

# Standards for HIV peer education programmes



International Federation  
of Red Cross and Red Crescent Societies

# The International Federation's Global Agenda (2006–2010)

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Over the next two years, the collective focus of the Federation will be on achieving the following goals and priorities:

## Our goals

**Goal 1:** Reduce the number of deaths, injuries and impact from disasters.

**Goal 2:** Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

**Goal 3:** Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

**Goal 4:** Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

## Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

*International Federation of Red Cross and Red Crescent Societies, Geneva, 2009*

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# Standards for HIV peer education programmes

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## *Standards for HIV peer education programmes*

# Foreword

Peer education is a corner stone of Red Cross Red Crescent HIV programmes around the world.

It is a key prevention approach in the International Federation of Red Cross and Red Crescent Societies' HIV Global Alliance launched in December 2006.

Evaluations have shown that well-designed, well-targeted and well-implemented peer education programmes are successful in improving knowledge, attitudes and skills for HIV prevention. Peer education can also enhance the sexual and reproductive health of target populations. However, we also know that the quality of peer education varies considerably and that knowledge alone does not change behaviour. Very often, National Society programmes are called 'peer education', when they are in reality awareness-raising activities. Peer education is a dynamic outreach process but too often National Society efforts get no further than classroom-based training, and programmes do not provide the ongoing peer support required to motivate and support sustained behaviour change.

Effective targeting and partnership with the key populations most vulnerable to HIV and affected by stigma and discrimination must be a priority for National Societies. When our work reaches only the "easiest to reach" and not necessarily the most vulnerable, scarce public health resources are not utilized as effectively as they should be. Given that our mandate is to work with "the most vulnerable", it is vital that National Societies engage key populations in HIV peer education programmes which build their capacity to protect themselves and others from HIV. Key populations include sex workers, men who have sex with men, injecting and other drug users, people in prisons, and other groups vulnerable to HIV in local epidemic contexts. Peer education is therefore a great opportunity for National Societies to recruit and invest in volunteers that truly reflect the diversity of their communities.

These standards for HIV peer education programmes were developed in close collaboration with the British Red Cross, while a number of other National Societies have contributed their experience, insights and feedback. We hope that they will provide a useful tool for establishing quality benchmarks for improved and more effective Red Cross Red Crescent HIV peer education programming worldwide.

**Dr. Mukesh Kapila**  
*Special Representative of the Secretary General*  
 International Federation of Red Cross and Red Crescent Societies

As HIV continues to be one of the biggest disasters and developmental crises humanity has ever faced, there is some evidence that substantial investment in prevention as well as treatment is producing encouraging results in a number of countries.

In Rwanda and Zimbabwe for example, UNAIDS notes that changes in sexual behaviour have been followed by declines in the number of new HIV infections. These changes include having fewer partners, and increased condom usage among people with multiple partners. Condom use is increasing among young people with multiple partners in Benin, Burkina Faso, Cameroon, Chad, Ghana, Kenya, Malawi, Namibia, Uganda, Tanzania and Zambia.

Peer education is a key component of the HIV prevention work that contributes to these kinds of successes. Peer education has been widely employed by National Societies across the world to work with youth and other vulnerable and affected populations. National Societies continue to be uniquely well placed to play a major role in peer education efforts. These standards will provide a global framework to guide the planning, implementation, monitoring and evaluation of peer education programmes.

We are thus very pleased to have contributed to the development of the standards, which we hope will contribute towards improving the quality of current Red Cross Red Crescent peer education practice.

The standards presented here have been developed on the basis of evidence coming out of practical programming experience as well as evaluation reports and research. Whilst these standards may present challenges, it is important for National Societies to work with others to find solutions.

We wish everyone who will use the standards much success in their efforts to make peer education work yet more relevant and effective.

**Matthias Schmale**  
*International Director*  
British Red Cross



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# Abbreviations

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<b>CBO</b>	Community-based organization
<b>CDC</b>	US Center for Disease Control and Prevention
<b>FBO</b>	Faith-based organization
<b>IDU</b>	Injecting drug user
<b>IEC</b>	Information, education and communication
<b>INGO</b>	International non-governmental organization
<b>KAPB</b>	Knowledge, attitude, practice and behaviour
<b>MOH</b>	Ministry of Health
<b>MSM</b>	Men who have sex with men
<b>NAC</b>	National AIDS Commission
<b>NGO</b>	Non-governmental organization
<b>PLHIV</b>	People living with HIV
<b>PMI</b>	Palang Merah Indonesia
<b>SGBV</b>	Sexual and gender-based violence
<b>STI</b>	Sexually transmitted infection
<b>VCT</b>	Voluntary counselling and testing

## 1.

# Peer education

## 1.1 Introduction

Peer education is one of the most widely used strategies in HIV prevention programming. In the International Federation's Global Alliance on HIV, peer education is a key approach for HIV prevention. It has been widely employed by National Societies across the world to work with youth and other vulnerable and directly affected populations.

