

Explain to the group that the idea of the information game they are playing is to give each other clues, so they can try to guess the correct answer. You can give them some guidelines for giving clues: although the clues themselves can only contain one word, the answers may have more than one word; the clue should not contain part of the actual answer in it. You can also tell the group that ‘cheap shots’ are to be avoided. An example of a cheap shot in this game would be a clue that contains nothing about the true meaning of the word. For example, if the answer is ‘penis’, the clue should not be someone pointing to her or his lap and saying ‘Venus’. In fact, rhyming clues are also discouraged.

CLOSURE Once you have spent enough time (approximately 15 to 20 minutes) playing the game, sit with the group and ask participants, one at a time, to tell the group whatever they can about the word they are holding. Then, invite others to add any information that they think might be relevant. As the facilitator, you can then correct any misinformation and add any relevant information you think necessary. Try to get through as many of the cards as you can, time permitting, or remember to review them at a later time, or use them in the game again some time.

To introduce the next exercise, the facilitator explains how a simple quiz can be used as a springboard for discussing factual information with peer educators. Including one or two difficult questions might also generate additional interest among participants who initially thought they knew everything there was to know. (See annex 4 for a sample of both an HIV/AIDS quiz, page 159, and an STI quiz, page 161.)

TRAINING NOTE

When preparing a quiz on STI or HIV/AIDS for peer educators or trainers, the quiz questions may be somewhat more difficult than those you would include in a quiz for field activities with young people. However, keep in mind that neither peer educators nor trainers are expected to be as knowledgeable on infectious diseases as are professional health workers.

EXERCISE 2: STI CHALLENGE¹³

OBJECTIVE To learn and share information in a way that is fun and appealing.

TIME 20 to 40 minutes

MATERIALS Chart on which to keep the scores

SUITABLE FOR All training and field work

PROCESS Prepare a list of questions and answers (a sample list, STI challenge – facilitator’s version, can be found in annex 4, page 161).

Divide the participants into two, three or more teams (depending on the total number of participants) and tell each group to select a name and a speaker for their team. All team members will be able to work together to come up with an answer, but only one person will be allowed to say the answer out loud. Explain to them that you will be asking questions to each team. If the first team does not know or does not give the correct answer, the next team will get a chance to answer it. Each team will have approximately three minutes to come up with an answer. At the final question, the participants will have a chance to ‘bet’ all their accumulated points (one point for each correctly answered question): they will receive double points if they answer the final question correctly, or lose all of them if they do not.

Begin asking the questions. After each correct answer is given, ask or explain why it is correct. Also, address the incorrect answers, especially if they are common misconceptions.

CLOSURE Ask participants if they have any questions now that the game is over or if they are confused about any of the questions or answers. If so, deal with them immediately.

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5. TRAINING TOPIC *Techniques for exploring values and attitudes*

Objectives of the session To provide participants with experience in techniques for exploring values and attitudes and to create awareness of how difficult it is to discuss sexual and reproductive health issues openly.

Introduction To introduce this training session, the facilitator explains that participants will enter into discussions and activities about human sexuality and will explore their own values and attitudes.

The trainer points out that, although the teaching may go into sensitive issues in some detail, in no way is it intended to tell people how to live their lives. The details of these educational sessions are meant to give people information so that they can choose their own direction and have the capacity to help and protect others on the road to health.

WORD SENSE

Values represent what a person appreciates and esteems. If young people have learnt to value their health, for example, they will be more likely to delay having sex or to practise safe sex.

Attitudes are a person's feelings towards something or someone. In the context of AIDS, tolerance of different lifestyles, rejection of discrimination and prejudice as well as compassion and care are the most important attitudes.

TRAINING NOTE

Most of our notions about human sexuality are influenced by sexual and gender norms, as well as by family and cultural messages that we receive while growing up. It is important to recognize that our religious or non-religious upbringing may also play a significant role in our personal attitudes towards peer education and the issues with which it deals. All trainers and peer educators should therefore do some self-exploration regarding their own values and attitudes.

Attitudes and values are not easy to teach or to measure. However, there are techniques, such as group discussion, case studies or 'values-voting', which can help explore and influence people's attitudes and values. Another way of developing attitudes is by personal example. Peer educators can act as 'role models'. If, for example, one of the aims of a peer education programme is to encourage young people to be tolerant, the peer educators' personal behaviour should reflect this attitude.¹⁴

Before beginning a peer education programme in any community, it is very important to learn about the prevailing culture(s), traditions and social norms. Without such awareness, there is a great risk of offending people and losing acceptance as an educator/programme. A damaged reputation can have far-reaching consequences, and the impact may last for a long time.

Training Note (continued) *In some communities, a certain importance is placed on modesty regarding sexual matters. Immediately talking about sexual issues in very frank and detailed language might be a mistake there. Some communities may also have concerns about programmes in which young women and young men participate together. It is therefore best to move into this area one small step at a time. The following are examples of the sort of information that will help you learn about the community and avoid activities that may upset them:*

- *Find out what issues might concern the organization with which you will be working.*
- *Conduct an assessment of the target community if this is not yet available. Find out whether young women will be able to participate in your programme and, if necessary, what barriers may prevent them from doing so. This might justify the intervention you are proposing.*
- *Discuss with the leaders or the administration of the organization you will be working with, which topics you propose to cover and how they will be taught.*
- *Move into the discussion on issues of sexuality and gender gradually and with care.*
- *If possible, organize a training sequence for the administration so that they can better understand the problems you are addressing (e.g., reproductive health, gender biases).*
- *If you are working with young people in a school, try to inform/train first the administration, then the teachers and then the parents, before going on to the training programme for young people. In this way, you will obtain input and approval from the community in support of the programme.*
- *Ask for feedback regarding how the programme has been received to show your respect for the community in which you are working.*
- *Write a short report and provide it to the community you have served.*

DAY TWO

WORKING WITH RELIGIOUS LEADERS

It is important to consider the best way to approach any target community for peer education from the point of view of religious teachings, norms and influences. Peer education programmes are often more successful if religious organizations and leaders have collaborated in developing the teaching curricula and materials for the community. If the leaders are properly sensitized and educated about the target group's needs (for example, they have seen the results of needs assessments) and issues (having heard about them personally from the affected group), they may become important allies in helping achieve the objectives. It is particularly important to seek out religious leaders who are gender-sensitive since their support can contribute greatly to enabling young women and young men to participate equally in your programme.

Historically, religious leaders were expected to help counsel and support people who are ill. A different, more sensitive approach might be needed to help them see the important role they can play in helping prevent people from becoming sick in the first place, by advocating for comprehensive education. When they acknowledge this, religious leaders and experts can also help you to justify why it is important to address reproductive health matters by explaining where and how religious teachings permit such education.

For example, although some religions stress the value of modesty regarding sexual matters, they also teach that protecting or saving a life takes precedence over other rules. In these religious beliefs, it is thought that rules must be applied when they help people live and stay healthy, but not when observing the rules might cause them to die. They teach that life is sacred, that we must warn others of danger, that we must be compassionate towards people, and that we must attend to those who are ill. Thus, in some religions, it is said that when someone saves a single life, "It is as if she (or he) has saved the entire world." These religious institutions generally discourage people from working on holy days, but make an exception for doctors, if someone's health is in any kind of danger.

EXERCISE 1: LANGUAGE OF SEX¹⁵

OBJECTIVES To learn to feel more comfortable when talking about sexuality.

TIME 25 minutes

MATERIALS Handouts with words and questions, sheets of paper, pens

SUITABLE FOR ToT, peer educators' training

PROCESS Divide the participants into small groups of three people; give each group a large flip chart and a marker.

Explain that many people find it embarrassing to discuss subjects which touch on sexuality and its consequences. However, when dealing with topics such as sexual health

and HIV/AIDS, we must be able to talk about sexual attitudes, behaviour and the consequences of unprotected sex.

Ask the participants to put aside their fears of saying taboo words during this exercise, explaining that we must learn to talk about various sexual parts of the body and different sexual acts in order to protect our health.

Give the group a handout which contains a list of terms related to sexuality (see below for an example of such a list). Ask them to choose two words (or assign them if they feel shy): one should come from the list related to sex and reproduction and one from the list related to the consequences of sex.

Examples of terms related to sexuality include: vagina; breasts; menstruation; sperm; penis; intercourse; orgasm; pleasure; STI; HIV/AIDS; masturbation; condoms; woman who has various sexual partners; man who has various sexual partners.

Ask each group of three people to write synonyms (similar terms) used in their community for each word they have chosen on the flip chart.

Ask the group to answer the following questions:

- Which synonyms for each word chosen from the list are most acceptable for 'public' use and which are considered unacceptable?
- Which words do young people use most when they talk among themselves?
- Which words do young people use most when talking with their parents and other adults?
- Which words have negative meanings for women or men?
- Do you think that the negative words can be harmful when they are used to embarrass or insult people? If so, why do you use them?
- Why do you use words that are not respectful of women and men?

When the groups present their answers to the others, place their large sheet of synonyms on the wall for the whole group to see.

CLOSURE Point out that it is important to talk to adolescents in their own language – or at least allow them to use the words that they know best so that they feel comfortable in talking about sex and its consequences.

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Point out that we must adjust our use of language to our audience; this means we may use certain words with our friends and other words with adults such as parents and teachers.

Explain that, to be able to talk about sexuality, we need to overcome our own sensitivity to using sexually explicit words. If we cannot communicate clearly to other people what we like and do not like, what we want and do not want, misunderstandings will occur.

Tell the participants that we need to be able to say words that clearly refer to sex and sexuality when we want to ask for help, for example, when visiting a health worker.

Stress that some of the disrespectful words used can be harmful. For example, in many places, there are lots of ‘negative’ words for women who have sex outside marriage (e.g., slut, whore), while the words for men who have sex outside marriage or with many partners (e.g., real man, stud) are viewed as positive. This use of language reinforces ‘double standards’ and inequality between men and women.

Also point out any words on the list that are violent in nature (e.g., bat, gun, spear) and explain how using such words can contribute to ideas that violence in sex is permissible.

EXERCISE 2: PRIVACY SQUARES¹⁶

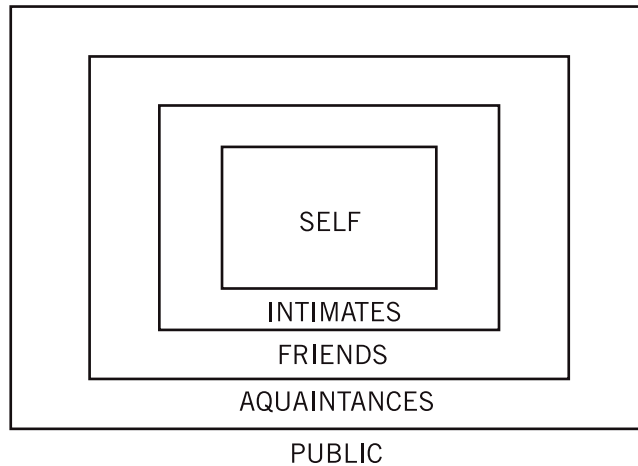
OBJECTIVES Participants think about the importance of, and increase their sensitivity to, privacy when teaching people about sexual health and HIV/AIDS.

TIME 20 to 25 minutes

MATERIALS Pen or pencil and a sheet of paper that contains the concentric boxes as outlined below for each participant; markers; list of ‘privacy squares items’ to consider reading (see below).

SUITABLE FOR ToT

PROCESS Give each participant a sheet of paper and a pen or pencil, ask them to sit down and be ready to write. Display a large flip chart paper with the **concentric** squares on it (see below and annex 4, page 157 for an example).



List the following ‘privacy squares items’ on the flip chart:

With whom would you share:

- your height (ht)?
- your weight (wt)?
- that you are dissatisfied with some part of your body (body)?
- your method of birth control (contra)?
- the extent of your sexual experience (sextent)?
- your sexual fantasies (fantasies)?
- that you enjoy erotic material (X)?
- that you have fantasized a homosexual relationship (gay-fan)?
- that you have had a homosexual relationship (gay-exp)?
- your feelings about oral sex (oral)?
- that you have considered being tested for HIV (considered)?
- that you have been tested for HIV (tested)?
- that you tested positive for HIV (+)?

Explain to participants that, when educating about sexuality, it is critical to respect the privacy of others. To explore what privacy means to each of us, participants copy the privacy squares as drawn on the flip chart (or they use pre-prepared sheets) and fill them in individually. They should write in the appropriate square with whom they would share

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the type of information that the facilitator reads out (they can use the symbols or abbreviations instead of the whole phrase).

Explain that for this exercise, participants should think about people in their lives who might 'fit' into the respective squares. Help define terms such as 'acquaintance' and 'intimates'.

You can begin by saying, for example: *"Let's start with your height. Think about with whom you would be able to share information about how tall you are. Would you share it with the people you consider your intimates? Acquaintances? Or in a public setting with people you do not know?"*

Point out that some of the experiences will not apply to some participants. Explain that for those questions, the participants should try to consider with whom they would share the information if those experiences did apply to them.

When reading out questions about privacy, be careful to allow enough time for participants to think about the question and their answer to it.

CLOSURE Ask the participants what they felt about the exercise. Did they learn anything about themselves? Point out that because we are used to working in the world of sex education and to talking and thinking about it, we may forget how private certain issues are to some people.

EXERCISE 3: BRAINSTORMING ON FOUR TOPICS¹⁷

OBJECTIVES To explore personal values with regard to sexual relationships.

TIME approximately 75 minutes

MATERIALS Four flip charts and four markers; tape

SUITABLE FOR ToT

PROCESS Tape four flip-chart sheets on the wall, each with one of the following questions written at the top:

- Why do young people engage in sexual relationships?
- What could be their reasons for waiting/abstaining from having sex?

- Why should one use protection when having sex?
- What are the alternatives to having sex?

Split the group into four teams, give each group a marker and tell each group to go to one of the question sheets. Tell them they will have five minutes to write down as many items/ideas as they can on each sheet.

Give them a one-minute warning that time is nearly up. After five minutes, ask the groups to move on to the next sheet. Tell them to read the other groups' responses so as to avoid repetition before they write down their own ideas. Repeat until each group has written responses to each of the brainstorming topics and then ask the participants to reassemble as one group.

Ask them to evaluate the lists. Are some reasons better than others? How do they know? How do the reasons affect the ways in which peer educators try to influence the decisions their friends make?

If you think the young people have overlooked an important reason, tell them your idea now. If they agree, add it to the list.

At this point, start a discussion with the participants. Using their responses to the questions about possible alternatives to sex and why protection should be used, ask them to suggest ways to encourage a friend or peer to have safe sex (or to abstain from sex). As a group, decide which strategies would be most effective and positive.

If you have enough time, ask the participants to split into pairs and role play. Tell them one is the peer educator, the other is a friend/peer. Ask them to practise encouraging the friend not to indulge in risky behaviour.

Note: *Trainees must keep in mind that a discussion on questions such as those outlined above may be considered inappropriate by members of some cultures. This exercise should only be used where it is culturally acceptable, and even then, must be handled with great sensitivity.*

DAY TWO

EXERCISE 4: DO YOU AGREE?

OBJECTIVE To explore a person's own values and attitudes related to various issues, such as sexuality, HIV/AIDS, substance use, etc.

TIME 45 minutes

MATERIALS Two sheets of flip-chart paper, on one of which is written the word 'agree' and on the other, 'disagree'.

SUITABLE FOR Any training or field work with young people aged 16 years and over and in small groups

PROCESS Put the two pieces of paper either at the opposite ends of an imaginary line on the floor or on opposite walls of the room. Ask participants to stand together in the middle of the room.

Explain that you will read out some controversial statements, and they have to take a stand on the imaginary line somewhere between 'agree' and 'disagree' according to their response to this statement.

After you have read the first statement, the participants go to the spot which best describes their response to it. When they are all standing somewhere along the line, ask a volunteer to explain why he or she is standing there. Let three volunteers give their viewpoint, then let the other participants react to these opinions.

Continue with the next statement.

After reading and reviewing all the statements, you can ask the participants how they felt about exposing their values to other participants, especially if they were in the minority.

You can also give group members the opportunity, after listening to the views of some participants, to move to the position that best expresses their feeling now. Ask them if it was easy to change their stand.

Examples of statements include:

- Teenagers should know about condom use and have free access to condoms.
- I would accept a friend who is homosexual.

- I would accept my brother/sister if he/she were homosexual.
- Those infected with HIV have only themselves to blame.
- Prostitution should be banned to prevent the spread of HIV/AIDS.
- Clean needles should be made available on request to drug users who inject their drugs.

CLOSURE Be sensitive towards your participants' needs before, during and after this exercise. Some of them might feel vulnerable, but may not show it. Make sure that they feel comfortable sharing – or not sharing – information. After the exercise is officially finished, make yourself available to discuss any possible problems with the participants individually.

6. TRAINING TOPIC *Gender awareness and sensitivity*¹⁸

Objectives of the session This session aims at creating an awareness of why it is important to integrate a gender perspective into peer education work.

WORD SENSE

Gender refers to widely shared ideas and expectations (norms) concerning women and men. These include ideas about 'typically' feminine or female and masculine or male characteristics and abilities, and commonly shared expectations about how women and men should behave in various situations. These ideas and expectations are learned from family, friends, opinion leaders, religious and cultural institutions, schools, the workplace, advertising and the media. They reflect and influence the different roles, social status, economic and political power of women and men in society.

DAY TWO

TRAINING NOTE

Young men and women can help reduce some of the risk factors that contribute to the health issues they face, if they are equipped to recognize and deal with them.

Gender biases are one such risk factor. People who work in the domain of adolescent health need to understand the concept of gender and how they are influenced by it through their own cultures, traditions and prejudices, sometimes without even realizing it. For everyone is taught – both as children and as adults – to behave in certain ways and believe certain things according to gender-based norms.

Once people have recognized these gender-based norms and roles, they can begin to learn how to change them and to resist expectations and situations that put young people at risk. Peer educators can also help to challenge gender-based norms and stereotypes by being more aware of how gender influences their own and their peers' behaviour.

When integrating a gender perspective into a peer education programme, peer educators should keep the following points in mind:

- *Incorporating a gender perspective into activities with young people requires continual efforts and awareness-raising. It is not a one-time action nor simply a matter of using correct terminology (e.g., speaking about both young men and young women or using she and he instead of just he in documents).*
- *Gender has to do with relationships, not only between men and women but also among women and among men. For example, mothers teach daughters not to contradict men; fathers teach sons 'not to act like women' by crying when they are hurt.*
- *A quick way to remember the difference between sex and gender is that sex is biological and gender is social. This means that the term 'sex' refers to physical characteristics we are born with, while gender roles are learned gradually and can change.*
- *Gender does not only apply to people who are heterosexual: it also affects people who are bisexual, homosexual or lesbian and people who choose to abstain from sex.*
- *Men and women can manipulate gender-based ideas and behaviours for their own benefit, perhaps without harming anyone but at the same time reinforcing stereotypes (e.g., women crying or flirting or men 'pouring on the charm' to get something done).*
- *It is difficult to be 100% gender-sensitive; we are almost all influenced by gender in our ideas and actions.*
- *Gender sensitivity does not mean that we no longer recognize differences between men and women. Some differences remain because of biology; we may choose to retain others even in equal relationships (for example, men opening doors for women to be polite).*

Additional gender exercises may be found in annex 5, page 182.

EXERCISE: GENDER NOT SEX¹⁹

OBJECTIVE Participants understand the difference between ‘sex’ and ‘gender’ and learn to recognize gender stereotypes.

TIME 25 minutes

MATERIALS Large sheets of flip-chart or newsprint paper, markers and tape; a flip-chart sheet or overhead transparency on which definitions related to sexual orientation are outlined

SUITABLE FOR All training and field work

PROCESS Draw three columns on a large sheet of paper. Label the first column ‘woman’ and leave the other two blank.

Ask participants to identify personality traits, abilities and roles (‘attributes’) that are often associated with women; these may include stereotypes prevalent in the participants’ communities or their own ideas. Write down their suggestions in the ‘woman’ column.

Next, label the third column ‘man’ and ask participants to again make a list of personality traits, abilities and roles that are often associated with men. Write down their suggestions in the ‘man’ column.

If participants do not give any negative or positive traits, abilities or roles for either sex, add some to ensure that both columns include positive and negative words. Add also biological characteristics (such as breasts, beard, penis, vagina, menopause), if none are suggested by the participants.

Now reverse the headings of the first and third columns by writing ‘man’ above the first column and ‘woman’ above the third column. Working down the list, ask the participants whether men can exhibit the characteristics and behaviours attributed to women and vice versa. Those attributes usually not considered interchangeable are placed into the middle column that is then labelled ‘sex’.

To save time, it is not necessary to discuss each term separately. However, make sure that all the words in the ‘sex’ column are discussed.

Expect participants to debate the meanings of some words – one of the goals of this

DAY TWO

exercise is to demonstrate that people assign different meanings to most characteristics that are gender-based.

Be prepared to handle discussions about different types of sexuality. It can be useful to distinguish 'sexual orientation' from gender. If necessary, provide simple definitions related to sexual orientation, using a flip chart or an overhead transparency. Point out that no matter what individuals' sexual orientation is, they are influenced by social expectations regarding their behaviour and roles according to their biological sex.

Explain that sex has to do with biological and genetic matters while gender refers to social/cultural ideas and expected roles for women and men in society and that, therefore, what is considered gender may vary according to cultures and societies.

Point out that, while all the words in the 'man' and 'woman' columns refer to gender, many people confuse sex with gender or vice-versa so that they list the same words under sex and gender. The word 'gender' is also often used inappropriately instead of 'sex' (for example, when people are asked their gender instead of their sex on forms).

CLOSURE Stress that stereotyped ideas about female and male qualities can be damaging because they limit our potential to develop the full range of possible human capacities. By accepting these stereotypes, we restrict our own actions: we cannot determine our own behaviour, interests or skills, so, for example, men are discouraged from participating in 'women's work' (such as childcare), while women are dissuaded from choosing roles that are traditionally 'male' (such as engineering).

Emphasize that this does not mean that we cannot enjoy displaying qualities that are usually associated with our own sex, but that it is important for all of us to make our own decisions about what we do.

7. WRAP-UP

A brief review of the topics covered during the day. Participants are asked to recall activities of the day, mentioning the central themes. They can give feedback on how they feel the training is going.

DAY THREE

DESCRIPTION OF THE TRAINING CURRICULUM DAY BY DAY

AGENDA DAY 3

NO.	AGENDA ITEM	OBJECTIVES
1	Stretching exercise	
2	Feedback on day 2	To provide an ongoing evaluation of the workshop
3	Icebreaker/warm-up Exercise: • Pass the mask	To provide participants with experience in icebreakers, warm-up activities and team-building exercises
4	<i>TRAINING TOPIC</i> Techniques for building skills Exercises: • Introduction to life skills-based education • Saying "no" role play (negotiation skills) • Condom relay race	To introduce the concept of life skills and life skills-based education, and identify its linkage with peer education To provide participants with experience in techniques for building skills, which enable young people to protect their health, i.e.: • techniques aimed at building refusal skills • techniques aimed at building knowledge and skills in correct use of condoms
5	Energizer suggested by participant(s)	To share participants' experience in energizers.
6	<i>TRAINING TOPIC</i> Motivational tools and techniques Exercise: • Why do we do this work? Group discussion: Inviting a guest speaker Integrating people from vulnerable groups into the programme Video as a motivational tool Exercise: • Visual imagery – HIV testing	To motivate participants to continue to work in the area of youth health education, through experiencing a collective feeling of why this work is important To provide participants with experience in motivational techniques To consider the potential contribution of personal declarations in creating motivation for behaviour change

DAY THREE

AGENDA DAY 3 (continued)

NO.	AGENDA ITEM	OBJECTIVES
7	<i>TRAINING TOPIC</i> Role play again Exercise: <ul style="list-style-type: none">• Triads – competing for attention	To introduce the potential of video technology for building motivation To practise role play skills
8	Wrap-up	

1. STRETCHING EXERCISE

Participants are invited to lead the group in some stretching exercises. Several trainees can demonstrate in turn which muscle to stretch.

2. FEEDBACK ON DAY 2

The feedback team delivers a summary of the feedback collected from all participants day before.

3. ICEBREAKER/WARM-UP

Participants are instructed how important it is to use icebreakers, warm-up activities, energizers and team-building exercises continuously in training.

EXERCISE: PASS THE MASK²⁰

OBJECTIVES Participants break the ice, the group's energy is raised and steps are made towards team building. Participants relax with each other by being able to appear silly with each other.

TIME 5 to 10 minutes

MATERIALS None

SUITABLE FOR All training

PROCESS Ask all the participants to stand in a circle, facing inwards.

Explain that each person is going to receive and then make a facial ‘mask’ which he or she will pass on to the next person in the group, who will make a new one to pass on, etc.

Tell them the following: *“I am going to make a face or a ‘mask’ and make eye contact with the person on my left. She or he must try to copy or make the exact same mask, with her/his face, as if she/he were looking in a mirror. [Demonstrate] Then, she/he will turn to the left and change the first mask into a new one to pass on to the next person. We will ‘pass the mask’ around the circle. Let’s try it now, and remember to make eye contact and give the person enough time to make a really good copy of your mask with her/his face. Do not rush through it too quickly, give everyone time to copy your mask exactly.”*

CLOSURE The group can discuss how they felt playing the game.

4. TRAINING TOPIC *Techniques for building skills*

Objectives of the session This session is aimed at helping participants to understand why skills building is an essential component of a health education programme. It provides an opportunity to explore the concept of life skills, and also to experience common techniques for building skills with young people.

TRAINING NOTE

Various studies have shown that knowledge alone does not lead to behaviour change. Most people know, for example, that cigarettes can cause lung cancer. But that doesn’t stop them from starting or continuing to smoke. In the context of HIV/AIDS and other STIs, this means that being aware of how the diseases are transmitted or how to protect oneself does not lead to safer behaviour. So, information activities should not dominate a training programme. Good knowledge is only a base upon which to build the necessary skills and the positive attitudes and values.

To adopt and practise safe sexual behaviour, young people need to develop important life or behavioural skills, such as:

- *Self-awareness*
- *Decision-making skills*
- *Assertiveness (for example, to be able to resist pressure to use drugs or to have sex)*
- *Negotiating skills (to insist upon protected sex)*
- *Practical skills (for efficient condom use)*
- *Recognizing, avoiding or managing situations that may lead to violence or abuse²¹*

DAY THREE

EXERCISE 1: INTRODUCTION TO LIFE SKILLS-BASED EDUCATION

OBJECTIVE To enable participants to identify what life skills are and what they are useful for.

To introduce the concept of skills-based education and identify the role of peer

TIME 30 minutes

MATERIALS Two flip charts

SUITABLE FOR ToT

PROCESS Get the participants to brainstorm in four small groups, each group discussing two questions. All groups discuss the following subject as their first question:

- What are life skills?

Then, each group chooses one of the following questions as the second issue for discussion:

- Who can teach life skills?
- Where can life skills be taught?
- How can life skills be taught?

After this, hold a 'feedback session', in which the whole group discusses the answers to the four questions.

Read out (or give the participants) the WHO definition of life skills (see box above) and discuss how this fits into what the trainees have formulated.

Ask the participants to share with the group their own experience of skills building when working with young people, and what they consider appropriate techniques for building skills.

The following exercise is a typical example of a activity to help build skills. It is aimed at developing assertiveness in non-sexual situations, and therefore is very suitable for a young target audience. It can also be used as an introduction to an activity aimed at developing safer sex negotiation skills.

WORD SENSE

Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.

Source: WHO, 1993.

Skills-based health education is an approach to creating or maintaining healthy lifestyles and conditions through the development of knowledge, attitudes, and especially skills, using variety of learning experiences, with an emphasis on participatory methods.

Source: UNICEF, Skills for Health,

EXERCISE 2: SAYING "NO" ROLE PLAY²²

OBJECTIVE To help young people develop assertiveness in non-sexual situations.

To help participants find ways of dealing with peer pressure.

TIME 45 minutes

MATERIALS None

SUITABLE FOR All training

PROCESS Ask participants to think of a situation, which occurred when they were young, in which someone of the same age asked them to do something they did not want to.

From their answers, pick out a few examples, such as:

- A friend asked if he/she could borrow your brand-new motorbike for a ride far away on a bad road
- A friend asked you to try a cigarette or a joint
- A friend dared you to steal an item in a supermarket

Ask two volunteers to act one of these situations out in a role play.

Discuss the way in which the person in the role play has said “no”. Ask the actors how they felt refusing what the other asked. Was it easy?

Emphasize in the discussion that it is not always easy to say no, especially to a friend. It is normal to feel confused or to feel there is something wrong with you when others are putting pressure on you. But you can learn different ways of refusing to do something you don't like or don't want to do, while remaining true to yourself and to the things you believe in.

Ask the participants to think of different ways of saying no.

Examples of assertive ways of saying "no" include:

- You refuse politely
- You can give a reason for your refusal (but this doesn't mean you have to apologize!)
- You walk away
- You give an alternative
- You disagree with the other person
- You take the offensive
- You avoid the situation

DAY THREE

Have another role-playing session. Ask two volunteers to act another of the situations proposed at the beginning of the activity. Ask them to think of using the different ways of refusal that you have just discussed.

Again, discuss with the whole group how well the actors resisted pressure.

EXERCISE 3: CONDOM RELAY RACE²³

OBJECTIVE Participants practise the proper way to use a condom during an exercise that gives them the opportunity to touch and feel a condom in a non-threatening atmosphere.

TIME 30 minutes

MATERIALS Two condom demonstration models (such as bananas or the model of a penis); enough condoms for each participant; flip chart and markers

SUITABLE FOR All training

PROCESS Divide the group into two teams. If you have equal numbers of male and female participants, consider making single-sex teams. Have two volunteers (participants or co-facilitators) holding the two penis models.

Tell the teams that each member will briefly demonstrate correct condom use. Participants should only open the condom package, put the condom on the model and remove it when it is their turn. When one team-member has done this, it is the turn of the next person of the team. The winner is the first team in which everyone has completed the task. Lots of cheering and encouragement make this relay a lot of fun.

Ask the whole group if everyone correctly demonstrated how to open the package and to put on and take off the condom. Go over what the correct steps of condom use are, and summarize these steps on a flip chart:

- Check the expiry date printed on the package
- Open the package carefully so that the condom does not tear. Do not unroll the condom before putting it on
- Squeeze the tip of the condom, so that you leave a centimetre of empty space at the top for the semen

-
- Still holding the tip, unroll the condom until it covers the entire erect penis
 - After ejaculation, pull the penis out before erection is lost, holding the rim of the condom to prevent spilling
 - Dispose of the condom in a safe place

Also mention the importance of storing condoms properly in a cool, dry place.

CLOSURE Point out to the group that with a little practice, putting on a condom correctly can be done very quickly.

TRAINING NOTE

Remember that abstaining from sex and using condoms during sexual relations is the only way to protect individuals both from unwanted pregnancy and from HIV and other STIs. Many surveys, however, show that young people do not use them, even if they are aware that condoms protect. Often this is due to a lack of skill in using condoms with a partner, a lack of self-confidence when it comes to buying them or because of negative attitudes towards condom use. Therefore it is crucial to include condom 'activities' in your prevention programme. It is also useful to be able to answer the questions that young people frequently ask about condoms (see box on page 82).

5. ENERGIZER *Participants are invited to lead the group in an energizer that they are used to employing.*

6. TRAINING TOPIC *Motivational tools and techniques*

As a way of introducing this topic, participants are given an opportunity to talk about the meaning of peer education work in their personal life, in order to explore and increase trainees' motivations for working in the field of youth health education.

The session continues with a discussion on what tools and techniques can help to encourage young people to take health prevention seriously, whether it is to protect their own health or to care for others. Examples of useful techniques and tools include inviting a guest speaker to share his or her experience with the audience, involving people from vulnerable groups in the programme or showing all or part of an appropriate film.

DAY THREE

FREQUENTLY ASKED QUESTIONS ABOUT CONDOMS:

- **Can a condom be used again?**

No, a condom should only be used once.

- **Should you use a lubricant with a condom?**

Lubrication helps to avoid tearing of the condom. Most condoms are already lubricated when manufactured. If the condom is not lubricated, use water-based lubricants – never use oil or greases, as these can cause the condom to tear.

- **Do condoms reduce sensation?**

Nowadays, condoms are very thin but very strong. Thicker does not mean stronger. These days, condoms hardly reduce sensation.

- **Can a condom slip off inside a vagina or anus?**

Yes, but not if you have put it on properly – read the instructions carefully and practise on your own!

- **Do condoms come in different sizes?**

Usually one size fits all.

- **What is a female condom?**

A female condom is a strong, soft transparent sheath made of polyurethane. It fits inside the vagina and prevents any contact with the man's semen. It can be inserted manually at any time before intercourse and removed afterwards.

Adapted from School Health Education to Prevent AIDS and STD, A resource package for curriculum planners, WHO, UNESCO, 1994.

EXERCISE 1: WHY DO WE DO THIS WORK?

OBJECTIVES Participants become more aware of their motivation for working in peer education.

Sharing personal feelings with other group members in an open discussion session helps participants feel part of a group.

Recognizing as a group that the work they do is important increases trainees' motivation to carry on that work and to remain a member of their peer education network.

TIME 45 minutes

MATERIALS A comfortable place without distractions for participants to sit in a group

SUITABLE FOR ToT, training of peer educators

PROCESS Begin the exercise with a reminder of the ground rules about respecting people's privacy/confidentiality. Explain that although the participants will have opportunities to speak about their personal experiences, under no circumstances should they feel in any way pressured to disclose more than they are comfortable sharing in this context. They should use some judgement about how deeply to go, since this is an educational workshop and not a therapeutic clinical situation. For example, they might want to discuss something painful from their past in another setting.

Share some personal feelings about how important peer education and health promotion are in your own life. For example, you might mention some experiences that were partly responsible for your choosing to pursue this type of work and/or talk about the professional career path that led you to this job.

This is done to show participants that, during this exercise, speaking personally is acceptable. Personal disclosure and the invitation to speak freely essentially open the door for any participants who wish to speak on a more personal level. The group may be ready for this level of interaction, particularly if workshop activities have made them all feel very much part of a group. An ideal scenario would be to organize a fun social activity the evening before this exercise, so that participants can 'let their hair down'.

Some participants will probably follow your example and share personal experiences about events or losses that they have experienced in their lives and that helped make them interested in working in peer education.

CLOSURE Thank the participants for participating so openly in the discussion. Explain that peer educators can briefly explain why they work in peer education in the introduction to a workshop (a session sometimes called "Why we are here"). This is likely to make their audiences take them more seriously, because they gain credibility through sharing authentic experiences; it also may promote identification with their audience.

DAY THREE

Group discussion on selected tools for creating motivation

Inviting a guest speaker Participants are given the opportunity to share their work experiences with guest speakers (e.g., a person living with HIV/AIDS) in workshops or educational sessions. The facilitator points out how valuable this can be as a motivational tool, and also emphasizes the importance of trying to include such people in the entire process of the programme, rather than only as guests (see below).

Integrating people from vulnerable groups into the programme The involvement of people from vulnerable groups is very important in peer education. The extent to which people living with HIV/AIDS or other life-threatening and serious health concerns are involved, preferably in the development of the entire peer education programme and certainly in the education process, will probably increase the motivation of participants and trainees and encourage them to take the issues more seriously.

VIDEO AS A MOTIVATIONAL TOOL An excerpt of an appropriate film is shown to participants and then discussed. The facilitator helps the participants to think about how to introduce and discuss films/video in peer education programmes and emphasizes how, when using videos, careful review and preparation are essential. A trainer or peer educator should, for example, think about key questions for the audience to help encourage and guide the discussion after watching the video.

EXERCISE 2: VISUAL IMAGERY EXERCISE – HIV TESTING²⁴

OBJECTIVE Participants develop a deeper understanding of the implications and experience of people who go for an HIV test.

TIME 45 minutes

MATERIALS A bag or hat with small pieces of coloured paper of two different colours with a few pieces of a third colour.

SUITABLE FOR ToT

PROCESS Explain to the participants that they are going to do a visual imagery exercise

that will help them experience testing and counselling.

Ask each participant to take a piece of paper out of the bag or the hat and to keep it. Say the following (the text can be adapted if necessary, depending on the local context):

“This will work better if you close your eyes. I’d like you to imagine that you are at home in the morning in bed. The alarm clock is ringing and as you fumble around to turn it off, you slowly wake up. You are still feeling tired, and you notice that your head is feeling heavy, a little heavier than usual. In fact, you realize that you probably have a fever and you ache just trying to move your body. As you get up to wash, you decide that you won’t go to school/work today but should go to the doctor to see what you have.

“At the doctor’s office, you are finally examined and the doctor says that everything will be fine, you just have the flu (influenza). On your way home, however, you remember thinking in the waiting room about the fact that you have never had an HIV test. Maybe now is the time to do it. So when you get home, you call the doctor’s surgery to make an appointment to have an HIV test. You prepare for the test.

“It’s the day of the test now. Think about your journey to the clinic. Perhaps you have to take a bus, or go in a car or walk there. Imagine what the clinic looks like when you get to the door. Perhaps there is a sign on the door with the clinic’s name or perhaps it’s an anonymous place. You walk in and they give you a number and you wait your turn. Finally a counsellor greets you, asks you some questions about your past behaviour, whether you have used drugs and some things about your sexual history. Then you have the blood or saliva sample drawn and you are given an appointment to return to the clinic.

“The time goes slowly. Now it’s the day to go for your test results. In the morning, as you wash or take a shower, you wonder what it would be like to receive a positive test result. You remember the familiar journey to the clinic. On the way you might remember an experience from your past when somehow you might have risked being infected with HIV. You enter the clinic and tell the receptionist your name. While you wait, you see the counsellors go in and out of the office with other clients. “Now the counsellor greets you and asks you to follow him or her into the office. You are shown a number to compare with the one you are carrying to confirm that the test results you are about to receive are definitely yours. Once you see that the numbers match, the counsellor opens up your file to give you your results.

DAY THREE

Select a paper from the bag and continue: *“Those of you who selected the paper that is [name colour] tested positive. Those of you who selected the other colour tested negative. If you took a piece of the third colour, you had an inconclusive test result.”*

Allow a few moments of silence again and then continue: *“Think about whether you would say anything or ask the counsellor any questions. Maybe you are wondering with whom you might share the news.*

“Now I’d like you to come back, and remember where you really are. Remember you are in a training exercise, and not really in a clinic at all. When you are ready you can open your eyes, and we will share some thoughts and feelings.”

Allow the group to discuss their experience. Be ready for considerable emotion from the group members, particularly as you might have some participants who have already had an HIV test and been tested positive. Allow participants to discuss their feelings, while reminding them that some of the people in the room might be affected by HIV/AIDS.

CLOSURE Point out that sometimes people might send others to take an HIV test without thinking about or understanding the implications. Mention that sometimes people who get a positive test result first tend to tell several people about it quickly. When the emotional impact of the news really sinks in, they sometimes regret telling some of those people. Therefore, individuals should be told to consider carefully whom they trust enough to tell the news.

Note: *Make sure that you allocate at least 45 minutes for this session and try to avoid making it the last exercise of the day or a workshop, as some participants might need some time afterwards to collect themselves emotionally. An alternative exercise, Singles party weekend, aimed at creating motivation with regard to HIV/AIDS prevention is provided in Annex 5, page 187.*

7. ROLE PLAY AGAIN As has been seen, role play is very useful in peer education. Therefore, another session is dedicated to building participants’ skills in this technique.

EXERCISE: TRIADS – COMPETING FOR ATTENTION²⁵

OBJECTIVES Participants practise pursuing an objective, listening and giving selective attention through improvisational role play.

TIME 30 to 40 minutes

MATERIALS Three chairs

SUITABLE FOR ToT, training of peer educators

PROCESS Ask the participants to sit in a circle. Place the three chairs together, side by side and slightly removed from the participants so that they are the centre of focus. Ask three volunteers to sit in the chairs facing the rest of the group.

Explain to participants that this exercise is aimed at practising the drama skills of pursuing an objective and listening.

Begin the exercise by saying: *“The person sitting in the centre of the three chairs is the ‘listener’, whose job is to try to listen and be attentive to the people on either side of him/her. The person in the chair on the right must continually try to attract and keep the listener’s attention. Do this by telling her/him about some problem that you make up. The person in the chair on the left must also try to keep the listener’s interest and attention, telling the listener about your job, the wonderful, amazing job you have that you love so much. You can make up any kind of job you want. Neither of the people trying to get the listener’s attention should pay attention to the other one but focus on the listener only.”*

All participants in the group rotate through all three positions in sequence, moving over one seat at a time as in a big, moving circle. During this activity, you may help a participant whom you think needs some coaching, for example, encouraging him or her to try harder to capture the listener’s attention. You can also stop the game temporarily to demonstrate how to work very hard to get the listener’s attention of. This might involve turning up the emotional ‘volume’, such as by showing how desperate you really are in order to capture her or his attention.

CLOSURE Allow the participants to talk about their experience with the exercise, asking them whether there were any moments that clearly stand out in their memory. Ask the group whether there were any particularly effective strategies used to get the listener’s attention.

8. WRAP-UP Briefly review the topics covered during the day. Ask participants to think back over the day’s activities, mentioning the central themes. They can give feedback on how they feel the workshop is going.

DAY FOUR

DESCRIPTION OF THE TRAINING CURRICULUM DAY BY DAY

AGENDA DAY 4

NO.	AGENDA ITEM	OBJECTIVES
1	Stretching exercise	
2	Feedback on day 3	To provide an ongoing evaluation of the workshop
3	Trust Building Exercise: • Willow in the wind	To give participants some experience in an exercise designed to build trust
4	<i>TRAINING TOPIC</i> Working with especially vulnerable young people Exercises: • One day in my life (Identification of priority target groups) • Problem tree analysis • Peer-to-peer approaches to reach especially vulnerable young people	To help participants understand that vulnerability has its roots in society and identify linkages between causes and consequences of vulnerability To identify opportunities for using peer education as a strategy to reach vulnerable groups
5	Wrap-up Group excursion	

-
- 1. STRETCHING EXERCISE** Participants are invited to lead the group in some stretching exercises. Several trainees can demonstrate in turn which muscles to stretch.
 - 2. FEEDBACK ON DAY 3** The feedback team delivers a summary of the feedback collected from all participants on day 3.
 - 3. TRUST BUILDING** On day 4, the group begins by playing the Willow in the wind game (see description below). Afterwards, the trainer explains that this game deals with ‘feeling vulnerable’ and ‘building trust’. It is, therefore, a good introduction to the next training topic, which is working with especially vulnerable young people.

EXERCISE: WILLOW IN THE WIND²⁶

OBJECTIVE Participants learn how to build trust.

TIME 30 minutes

SUITABLE FOR All training

MATERIALS An area in which participants have enough room to move around comfortably and to make up circles of eight people. An area with a soft (carpeted) floor is preferable, but not essential.

PROCESS Arrange the participants in the area available, which should have enough room so that three circles of approximately eight people in each can fit in easily. There should be a little extra room around the outside of each circle. Banish chairs elsewhere or to the edges of the room.

Explain that the exercise the group is going to do is aimed at building trust and therefore requires careful attention to instructions. It is very important that every individual in the group carries out the instructions carefully; if not, someone could get hurt. Every participant will have a chance to be in the centre, that is to be the ‘willow’, but only if they want. The willow will be blown around, but will also be supported by the wind.

Ask the participants to stand in a circle, shoulder to shoulder, and to look towards the middle of the circle where one participant is standing. Explain that the person in the

DAY FOUR

centre is the 'willow'. Tell everyone standing in the circle to hold their hands up, with palms facing the person, just below chest height of the person in the middle. Their legs should be apart, with one slightly in front of the other, and their knees bent a little, so that they will not be thrown off balance if someone leans heavily on them. Demonstrate how they should stand. Carefully check and monitor the circle as much as possible.

Explain that the person in the centre must remain standing as stiff as a board the whole time, with their arms crossed at chest level and hands under the armpits. When she/he is ready to begin, she/he should make a series of statements about a particular topic and then say, "Ready to fall." The circle should reply, "Ready to catch." The person then says, "I'm falling," and the circle responds, "Fall away."

As the 'willow' falls out towards the circle, make sure he/she remains stiff and doesn't bend at the waist. The participants support the 'willow' and slowly move him/her around, back and forth. Invite people in the circle to make very soft blowing sounds, passing air between their lips to make it sound like a gentle wind

CLOSURE After the 'willow' has been moved around in the 'wind' for a couple of minutes, ask the group to help the person stand upright, placing their hands on his/her shoulders to indicate it is time to stop.

Discuss with the participants what they felt when playing this game.

Note: *Some people may be afraid to play this game. They should never be forced or pressured to do so. The right-to-pass rule should always be respected.*

4. TRAINING TOPIC *Working with especially vulnerable young people*

Objectives of the session This session has multiple objectives. It aims at understanding the risk factors which increase young people's vulnerability, and the consequences of problems which young people face in today's society.

The session also provides an opportunity to create awareness of how stigma and discrimination may increase people's vulnerability and to share experience and good practice in working with especially vulnerable young people.

TRAINING NOTE

At some point in their lives, many young people are likely to engage in risk behaviour such as unprotected sex, alcohol abuse, smoking or experimenting with illicit drugs. They are, therefore, more vulnerable to the consequences of such risky behaviour: sexually transmitted infections, transition to injecting drug use, HIV infection, etc. It is important to recognize, however, that not all young people are equally vulnerable.

Peer educators often stay in the 'comfort zone' of their own life context and experience, and they may not necessarily understand some of the specific needs of more vulnerable populations with whom they do not share certain characteristics, such as a similar socio-economic background.

EXERCISE 1: ONE DAY IN MY LIFE

OBJECTIVE To create an understanding of the context of vulnerability in society.

To raise awareness of stigma and discrimination towards especially vulnerable people.

TIME 40 minutes

SUITABLE FOR ToT

MATERIALS Five sheets of paper, each labelled with one of the following characters: HIV-positive young woman; homosexual young man; street kid; young injecting drug user; and young sex worker.

PROCESS Five volunteers are asked to wear one of the above 'labels' and play that character. Acting the part of, for example, the street kid, they tell the group briefly what their day has been like since they woke up in the morning.