Although there has been limited rigorous evaluation of HIV prevention programmes, studies and national experiences over the past 20 years strongly suggest that strategies are likely to be most effective and cost-effective when they are carefully tailored to the nature and stage of the epidemic in a specific country or community.<sup>1</sup>

Within the Red Cross/Red Crescent, peer education for HIV prevention is used with young people, both in and out of school. This work has not always sought to target those most vulnerable to HIV, but also has not reached the coverage required to claim impact through a whole population intervention. Peer education is also increasingly used by National Societies as an approach to work with key populations such as sex workers and their clients; injecting and other drug users; men who have sex with men, including gay men; transgender people; people in prisons, vulnerable youth, migrants and mobile workers. People living with HIV are also being engaged in peer education programmes to address their prevention and sexual and reproductive health needs.

The evidence clearly favours targeted approaches in HIV work, but it is also clear that all young people need life skills development as an essential part of their education. Targeted peer education requires building trust and working with key populations to support them to develop HIV prevention strategies that reduce vulnerability and risk.

Experience has shown that when peer education programmes are well designed and well implemented - as a component of an overall HIV prevention strategy - they can contribute towards improving knowledge, attitudes and skills related to HIV. Successful peer education can motivate people to adopt and maintain safer sexual behaviour or minimize risk practices associated with sex and drug use. It can also reinforce behaviour change, as the participant identifies with a peer group where safer behaviour becomes the group norm.

<sup>1</sup>62E, Centre for AIDS Prevention Studies and the AIDS Research Institute, University of California, San Francisco

In order to maximise the impact of peer education programmes, it is important that National Societies ensure that programmes:

- are well targeted for vulnerability
- provide consistent follow-up and support to peer educators
- are implemented at a scale to have impact on the targeted population
- utilize a life skills approach to HIV prevention.

These standards have been developed in order to provide a common framework and set of standards for National Societies implementing and supporting HIV peer education programmes. They should be considered in conjunction with other relevant International Federation HIV documents and the *Code of Practice for NGOs Responding to HIV and AIDS* of which the International Federation is a champion.<sup>2</sup>

## 1.2 Common definitions of terms used in peer education programmes

The term peer education has often been misused to describe a wide variety of programmes. Doubts have been raised about the effectiveness of peer education when the work being scrutinized is actually another approach. Some programmes are called “peer education”, when they are in reality outreach or awareness raising activities. If we are to develop a common understanding of standards of peer education practice, it is crucial to agree on accepted terminology, so that our standards have the same meaning for everyone.<sup>3</sup>

### 1.2.1 Peer:

A peer is a member of a group of people sharing the same characteristics. For example, people of the same age and background, or who do the same kind of work, have the same or similar lifestyle, experience or beliefs. The more a peer has in common with the person they interact with, the more likely that person is to receive the messages and be influenced.

### 1.2.2 Near peer:

A person that shares many characteristics of a true peer but differs in some way, such as being slightly older or no longer belonging to the same societal group. For example, former injecting drug-users act as “near peers” to injecting drug users.

### 1.2.3 HIV peer education:

This is a process which involves selecting, training and supporting members of a specific group to educate members of their peer group about HIV and related topics. In peer education programmes, peer groups can be referred to as the target group or population, beneficiaries or beneficiary population. Through HIV peer education, information is shared among peer group members. A dialogue around HIV prevention and related topics, such as gender, relationships, sex and sexuality, injecting and other drug use is established so that group members can be motivated

<sup>2</sup>*Renewing our voice, Code of Good Practice for NGOs Responding to HIV/AIDS, Geneva, 2004*

<sup>3</sup>*See Red Cross Red Crescent Global Alliance on HIV Programme Manual Guidance Note 10,*



and supported to maintain safer practices or are better able to manage situations in which they may be vulnerable to HIV infection.

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#### 1.2.4 Peer educator:

A person who belongs to a group on an equal basis as other group members but who is trained (and supervised) to bring about a change in knowledge, attitudes, beliefs and behaviours at the individual level amongst his or her group members. Peer educators support others in their peer group to make decisions about HIV prevention, including condom use, making informed and responsible decisions about sexual intercourse or delaying the age of first having sex, knowing their HIV status, partner reduction, safe injecting drug practices, etc. Programmes sometimes ask the target group to nominate one or more of their peers to take on the role of peer educator.