The audience is then invited to ask each of the 'actors' additional questions about their life, which they answer as if they were a street kid or a young sex worker, or whatever character they have been playing.

CLOSURE The group discusses the experience and the actors can, if they wish, describe what it felt like to portray their character.

DAY FOUR

VULNERABILITY IN EASTERN EUROPE AND CENTRAL ASIA

In the past decade, a number of factors have dramatically – and disproportionately – increased the vulnerability of young people in Eastern Europe and Central Asia. The region's social and economic transition has led to the collapse of social controls and values. The fact that no alternatives have emerged has resulted in more pronounced risk behaviours, particularly increased sexual activity and experimentation with drugs and alcohol.

Increased poverty; migration and conflict; falling rates of enrolment and completion of secondary schooling; an absence of after-school recreational activities; and unemployment (which is three times higher among young people than among the adult population) all contribute to increasing both young people's vulnerability and their risky behaviour. Other risk factors include exclusion and discrimination as a result of ethnicity, disability, citizenship status and sexual orientation, and the increasing accessibility of imported illicit substances such as opium and heroin.

The region now faces the most rapidly increasing HIV infection rate in the world, driven by injecting drug users, who are predominantly young people. Up to 1% of ever-younger people – as young as 13 or 14 years in some countries – are injecting drugs.

EXERCISE 2: PROBLEM TREE ANALYSIS²⁷

OBJECTIVE To allow participants to identify causes and consequences of a young person's specific problem, and of young people's vulnerability in general.

To allow participants to identify possible interventions to solve the problem, and identify where peer education might be an appropriate strategy.

TIME 75 minutes

SUITABLE FOR ToT

MATERIALS Three flip charts and enough marker pens

PROCESS Draw on each flip chart a tree that has large roots and branches with leaves and fruits (see example in annex on page 140). (provide) On the trunks of the trees, the following problems are listed:

- Tanya: 16 years old, three months pregnant
- Ruslan: 19 years old, injecting drug user (IDU), HIV-positive for four years
- Sasha: 15 years old, living on the streets

Part 1. To start the exercise, ask the group members to stand up to do a physical exercise. Give the following instructions while acting them out yourself:

- Use your body as an acting tool. Imagine yourself as a small seed; get down on your knees and curl up. While I count to ten, start ‘growing’ (stand up) to become a tree with your arms as branches and your fingers as fruits.
- Feel a gentle breeze blowing the branches back and forth, then a storm and then the wind dying down. (Move your arms around gently, then roughly and then gently again.)
- Let the tree feel itself. Let the roots move a little (move your toes) and then the branches (hands) and the fruits (fingers).
- Now imagine the tree is being poisoned. The poison enters the tree through the roots, moving up to the fruits (fingers die), branches (hands die) and finally the trunk. The whole tree dies. (End up by falling down to the floor.)

Ask the group to sit down and explain that a healthy tree gets sufficient nutrients from its roots. But if the ‘fruits’ begin turning bad, this indicates that something is not right. The nutrients are insufficient or are poisonous. What we can see first are the visible signs above the ground – the fruits, leaves, branches and trunk of the tree begin to show signs of disease and this indicates there might be a problem at the level of the roots. This is the same for life: problems that we see, such as HIV infection or unsafe abortions, are the visible result of other problems that already existed (for example, lack of protection caused by lack of information or lack of access to health services).

Explain that problems can have both indirect and direct causes. Direct causes are more obvious and easier to identify than indirect causes. For example, not using a condom can be a direct cause of HIV infection or unwanted pregnancy. Abuse in childhood that lowers self-esteem can contribute indirectly to a person engaging in unprotected sex. Rape can directly result in unwanted pregnancy; social norms that ‘tolerate’ violence against women can lead to rape and therefore indirectly contribute to unwanted pregnancy.

Part 2. Divide the group into three groups and explain that each group will consider a problem of a young person (see the three problem cases listed above).

DAY FOUR

Ask each group to think about possible causes of the problem and write them on the roots of the tree. They should then do the same for the consequences and write them on the branches and fruit. Also, ask each group to discuss the links between all the factors and use arrows to indicate the links. Allow approximately 20 minutes for this task.

Allow another ten minutes to:

- discuss possible strategies and interventions to solve/reduce the problem; and
- identify where peer education might be an appropriate strategy.

Ask each small group to present their problem tree to the other participants. Get the group to say what they think or ask any questions they may have after each presentation.

CLOSURE Explain that the 'general' roots of many problems may be different for women and men, and also may have different gender-based consequences. For example, young women who have unprotected sex face many more potential repercussions, both socially and for their health, than young men.

Point out that peer education, where appropriate, may complement other strategies or interventions which aim at addressing a certain problem.

EXERCISE 3: PEER-TO-PEER APPROACHES TO REACH ESPECIALLY VULNERABLE YOUNG PEOPLE

OBJECTIVES To share experience and to develop an understanding of core characteristics of a peer outreach approach.

TIME 20 minutes

SUITABLE FOR ToT

MATERIALS Flip chart and markers, handouts (see below)

PROCESS On a sheet of flip-chart paper, draw a table similar to the Types of peer-led approaches (A) (see annex 4, page 164), filling in only the titles of the columns and rows.

Invite the participants who have experience with peer-led approaches targeting especially vulnerable young people to describe briefly the aims and activities of the projects they are/were involved in.

Based on the information shared, lead a discussion with the whole group on the main differences between a peer education initiative aimed at mainstream youth (the so-called educational approach) and one that reaches out to especially vulnerable young people (the outreach approach).

Ask the participants to reflect upon the following aspects, which are written on the flip chart:

- Possible settings
- Type of activities
- Methods used
- Focus (type and size of audience)

Discuss these aspects with the participants and write their ideas/conclusions on the flip chart.

The goal is to develop on the flip chart a frame similar to Types of peer-led approaches (A) table. In addition the facilitator may also briefly mention specific requirements with regard to selection, training and support of peer educators either in outreach work or in a project with mainstream youth. These issues will be discussed further in other training sessions.

CLOSURE Distribute the handout Types of peer-led approaches (A) (see annex 4, page 165)

5. WRAP-UP A brief review of the topics covered during the day. Ask participants to recall activities of the day, mentioning the central themes. They can give feedback on how they feel the workshop is going.

GROUP EXCURSION It is a good idea to let participants relax throughout the workshop. Allow them an afternoon free or organize a group excursion to a place that is of interest to most of them, but let them decide whether to join the excursion or stay in their hotel to rest, read, catch up on work or other responsibilities or to explore the area on their own.

DAY FIVE

DESCRIPTION OF THE TRAINING CURRICULUM DAY BY DAY

AGENDA DAY 5

NO.	AGENDA ITEM	OBJECTIVES
1	Stretching exercise	
2	Feedback on day 4	To provide an ongoing evaluation of the workshop
3	Trust Building Exercise: • Aha, and I was there	To provide participants with experience in team-building exercises
4	<i>TRAINING TOPIC</i> Co-facilitation skills Exercises: • Poor co-facilitation role play • What would you do if...	To build upon and advance participants' co-facilitation styles
5	Energizer suggested by participant(s)	To share participants' experience in energizers
6	<i>TRAINING TOPIC</i> Recruitment, training and supervision of peer educators Exercises: • Recruitment and supervision of peer educators • Peer education training design To improve skills in developing training agenda for different models of peer education training programmes	To improve skills in developing training agenda for different models of peer education training programmes To provide participants with guidelines on selection criteria and supervision and support of peer educators

AGENDA DAY 5 (continued)

NO.	AGENDA ITEM	OBJECTIVES
7	<p><i>TRAINING TOPIC</i> Counselling versus education</p> <p>Exercise: Snowball fight</p>	<p>To allow participants to understand the difference between the concepts of peer counselling and peer education</p> <p>To allow participants to identify skills and qualities involved in giving individual peer support</p> <p>To create awareness of challenges, obstacles and limits of peer counselling activities</p>
8	<p><i>TRAINING TOPIC</i> Youth-adult partnerships in peer education</p>	<p>To create awareness of the importance of youth- adult partnerships in design and implementation of peer education</p> <p>To identify strategies for youth-adult partnerships</p>
9	Wrap-up	

1. STRETCHING EXERCISE *Participants are invited to lead the group in some stretching exercises. Several trainees can demonstrate in turn which muscles to stretch.*

2. FEEDBACK ON DAY 4 *The feedback team delivers a summary of the feedback collected from all participants on day 4.*

3. TEAM BUILDING *A suitable exercise to encourage team building is 'Aha and I was there' (see description of the exercise on day 1, page 50).*

4. TRAINING TOPIC *Co-facilitation skills*

Objectives of this session Working in a team of two or more facilitators in a training workshop requires specific skills. This session is aimed at creating awareness that good teamwork contributes to the success of a training programme. The session provides opportunities for exploring and developing co-facilitation skills through interactive exercises.

DAY FIVE

EXERCISE 1: POOR CO-FACILITATION ROLE PLAY²⁸

OBJECTIVE To highlight important aspects of co-facilitation, and to demonstrate the effect of poor co-facilitation through humour.

TIME 40 minutes

SUITABLE FOR ToT

MATERIALS None

PROCESS Have two trainers act out a situation that highlights poor collaboration including, for example, frequently interrupting each other, contradicting each other, one constantly trying to be the centre of attention, by pushing in front of the other, etc.

CLOSURE Ask participants what they thought of the role play. Ask them to give specific examples of poor co-facilitation. Ask them what should have been done instead.

EXERCISE 2: WHAT WOULD YOU DO IF...²⁹

OBJECTIVE To teach participants to think/react instantly about co-facilitation

TIME 30 minutes

SUITABLE FOR ToT

MATERIALS Handouts Co-facilitation styles and Co-facilitation quiz (see annex 4, page 166 and 167) provide

PROCESS Have the participants pair up and go through the co-facilitation quiz. Let them decide about how they will do this task.

CLOSURE Ask the participants how they decided to do the quiz (e.g., individually, together)? What did they find out about co-facilitating with their partner? In what ways would it be difficult to co-facilitate with their partner? How would they overcome these difficulties? Distribute the handout Co-facilitation styles.

TRAINING NOTE***Do's and don'ts of co-facilitating***

- ***Do go over with your co-facilitator what you will each be covering before you get to a training workshop.*** Be clear who is doing what and in what time frame.
- ***Do be on time.*** Don't be late. Be early enough to decide how you and your partner want to set the room up and then to arrange it.
- ***Do be responsible for your own time.*** Don't ask your co-facilitator to watch the clock and signal to you when your time is up. Carry a watch with you and check it so you are aware of how much time you have to go.
- ***Do start and end on time.*** Don't go over the time agreed upon either with participants or with your co-facilitator. If you run out of time and you haven't covered all that you were supposed to, stop where you are and do better next time. Remember participants can always stay and speak to you after the session is over.
- ***Do contribute to your partner's leadership.*** Don't interrupt or challenge. Wait to be invited to speak by your co-facilitator. You can always talk to participants afterwards to give them the correct information or you can add what you know about the subject when it's your turn to present next.
- ***Do invite your co-facilitator to speak when you need help.*** Don't assume they will come in to rescue you. Say: "Joe, do you have anything to add?" or "Jane, do you know the answer to that?"
- ***Do sit off to the side when your partner is presenting a subject.*** Don't sit next to your partner or hide where he/she can't see you. Sit somewhere off to the side so that you can both make eye contact but also where the person who is presenting, can have the whole spotlight.
- ***Do focus on what your partner is saying.*** Don't work on other things while you're off (like reading the paper, doing your calendar or homework). When presenting after your co-facilitator, try to refer to that she/he said. If you pay attention to what your co-facilitator said your participants will, too.
- ***Do help when needed.*** Don't give directions for activities that contradict what your partner is trying to do.
- ***Do compliment your partner.*** Don't denigrate him/her. Tell your partner what you liked about their presentation (what they said and what they did). Positive feedback on specific actions means that action will be repeated. Be careful about joking with your partner, especially if it excludes the group or demeans someone. A positive, supportive relationship between co-facilitators creates a safe learning environment for the participants. The relationship between the facilitators is of primary importance to the learning of the group.

DAY FIVE

5. ENERGIZER SUGGESTED BY PARTICIPANTS Participants have an opportunity to share their knowledge by leading icebreakers/warm-ups.

6. TRAINING TOPIC *Recruitment, training and supervision of peer educators*

Objectives of the session This session aims at improving participants' skills in developing training agenda for different models of peer education training programmes and providing them with guidelines on selection criteria and supervision and support of peer educators.

IMPORTANT SELECTION CRITERIA WHEN RECRUITING PEER EDUCATORS

- Good interpersonal skills, including listening skills
- Being accepted and respected by the target group
- Having a non-judgemental attitude
- Showing self-confidence and potential for leadership
- Having the time, energy and motivation to do this work
- Having the potential to be a role model for their peers

EXERCISE 1: RECRUITMENT AND SUPERVISION OF PEER EDUCATORS Participants do improvised role plays and discuss various strategies, which they use to recruit and supervise peer educators.

TRAINING NOTE

Building a peer educator team

After recruiting and training a team of peer educators, it is very useful to draw up with them a contract of expectations and to have the team agree to abide by that contract by having the whole team sign it. The contract should be developed as a result of collaboration with the whole group and describe what is expected of everyone involved in the programme (including the training team). In any event, the contract should include guidelines with respect to attendance, notification if team members know they will be absent (for example, if they have a doctor's appointment), punctuality, following the established ground rules, etc. Participants should understand that if they miss some training sessions, they are responsible for gathering the relevant information that they have missed. Explain that excessive absences or lateness might be grounds for re-assessing someone's suitability for the group and that participants will be given warnings if their continued participation is in question.

Training Note (continued) *All team members should have certain basic skills, although some might be specialists with a particular talent in a given area. Experience shows that many peer education groups naturally fall into a pattern, in which they tend to rely on the same people to do the same things. For example, the group may begin to rely too much on one or two of the educators to provide scientific/medical information. If the group's 'experts' are suddenly unavailable for a training session, the others may feel incompetent or unqualified to provide the relevant teaching unit.*

It is therefore important to make sure that every peer educator in the group begins to increase their confidence and expertise so that they can cover any and all aspects of the topics taught by your group. How can we make sure this happens? In an ideal world, you would get the group to a point at which you could randomly 'pull out of a hat' any of the teaching segments/topics your peer educators teach, and get them to demonstrate teaching the topic or exercise on the spot. You can teach them early in the training that they are responsible for learning everything required in the programme, perhaps by setting up a certification/qualifying test for which they can prepare. Your group may appreciate receiving a certificate marking their completion of the training, since this will demonstrate an accomplishment about which they can feel pride and which increases their self-esteem.

As a trainer, you are likely to find yourself having to monitor and respond to the way in which peer educators behave towards one another. As with any group, interpersonal tensions may erupt. It is also common for cliques to form within a peer group. If the programme is well structured from the beginning, the use of trust-building and team-building exercises will be incorporated into the training. For group exercises, the facilitator should randomly assign participants to small groups and activities, so that the trainees gain maximum exposure to each other. This may help reduce the tendency for small sub-groups and cliques to form. When the peer educators have more opportunities to discover things they like about each other, there may also be fewer tendencies for sub-groups to pick an 'enemy' or convenient scapegoat.

EXERCISE 2: PEER EDUCATION TRAINING DESIGN A small-group brainstorming session is held in which participants have an opportunity to discuss and learn about various models and strategies for conducting the training of peer educators. Findings are recorded on flip charts so that each small group can present their results to the larger group.

This session may also include a discussion on how to evaluate the skills of future peer educators. An example of a skills rating form is provided in Annex 3, page 147.

DAY FIVE

TIPS FOR MANAGING RELATIONS AMONG PEER EDUCATORS

- Frequently change the composition of small groups of peer educators to ensure that they all have opportunities to work with each other, separate from their closest friends or cliques.
- Insofar as possible, ensure that small groups include equal numbers of male and female participants and make sure that members of both sexes are able to play active roles in the activities.
- Facilitate activities encouraging trainees to show 'who they are' early in the training. Sharing vulnerabilities and personal information is likely to lead to increased bonding within the group, provided that the trainees feel their work is taking place in a 'safe space'.
- To identify issues on which young women and young men may have differing perspectives, ensure that some exercises are done by small groups of only male and female peer educators. They can then present their results to one another, compare their answers and discuss similarities and differences.
- Identify and deal with points of stress within group relationships early on. Some interpersonal difficulties are inevitable.
- Encourage the group to respond collectively to contentious issues that may arise (e.g., a peer educator's irregular attendance). The impact can be greater if decisions on how to deal with the issue emerge from a group consensus.

TRAINING NOTE

There are many different designs for peer educator's training programmes, all with their own advantages and disadvantages. Some programmes use an intensive training schedule over several full days; others extend over a period of weeks or months, with briefer sessions.

A successful design of a peer educator's training programme requires a consistent commitment by the trainees to one evening of training per week throughout the (academic) calendar. In such a training format, the peer educators can, for example, meet once a week after school for two to three hours. When the group is ready to go out to conduct community education sessions, the same evening time-slot can be used whenever possible to maximize the number of peer educators who can attend. An advantage of using this programme design is that many students attending daytime schools should be able to participate. The programme helps to avoid some of the disadvantages associated with those that require the trainees to be available for several full days of training, which in some cases can be difficult if they have other commitments.

Often, training models use full weekends for the initial training. It appears that these models are also often successful and commonly used. One of their advantages is that peer educators can begin their work in the field more quickly. Such programmes also provide an opportunity for intensive team building, resulting in rapid cohesiveness of the group when done successfully. However, these models can make it hard for new peer educators to join after the first sessions.

BALANCING ACT: KEEPING THE ENERGY LEVEL UP

The experience of training peer educators can sometimes feel like walking a tight rope. If you tip too much in either direction, things get wobbly and you might lose your 'balance' during the training session. You must use all of your senses to observe the group's energy level. Sometimes the trainees will give you feedback. For example, if you are talking too much about a particular subject or taking too long to process an exercise rather than moving on to something new, you might hear about it from the trainees. The feedback may be direct or indirect. Sometimes peer educators will ask to move on to something else. At other times, they may become restless, start to fidget, begin to focus their attention elsewhere and perhaps even begin to disrupt the training segment.

One of the challenges you will face as the trainer is to ensure that new facts are learned, without making the programme seem too much like being in traditional school. The idea is to watch, listen and see when the group is finding it difficult to follow what you are saying or doing. If you see this happening, it is probably worth taking a break and doing something else. It is important, however, to keep track of what information has been covered and to re-visit it, to ensure that the team is absorbing and retaining the information.

7. TRAINING TOPIC COUNSELLING VERSUS EDUCATION³⁰

Objectives of this session This session has a number of objectives. It is aimed at creating awareness of the fact that counselling is different from peer education and requires specific skills and at emphasizing the need to teach peer educators referral skills and the importance of supervision of a peer education project by competent adults.

WORD SENSE

Referral skills are the ability to judge whether a person needs more extensive help or services than you can provide and to get the necessary information on where and how to obtain these additional services.

DAY FIVE

EXERCISE: SNOWBALL FIGHT

OBJECTIVES To understand the concept of peer counselling, identify skills and qualities involved in giving individual peer support, identify minimum criteria for peer counselling and become aware of challenges, obstacles and limits of peer counselling activities

To emphasize the importance of referral skills in peer education

TIME 30 minutes

MATERIALS One sheet of bloc-note paper per participant, pens, and the text of the handout Types of peer-led approaches (B) (see annex 4, page 165) either on transparent paper for overhead projection or copied on flip-chart paper, handouts for distribution

PROCESS Part 1. Ask participants to write down on a sheet of paper what they think the differences are between peer counselling and peer education. When finished, ask participants to crumple their sheets into a paper ball, and have them throw around for a few minutes to other participants – having a ‘snowball’ fight, so that everyone gets someone else’s response. Get each person to read the response they now have, and ask first this person and then the group react to this.

Structure and summarize the discussion around the following issues:

Role of the educator:

- Content base
- Short term
- Goal oriented
- Improve knowledge, attitudes and skills to facilitate behaviour change
- Referral to professionals

Role of a counsellor:

- Trained in counselling skills
- Based on a process
- Involves working with thoughts, feelings, behaviour
- Open ended
- Relationship oriented

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

Have the participants brainstorm a working definition for peer counselling, ending with a definition that is close to this one: "Youth peer counselling is a situation where a young person turns to a trained person of his/her own age for understanding, assurance and assistance in coping with a personal problem."

Part 2. Next, ask participants to brainstorm about the kind of problems or difficult situations for which young people seek support from a peer. List the reactions on the flip chart. You can add the following examples if they are not mentioned: unhappiness (depression), difficulties in relationships with friends/adults (parent, teacher), problems related to school, problems related to sexual behaviour, unwanted pregnancy, substance abuse, etc.

Lead a group discussion and reflection on following issues:

- Do peer educators in your programme all have the qualities to give appropriate support in dealing with the problems listed above? Did they get specific training to do so?
- What obstacles might stop them from giving proper support?
- What might the dangers be if peers give inappropriate support?

CLOSURE Point out that, when a peer education programme is delivered, it is not uncommon that a young person from the audience shares a personal problem with one of the peer educators and asks their advice. In such a case, it is crucial that:

- the peer educator is a sensitive listener and has the required referral skills; and
- the team of peer educators is supervised by competent adults to whom they can turn for advice.

At the end of this training segment, the facilitator highlights the differences between the three peer-led approaches – peer information, peer education and peer counselling – which are summarized in the handout Types of Peer-led approaches (B) (see annex 4, page 165). This table can either be projected on a screen or prepared on the flip chart, and will later be distributed to the participants.

DAY FIVE

It should be stressed that the concept of peer counselling sometimes confuses people. In some situations so-called peer counselling (for example, young people answering a hotline) should be considered as “young people providing appropriate information and referral to their peers”.

Although there is little experience of good practice and limited evidence of effectiveness of young people acting as counsellors for their peers, this approach may be appropriate in reaching some groups of especially vulnerable young people. The method is often used in HIV testing and counselling and supporting young people living with HIV.

8. WRAP-UP A brief review of the topics covered during the day. Participants are asked to recall activities of the day, mentioning the central themes. They can give feedback on how they feel the workshop is going.

DAY SIX

DESCRIPTION OF THE TRAINING CURRICULUM DAY BY DAY

AGENDA DAY 6

NO.	AGENDA ITEM	OBJECTIVES
1	Stretching exercise	
2	Feedback on day 5	To provide an ongoing evaluation of the workshop
3	Icebreakers suggested by participants	To provide participants with experience in energizer and warm-up activities
4	<i>TRAINING TOPIC</i> Monitoring and evaluation of peer education programmes Exercises: <ul style="list-style-type: none">• Introductory presentation and group discussion• Monitoring and evaluation	To allow participants to understand the concepts of monitoring and evaluation and its importance in programming on peer education
5	<i>TRAINING TOPIC</i> Youth-adult partnerships Exercises: <ul style="list-style-type: none">• Introduction of spectrum of attitudes theory• Role play based on the spectrum of attitudes• Brainstorm benefits; barriers and strategies	To increase the participants' ability to work as partners with others, whether adults or peers, to promote young people's health and development
6	What we have covered, feedback and evaluation	To summarize the achievements of the workshop To evaluate the training methodologies and the results of the workshop
7	Closing ceremony and distribution of certificates	

DAY SIX

- 1. STRETCHING EXERCISE** Participants are invited to lead the group in some stretching exercises. Several trainees can demonstrate in turn which muscles to stretch.
- 2. FEEDBACK ON DAY 5** The feedback team delivers a summary of the feedback collected from all participants on day 5.
- 3. ICEBREAKERS SUGGESTED BY PARTICIPANTS** Participants have an opportunity to lead an icebreaker/warm-up of their choice.
- 4. TRAINING TOPIC** *Monitoring and evaluation of peer education programmes*

Objectives of the session This session looks at the basic concepts of monitoring and evaluation and why it is important to develop a monitoring and evaluation plan when implementing a peer education project. In-depth training on monitoring and evaluation however goes beyond the scope of this curriculum. The resource list in annex 1 (page 128), however, provides some useful references regarding monitoring and evaluation.

EXERCISE 1: INTRODUCTORY PRESENTATION AND GROUP DISCUSSION

OBJECTIVES To build understanding of basic principles of monitoring and evaluation of health promotion programmes.

To identify the potential impact of the process of monitoring and evaluation on programme quality.

TIME 30 minutes

MATERIALS Presentation on PowerPoint® slides or overheads

SUITABLE FOR ToT

PROCESS Using PowerPoint slides or overhead texts, present and discuss the key concepts, principles and guidelines of monitoring and evaluation, which are provided in the handout *Monitoring and evaluation of peer education programmes* (see annex 4, page 177). The handout is distributed to the participants after the session.

By way of introducing the topic, mention why monitoring and evaluation are not often

included in project development: some people find it too technical an issue, beyond their capacities. They are more interested in the interpersonal aspects of the work than in the quantitative aspects. Often, when people are passionate about what they are doing, they believe that their project is having a big impact because they can cite anecdotal evidence. For example, they can tell you about how enthusiastic some participants were about a workshop or educational event. Such indicators, however, are not sufficient to inform us about the real impact of the programme. It is not sufficient to ‘feel and know’ intuitively that a project is achieving its objectives. Even though some project members might find it boring and painstaking work, it is important to know whether, and to what extent, the project is achieving its objectives and has an impact.

The presentation should include the following discussion points:

- What is the difference between **monitoring** and **evaluation**?
- What do we mean by the terms **process evaluation**, **impact evaluation** and **outcome evaluation**?
- What are typical peer education indicators?
- The need to identify suitable indicators
- Why is measuring behaviour change difficult?

The presentation is followed by a question-and-answer session, which also gives an opportunity to share field practice in monitoring and evaluation and exchange challenges and successes in this area.

WORD SENSE

Monitoring is the regular collection, analysis and use of information to help guide a project.

Evaluation is the careful examination of an ongoing or completed project.

Process evaluation collects information that measures how well the activities are performed (for example, does the programme reach the intended target group?).

Impact evaluation determines the immediate effects of the intervention in the target population (for example, increased knowledge or changes in attitudes).

Outcome evaluation is an assessment of longer-term effects that can be attributed to the project; it measures more sustainable changes (for example, decrease of STI rates, increased use of health services).

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EXERCISE 2: MONITORING AND EVALUATION³¹

OBJECTIVES To identify suitable strategies for monitoring and evaluating of peer education programmes.

To exchange experience.

TIME 60 minutes

MATERIALS Flip charts

PROCESS Divide into small groups of people working in a similar context (if possible), for example, peer education in school settings, peer education in out-of-school settings, with hard-to-reach youth, etc. Ask the groups to brainstorm on the following key questions:

- What do we evaluate in our projects?
- How do we evaluate?
- Where do we evaluate?
- When do we evaluate?
- With whom do we evaluate?
- For whom do we evaluate?

When the small groups have had enough time to answer the questions, they provide feedback to the larger group. Then lead a full group discussion, posing the following questions:

- What would these data tell us?
- What difference could this make to what we do?

CLOSURE To conclude this session, it needs to be emphasized that good evaluation can make difference:

- It is cost effective: it allows decision-makers to continue successful programmes and improve or abandon unsuccessful ones.
- It can provide support for future funding requests.
- It can contribute to the development of new programmes.
- If the evaluation shows a failure of the project, it can also explain why (for example, due to poor design of the project or unreasonable expectations).

5. TRAINING TOPIC *Youth-adult partnerships*

Objective of the session The overall goal of the training topic is to promote attitudes that increase the participants' ability to work as partners with both other young people or adults in joint efforts to promote young people's health and development.

TRAINING NOTE

Youth-adult partnerships arise from the conviction that young people have a right to participate in developing the programmes that will serve them and a right to have a voice in shaping the policies that will affect them. People who support youth-adult partnerships believe that youth are caring and capable individuals. They see young people as individuals with the capacity to make positive and wide-ranging contributions when they receive support and the opportunity to develop their skills. In addition, they argue that programmes are more sustainable and effective when youth are partners in their design, development and implementation and assert that evaluation results are more honest and realistic when young people assist in gathering and providing the data on which evaluation is based.

In peer education young people are given the opportunity to take responsibility for their own health in accordance with their capacities. In partnerships with adults, they are given ownership of the work being accomplished.

EXERCISE 1: INTRODUCTION OF SPECTRUM OF ATTITUDES THEORY³³

OBJECTIVES To introduce the concept of youth adult partnerships.

To introduce a theoretical framework for the fundamental change in attitude needed for effective youth-adult partnerships.

TIME 20 minutes

SUITABLE FOR TOT

MATERIALS Three PowerPoint® slides, overheads or texts on flip chart of 'youth as objects', 'youth as recipients' and 'youth as partners' (see texts below) and the handout Barriers to building effective youth-adult partnership (see annex 4, page 173).

PROCESS Briefly introduce the concept of youth-adult partnership as *"a collaboration in which adults work in full partnership with young people on issues facing youth and/or on programmes and policies affecting youth"*.

WORD SENSE

Tokenism or tokenize means giving young people a voice, but little choice about the subject or the style of communicating it, and little or no opportunity to formulate their own opinions.

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Stress that, in order for this partnership to be fully effective certain skills (such as communication skills) are important. Even more important, however, are the attitudes people have. Explain that a researcher, William Loftquist, developed the spectrum of attitudes theory, which determines whether youth-adult partnerships will be successful.

The first attitude on this spectrum is seeing 'youth as objects'. Show a description of this attitude (either on a slide, overhead or text on a flip chart) and read it out:

- Youth as objects: Adults who see youth as objects believe in a myth of total adult wisdom. They believe adults are the only ones who know what is best for young people. They attempt to control situations involving youth and believe that young people have little to contribute. They may feel the need, based on prior experience, to protect youth from suffering the consequences of potential mistakes.

To illustrate this attitude, use something like the following example: *"Let's say that I am working for a non-governmental organization (NGO) on a peer education project for HIV/AIDS prevention. I have recruited David, a young artist, to help me design a poster with HIV/AIDS prevention messages, to be placed in secondary schools in the district. If I believe that 'youth are objects', I will tell David exactly how the poster should look, the messages it will deliver, where the poster will be placed, etc. I will control every aspect of the project, and if David is smart, he will not work with me anymore, because I waste his time and talent."*

The second attitude is 'youth as recipients'; show and read the following text:

- Youth as recipients: Adults who have this attitude believe they must help young people to adapt to adult society. They permit young people to take part in making decisions because they think the experience will be 'good for them'. They assume that youth are not yet 'real people' and need practice to learn to 'think like adults'. These adults usually give young people trivial responsibilities and tasks that adults do not want to undertake. They usually dictate the terms of the young people's involvement and expect them to stick to those terms. This attitude often results in adults' 'tokenizing' [see word sense box above] youth, remembering at the last moment to include them on a panel or to bring them into a discussion.

Refer back to your example. *"Let's say that I have this attitude. With the young artist, I might plan and develop the poster's message and layout, and then allow the artist to*

choose a colour for the text. Or I might ask David to put the posters up in schools, because I don't have time."

Ask the young people in the room if they recognize this attitude. Ask them if they have ever felt belittled or demeaned by adults simply because they are 'young'.

When talking about 'tokenism' you may refer to Roger Hart's ladder of participation (see annex 4, page 170). This researcher represents different kinds of interaction between children/young people and adults as rungs on a 'ladder of participation'. The higher rungs represent increasing degrees of children's or young people's participation.

The third attitude is what we are working to achieve: youth as partners. Show and read the following text:

- Youth as partners: Adults who have this attitude respect young people and believe that they can make significant contributions now. These adults encourage youth to become involved and firmly believe that their involvement is critical to a programme's success. They accept that young people should have an equal voice in decisions. They recognize that both youth and adults have abilities, strengths and experience to contribute. They are as comfortable working with young people as with adults and enjoy an environment with both youth and adults. Adults who see youth as partners believe that genuine participation by young people enriches adults just as adults' participation enriches youth and that a mutually respectful relationship recognizes the strengths that each offers.

Returning to the example of the young artist, ask the participants what they would do to work in partnership on this poster project. Their answers should cover things like asking the young artist to design the poster or asking him to get together with some of his friends to come up with messages for the poster or ideas for its design; convening a meeting of many young people, including the artist, to get their input; asking the artist to lead the project and to organize a committee with both youth and adult responsibilities, based on abilities, talents, background and interest.

CLOSURE Stress the fact that these attitudes affect adults' ability to believe that young people can make good decisions and also determine the extent to which adults will be willing to involve young people as partners in decisions about programme design, development, implementation and evaluation.

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Distribute the handouts Effective youth-adult partnerships and Roger Hart's ladder of participation (see annex 4, page 168 and 170).

EXERCISE 2: ROLE PLAY BASED ON THE SPECTRUM OF ATTITUDES³⁴

OBJECTIVE To practise some of the theoretical attitudes towards building skills around partnership.

TIME 45 min

SUITABLE FOR ToT

MATERIALS Index cards

PROCESS On one side of the index cards, write either the word 'youth' or the word 'adult'. On the other side of the cards, write the following statements, one on each adult card and one on each youth card:

Adult: You want to control everything.

Adult: You are a committed leader who cares about this and wants it to be a success.

Adult: You patronize youth.

Adult: You ignore youth.

Youth: You want to control everything.

Youth: You are a committed leader who cares about this and wants it to be a success.

Youth: You are negative about everything that is suggested.

Youth: You are bored and don't want to be here.

Make sure you have three to four sets of these cards, depending on the size of your total group.

Introduce this session by referring to the spectrum of attitudes theory, and to how many adults and youth get stuck in attitudes that inhibit their efforts to work together. Ask the participants to experiment a little by role playing in different attitudes. Explain that you will ask them to make two to four groups of eight people each (depending on the size of the whole group). Try to ensure sure the groups are as equal as possible in terms of age, gender, etc. Once they have formed their groups, hand out the cards to random individuals. The participants read the directions, and then tape the card to their

chest so that the youth/adult side is showing and ask them to begin their role play.

Explain that the group has to plan a big campaign event that involves peer education activities. Give them ten minutes to come up with a plan, and remind them that they must all agree with the plan they propose. Also, tell them to prepare a short presentation of their plan to give to the entire group.

After ten minutes, ask each group what plan they have come up with (even though, obviously, they will not have had enough time to finalize a plan). Ask them to share the plan, but be sure to ask if all members of the group agree with it.

CLOSURE Once they have finished, ask them to share their roles with everyone in their small group. Keep participants seated in their groups and ask several people from each group to describe the process that they went through. Following each group reflection, ask the entire group the following questions:

- Who was hardest person to work with?
- What did people do to reach out to this person?
- Did the adults or young people dominate?
- How did it feel to play your role?
- Some people had the same role. Did you find yourself reacting differently according to whether they were labelled as youth or as adults?
- What were the most effective strategies for working together to come up with a new plan?

EXERCISE 3: BRAINSTORM BENEFITS; BARRIERS AND STRATEGIES³⁵

OBJECTIVE To find out what are the benefits, barriers and strategies of effective youth-adult partnerships.

TIME 45 minutes

SUITABLE FOR ToT

MATERIALS Flip chart and markers

PROCESS Separate the participants into youth-only and adult-only groups of no more than eight members. Depending on the number of youth and adults, you may need to

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form two to four groups, but ensure that they are separated by age. Get the participants themselves to say whether they are 'youth' or 'adults'. Some participants may resist this separation. If so, explain that separating into age groups helps some people to share. Also explain that we will report out what each group discussed afterwards.

Once they have separated, have the groups discuss the following:

- What are the benefits of using a youth-adult partnership approach to our work?
- What are the barriers to such an approach?

Give the group ten minutes to discuss each question. Trainers should help groups in this activity, with the youth facilitator working with the young people and the adult working with the adult group. They should be careful, however, not to dominate the group discussions. Ask participants to document their discussion on flip-chart paper. At the end of the discussion, let each group report on what they discussed.

CLOSURE After all groups have presented, ask participants to compare the reports of the youth and the adult group(s). At the end of the discussion, distribute the handouts on the Benefits of youth-adult partnerships and Barriers to building effective youth-adult partnerships (see annex 4, pages 172 and 173).

6. WHAT WE HAVE COVERED, FEEDBACK AND EVALUATION The lead trainer invites the participants to sum up what has been covered in the past six days. Looking back at the initial expectations of the group, and also at the many flip-chart sheets which cover the walls of the training room, the trainer summarizes what has been achieved. Participants provide feedback on what they see as the highlights of this training, and also on what is not achieved, or needs further training.

The post-test questionnaire is administered (see annex 2, page 128 for an example).

7. CLOSING CEREMONY AND DISTRIBUTION OF CERTIFICATES Allow enough time for a well-planned closing ceremony. This part should include a congratulatory speech by the lead organizer and the facilitators, as well as time for the participants to express themselves. In addition, ensure that professional certificates of successful attendance are distributed. These certificates are very valuable for the participants' professional career, rewarding them for all their hard work in the previous six days.

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- 1 WHO. *Working with Street Children, Trainer Tips, A Training Package on Substance Use, Sexual and Reproductive Health including HIV/AIDS and STDs, 2000*; Reproline: Tools for Trainers.
 - 2 Eckert, Bob, The LIFE Institute (Learning Institute for Functional Education), Peer Education Program "Reflections". Bergen, New Jersey, USA.
 - 3 Adapted from an exercise taught by Robert Eckert, NDRI (Narcotic and Drug Research Incorporated).
 - 4 The original source of this exercise is unknown. A version of it was found without reference to an author.
 - 5 Adapted from an exercise taught by Robert Eckert, NDRI (Narcotic and Drug Research Incorporated).
 - 6 Shira Piven, Theater training for an HIV/AIDS peer education programme at the 92nd St.Y in New York City, USA.
 - 7 Adapted from LeFevre, D.N. *New Games for the Whole Family*. Perigee Books, The Putnam Publishing Group, Knots/Giant Knot, 1988, p. 130.
 - 8 Tracy Block, Peer Education Program "Reflections", Brunswick, New Jersey, USA.
 - 9 de Bruyn, M. *Gender or sex: who cares?* Notes for training of trainers. Chapel Hill, Ipas, 2002
 - 10 Adapted from a technique taught by Stacy Block, Peer Education Program "Reflections", Brunswick, New Jersey.
 - 11 This appears to have been a popular game among young people for many years. The source is unknown.
 - 12 Adapted from a concept used in the High Risk Adolescent Project "H-RAP" Curriculum of Westover Consultants in Washington DC, USA.
 - 13 Bogart, Jane. Presented at the Advanced Peer Education Training of Trainers in Parnu, Estonia, March 2003.
 - 14 International Federation of Red Cross and Red Crescent Societies (IFRC). *Action with Youth, HIV/AIDS and STD: A training manual for young people*. Geneva, 2000.
 - 15 de Bruyn, M. and France, N. *Gender or sex: who cares?* Skills-building resource pack on gender and reproductive health for adolescents and youth workers. Chapel Hill, Ipas, 2001
 - 16 Selverstone, R. *Training Guide for Mental Health Professionals*, written for the Sex Information and Education Council for the United States (SIECUS).
 - 17 Zielony, R. Brainstorming lists of accumulated responses in trainings conducted over several years in HIV/AIDS and reproductive health education. 1991 and 1995.

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- 18 de Bruyn, M. and France, N. *Gender or sex: who cares?* Skills-building resource pack on gender and reproductive health for adolescents and youth workers. Chapel Hill, Ipas, 2001.
 - 19 de Bruyn, Maria and France, Nadine. *Gender or sex: who cares?* Skills-building resource pack on gender and reproductive health for adolescents and youth workers. Chapel Hill, Ipas, 2001.
 - 20 Adapted from LeFevre, D.N. *New Games for the Whole Family*. Perigee Books, The Putnam Publishing Group, Face Pass, 1988, p. 84.
 - 21 IFRC. *Action with Youth, HIV/AIDS and STD: A training manual for young people*. Geneva, 2000.
 - 22 IFRC. *Action with Youth, HIV/AIDS and STD: A training manual for young people*. Geneva, 2000.
 - 23 Youth Care Health Education Program Curriculum.
 - 24 The idea for this exercise came from Danny Keenan and Ron Henderson in San Francisco, California. It was adapted by Robert Zielony in memory of Danny Keenan, who taught many of us this exercise and who trained many young people about HIV and AIDS before he died.
 - 25 Piven, S., Theatre Training of the HIV/AIDS Peer Education Program at the 92nd St.Y: New York, NY, USA.
 - 26 *The New Games Book and More New Games*. Dolphin Books, Doubleday & Co. Inc. Willow in the Wind, 1976 and 1981.
 - 27 de Bruyn, M. and France, N. *Gender or sex: who cares?* Skills-building resource pack on gender and reproductive health for adolescents and youth workers. Chapel Hill, Ipas, 2001.
 - 28 Bogart, Jane. Presented at the Advanced Peer Education Training of Trainers in Parnu, Estonia, March 2003.
 - 29 Bogart, Jane. Presented at the Advanced Peer Education Training of Trainers in Parnu, Estonia, March 2003.
 - 30 Bogart, Jane. Presented at the Advanced Peer Education Training of Trainers in Parnu, Estonia, March 2003.
 - 31 This is a teaching segment for ToT workshops in peer education originally designed by Brian Dobson Ph.D. and Robert Zielony Ph.D. in a joint regional training project of UNFPA and UNICEF.
 - 32 Adapted from Youth-Adult Partnership Formation, developed by Kent Klindera, Naina Dhingra and Jane Norman, Advocates for Youth/YouthNet, Draft January 2003.
 - 33 Adapted from Youth-Adult Partnership Formation, developed by Kent Klindera, Naina Dhingra and Jane Norman, Advocates for Youth/YouthNet, Draft January 2003.
 - 34 Adapted from Youth-Adult Partnership Formation, developed by Kent Klindera, Naina Dhingra and Jane Norman, Advocates for Youth/YouthNet, Draft January 2003.
 - 35 Adapted from Youth-Adult Partnership Formation, developed by Kent Klindera, Naina Dhingra and Jane Norman, Advocates for Youth/YouthNet, Draft January 2003.

SECTION 3

A SAMPLE PEER EDUCATION SESSION ON HIV/AIDS

BASIC PRESENTATION

AGENDA

BRIEF DESCRIPTION OF ACTIVITIES

Questionnaire

Introduction

Icebreaker

Ground rules

What does safe sex mean to you

Guest speaker or video

HIV/AIDS: Basic facts and questions

Role play on a specific issue

Condom demonstration

Final questions

Wrap-up

BASIC PRESENTATION

AUDIENCE

The session is aimed at mainstream young people aged between 14 and 20 years.

SETTING

The setting could be anywhere that is suitable for organizing a well-planned educational activity, such as in a school, a youth club, a summer camp, etc.

OBJECTIVES

The overall objective of the proposed peer education session is to create awareness of HIV/AIDS, to equip young people with information and skills to protect themselves from infection, and to build positive attitudes towards those affected by HIV/AIDS.

TIME REQUIRED

A session that includes all the activities outlined below would last approximately 3.5 hours, including a 20-minute break.

Preparation of the peer educators

The peer educators should, of course, have been trained in interactive methodologies, be capable of managing an audience of young people in a sensitive and appropriate fashion and have some expertise in the health issues the session deals with.

Before peer educators present a session, they should agree upon an agenda and write it down. They should also decide at this time who will lead or co-lead each of the activities and assign an understudy for each section, in case someone is unable to come.

The session should be rehearsed prior to the event, preferably a week ahead of time. People sometimes think they are better prepared to conduct a session than they really are and this only becomes apparent when they rehearse a presentation.

AGENDA

- *Questionnaire (10 minutes)*
- *Introduction (5 minutes)*
- *Icebreaker (15 minutes)*
- *Ground rules (10 minutes)*
- *What does safe sex mean to you? (20 minutes)*
- *Guest speaker or video (30 minutes)*
- *Break (20 minutes)*
- *HIV/AIDS: Basic facts and Questions (30 minutes)*
- *Role play (25 minutes)*
- *Condom demonstration (25 minutes)*
- *Final Questions (10 minutes)*
- *Wrap-up (10 minutes)*

BRIEF DESCRIPTION OF THE ACTIVITIES

QUESTIONNAIRE

Questionnaires can be handed out as the participants walk into the room. The peer educators ask each person to fill it out without any help from his or her friends. They are given about ten minutes to complete the questionnaires, after which the peer educators collect them. If at all possible, the educators should try to scan through them quickly to see what the participants already know about the subject, which will help them to know what information they need to focus on and emphasize. The same questionnaire may be used at the end of the session, in order to help evaluate whether it was successful.

INTRODUCTION

It is important to start off with an introduction to the peer education session, to introduce the participants and to remind them of why they are here. There are several different types of introductory activities and the peer educators should decide what type of introduction they want to use in their session when they are deciding upon the agenda. Two examples of introductory activities, both referring to a presentation about HIV/AIDS, are provided below.

EXAMPLE 1: INTRODUCTION – “WHY WE ARE HERE”

For this exercise, the peer educators stand in a line, say their names, and say why they are at the presentation, teaching others about HIV/AIDS. After introducing him or herself, the last education says: *“What we are trying to say is that we all, each and every one of us in this room, have to deal with the reality that HIV and AIDS exist in the world, and have an impact, directly or indirectly, on our lives. Therefore, in a sense, we are all ‘people living with AIDS’. You don’t have to be infected to be affected.”*

EXAMPLE 2: INTRODUCTION – “HELLO MY NAME IS... AND I AM A PERSON LIVING WITH AIDS”

This introduction is a great way to get attention and make a bold statement about why the peer educators are at the workshop and how AIDS affects everyone. Some educators prefer not to use it, however, because audiences do not always understand that the educators are not saying they each have AIDS. Others like to use this exercise and feel it is worth the risk. The peer educators form a line in front of the audience. The first person at one end of the line starts by saying, *“Hello, my name is [name] and I am a*

person living with AIDS.” This continues down the line until every educator has spoken. After the last educator gives his or her name, he or she says, “Sometimes this part of our presentation can be very deceptive. People have walked away thinking that we are all HIV-positive. This is not what we are trying to say. What we mean is that we all, each and every one of us in this room, have to deal with the reality that AIDS exists in this world and has an impact, directly or indirectly, on our lives. Therefore, in a sense, we are all ‘people living with AIDS’. You don’t have to be infected to be affected.”

ICEBREAKER

There are many icebreakers that can be used, including games and exercises such as Pass the beat and How careful are we with our health? See Section 2 for a detailed description of these games.