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#### 1.2.5 Secondary peers:

In some instances it can be difficult to support and monitor the target group to act as peer educators, e.g. truck drivers who are constantly on the move. Secondary peers are those who have frequent contact with the target group but are not their actual peers. Secondary peers can be trained as peer educators, e.g. in the case of truck drivers, parking supervisors and mechanics at border crossings have become peer educators, as they had more frequent contact with truck drivers than the drivers had with each other.<sup>4</sup>

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#### 1.2.6 Formal peer education:

Formal peer education is repeated formal contact by a trained peer educator with a group of up to 20 of his or her peers using a prepared session, which involves the active participation of the group. This can be carried out in any setting, for example, in a classroom, in the workplace or in a community setting.

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#### 1.2.7 Informal peer education:

This is repeated informal one-to-one or small group interactions by a trained peer educator with a member of his or her peer group. It can also be carried out in a variety of settings. What defines informal peer education is that the peer educator does not usually work through a prepared script but uses information and skills gained through training to discuss with his or her peers about a given subject and support safer behaviours. Both formal and informal peer education can include the provision of information, support, condoms and referral to services.

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<sup>4</sup>[http://www.fhi.org/en/HIVAIDS/country/Asia/res\\_PeopleonMove2006.htm](http://www.fhi.org/en/HIVAIDS/country/Asia/res_PeopleonMove2006.htm)

## 1.3 Terms used in HIV prevention programmes

### 1.3.1 Access and equity:

Measures to address institutional and other obstacles that limit the participation of individuals and groups in HIV prevention programmes and services. Access and equity may be impeded by direct, indirect and systemic forms of discrimination.

### 1.3.2 Awareness-raising:

In addition to formal and informal peer education activities, peer educators can also be involved in awareness-raising activities, presentations, advocacy, community mobilization, and work with the media and other mass actions. Awareness-raising activities are not in themselves peer education as contact is not repeated, can be made with people of differing ages, status and background and can be made with very large numbers. Evidence shows that peer education is most effective if awareness-raising activities are also conducted as they help to create and reinforce safer cultural norms. Organizing and participation in such mass events can be very motivational and help peer educators feel they are part of something bigger.

### 1.3.3 Behaviour change communication:

Through this interactive process the target population is provided with basic facts about HIV and AIDS, given opportunities to develop skills for personal protection and encouraged to access appropriate services and products in order to maintain and develop safer practices.

### 1.3.4 Community mobilization:

Community mobilization, in relation to HIV prevention, is a process through which community members come together to address their individual and collective vulnerability to HIV and AIDS. Community members identify their own concerns, participate in decision-making, evaluate the results and take responsibility for both success and failure.

### 1.3.5 Cultural mediator:

A person who is able to link two cultures e.g. a gay man who is also a Red Cross Red Crescent volunteer, and is able to facilitate understanding and build trust between the two cultures.

### 1.3.6 Gatekeeper:

A person or people outside a peer group who may influence or control access to a particular group, e.g. brothel owners or pimps may be the gatekeepers of some sex workers, while factory managers or owners may be the gatekeepers of factory workers.

### 1.3.7 Gender:

This is used to describe the characteristics, roles and responsibilities of women and men, boys and girls, which are socially constructed. Gender is related to how we are perceived and expected to think and act as women and men because of the way society is organized, not because of our biological differences.<sup>5</sup> Gender inequality and sexual and gender based violence are key drivers of the HIV epidemic. Women and girls may be vulnerable as a result of gender inequality, resulting in restricted access to information and services, and lack of decision-making skills and power. In many settings with long-standing epidemics, married women and girls are at higher risk of infection.<sup>6</sup>

### 1.3.8 Life skills:

Basic psychosocial competencies that define how successfully we negotiate the challenges of life. These skills include self esteem, goal setting, values clarification, decision making, problem solving, critical thinking, negotiation and respecting the rights of others. In the context of HIV prevention, life skills equip children, young people and adults to make better decisions where personal health and wellbeing choices are concerned, help them to recognize and avoid situations and behaviours that place them and others at risk of HIV infection, and to manage challenging situations.

### 1.3.9 Key populations:

People who are particularly vulnerable to HIV infection and for whom focused interventions are key if we are to limit epidemics around the world. Key populations are those where risk and vulnerability converge. It is common for key populations to be defined as MSM, including gay men, sex workers and their clients, injecting and other drug users, people in prisons and transgender people.