GROUND RULES

It is essential that the group decides upon and agrees with a number of ground rules so that everyone participating in the session is comfortable. Have the group brainstorm on what they consider important rules, and make sure that the list includes:

- Confidentiality. People may share information with others outside the session as long as participants’ names are not used.
- Respect. You must respect everyone in the group. This means there are no attacks on people, and everyone must be sensitive to other people’s points of view. Use ‘I’ statements: it is much more effective to say, “Well, for me personally, I feel that^o,” than to say, “No, you’re wrong, the right thing is^o”
- Attentiveness. Listen to what other people are saying. You will not only learn something but also make the people who are speaking feel more comfortable.
- Openness. To get the most out of the session, people should be encouraged to speak about their own experiences and not to speak for others. Take risks – don’t be afraid to speak your mind as long as you are not aggressive, abusive or insensitive.

WHAT DOES SAFE SEX MEAN TO YOU?

If possible, the participants should be divided into small groups of about six to eight people. Each group is given a question to discuss and answer. If the audience is small,

BRIEF DESCRIPTION OF THE ACTIVITIES

there may be fewer groups formed, and the faster groups can be given a second question to brainstorm.

The peer educators spread themselves among these groups as facilitators, ideally with two or more per group.

The groups are given sufficient time to come up with answers and the facilitators encourage the group and help them think of more answers by giving ideas and 'clues'.

Five questions to ask in a workshop dealing with HIV/AIDS could be:

- Why do some people have sex?
- What are the reasons to wait or abstain from sex?
- What are some alternatives to sexual intercourse?
- Why do some people not use protection?
- How can we encourage someone (e.g., a partner) to act in a safer manner?

GUEST SPEAKER OR VIDEO

If time allows, a guest speaker – a person living with HIV/AIDS – should be invited to share his or her experience. It is best if the peer educators know the speaker well, and are sure that she or he is a good public speaker and is well prepared. This part of the presentation is usually most effective when the speaker talks about personal experiences with which the audience might be able to relate. A moving video segment about the HIV/AIDS epidemic is another way to get people motivated.

HIV/AIDS: BASIC FACTS AND QUESTIONS

A quiz can be used as an entry point to discuss the basic facts and questions on HIV/AIDS.

A sample of a quiz is provided in annex 4, page 159.

Key information on HIV/AIDS can be found in annex 4, page 151. For additional information, please consult the resource list in annex 1 (page 128), which includes useful web sites addresses.

ROLE PLAY

Throughout the session, participants may raise particularly important issues or points, such as how to say "no" in certain situations, how to help peers better protect their health, etc. Peer educators may raise these issues as the topic of the role play. They may

choose to include one or more members of the audience in the role play, or have only peer educators participate. See section 1, page 18 and section 2, page 52 for additional information on role plays.

CONDOM DEMONSTRATION

It is strongly recommended to include activities about how to use condoms properly and on saying no to unprotected sex in any HIV/AIDS educational session. See the exercises and the detailed description on performing a condom demonstration in Section 2, pages 79-81.

FINAL QUESTIONS

At the end of the session, the audience is invited to share their reactions to what they have experienced during the session. They may have responses to the role plays or questions that they felt were unanswered during the presentation. Although they should be encouraged to ask questions and give comments at any point, this is their chance to ask any questions they still have after participating in the whole session. The peer educators also have the opportunity to review issues that may have arisen out of the role plays; for example, some of the choices made by characters portrayed might merit discussion.

If an HIV-positive speaker is present, the participants have the opportunity at this time to ask him or her questions that may have come to them during the presentation.

WRAP-UP

In a wrap-up session, all participants and support staff are thanked for their contribution. Participants complete a post-workshop questionnaire, which also includes a brief evaluation form.

After the presentation ends, the peer educators might want to wait for a few minutes so that individual people can approach them with comments or questions. Sometimes someone will have a personal issue to ask about or need help in finding out where to obtain further information about one or other of the issues raised. She or he might be more comfortable approaching an educator individually, rather than asking the question during the presentation.

ANNEXES

ANNEX 1 ANNOTATED PEER EDUCATION RESOURCE LIST

ANNEX 2 A SAMPLE PRE- AND POST-WORKSHOP EVALUATION TEST AND QUALITY OF THE TRAINING SURVEY

ANNEX 3 A SAMPLE PEER EDUCATOR AND TRAINER SKILLS RATING FORM

ANNEX 4 HANDOUTS

Ten facts about HIV/AIDS

Illustration of direct experience exercise

Peer education and behaviour change theories

Privacy squares illustration

Problem tree illustration

HIV/AIDS quiz

STI challenge – facilitator’s version

Types of peer-led approaches (A)

Types of peer-led approaches (B)

Co-facilitating styles

Co-facilitation quiz

Effective youth-adult partnerships

Roger Hart’s ladder of participation

Benefits of youth-adult partnerships

Barriers to building effective youth-adult partnerships

Monitoring and evaluation of a peer education programme

Kinsey Scale

ANNEX 5 MORE EXERCISES

Sex and gender – what do they mean?

Media images analysis

Singles party weekend

ANNOTATED PEER EDUCATION RESOURCE LIST

1. GUIDELINES ON PEER EDUCATION/YOUTH PARTICIPATION

ACTIVATE

IPPF Global Advocacy Division.

Using a step-by-step approach, this workbook is designed to support young people who are (or wish to be) involved in sexual and reproductive health programmes and activities. It helps them to find out what their needs are and how to act upon them and to identify support in the community and convince the people who make decisions.

Available online at: <http://www.ippf.org>

or by mail at: IPPF, Regent's College, Inner Circle Regent's Park, London NW1 4NS, UK.

or by e-mail at: activate@ippf.org

A FRAMEWORK FOR PEER LEARNING

Youth Clubs UK, 2000 (second edition), 80 pages, £8.95.

This booklet offers a youth worker or teacher guidelines on how to establish a successful peer education programme. It lays out the different stages of peer education and the structure provided can be used at different levels of participation, over a range of issues. It includes guidelines for action session plans for recruitment and training, ideas for follow-up and evaluation as well as a section on key problems and dilemmas. It can be used in combination with the Yes Me! booklet (see below, page 134).

Order online at: <http://www.youthclubs.org.uk>

or by mail at: Youth Clubs UK, 2nd Floor Kirby House, 20-24 Kirby Street, London EC1N8TS, UK.

EUROPEAN GUIDELINES FOR YOUTH AIDS PEER EDUCATION

Gary Svenson et al., Department of Community Medicine, Lund University, Sweden.

European Commission, 1998.

This Europeer (the European peer education network) publication provides guidance on setting up, running and evaluating AIDS peer education projects for young people.

The first two chapters examine the potential as well as the limitations of the peer education approach.

Available in English, French, German, Greek, Italian, Portuguese, Spanish and Swedish.

Available online at: <http://www.europeer.lu.se>

or by mail at: Europeer, Department of Community Medicine, Malmö University Hospital, S-205 02 Malmö, Sweden.

GUIDE TO IMPLEMENTING TAP (TEENS FOR AIDS PREVENTION)

Advocates for youth, Washington DC, USA, 2002 (second edition).

This step-by-step guide is to help adults and teenagers develop and implement a peer education programme on HIV/AIDS prevention in schools and communities. Includes plans for 17 sessions with suggested activities and descriptions of ongoing projects.

Available online at: <http://www.advocatesforyouth.org>

or by mail at: Advocates for Youth, 1025 Vermont Avenue NW, Suite 200, Washington DC 20005, USA.

HOW TO CREATE AN EFFECTIVE PEER EDUCATION PROJECT, GUIDELINES FOR AIDS PREVENTION PROJECTS

AIDSCAP (Family Health International), USA.

Provides practical guidelines for planning and implementing a peer education project and creates awareness of potential difficulties.

Available online at: <http://www.fhi.org/publications>

or by mail at: Family Health International, PO Box 13950, Research Triangle Park, Durham NC 27709, USA.

PEER APPROACH IN ADOLESCENT REPRODUCTIVE HEALTH EDUCATION: SOME LESSONS LEARNED

UNESCO Asia and Pacific Bureau for Education, Thailand, 2003.

This booklet focuses on research on the impact of peer education in promoting healthy behaviour among adolescents, synthesizes field experiences and offers guidelines to enable policy-makers and programme implementers to adopt or adapt appropriate strategies in their own settings.

Available online at: <http://www.unescobkk.org/ips/arh-web>

ANNOTATED PEER EDUCATION RESOURCE LIST

PEER TO PEER: YOUTH PREVENTING HIV INFECTION TOGETHER

Advocates for Youth, Washington DC, USA, 1993, US\$ 4.

This resource for programme planners and youth workers examines the rationale and research behind the peer education approach to risk reduction with a focus on HIV prevention. It outlines in detail successful model peer education programmes.

Available online at: <http://www.advocatesforyouth.org>

or by mail at: Advocates for Youth, 1025 Vermont Avenue NW, Suite 200, Washington DC 20005, USA.

PEER, AN IN-DEPTH LOOK AT PEER HELPING. PLANNING, IMPLEMENTATION, AND ADMINISTRATION

Tindall, J.A., Accelerated Development, revised edition 1994.

This book focuses on peer counselling and its rationale, and how this can impact upon some of society's problems. It is aimed at those who are responsible for planning, implementing and administering peer helping programmes.

To order, write or call: Accelerated Development, 1900 Frost Road, Suite 101, Bristol, Pennsylvania 19007-1598, USA; tel. +1-800-821-8312

2. RESEARCH

2.1 GENERAL RESEARCH

PEER EDUCATION AND HIV/AIDS: CONCEPTS, USES AND CHALLENGES

UNAIDS, Best Practice Collection, 1999.

This brochure discusses the theory behind peer education and presents the results of a needs assessment carried out in Jamaica in April 1999 and a literature review.

Available in English and French.

Available online at: <http://www.unaids.org>

or by mail at: UNAIDS, 20 Avenue Appia, CH 1211 Geneva 27, Switzerland.

or by e-mail at: unaids@unaids.org

PEER POTENTIAL: MAKING THE MOST OF HOW TEENS INFLUENCE EACH OTHER

National Campaign to Prevent Teen Pregnancy, April 1999, US\$ 15.

Three research papers that highlight the positive effects of peer influence in teenager's lives and at the same time, to warn about some of the specific ways peer

influence can be harmful. They also offer some important guidelines for programme developers and policy-makers to make the most of the potential of peers.

Available online at: <http://www.teenpregnancy.org/publications>

or by mail at: The National Campaign to Prevent Teen Pregnancy, 2100 M Street, NW, Suite 300, Washington, DC 20037, USA.

SUMMARY BOOKLET OF BEST PRACTICES

UNAIDS, 1999, Issue 1, Children and young people, pp 27-72.

The booklet describes 18 projects, aimed at young people. The main objectives are to:

- promote sexual health;
- empower young people with life skills;
- reduce the risk of HIV/AIDS infection;
- prevent risk of violence, abuse and entry into the sex trade;
- build a peer support network;
- reduce discrimination towards people living with HIV/AIDS; and
- assist young people in continuing their education and ensure long-term social and economic security for the participants.

The majority of the projects include peer education.

Available online at: <http://www.unaids.org>

or by mail at: UNAIDS, 20 Avenue Appia, CH 1211 Geneva 27, Switzerland.

or by e-mail at: unaids@unaids.org

2.2 MONITORING AND EVALUATING PROGRAMMES FOR/WITH YOUNG PEOPLE

LEARNING TO LIVE. MONITORING AND EVALUATING HIV/AIDS PROGRAMMES FOR YOUNG PEOPLE

Webb, D. and Elliott, L., Save the Children, 2000, £12.95.

A practical guide to developing, monitoring and evaluating practice in HIV/AIDS-related programming for young people, based on experiences from projects around the world. It focuses on recent learning from work with young people in: peer education; school-based education, clinic-based service delivery; reaching especially vulnerable children; and working with children affected by HIV/AIDS.

Available online at: <http://www.savethechildren.org.uk>

or contact: UNAIDS, 20 Avenue Appia, CH 1211 Geneva 27, Switzerland.

e-mail: unaids@unaids.org

ANNOTATED PEER EDUCATION RESOURCE LIST

2.3 RESEARCH TOOLS

THE NARRATIVE RESEARCH METHOD – STUDYING BEHAVIOUR PATTERNS OF YOUNG PEOPLE BY YOUNG PEOPLE – A GUIDE TO ITS USE

WHO, 1993, order no. 1930054, 8 Swiss francs/US\$ 7.20.

A research tool, which has been extensively used to understand behaviours, including sexual behaviour, among young people in the context of their cultural realities. A core group of young people is brought together to develop a representative story depicting behaviour in their community. The story is then transformed into a 'questionnaire' which is administered to other young people in the districts to be investigated. The findings of this participatory methodology can be used to develop local or national plans of action to promote adolescent health and health information products, in which the core group may become involved as facilitators.

Available in English, French and Spanish.

Available online at: <http://www.who.org>

or by e-mail at: publications@who.org

3. TRAINING MANUALS

3.1 PEER EDUCATION TRAINING MANUALS

APPROACHES TO PEER-LED HEALTH EDUCATION: A GUIDE FOR YOUTH WORKERS

Clemets, I. and Buczkiewitz, M., Health Education Authority, 1993, 96 pages (out of print).

Manual developed to encourage youth and community workers to examine the use of peer education for health education. Includes the rationale for peer education, 11 training sessions, ideas for working with young people on health issues and examples of peer education in the UK.

THE CRUNCH. NEGOTIATING THE AGENDA WITH YOUNG PEOPLE. A PEER EDUCATION TRAINING MANUAL

The Health Education Board for Scotland, 1997, £ 20.

This manual describes the context in which peer education has developed, offers a theoretical framework to support the development of peer education work and offers

practical guidelines for good practices. The manual illustrates theory and practice using examples of drug, alcohol and tobacco education. However, the guidelines can be applied to any form of peer education.

*Available by mail at: Fast Forward, 4, Bernard Street, Edinburgh, EH6 6PP, UK.
or by e-mail at: admin@fastforward.org.uk*

KNOW THE SCORE

Youth Clubs UK, 1999, 70 pages, £ 17.95.

Drug education is the focus of this peer education resource. Designed to be used as a preparation programme for peer educators, this publication includes:

- Hints and tips on the strengths and challenges of peer drug education work
- Photocopiable training manuals that can be used to train peer drug educators
- Activities that peer educators can use or adapt to increase other young people's awareness about drug issues
- Different ways to evaluate peer drug education initiatives
- Case studies of two different peer drug education projects

Available online at: <http://www.youthclubs.org.uk>

or by mail at: Youth Clubs UK, 2nd Floor Kirby House, 20-24 Kirby Street, London EC1N8TS, UK.

ANNOTATED PEER EDUCATION RESOURCE LIST

PEER EDUCATION: A MANUAL FOR TRAINING YOUNG PEOPLE AS PEER EDUCATORS

Book 1: Peer education: an introduction

Book 2: Training peer educators (15 training sessions in five modules)

Book 3: HIV/AIDS and sexuality (training sessions)

Murtagh, B., National Youth Federation in association with the Health Promotion Unit, Ireland, 1996, 127 pages.

Three manuals providing information, guidance and models for peer education projects in youth services. All manuals draw on actual field experience. Book 1 is designed to clarify the concept of peer education and includes guidelines on evaluating peer education. Book 2 provides five modules for use in the general preparation and training of potential peer educators, and Book 3 provides two modules: one for training HIV/AIDS peer educators and one to help them reflect on aspects of sexuality.

Available online at: [http:// www.iol.ie/~nyf/indexa.html](http://www.iol.ie/~nyf/indexa.html)

or by mail at: National Youth Federation, 20 Lower Dominick Street, Dublin, Ireland

or by e-mail at: info@nyf.ie

TOGETHER WE CAN

Peer Educator's Handbook & Activity Kit, Jamaica Red Cross HIV/AIDS Peer Education Project, Jamaica Red Cross, 1995.

Manual for teenage peer educators, aimed at HIV/AIDS and STI prevention. Includes activities for managing risk situations, assessing personal values and skills in condom use.

More information at: jrcs@mail.infochan.com

YES ME!

Youth Clubs UK, 1996, 70 pages, £ 8.95.

This booklet is easy to follow and outlines a user-friendly self-development programme designed to help potential peer educators gain understanding and skills needed to run a peer learning group.

Yes Me! clearly demonstrates the benefits that peer education has on the young people who participate by encouraging them to look at themselves, identify their qualities and strengths. It looks into topics such as non-verbal communication and group dynamics as well as helping a young person explore why they might want to be a peer educator.

Available online at: <http://www.youthclubs.org.uk>

or by mail at: Youth Clubs UK, 2nd Floor Kirby House, 20-24 Kirby Street, London EC1N8TS, UK.

YOU CAN'T BE SERIOUS!

Youth Clubs UK, 1997.

You can't be serious! is a series of resources for peer educators, covering five priority areas: accident prevention; cancer prevention; heart health; mental health; and sexual health. Each book contains: guidance on the role of a peer educator; background information on the issue; activities for use by peer educators; and a case study.

Available online at: <http://www.youthclubs.org.uk>

or by mail at: Youth Clubs UK, 2nd Floor Kirby House, 20-24 Kirby Street, London EC1N8TS, UK.

3.2. RELATED TRAINING MANUALS

ACTION WITH YOUTH, HIV/AIDS AND STD: A TRAINING MANUAL FOR YOUNG PEOPLE

International Federation of Red Cross and Red Crescent Societies, Geneva, 2000 (second edition).

A manual intended for youth leaders to help set up an HIV/AIDS health promotion programme with young people. Includes basic information on HIV/AIDS and the impact of the epidemic, guidelines for programme planning and a range of ideas for educational activities and community projects.

Available in English and French (to be published soon in Spanish).

Order by mail at: International Federation of Red Cross and Red Crescent Societies, PO Box 372, CH-1211 Geneva 19, Switzerland

or by e-mail at: guidera@ifrc.org

AIDS, WORKING WITH YOUNG PEOPLE

Aggleton, P., Horsley, C., Warwick, I. and Wilton, T., AVERT, UK, 1993.

Training manual for use with young people aged 14 and over in youth clubs, training schemes and schools. Includes exercises and games introduced by a background text which gives an overview of the medical and social aspects of AIDS as well as advice on HIV/AIDS education.

Available online at: <http://www.avert.org>

Order by mail at: AVERT, 11, Denne Parade. Horsham, West Sussex RH12 1JD, UK

ANNOTATED PEER EDUCATION RESOURCE LIST

EXPLORING HEALTHY SEXUALITY

Jewitt, C., Family Planning Association UK, 1994.

Manual aimed at youth workers with little training in sexuality education.

Order by mail at: Family Planning Association-UK, 27-35 Mortimer Street, W1N 7RJ London, UK. Fax: +44 207 837 3026

FRIENDS TELL FRIENDS ON THE STREET

Carl, Greg and Chaiphech, Nonthathorn, The Thai Red Cross AIDS Research Centre, 2000.

A very comprehensive manual aimed to develop psychosocial skills of street children. It includes over 116 well-explained activities on various topics (general health, drug abuse, HIV/AIDS, reproductive health, child rights, personal safety, job search) and another 87 exercises to practise core life skills.

Contact: The Thai Red Cross AIDS Research Centre, 1871 Rama IV Road, Bangkok 10330, Thailand. Tel. 662 256-4107-9, Fax 662 254-7577.

GAMES FOR ADOLESCENT AND REPRODUCTIVE HEALTH. AN INTERNATIONAL HANDBOOK

PATH (Program for Appropriate Technology in Health), Washington DC, USA.

Manual designed to fuel the imagination of educators with tips on getting started, 45 games that are fun, easy-to-use and educational, guidance on creating your own games, and ready-to-use card sets. The introduction includes the theory behind it all.

Available online at: <http://www.path.org/files/gamesbook.pdf>

GENDER OR SEX, WHO CARES, SKILLS-BUILDING RESOURCE PACK ON GENDER AND REPRODUCTIVE HEALTH FOR ADOLESCENTS AND YOUTH WORKERS. WITH A SPECIAL EMPHASIS ON VIOLENCE, HIV/STI, UNWANTED PREGNANCY AND UNSAFE ABORTION

de Bruyn, M. and France, N., IPAS and HD Network, 2001.

This resource pack, which includes a manual, curriculum cards and overhead transparencies/handouts, provides an introduction to the topic of gender and sexual and reproductive health (SRH). It aims to complement training materials on SRH by providing a participatory tool to differentiate gender from sex and to show how gender affects SRH.

Available online at: http://www.ipas.org/english/publications/gender_sex_manual.pdf

IT'S ONLY RIGHT. A PRACTICAL GUIDE TO LEARNING ABOUT THE CONVENTION OF THE RIGHTS OF THE CHILD

UNICEF, 1993.

A guide intended for youth group leaders and teachers working with young people aged 13 and older, offering a range of activities that will help children get to know their rights and to help them plan action on rights issues.

Available in English and French.

Available online at: <http://www.unicef.org/publications>

LIFE PLANNING EDUCATION: A YOUTH DEVELOPMENT PROGRAM

Advocates for Youth, Washington DC, USA, 1995, US\$ 60.

A training pack with interactive exercises on sexuality/life-skills education for young people aged 13 to 18, to be used in schools or other youth settings.

Available online at: <http://www.advocatesforyouth.org>

Order by mail at: Advocates for Youth, 1025 Vermont Avenue NW, Suite 200, Washington DC 20005, USA.

A PARTICIPATORY HANDBOOK FOR YOUTH DRUG PREVENTION PROGRAMS, A GUIDE FOR DEVELOPMENT AND IMPROVEMENT

UN Office on Drugs and Crime (UNODC) and The Global Youth Network, New York, 2002.

The philosophy behind this document is that, if substance abuse is to be tackled, it is the young people themselves who should lead this effort, since they know their own needs better than anyone else. Therefore, this handbook is a tool for youth groups aimed at identifying the real issues that concern them and help them find solutions.

Available in English, Chinese, French, Spanish and Russian.

Available online at: http://www.unodc.org/youthnet/youthnet_youth_drugs.html

PRIMARY PREVENTION OF SUBSTANCE ABUSE. A FACILITATORS GUIDE. A WORKBOOK FOR PROJECT OPERATORS

WHO/UNODC, 2000.

Order by e-mail at: publications@who.org

ANNOTATED PEER EDUCATION RESOURCE LIST

PROJECT H - WORKING WITH YOUNG MEN TO PROMOTE HEALTH AND GENDER EQUITY

Project Coordination: Instituto Promundo. Support: Pan American Health Organization, WHO, International Planned Parenthood Federation, 2002.

This manual includes five topics: sexuality and reproductive health; fatherhood and caregiving; from violence to peaceful coexistence; reasons and emotions; and preventing and living with HIV/AIDS. Each topic contains a theoretical section and a series of participatory activities to facilitate group work with young men (between the ages of 15 and 24).

Available online at: <http://www.promundo.org.br>

Order by e-mail at: promundo@promundo.org.br

RIGHT DIRECTIONS. A PEER EDUCATION RESOURCE ON THE UN CONVENTION OF THE RIGHTS OF THE CHILD

Save the Children in association with The Guides Association, UK, 1999, 64 pages, £ 4.99.

A guide to help young people think about their rights through a range of fun and lively activities based around the UNCRC. The 40 activities cover a wide range of important youth issues such as bullying, discrimination, poverty, homelessness, health, and expressing an opinion.

Available online at: <http://www.savethechildren.org.uk>

SCHOOL HEALTH EDUCATION TO PREVENT AIDS AND STD: A RESOURCE PACKAGE FOR CURRICULUM PLANNERS

WHO/UNESCO, 1994.

The package includes a handbook for curriculum planners, a teacher's guide and a manual for students with 53 activities on communication skills, safer sex and HIV/AIDS.

Order by e-mail at: publications@who.org

YOUNG PEOPLE AND SUBSTANCE USE: A MANUAL. CREATE, USE AND EVALUATE EDUCATIONAL MATERIALS AND ACTIVITIES

Monteiro, M. (ed.), WHO and Mentor Foundation, 1999, 161 pages, order no. 1930151, 30 Swiss francs/US\$ 27

Easy-to-use guidebook to help health workers without extensive training or sophisticated resources to produce educational resources. Particular attention is given to

the needs of street children. Illustrates many ways to engage the participation of young people in the design, utilization, dissemination and evaluation of educational materials.

Order by e-mail at: publications@who.org

WORKING WITH STREET CHILDREN. A TRAINING PACKAGE ON SUBSTANCE USE, SEXUAL AND REPRODUCTIVE HEALTH INCLUDING HIV/AIDS AND STDS

WHO, 2000, order no. WHO/MDS/MDP/00.14.

A comprehensive training package developed for street educators (and other people involved in programmes for street children) comprising two parts:

- Ten training modules, which provide information on the problems street children may face and essential skills and knowledge educators need to function in a dynamic environment on the street
- Trainer Tips, a manual which provides ideas on how the subjects can be taught, includes information on selected topics and gives options that could help the trainer or educator in adapting local needs and resources.

Order by e-mail at: publications@who.org

100 WAYS TO ENERGISE GROUPS: GAMES TO USE IN WORKSHOPS, MEETINGS AND COMMUNITY

The International HIV/AIDS Alliance, 2002

A compilation of energisers, icebreakers and games that can be used by anyone working with groups of people, whether in a workshop, meeting or community setting.

Available online at: <http://www.aidsalliance.org> (go to Publications and Resources (Toolkits and Guides)).

ANNOTATED PEER EDUCATION RESOURCE LIST

3.3 TRAINING MANUALS ON COUNSELLING (NOT SPECIFICALLY PEER COUNSELLING)

COUNSELLING SKILLS TRAINING IN ADOLESCENT SEXUALITY AND REPRODUCTIVE HEALTH. A FACILITATOR'S GUIDE.

WHO/ADH , revised edition 2001

Designed to help facilitators run a five-day training workshop in counselling skills in adolescent sexuality and reproductive health. The training described in the guide combines basic information about sexuality, reproductive health and the principles of non-directive counselling with training in specific interpersonal communication skills.

Order by e-mail at: cah@who.int

4. RESOURCE GUIDES

ANNOTATED BIBLIOGRAPHY ABOUT YOUTH AIDS PEER EDUCATION IN EUROPE

Svenson, G. et al. (eds.), Department of Community Medicine, Lund University, Sweden; European Commission, 1998.

Available online at: <http://www.europeer.lu.se>

or by mail at: Europeer, Department of Community Medicine, Malmö University Hospital, S-205 02 Malmö, Sweden.

RESOURCE GUIDE FOR SEX EDUCATORS, BASIC RESOURCES THAT EVERY SEX EDUCATOR NEEDS TO KNOW ABOUT

Huberman, B., Advocates for Youth, 2002, US\$ 10.

Available online at: <http://www.advocatesforyouth.org>

5. JOURNALS

EXCELLENT. THE JOURNAL OF PEER EDUCATION IN SCOTLAND

Published by Fast Forward Positive Lifestyles Ltd., subscription: £10 per year.

Journal produced three times a year. Its aim is to promote the development of peer education with young people in the field of health, to offer networking opportunities, to share good practice, to provide a forum for debate and to publicize useful resources and announce forthcoming events (such as training courses).

Order from: Xcellent, c/o Fast Forward, 4, Bernard Street, Edinburgh, EH6 6PP, UK.

or by e-mail at: sandra@fastforward.org.uk

6. USEFUL WEB SITES

<http://www.youthpeer.org/>

Youth Peer Education Electronic Resource (Y-PEER) is a Web site aimed at supporting the development of youth peer education in Eastern Europe and Central Asia. It is an initiative of the Joint UN Interagency Group on Young People's Health Development and Protection in Europe and Central Asia (IAG), Subcommittee on Peer Education supported by UNFPA and UNICEF.

<http://www.advocatesforyouth.org/>

Advocates for Youth deals with issues of young people's sexual and reproductive health internationally and provides information, training and strategic assistance to youth-serving organizations, policy-makers, youth activists and the media.

<http://www.avert.org>

An HIV/AIDS charity with useful statistical information, information for youth, news, recent updates, resources on homosexuality, etc., on the HIV/AIDS epidemic and sexually transmitted infections

<http://www.europeer.lu.se>

Lund University's (Sweden) and the European Union's resource centre about youth peer education in Western Europe, focusing on the health, development and empowerment of young people

<http://www.fhi.org>

Family Health International works on improving reproductive and family health around the world through biomedical and social science research, innovative health service delivery interventions, training and information programmes.

<http://www.goaskalice.columbia.edu>

Columbia University's (USA) youth-friendly, funny and educational question-and-answer Internet health education programme.

ANNOTATED PEER EDUCATION RESOURCE LIST

<http://www.ippf.org>

International Planned Parenthood Federation (IPPF) is the largest voluntary organization dealing with issues of sexual and reproductive health; it hopes to promote and establish the right of women and men to decide freely the number and spacing of their children and the right to the highest possible level of sexual and reproductive health.

<http://www.iwannaknow.org>

American Social Health Association's sexual health information site for young people.

<http://www.savethechildren.org.uk>

Save the Children is the leading British charity working to create a better world for children. They work in 70 countries helping children in the world's most impoverished communities.

<http://www.siecus.org>

The Sexuality Information and Education Council of the US (SIECUS) promotes comprehensive sexuality education, and advocates the right of individuals to make responsible sexual choices.

<http://www.teenwire.com>

Planned Parenthood's sex education site featuring many articles written by and for young people.

<http://www.unaids.org>

UNAIDS brings together the efforts and resources of eight United Nations system organizations to help the world prevent new HIV infections, care for those already infected, and mitigate the impact of the HIV/AIDS epidemic.

<http://www.unfpa.org>

The United Nations Population Fund (UNFPA) supports developing countries, at their request, to improve access to and the quality of reproductive health care, particularly family planning, safe motherhood and prevention of sexually transmitted infections (STIs) including HIV/AIDS.

<http://www.unicef.org>

UNICEF, the United Nations Children's Fund, works with partners around the world to promote the recognition of and fulfilment of children's human rights. Within this site go to: <http://www.unicef.org/programme/lifeskills.html>, where you will find extensive information on life skills-based education.

<http://www.unodc.org/youthnet>

The Global Youth Network is an initiative of UNDCP, the International Drug Control Programme of the United Nations Office on Drugs and Crime (UNODC). The Global Youth Network aims at increasing youth involvement with the international community in developing drug abuse prevention policies and programmes.

<http://www.youthclubs.org.uk>

A British national network designed to support and develop high-quality work and educational opportunities for all young people.


<http://www.youthhiv.org/>

YouthHIV is a project of Advocates for Youth. Its web site is created by and for HIV-positive youth and HIV peer educators. The purpose is to provide a safe and effective web site offering sexual and mental health information, community support, opportunities for advocacy, resources and referrals, and online peer education.

<http://www.youthshakers.org/index.htm>

Advocates for Youth and IPPF's Internet resource on youth peer sexuality education activities, networks, programmes, etc. Within this site go to: <http://www.youthshakers.org/peereducation/manual/index.htm>, where you find useful information on building peer education

A SAMPLE PRE- AND POST-WORKSHOP EVALUATION TEST

		FORM NO: _____	
<p>Thank you for participating in the workshop evaluation. We would like to know your current peer education skills level and your opinion about this kind of training. It only will take few minutes to answer these questions. There are no right or wrong answers, as we are interested only in knowing your opinions. We will ask you to complete this questionnaire at the start and the end of the workshop.</p>			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female First letter of your first name	Age	How many years' experience do you have working in peer education?	What is your primary functional role in your job? (select one) <input type="checkbox"/> Manager <input type="checkbox"/> Peer educator <input type="checkbox"/> Trainer <input type="checkbox"/> Other
1. I feel that I could run a training programme for peer educators. <input type="checkbox"/> Completely agree <input type="checkbox"/> Agree <input type="checkbox"/> Agree somewhat <input type="checkbox"/> Agree a little <input type="checkbox"/> Don't agree at all			
2. I can describe a comprehensive model for peer education programmes. <input type="checkbox"/> Completely agree <input type="checkbox"/> Agree <input type="checkbox"/> Agree somewhat <input type="checkbox"/> Agree a little <input type="checkbox"/> Don't agree at all			
3. I can describe the difference between gender and sex and explain how gender may affect sexual and reproductive health. <input type="checkbox"/> Completely agree <input type="checkbox"/> Agree <input type="checkbox"/> Agree somewhat <input type="checkbox"/> Agree a little <input type="checkbox"/> Don't agree at all			
4. I would be comfortable setting up and conducting role-play exercises for peer educators. <input type="checkbox"/> Completely agree <input type="checkbox"/> Agree <input type="checkbox"/> Agree somewhat <input type="checkbox"/> Agree a little <input type="checkbox"/> Don't agree at all			
5. If possible I would bring a speaker living with HIV/AIDS to a workshop for youth. <input type="checkbox"/> Completely agree <input type="checkbox"/> Agree <input type="checkbox"/> Agree somewhat <input type="checkbox"/> Agree a little <input type="checkbox"/> Don't agree at all			
6. I know and could conduct at least three team-building games for peer educators. <input type="checkbox"/> Completely agree <input type="checkbox"/> Agree <input type="checkbox"/> Agree somewhat <input type="checkbox"/> Agree a little <input type="checkbox"/> Don't agree at all			

7. I know four icebreaker exercises.

- Completely agree Agree Agree somewhat Agree a little
 Don't agree at all

8. I know three different ways to teach factual information in a workshop.

- Completely agree Agree Agree somewhat Agree a little
 Don't agree at all

9. I can think of three different motivational techniques to use in a peer education workshop.

- Completely agree Agree Agree somewhat Agree a little
 Don't agree at all

10. I can think of at least five different life skills to address in a health education programme.

- Completely agree Agree Agree somewhat Agree a little
 Don't agree at all

11. I would involve a person living with HIV/AIDS in the design and implementation of my peer education programme.

- Completely agree Agree Agree somewhat Agree a little
 Don't agree at all

9. I can think of three different motivational techniques to use in a peer education workshop.

- Completely agree Agree Agree somewhat Agree a little
 Don't agree at all

QUALITY OF THE TRAINING SURVEY

How would you rate your comfort level in providing services to clients in relation to the topics covered in this workshop?	Before this workshop	Low <input type="checkbox"/> 1 <input type="checkbox"/> 2	Medium <input type="checkbox"/> 3 <input type="checkbox"/> 4	High <input type="checkbox"/> 5
	After this workshop	Low <input type="checkbox"/> 1 <input type="checkbox"/> 2	Medium <input type="checkbox"/> 3 <input type="checkbox"/> 4	High <input type="checkbox"/> 5
Overall, how you would rate the quality of the workshop? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent				
How would you rate the usefulness of the workshop for your work? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent				
Are you taking this workshop mainly so that you will be able to train other individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know				
Is it likely that you will use this workshop to train other individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know				
Would you recommend a similar workshop to a peer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know				
Comments:				

A SAMPLE PEER EDUCATOR AND TRAINER SKILLS RATING FORM¹

This form contains items used as part of an evaluation of peer educators' and trainers' skills.

Date _____ **Location** _____ **Presenter** _____

Please rate the strength of the presenter on the following:

	1 Weak	2 Reasonable	3 Good	4 Very good	5 Excellent
TRAINING TECHNIQUES					
1. Explaining the activity/game					
2. Relatedness to trainees					
3. Eye contact					
4. Movement					
5. Gestures					
6. Listening skills					
7. Volume of voice					
8. Use of flip charts					
9. Use of space and environment					
10. Intonation					
TEAM WORK					
11. Balancing participation					
12. Co-trainer interaction					
13. Assisting each other					
14. Sharing the training space ...give and take					
15. Respecting each other					
16. Peer educator management					
17. Managing difficult participants					

¹ Zielony, R. Mudrovic, Z. and Red Cross Peer Educators of Sarajevo, UNFPA Peer Education Evaluation Workshop, 2001.

	1 Weak	2 Reasonable	3 Good	4 Very good	5 Excellent
TRAINING TECHNIQUES					
18. Adapting to boredom					
19. Managing talkers					
20. Public speaking techniques					
21. Motivational impact					
22. Facilitator energy					
23. Facilitator enthusiasm					
24. Acting skills					
25. Creating a safe learning environment					
26. Preparation of an agenda for a peer presentation					
27. Assisting during a presentation					
28. Giving feedback to peer educators					
29. Encouraging team members					
30. Smoothness of teamwork: creating a seamless process					
31. Encouraging the audience					
32. Blending in versus crashing in					
33. Sticking to agreed agenda					
34. Communicating agenda changes					
35. Open communication with co- trainers					

Note: The five-point rating scale for this form may not often be necessary. In many cases the items may just provide some guidance, with ideas for skills and techniques to note in feedback sessions for peer educators or trainers.

COMMENTS:

ANNEX 4 HANDOUTS

TEN FACTS ABOUT HIV/AIDS

ILLUSTRATION OF DIRECT EXPERIENCE EXERCISE

PEER EDUCATION AND BEHAVIOUR CHANGE THEORIES

PRIVACY SQUARES ILLUSTRATION

PROBLEM TREE ILLUSTRATION

HIV/AIDS QUIZ

STI CHALLENGE – FACILITATOR’S VERSION

TYPES OF PEER-LED APPROACHES (A)

TYPES OF PEER-LED APPROACHES (B)

CO-FACILITATING STYLES

CO-FACILITATION QUIZ

EFFECTIVE YOUTH-ADULT PARTNERSHIPS

ROGER HART’S LADDER OF PARTICIPATION

BENEFITS OF YOUTH-ADULT PARTNERSHIPS

BARRIERS TO BUILDING EFFECTIVE YOUTH-ADULT PARTNERSHIPS

MONITORING AND EVALUATION OF A PEER EDUCATION PROGRAMME

KINSEY SCALE

HANDOUT: TEN FACTS ABOUT HIV/AIDS

1. AIDS (acquired immune deficiency syndrome) is caused by HIV, the human immuno-deficiency virus, which damages the body's defence system. People who have AIDS become weaker because their bodies lose the ability to fight all illnesses. They eventually die. There is no cure for HIV/AIDS.

2. The onset of AIDS can take up to ten years from the time of infection with HIV. Therefore, a person infected with HIV may look and feel healthy for many years, but he or she can transmit the virus to someone else. New drug therapies can help a person stay healthier for longer periods of time, but the person will still have the virus and still be able to transmit HIV.

3. HIV is transmitted through the exchange of any HIV-infected body fluids. Transfer may occur during all stages of the infection/disease. HIV is found in the following fluids: blood, semen (and pre-ejaculated fluid), vaginal secretions, breast milk. There is no known case of getting the virus from saliva while kissing. However, if a person has a cut in the mouth, he or she could possibly get HIV from kissing an infected person who also had a cut or open sore. The virus can only survive for a short time outside the body so it cannot be passed on through touching an infected person or sharing ordinary objects such as plates, eating utensils, clothes, etc.

4. Worldwide, HIV is most frequently transmitted sexually. In Eastern Europe and Central Asia, however, sharing of contaminated needles among injecting drug users is currently responsible for the majority of infections. This is because, during sexual intercourse, body fluids mix and the virus can pass from the infected person to his or her partner, especially where there are tears in vaginal or anal tissue, wounds or other sexually transmitted infections (STIs). Young girls are especially vulnerable to HIV infection because their vaginal membranes are thinner and more susceptible to infection than those of mature women.

If an HIV-positive man has sex with a woman and does not use a condom, the man's semen can carry the virus into the woman's bloodstream through a tiny cut or sore inside her body, which can be so small that she doesn't even know it is there.

If an HIV-positive woman has sexual intercourse with a man without a condom, her vaginal secretions can transmit HIV into the man's blood through a sore patch on his penis or by getting into his urethra, the tube that runs down his penis.

5. People who have STIs are at greater risk of being infected with HIV/AIDS and of transmitting their infection to others. People with STIs should seek prompt treatment and avoid sexual intercourse or practise safer sex (non-penetrative sex or sex using a condom), and inform their partners. A person infected with an STI is five to ten times more likely to become infected with HIV. Additionally, people who have an STI are also at a greater risk of transmitting their infection to others.

6. The risk of sexual transmission of HIV/AIDS can be reduced if people don't have sex, if uninfected partners have sex only with each other or if people have safer sex, that is, sex without penetration or using a condom. The only way to be completely sure to prevent the sexual transmission of HIV is by abstaining from all sexual contact.

7. HIV can also be transmitted when the skin is cut or pierced using an unsterilized needle, syringe, razor blade, knife or any other tool. People who inject themselves with drugs are at high risk of becoming infected with HIV/AIDS. Moreover, drug use alters people's judgement and can lead to risky sexual behaviour, such as not using condoms.

Intravenous (injecting) drug users should always use a clean needle and never use another person's needle or syringe. If you know or suspect your sexual partner to be injecting drugs, you should never have unprotected sex.

8. Anyone who suspects that he or she might have been infected with HIV should contact a health worker or an HIV/AIDS centre in order to receive confidential counselling and testing.

HIV tests can identify HIV antibodies in the blood as early as two weeks after infection, but the body may take up to six months to make a measurable amount of antibodies. The average time is 25 days.

A positive result on an HIV test means that HIV antibodies are present in your bloodstream and that you are HIV positive. The onset of AIDS may take up to ten or more years. Remember – it is possible to live a productive and healthy life as a person living with AIDS.

A negative result usually indicates that you are not infected with HIV. However, you should retest in six months if you engaged in high-risk behaviour during the past six months because it can take this long for your immune system to produce enough antibodies.

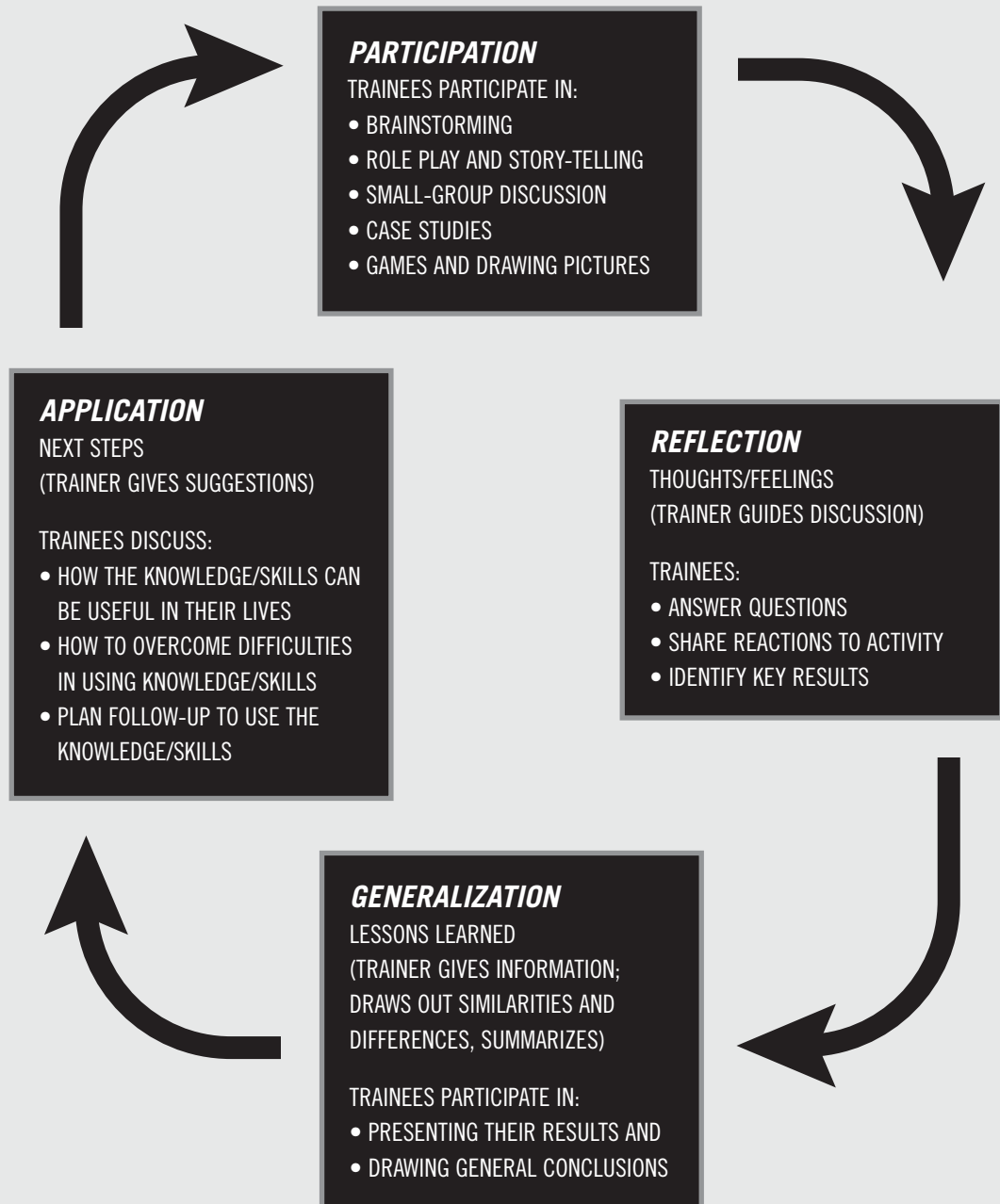
9. HIV is not transmitted by casual, everyday contact: hugging, shaking hands; using swimming pools; from toilet seats; sharing bed linen, eating utensils or food; through mosquito and other insect bites; by coughing or sneezing.

10. Discriminating against people who are infected with HIV/AIDS or anyone thought to be at risk of infection violates individual human rights and endangers public health. Everyone infected with and affected by HIV/AIDS deserves compassion and support.

HANDOUT: ILLUSTRATION OF DIRECT EXPERIENCE EXERCISE

DIRECT EXPERIENCE

(TRAINER INTRODUCES THE ACTIVITY/EXERCISE AND EXPLAINS HOW TO DO IT)



HANDOUT: PEER EDUCATION AND BEHAVIOUR CHANGE THEORIES

THE THEORY OF REASONED ACTION

This theory states that the intention of a person to adopt a recommended behaviour is determined by:

- the person's attitudes towards this behaviour (his/her beliefs about the consequences of the behaviour); and
- the person's perception of the social norms towards a certain behaviour in a group or culture.

In the context of peer education this concept is relevant considering that:

- young people's attitudes are highly influenced by their perception of what their peers do and think; and
- young people may be highly motivated by the expectations of respected peer educators.

THE SOCIAL LEARNING THEORY

According to this theory, individuals can increase their ability to take control of their own situation (called self-efficacy) by acquiring new knowledge and skills that teach them how to better handle situations. This learning can occur:

- through direct experience;
- indirectly, by observing and modelling behaviour on others with whom the person identifies; and
- through training in skills that lead to confidence in being able to carry out a behaviour.

In the context of peer education it means that the inclusion of interactive experimental learning activities are extremely important, and that peer educators can act as important role models.

THE DIFFUSION OF INNOVATIONS THEORY

This theory argues that social influence plays an important role in behaviour change. The role of opinion leaders in a community, acting as agents for behaviour change, is a key element of this theory. Their influence on group norms is predominantly seen as a result of person-to-person exchanges and discussions.

In the context of peer education, it means that the selected peer educators should be trustworthy and credible opinion leaders within the target group. Especially in outreach

work, where the target audience is not reached through formally planned activities but rather through everyday social contacts, the role of opinion leaders as educators may be very important.

These three theories assert that people adopt a certain behaviour not because of scientific evidence but because of the subjective judgement of close trusted peers who act as role models for change

Two other theories are important in the context of peer education:

THE HEALTH BELIEF MODEL

The health belief model suggests that if a person has a desire to avoid illness or to get well (value) and the belief that a specific health action would prevent illness (expectancy), then a positive behavioural action would be taken towards that behaviour. An important aspect of the health belief model is the concept of perceived barriers, or one's opinion of the tangible and psychological costs of the advised action.

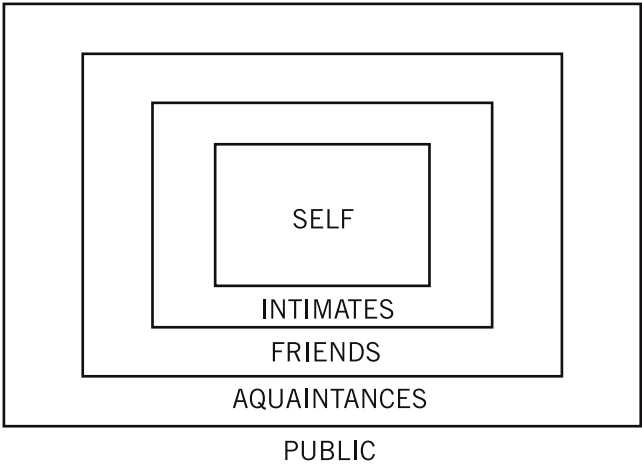
Peer educators could reduce perceived barriers through reassurance, correction of misinformation and assistance. For example, if a young person does not seek health care in the local clinic because he/she feels that his/her confidentiality is not respected, the peer educator may provide accurate information on a youth-friendly service, thus helping to overcome the barrier to accessing proper health care.

THE THEORY OF PARTICIPATORY EDUCATION

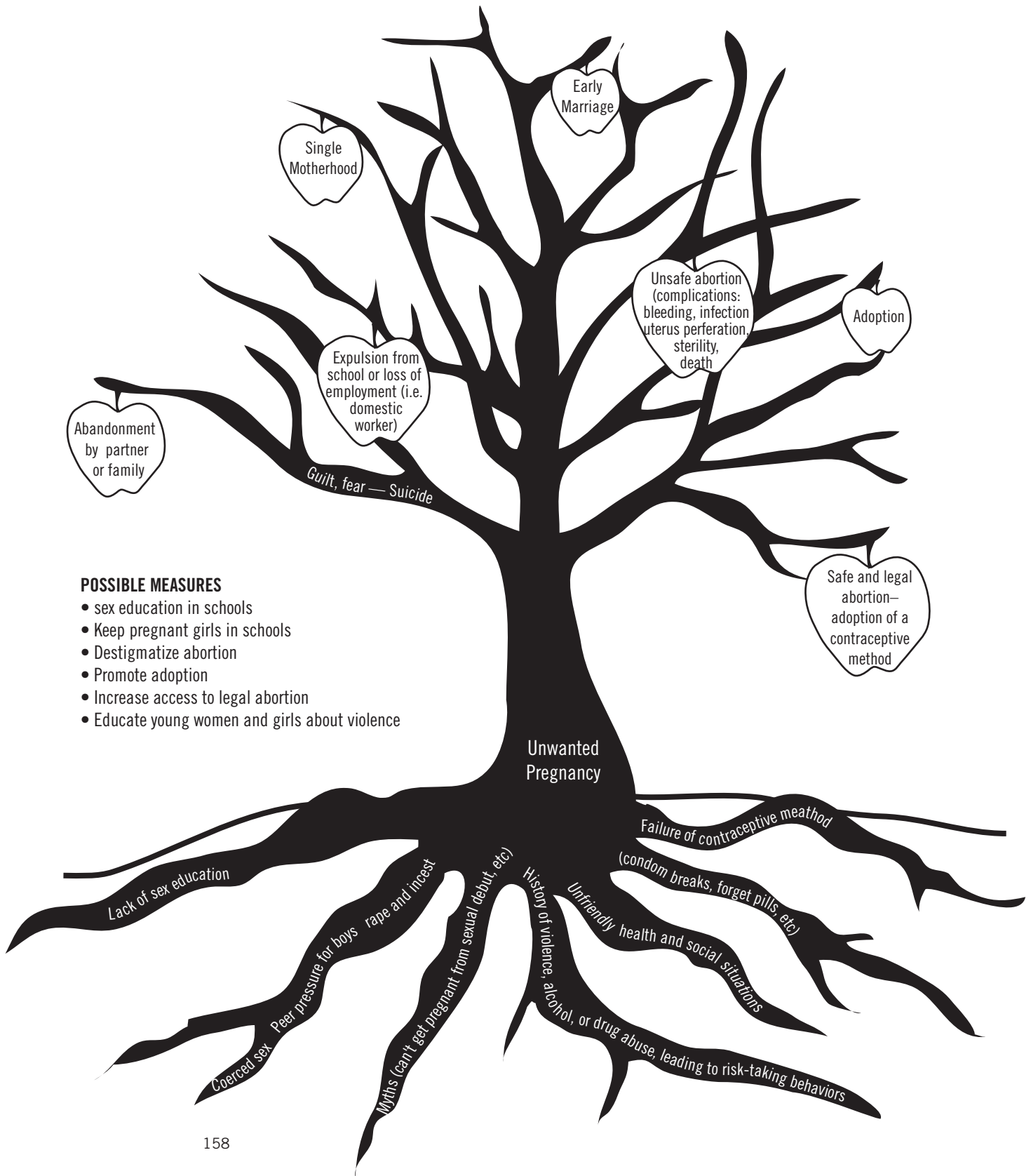
This theory claims that empowerment and a full participation of the people affected by a given problem are key to behaviour change.

The relevance of this theory in the context of peer education is obvious: many advocates of peer education claim that the (horizontal) process of peers talking among themselves and determining a course of action are key to the success of a peer education programme.

HANDOUT: PRIVACY SQUARES ILLUSTRATION



HANDOUT: PROBLEM TREE ILLUSTRATION



POSSIBLE MEASURES

- sex education in schools
- Keep pregnant girls in schools
- Destigmatize abortion
- Promote adoption
- Increase access to legal abortion
- Educate young women and girls about violence

HANDOUT: HIV/AIDS QUIZ

QUESTIONS

1. What does AIDS stand for?
2. What does HIV stand for?
3. Can you get HIV from kissing?
4. "You can catch AIDS from sharing infected needles." Is there anything wrong with this statement? Answer by yes, no or I don't know. If you answer yes, explain what is wrong with the statement?
5. What does it mean if someone is diagnosed as HIV-antibody positive (HIV+)?
6. How can HIV be transmitted from mother to child?
7. In the context of testing for HIV, what do we mean by the 'window period'?
8. Outside the body, the HIV virus cannot survive. True or false?
9. Why does anal sex carry more risk of HIV transmission than other kinds of sex?
10. You cannot get HIV infection from giving blood with sterile syringes. True or false?

CORRECT ANSWERS

1. Acquired Immune Deficiency Syndrome
2. Human Immunodeficiency Virus
3. Kissing can only carry a risk if there is an exchange of blood from an HIV+ person to his or her partner. This can occur when the skin or mucous membranes in or around the mouth are damaged.
4. The statement is wrong: you contract HIV (the virus), but not AIDS.
5. It means that the white blood cells have produced antibodies in reaction to the presence of HIV in the bloodstream. It proves that the person is infected with HIV. However, the antibodies cannot kill the virus!
6. During pregnancy, delivery and through breastfeeding.
7. HIV antibodies usually take between two and three months to appear in the bloodstream. This period is called the 'window period', during which an infected person will test negative, even if she or he has the virus and is infectious.
8. True.
9. The rectum bleeds easily, allowing blood to mix with semen carrying HIV.
10. True.

HANDOUT: STI CHALLENGE – FACILITATOR’S VERSION

1. Condoms are the most effective protection against the spread of sexually transmitted infections (STIs).

FALSE

- Abstinence from sexual intercourse is the best way to prevent the spread of STIs.
- Condoms are the next best prevention, but only complete sexual abstinence is 100 per cent effective.

2. Biologically, both men and women have an equal risk for acquiring an STI from a sexual partner.

FALSE

- Women are more vulnerable to STIs than men are because the area of the mucous membranes is both larger and more sensitive in women. Small tears are common in the vagina.

3. Women who take the birth control pill are protected from pregnancy and STIs.

FALSE

- Fluid exchange puts you at risk of contracting STIs. The pill is not a barrier that protect fluids from being exchanged.
- When taken consistently, the pill is an effective hormonal method for preventing pregnancy.

4. Using two condoms at once ('double bagging') provides more protection against STIs.

FALSE

- Condoms are made to be used alone – friction between two condoms can cause breakage.
- Do not combine a male condom with a female condom.

5. Condoms are not always effective in preventing HPV (human papilloma virus, which causes genital warts).

TRUE

- Intercourse is not necessary: HPV can also be transmitted by touching (hand/genital or genital/genital) an infected person's lesions.

- Genital warts can be found on other parts of the genitals (testicles, vulva), which are not covered/protected by a condom.
- Genital warts are transmitted during an outbreak. However, you may not be aware that you are having an outbreak, since warts are not always visible to the naked eye.

6. Someone infected with chlamydia usually has noticeable symptoms.

FALSE

- Most people infected with chlamydia show no symptoms (the same is true for gonorrhea).
- If left untreated (with antibiotics), chlamydia (and also gonorrhea) can cause long-term complications (infertility and pelvic inflammatory disease (PID) in women and prostatitis in men).
- Symptoms: In women – pain/dull ache in cervix, heavy feeling in pelvic area, pain when urinating or during intercourse, heavier menstrual flow, heavy cervical discharge; in men – urethral discharge, pain when urinating, epididymitis.

7. A person with herpes can infect a partner even if they don't have any visible lesions.

TRUE

- Transmission is possible in the absence of lesions.
- The contagious time is at the beginning of an outbreak, during 'shedding', when the infected person feels pain and/or a tingling/burning/itchy sensation
- The least contagious period is when the infection is dormant and there are no visible lesions.

8. Gonorrhea can be cured with antibiotics.

TRUE

- There are two types of STIs: bacterial and viral. Gonorrhea is a bacterial STI. Bacterial STIs can be cured with antibiotics . Viral STIs stay with you, sometimes without symptomatic outbreaks (remission); antiviral drugs may help some people maintain a state of remission.
- Symptoms: In women – pain/dull ache in cervix, heavy feeling in pelvic area, pain when urinating or during intercourse, heavier menstrual flow, heavy cervical discharge; in men – urethral discharge, pain when urinating, epididymitis.

9. Only women can be tested for STIs.

FALSE

- Both men and women can be tested for most bacterial and viral STIs.
- The tests differ for men and women, depending on a person's sexual history with regard to behaviours (oral, cervical, urethral and anal cell cultures).
- There are three types of STI tests: blood tests (syphilis, HIV); cell cultures (chlamydia, gonorrhoea); visual inspections (HPV, herpes).

10. A woman can sexually transmit a yeast infection to her partner.

TRUE

- Symptoms of a yeast infection: thick, white vaginal discharge, yeasty odour, severe itching and inflammation.
- Re-infection is possible: if one partner is not treated, the infection can be passed back and forth.
- Co-infection can happen if two infected partners co-infect one another with different strains of the same virus.

HANDOUT: TYPES OF PEER-LED APPROACHES (A)

	EDUCATIONAL APPROACH	OUTREACH APPROACH
Target	Primarily used to reach mainstream youth	Used to reach out-of-school youth, particularly high-risk, marginalized, harder-to-reach youth
Settings	More or less formal settings (i.e., school, youth centres)	Informal settings, i.e., bars, gathering points, transport stops, etc.
Type of activities	Planned activities, often complementary to other curricular activities	Informal meetings
Methods	Using participatory, interactive techniques	Various information-sharing techniques, spontaneous discussions, can include counselling
Focus	More or less structured groups; with or without adult presence/facilitation	Small groups, often one-to-one contact

HANDOUT: TYPES OF PEER-LED APPROACHES (B)²

	PEER INFORMATION	PEER EDUCATION	PEER COUNSELLING
Objectives	Awareness Information Attitude change	Awareness Information Attitude change Skills building	Information Attitude change Prevention skills Problem solving/ coping skills Self-esteem Psychosocial support
Coverage	High	Medium	Low
Intensity	Low	Medium/high	High
Confidentiality	None	Important	Essential
Focus	Community Large groups	Small groups	Individual
Training required	Briefing	Structured workshops and refresher courses	Intense and long
Examples of activities	Distribution of material in public events (sports events, youth concerts, etc.) World AIDS Day activities	Repeated group events based on a curriculum	Counselling of young people living with AIDS Clinic-based youth counselling on reproductive health

² Adapted from Webb, D. and Elliott, L. *Learning to Live, monitoring and evaluating HIV/AIDS programmes for young people*. London: Save the Children, 2000, p.79.

HANDOUT: CO-FACILITATING STYLES

TAG TEAM VERSUS COMPETITION STYLE

The 'tag team' style allows one person to sit back, observe and support while the other person presents. It divides up the material so that individual strengths are respected and allows for each person to "have his or her moments in the spotlight". A competitive style means that facilitators are at odds with each other to teach the class. Facilitators may feel they are competing with each other even when they have already expressed the desire to work together and not compete. The tag team style is preferred.

PRESERVATION OF ENERGY

Presenting can be tiring both for the facilitators and the participants. Having co-facilitators provides diversity in voices, presentation styles and energy levels. Co-facilitation helps to hold the attention of the group, while giving each facilitator time to shine and time to rest.

MAXIMIZING DIVERSE RESOURCES

No one, no matter how well educated or skilled, is good at everything or has a background in all areas of knowledge. Working as a team allows each person to contribute the best of his or her gifts, talents and resources.

EXTRA EYES, EARS AND HANDS

Two facilitators can monitor a group better than one. The second person can help monitor reactions from individuals or pick up on missed questions. A co-facilitator can also handle problems with the physical environment, late-comers, phone calls, etc. Finally, the co-facilitator can act as an assistant in handing out materials and activity resources, as well as with facilitating when working with small groups.

SUPPORT

Two facilitators in the same room support each other, not compete for floor space. Everyone can have an 'off' day when nothing works well: not conducting an activity as well as usual, losing one's place in a lecture, etc. The co-facilitator is there to help smooth over those moments. The role of the co-facilitator is to add to, not detract from, the facilitator. The behaviour of both facilitators and co-facilitators should be the same as the way they would like to see the participants behave, they should be models for their team of peer educators.

HANDOUT: CO-FACILITATION QUIZ

Directions: Circle "agree" or "disagree" for each question.

1. When I am talking, I don't mind if my co-facilitator interrupts me to make an important point.

Agree

Disagree

2. When something important comes up for me as a facilitator of a workshop, I need to be able to interrupt the other facilitator so that I can make my point.

Agree

Disagree

3. When my co-facilitator makes a mistake while they are leading a workshop it is okay for me to correct him/her in front of the group.

Agree

Disagree

4. I want to be able to trust my co-facilitator to be able to figure out when I need help facilitating.

Agree

Disagree

5. The way to let your co-facilitator know that you have something to say is to raise your hand until you are acknowledged.

Agree

Disagree

6. I feel uncomfortable being in charge so I would prefer to have my co-facilitator run things.

Agree

Disagree

7. When my co-facilitator talks a lot I feel like I have to say something just to remind the group that I am there too.

Agree

Disagree

8. If a participant discloses upsetting information, I usually wait to see if my co-facilitator will handle it before I do.

Agree

Disagree

9. I get the most nervous at the beginning of each workshop because it's so hard to get started.

Agree

Disagree

10. I like to be flexible to the group's needs so I do not like to plan out exactly what we are going to cover in a workshop.

Agree

Disagree

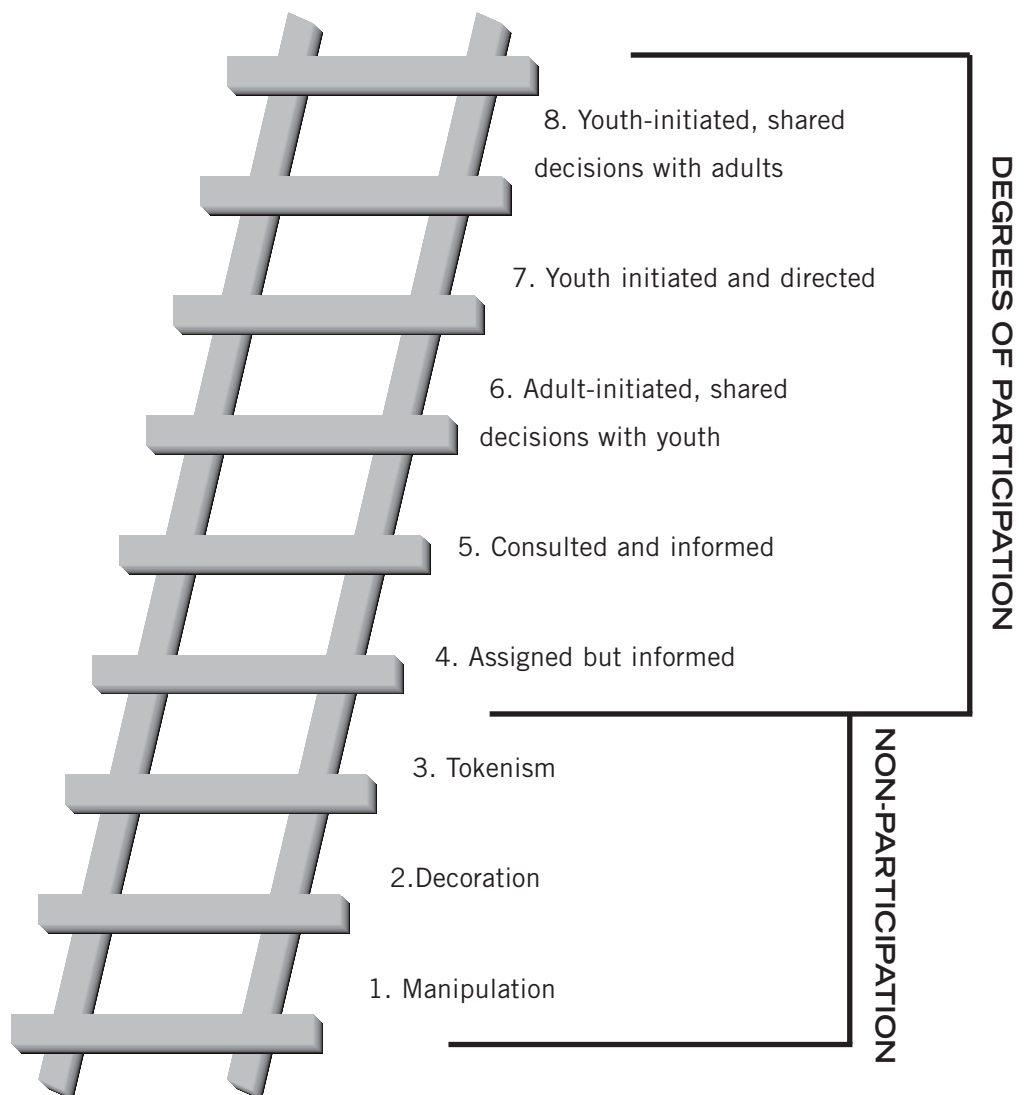
HANDOUT: EFFECTIVE YOUTH-ADULT PARTNERSHIPS

- **establish clear goals for the partnership:** The young people and the adults must understand what their roles and responsibilities will be in achieving the goals;
- **share decision-making power:** If young people have no say or power when decisions are being made, their participation is not one of partnership;
- **ensure that the highest levels of the organization commit fully** to young people's participation in the organization's work;
- **ensure that each adult and young person enters the partnership with a clear understanding of everyone's roles and responsibilities:** Not all adults will want to work with young people and not all youths will want to work with adults in a partnership;
- **are selective:** Young people vary widely in their development and in their readiness and willingness to assume responsibility. Being clear about the goals of the partnership and the roles that youths will play, will help to identify young people who are committed, reliable and effective. At the same time, effective partnerships are selective about adult participants. The adults must believe that young people are assets and be willing and able to advocate on behalf of youth when stereotyping or negative assumptions about young people arise;
- **provide capacity building and training:** Effective partnerships avoid setting both young people and adults up for by pushing them into situations for which they are not prepared. Adults as well as young people may need training in communication, leadership, assertiveness skills, collaborative work, working with youth or adults, interviewing, etc., as well as in specific areas of expertise, such as HIV/AIDS prevention education;
- **acknowledge that different styles of communication do not imply disrespect or disinterest nor different goals and expectations:** Young people and adults say that the best way to resolve conflicts that arise out of different communication styles is to ask questions when one does not understand what is being said or why it is being said. Keeping the common goal in mind can also help resolve conflicts arising out of different communication styles;
- **value young people's participation and what they bring:** Effective partnerships hold high expectations for the youth who are participating and are not afraid of holding youth accountable for their responsibilities;

-
- **value adults' participation and what they bring:** Adults frequently offer the partnership knowledge, experience and access to resources. Effective partnerships do not discount potential adult allies, assume that all adults hold negative stereotypes about youth, or believe that adults will have nothing of value to contribute to a programme intended for youth;
 - **include room for growth – next steps:** Where can youth and adults go next? For example, peer education programmes are often great vehicles for empowering young people and helping them develop important skills. However, these programmes seldom include opportunities for advancement or for peer educators to assume more responsibility over time. Effective programmes ensure that the young people and the adults who work with youth have opportunities for advancement. Both youth and adults will have valuable experience and insights to bring to more senior positions in the organization.

HANDOUT: ROGER HART'S LADDER OF PARTICIPATION

Roger Hart represents different kinds of interaction between children/young people and adults as rungs on a 'ladder of participation'. The higher rungs represent increasing degrees of children's/young people's participation:



RUNG OF THE LADDER	LEVEL OF PARTICIPATION
8 Youth-initiated, shared decisions with adults	Children/young people have the ideas, set up the project and invite adults to join with them in making decisions
7 Youth-initiated and directed	Children/young people have the initial idea and decide how the project is carried out. Adults are available but do not take charge.
6 Adult-initiated, shared decisions with youth	Adults have the initial idea but children/young people are involved in every step of the planning and implementation. Their views are considered and they are involved in taking the decisions.
5 Consulted and informed	The project is designed and run by adults but children/young people are consulted. They have a full understanding of the process and their opinions are taken seriously.
4 Assigned but informed	This rung of the ladder marks the start of true participation. Adults decide on the project and children/young people volunteer for set roles within it. Adults inform them adequately and respect their views.
3 Tokenism	Children/young people are asked to say what they think about an issue but have little or no choice about the way they express those views or the scope of the ideas they can express. For example, the use of children on conference panels.
2 Decoration	At this stage, the adults do not pretend that the cause is inspired by children. They simply use children to bolster their cause in an indirect way.
1 Manipulation	If young people have no understanding of the issues and hence do not understand their actions, then this is manipulation.

Adapted from Hart, Roger. Children's Participation: From Tokenism to Citizenship. 1992.

HANDOUT: BENEFITS OF YOUTH-ADULT PARTNERSHIPS³

Research has proven that youth-adult partnerships positively influences the development of young people, resulting in healthier outcomes. Youth-adult partnerships can increase young people's:

- social competence (such as being able to relate to others);
- problem-solving skills;
- autonomy (e.g., being able to make one's own decisions); and
- sense of purpose and future, including having healthy expectations, goals and orientation toward success.

In addition, both adults and the organizations in which these partnerships operate benefit from youth adult partnerships. Adults:

- experience the competence of youth first-hand and begin to perceive young people as legitimate, crucial contributors;
- find their commitment and energy enhanced by working with youth;
- feel more effective and more confident in working with and relating to youth;
- understand the needs and concerns of youth, become more attuned to programming issues, and gain a stronger sense of connection to the community;
- receive fresh ideas from different perspectives;
- reach a broader spectrum of people;
- develop more relevant and responsive programming and services; and
- share knowledge.

Positive outcomes for the organizations include:

- young people help clarify and bring focus to the organization's mission;
- the adults and the organization, as a whole, become more connected and responsive to youth in the community, leading to programming improvements;
- organizations place a greater value on inclusion and representation and realize that their programmes benefit from the participation of multiple and diverse voices in decision-making; and
- having young people participate in decision-making helps convince foundations and other funding agencies that the organization is committed to meaningful development and involvement of young people.

3 Adapted from Youth-Adult Partnership Formation, developed by Kent Klindera, Naina Dhingra and Jane Norman, Advocates for Youth/YouthNet, Draft January 2003.

HANDOUT: BARRIERS TO BUILDING EFFECTIVE YOUTH-ADULT PARTNERSHIPS⁴

ATTITUDES AS BARRIERS

Many adults still believe that young people's opinions are not really important, that they are not capable of contributing in a valuable way, and that adults have nothing to learn from youth. Moreover, cultural norms may prevent adults from even realizing that these attitudes are biased. One way of approaching the issue of changing adults' attitudes to young people is to deal with it as one would any other issue of cultural diversity. First-hand, personal experience often provides the most effective and far-reaching results in terms of changing people's opinions. One of the benefits of involving young people at the highest levels of responsibility and decision-making is that it enables adults to see youth as thoughtful and contributing people. When someone comes to see a previously undifferentiated group as varying and diverse, that person is much more open to disbelieving and refuting negative stereotypes about the group and to valuing the individuals within the group.

Power dynamics, usually rooted in cultural norms, may make it difficult for young people and adults to feel comfortable working together. Formal instruction in school often teaches youth to expect answers from adults and they may, therefore, expect adults to ignore, deride or veto their ideas. Adults frequently underestimate the knowledge and creativity of young people and may be accustomed to making decisions without input from youth, even when young people are directly affected by the decisions. Therefore, joint efforts towards solving problems can be difficult, requiring deliberate effort on the part of both adults and youth.

One researcher developed the 'Spectrum of attitudes' theory and identified three different attitudes that adults may have towards young people. These attitudes affect adults' ability to believe that young people can make good decisions and determine the extent to which adults will be willing to involve young people as significant partners in decisions about programme design, development, implementation and evaluation. The three attitudes are youth as objects, youth as recipients and youth as partners.

4 National 4-H Council. Creating Youth/Adult Partnerships: The Training Curricula for Youth, Adults, and Youth/Adult Teams. Chevy Chase, USA: The Council, 1997.

Youth as objects: Adults who have this attitude believe in total adult wisdom. They believe adults are the only ones who know what is best for young people. They attempt to control situations involving youth and believe that young people have little to contribute. They may feel the need, based on prior experience, to protect youth from suffering the consequences of potential mistakes. Adults who see youth as objects seldom permit young people more than a token involvement. An example of this attitude might be an adult writing a letter to an elected official about an issue pertinent to youth and using a young person's name and signature for impact.

Youth as recipients: Adults who have this attitude believe they must assist youth to adapt to adult society. They permit young people to take part in making decisions because they think the experience will be 'good for them'. They assume that youth are not yet 'real people' and need practice to learn to 'think like adults'. These adults usually give young people trivial responsibilities and tasks that the adults do not want to undertake. Adults who see young people as recipients usually dictate the terms of their involvement and expect them to adhere to those terms. An example of this attitude might be adults extending an invitation to one young person to join a board of directors otherwise comprised solely of adults. In such a milieu, the youth's voice is seldom heard. Adults do not expect the young person to contribute and he or she knows it. The youth also realizes that adults deliberately retain all power and control.

Youth as partners: Adults who have this attitude respect young people and believe that they have significant contributions to make now. These adults encourage youth to become involved and firmly believe that their involvement is critical to a programme's success. They accept that young people should have an equal voice in decisions. They recognize that both youth and adults have abilities, strengths and experience to contribute. Adults who have this attitude will be as comfortable working with youth as with adults and enjoy an environment with both youth and adults. Adults who see young people as partners believe that genuine participation by young people enriches adults just as adults' participation enriches youth and that a mutually respectful relationship recognizes the strengths that each offers. One example might be hiring youth to participate from the beginning in designing a programme to meet the needs of a community's youth.

Logistical and organization barriers

Good intentions are not enough to create genuine partnerships. Adults who endorse the concept of youth-adult partnerships must also be willing to identify and alter the organizational environments in which institutional barriers significantly affect young people. Institutional barriers that make genuine youth-adult partnerships difficult include:

- **Hours for meetings and work:** An organization's hours of operation usually coincide with times when young people are at school or work. To engage youth, programme planners must find other times at which to hold important meetings. Often, scheduling conflicts can be difficult to overcome. However, compromise is vital if an organization is to create youth-adult partnership. For adults, this may mean altering schedules to hold meetings in the late afternoon, early evening or at the weekend. For young people, this may mean gaining permission from school or other commitments to attend a daytime meeting.
- **Transportation:** Many young people do not have assured access to a vehicle. Programme planners should schedule meetings in easily accessible locations. They should also provide youth with travel vouchers and/or immediate reimbursement for the cost of travel.
- **Food:** Few young people have enough money to buy meals in business districts or dinners in restaurants. When a meeting occurs at mealtimes, the organization should provide young people with food or with sufficient funds to pay for the meal.
- **Equipment and support:** Agencies should provide young people with the same equipment as other employees, such as a computer workstation, letter boxes, e-mail and business cards. Failure to do so carries a powerful message that these young people – whether they are volunteers, interns or peer educators, full-time or part-time – are not important or, at least, are not as important as adult employees.
- **Procedures and policies:** With input from both youth and adults, organizations should develop policies on youth-adult interactions. For example, if a programme involves overnight travel, young people and adults should be clear about their roles and responsibilities in travelling together. The policies will need to respect youth's desire for independence and, at the same time, address the legal liability of the organization, the comfort level and legal responsibilities of adult staff and parental concerns about security. Organizations may consider establishing policies requiring the consent of parent or guardian for a young person's participation, for staff driving young people

somewhere, etc. The setting and purpose of each youth-adult partnership will help determine other institutional factors that may need to be addressed in the organization's policies and procedures.

- **Training:** In agencies that have always operated from an exclusively adult perspective, staff may need training to learn to work competently in a changing cultural environment. Staff – whether working directly with youth or not – will need to accept young people's perspectives and ideas and to work to change workplace rules to meet the needs of young people. Each organization and each staff member must make determined efforts to let each young person know he or she is valued.

It takes a lot of work to achieve a successful youth-adult partnership, and it is not easy work. However, the benefits are enormous for young people and for organizations that care about them. When youth and adults keep the potential benefits in mind, they will find that the work is worthwhile. It may even turn out to be easier than they thought it would be.

HANDOUT: MONITORING AND EVALUATION OF PEER EDUCATION PROGRAMMES

What is the difference between monitoring and evaluation?

Monitoring is the regular collection, analysis and use of information to help guide a project. Monitoring compares the way things are actually done with the way they were originally planned.

Evaluation is the careful examination of an ongoing or completed project. The goal of an evaluation is to find ways to make a programme more efficient and effective.

What do we mean by 'process evaluation', 'impact evaluation' and 'outcome evaluation'?

Based on the data collected through monitoring the programme's activities, **process evaluation** tells us how well the programme is working (for example, does the programme reach the intended target group?).

Impact evaluation determines the immediate effects of the intervention in the target population (such as increased knowledge or changes in attitudes).

Outcome evaluation is an assessment of longer-term effects due to the programme's effort and measures more sustained changes (for example, a decrease in rates of sexually transmitted infections, increased use of health services, etc).

Outcome and impact evaluations, therefore, measure a **programme's results and effects**; they compare data collected before and after programme activities

What are indicators?

An **indicator** is a measure of the progress made towards meeting one of the programme's objectives. Indicators should be measurable, factual and verifiable. For example, by the end of the project, a certain number of high school students should have been reached, or a certain number or certain percentage of the target population should have decided to use a condom.

Before a programme is implemented, a set of measurable objectives or indicators needs to be decided upon. An evaluation will look at whether the project is meeting these indicators.

One set of indicators is related to the process evaluation. These indicators reflect the activities that were proposed as part of the project, such as the number of peer educator training sessions conducted, number of educators trained, number of workshops held,

number of condoms distributed, etc. Another part of the evaluation must measure the impact and outcome indicators. These measures reflect the programme's actual impact and longer-term outcomes, such as changes in knowledge, attitude and behaviour of the target audience. (See box below for typical peer education indicators.)

TYPICAL PEER EDUCATION INDICATORS	
<i>Process evaluation (monitoring)</i>	<i>Outcome/impact evaluation</i>
<ul style="list-style-type: none"> • number of peer educators trained • attendance at regular meetings • gender of trainers/audience • level of youth participation achieved • number of outreach activities • number of educational materials distributed • number or percentage of target audience reached • referrals to other services • costs 	<ul style="list-style-type: none"> • knowledge of HIV transmission • knowledge of services available • use of available services • attitudes about using services • intention to use condoms • risky sexual behaviours • number of partners

The challenge of measuring behaviour change

It is relatively easy to measure changes in knowledge, as peer educators know what information they want to teach to their group's trainees or participants. Measuring attitudes and skills (or at least perceived skills) and behavioural intentions is also relatively easy. Measuring real behaviour change however is complicated, often requiring more sophisticated measurement techniques. Sometimes changes in behaviour resulting from peer education interventions can only be measured through individuals' reports of their own behaviour, which are hard to check. More over, asking questions about behaviour related to sexuality or substance use may be controversial and frowned upon in certain cultures or institutions. It is nevertheless important to collect useful behavioural data and to report on the process and outcomes of a programme.

Previous research in peer education has shown positive results for a variety of indicators. Some programmes have been able to demonstrate increased protective

behaviour and delays in the onset of sexual activity among participants. Other research data – especially for large-scale programmes – have demonstrated an impact with regard to indicators beyond the individual, for example, lower HIV and STI incidence within a community.

Tips for simple and creative monitoring

Few peer education programmes are part of a significant research project and, for this reason, they are often not organized as part of an experimental design. To evaluate a programme's efficacy in a good research project, participants would be randomly assigned to one or another 'condition' (i.e., receiving the intervention or not, receiving different interventions or not, etc.). Therefore, unless there is at least a group that can be compared more or less equally, it is hard to draw definite conclusions about the real cause of changes that might seem to result from a peer education programme.

However, even without a rigorous research methodology, there are many ways to evaluate the impact, richness and value of a peer education programme. Below are some simple, useful tips for finding ways to monitor and report on a peer education programme:

- Begin with a questionnaire before an educational event. This can be done at different levels, from a community down to a specific class in a school, using pre- and post-event surveys that assess knowledge, attitudes and behaviours.
- Record on film peer education events and activities such as planning meetings with peer educators; training sessions; workshops; outreach events; and the reactions and opinions of participants immediately after training sessions.
- Collect photographs of peer education events.
- Ask participants to write a letter about their experience with the programme.
- Create events that attract the media and are recorded (therefore getting good, high-quality video free of charge).
- Inform others if you get requests from schools/organizations to deliver the programme.
- Collect data on how useful participants found the programme in general and specific exercises in particular.
- As far as possible, keep a record of presentations at conferences relevant to the topics covered in peer education (e.g., peer education itself, HIV/AIDS, substance use, gender-based violence, human sexuality and reproductive health, etc.) and the number of people attending these presentations.

References:

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

Waszak, C. and Svenson, G. Meeting the challenges of evaluation peer programs, A practical guide to avoiding the perils and pitfalls of resaerch in the real world. Family Health International-YouthNet, 2002.

HANDOUT: KINSEY SCALE⁵

The significance of the Kinsey Scale is its suggestion that there is a broad spectrum of sexual orientations – not just heterosexual and homosexual. "While emphasizing the continuity of the gradations between exclusively heterosexual and exclusively homosexual histories, it has seemed desirable to develop some sort of classification, which could be based on the relative amounts of heterosexual and homosexual experience or response in each history... An individual may be assigned a position on this scale, for each period in his life.... A seven-point scale comes nearer to showing the many gradations that actually exist" (pp. 639, 656).

THE KINSEY SCALE

- 0 – exclusively heterosexual
- 1 – predominantly heterosexual, incidentally homosexual
- 2 – predominantly heterosexual, but more than incidentally homosexual
- 3 – equally heterosexual and homosexual
- 4 – predominantly homosexual, but more than incidentally heterosexual
- 5 – predominantly homosexual, incidentally heterosexual
- 6 – exclusively homosexual

⁵ Kinsey, A.C. et al. (1948-1998). *Sexual Behavior in the Human Male*. Philadelphia: W.B. Saunders/Bloomington: Indiana University Press. [First publication of Kinsey's Heterosexual-Homosexual Rating Scale. Discusses Kinsey Scale, pp. 636-659.]

ANNEX 5 MORE EXERCISES

SEX AND GENDER – WHAT DO THEY MEAN?

MEDIA IMAGES ANALYSIS

SINGLES PARTY WEEKEND

EXERCISE: SEX AND GENDER – WHAT DO THEY MEAN?⁶

OBJECTIVE Participants begin to distinguish the concepts of ‘sex’ and ‘gender’

TIME 15 minutes

MATERIALS Large sheets of flip-chart paper, marker pens, a large sheet of paper or overhead transparency with the definitions of sex and gender, handouts with the definitions of sex and gender.

SUITABLE FOR All training and field work

PROCESS Ask all the participants to sit in a semi-circle, facing the trainers and the flipchart.

Write the word ‘sex’ as a column heading in the top left-hand corner of a blackboard or flip chart.

Ask the group to say what other words they think of or the first thing that comes to mind when they hear the word ‘sex’. Stress that these can be synonyms for sex and that they may also say taboo words in the context of this workshop. Write their answers underneath the word ‘sex’.

If participants are shy or embarrassed, encourage them by giving a few examples (pleasure, taboo, intimacy, breasts).

Next make a new column on the right-hand side of the blackboard or flip chart; entitle it ‘gender’. Ask the group to say what words they think of when they hear the word ‘gender’. Write their answers underneath the word ‘gender’.

CLOSURE If the participants have given mostly physical (biological, genetic) associations for ‘sex’ and social concepts for ‘gender’, compliment them on their knowledge of the terms.

Hand out the workshop definitions of ‘sex’ and ‘gender’ to the participants and also use the blackboard or flip chart with the definitions on the wall. Read through the definitions and ask if the participants need anything explained.

6 de Bruyn, M. and France, N. Gender or sex: who cares? Skills-building resource pack on gender and reproductive health for adolescents and youth workers. Chapel Hill, Ipas, 2001.

SEX refers to physiological attributes that identify a person as male or female: type of genital organs (penis, testicles, vagina, womb, breasts); type of predominant hormones circulating in the body (estrogen, testosterone); ability to produce sperm or ova (eggs); ability to give birth and breastfeed children.

GENDER refers to widely shared ideas and expectations (norms) concerning women and men. These include ideas about 'typically' feminine or female and masculine or male characteristics and abilities and commonly shared expectations about how women and men should behave in various situations. These ideas and expectations are learned from family, friends, opinion leaders, religious and cultural institutions, schools, the workplace, advertising and the media. They reflect and influence the different roles, social status, economic and political power of women and men in society.

If anyone asks about dictionary definitions of sex and gender, point out that dictionary definitions tend to define sex and gender in a similar way; but that in peer education training, we use a social-science definition of the term 'gender'.

EXERCISE: MEDIA IMAGES ANALYSIS⁷

OBJECTIVE Participants analyse how women and men are portrayed in the media and how images may reinforce or challenge gender-based stereotypes

TIME 25 minutes

MATERIALS Handouts with questions; pictures from newspapers and magazines, large flip charts, pens or pencils

SUITABLE FOR All training and field work

PROCESS Before the workshop, collect images (advertisements, cartoons) from magazines and newspapers that show either women or men in different circumstances. They should include images that both reinforce and challenge stereotypes, as well as positive images – there is a tendency among participants in this exercise to end up criticizing each image without acknowledging that there are good images. It is helpful if you can make overhead transparencies of the images.

Divide the participants into small groups of three people; give each group a large sheet of paper, a marker pen, a handout with questions and three images.

Explain that stereotypes are beliefs or assumptions that seem so ‘natural’ many of us do not question them. Even if we don’t hold these beliefs, we hear or see them expressed over and over, for example, in the media. We need to understand how stereotypes can affect our attitudes and behaviour.

Ask the participants to look at the images they have received and answer the following questions for each image in turn:

- *What is the main message the image gives about women or men?*
- *Does the image show women or men in a good or bad way?*
- *Does the image reinforce or challenge gender-based stereotypes?*
- *Would you like yourself (or your mother or father, or your brother or sister) to be shown this way in public? Why or why not?*

⁷ de Bruyn, M. and France, N. *Gender or sex: who cares? Skills-building resource pack on gender and reproductive health for adolescents and youth workers*. Chapel Hill, Ipas, 2001.

Ask each small group to present one of their images to the rest of the group and give their answers to the questions about it. Ask the other participants if they agree with the small group.

CLOSURE Point out that this exercise provides an opportunity to analyse the impact of one information source – the print media.

Explain that it is possible to interpret images from different points of view; not everyone receives the same ‘message’ from an image. We may receive a different message than was intended by those who produced the image. The common experience that all people share is that we are influenced in our ideas about ‘proper’ or ‘desirable’ characteristics and behaviours for women and men by such images, often without realizing it.

Point out that both adolescents and adults continue to learn about gender roles in this way and these roles are important in determining our sexual and reproductive behaviour as well as the consequences of that behaviour.

Emphasize that many challenges to gender stereotypes are good – for example, advertisements showing women playing sports or men caring for children demonstrate that both men and women can carry out such activities regardless of their sex.

Point out that media advertisements try to get people to buy products and they often do this by reinforcing gender stereotypes. However, as ideas about women’s and men’s roles change in society, the media may also challenge gender stereotypes but in a harmful way. For example, tobacco advertisements specifically target women by appealing to their desire for ‘adventure’ or ‘independence’. We therefore need to be aware of the health consequences of the messages we see, even if they challenge gender stereotypes that we want to change.

EXERCISE: SINGLES PARTY WEEKEND⁸

OBJECTIVES Participants become more motivated to protect themselves from exposure to HIV infection and their awareness is increased about how easily HIV transmission can become a reality for someone as a result of behavioural choices

TIME 30 to 40 minutes

MATERIALS A pen or pencil for every participant. Four small pieces of paper (about 3 square cm) for each participant. These will represent hotel room keys. Four or eight pieces of paper with HIV written on them in small letters. A cassette or disc player with tapes/discs of dance.

SUITABLE FOR ToT, peer educators' training

PROCESS Have participants each take four pieces of paper from a bag or envelope that is passed around to everyone. Arrange in advance to have one or two participants or facilitators who will participate in the party to get four 'hotel room keys' with HIV written on them.

Explain to participants that, *"In this exercise we are going to pretend we have been invited to go on a special three-day weekend at a famous resort. It's Friday night, and our group has arrived just in time to get to the club for a big party for single people. Everyone can mingle and get to know each other. What you are holding in your hands are your four room keys. If you would like, you can trade your room keys with other people you find attractive. The rule is that when you give a room key to someone, you get one from that person, so you always have four room keys. I think I hear the music starting up right now! Let's go to the party!"*

Start the music. After the first round of exchanging room keys (about two to three minutes), stop the music and instruct participants to be silent and listen carefully to instructions.

Explain that at this point, participants should not indicate the results of what they are about to find out. Without letting anyone else know, they should quietly check their room keys to see whether they picked up a room key with 'HIV' written on it in very

8 This is adapted from the High Risk Adolescent Project "H-RAP" Curriculum of Westover Consultants in Washington DC, USA.

small letters. Remind them not to react visibly, the other participants shouldn't be able to tell from their reaction whether they have HIV on their room keys or not. Explain that some participants will still have blank cards, others will have one or even more room keys with HIV written on them.

At this point, ask everyone to take a pencil and make believe they are writing "HIV" on all four of their room keys. Explain that anyone who noticed **at any time** that they were holding a room key with HIV written on it (even if they already passed it onto someone else) should really mark all four keys they are holding with a small HIV. Point out that although one can give a room key away with HIV written on it, once they have come in contact with the key they have still technically got HIV.

Announce that after a busy day of swimming, skiing and sunbathing, it is Saturday night, and the second party is starting. The participants use the room keys they are now holding for the second party. Begin the party. Explain that the rules are the same as before. Remind participants that, "If you see someone you like and you would like to exchange a room key with them, you can do so."

End the party and instruct the participants to mark their papers as before. Announce that we have been invited to stay over one extra night. Repeat the party procedures as before.

CLOSURE Once people have finished marking their papers, ask how many people became 'infected', so to speak, in the game. Then ask how many people have four clean/blank papers and how they managed to avoid the virus. Discuss what it was like for participants, asking them, for example, if it was more difficult for women or men to avoid getting the virus. Give some time for people to speak about what it was like to be infecting others, perhaps knowingly.

Ask the participants whether they were surprised by their emotions or responses. Can they see parallels to real-life situations in the strategies they used? Was there any peer pressure? Did anyone decide to be abstinent at some point? Did anyone exchange a room key with only one person (symbolic of monogamy)? Did the participants think trusting to luck was a good strategy?

Be sure to remind people that in reality HIV is not necessarily transmitted with every exposure. Point out that the one or two people who first introduced the HIV into the group had an important role in helping us all learn through this exercise. Perhaps their behaviour will help slow the epidemic by teaching others, and making it more real for some.