However, depending on local epidemiology patterns and drivers of the epidemic, other populations with heightened vulnerability to HIV are being targeted, such as women and girls, especially vulnerable youth, people with sexually transmitted infections (STIs), migrants or mobile workers who endure long periods of spousal or partner separation, uniformed services personnel, ethnic or cultural minorities, and populations in emergency situations.

### 1.3.10 Positive prevention:

Positive prevention aims to meet the HIV prevention needs of people living with HIV, supports the right to sexual relationships and reproductive choices, and promotes the involvement and participation of PLHIV in the HIV response. It enables access to prevention, treatment, care and support services, helps PLHIV to disclose their status to partners and family members, increase their self esteem, confidence and ability to protect their own health and the health of others, and make informed decisions about safer sex, contraception, pregnancy and breastfeeding.

<sup>5</sup>Community mobilization and AIDS, UNAIDS  
technical update, 1997

<sup>6</sup>UNAIDS, 2007, Practical Guidelines for  
Intensifying HIV Prevention, Towards Universal  
Access



#### 1.3.11 Risk:

Risk is defined as the probability or likelihood that a person may become infected with HIV. Certain behaviours create, increase and perpetuate risk. Examples include unprotected sex with a partner whose status is unknown, multiple sexual partnerships involving unprotected sex, and injecting drug use with contaminated needles and syringes.<sup>7</sup>

#### 1.3.12 Stakeholders:

Are people, groups or organizations that influence or are likely to be affected by the activities and outcomes of a project or programme. The identification and involvement of internal and external stakeholders is critical to prevention programmes and will depend on the approach taken. Internal stakeholders include the governance, management, and relevant staff and volunteers of the National Society. Core external stakeholders, regardless of the prevention approach used, will include relevant government ministries and departments at national, regional and local levels, donors, the target population and people living with and directly affected by HIV. Stakeholders for different prevention approaches will vary according to the approach.

#### 1.3.13 Vulnerability:

Vulnerability results from a range of factors outside the control of the individual that reduce the ability of people and communities to avoid HIV risk. These factors may include: (1) lack of knowledge and skills to protect oneself and others; (2) factors pertaining to the quality and coverage of services (e.g. inaccessibility of service due to distance, cost or other factors); and (3) societal factors such as human rights violations, or social and cultural norms.<sup>8</sup>

#### 1.3.14 Youth:

In terms of HIV prevention, the terms youth or young people imply a relatively wide age range in which risk and vulnerability can occur - 10-24 years by the World Health Organization's definition. Young people's vulnerability to HIV varies according to economic, political, social cultural and religious context. Within the category of "youth", it is important to distinguish between those who are children, teenagers (13-19) and young adults (20-24), since their needs in relation to sexual health will vary. Young people comprise a significant percentage of the population in many countries, and it is important to assess the needs and vulnerability of sub-populations to determine where prevention efforts are most effectively targeted. Especially vulnerable young people include street children, young migrants and refugees, young homeless people, young people who inject drugs, young sex workers, young men who have sex with men, gay and transgender youth, young people living in child-headed households, young people in detention, and young people living in particularly impoverished circumstances.

<sup>7</sup>UNAIDS, *Global Report on HIV*, 2008.

<sup>8</sup>*Ibid.*

## 1.4 Objectives of peer education programmes

Overall, the objectives of any peer education programme, using a behaviour change approach, should be to promote safer practices in relation to HIV amongst the target populations. Specific objectives can include:

- To train and work with volunteer peer trainers and peer educators to implement formal and/or informal HIV peer education programmes, using a life skills approach; the process to include development of key messages, which peer educators discuss with the target population who, in turn, share the messages with their peers.
- Children and younger people can maintain healthy sexual behaviour through:
  - protective behaviour (understanding the difference between good and bad touch)
  - life skills development for HIV prevention
  - making a responsible and informed decision about commencing sexual intercourse
  - making a commitment to practise safer sex from first consensual intercourse, rather than leaving this decision to when they are aroused or under the influence of drugs or alcohol.
- In order to maintain safer sexual practices, prevention options for adults and older youth can include:
  - using condoms correctly and consistently
  - reducing the number of sexual partners
  - both partners maintain a sexual relationship that is exclusively faithful to each other (mutually faithful), after testing has confirmed both are HIV negative
  - seeking treatment for STIs and opportunistic infections, including tuberculosis
  - going for voluntary counselling and testing
  - circumcision for males in high-prevalence generalized epidemic settings, to complement - not replace - other prevention options.
- Promote the use of clean needles and not sharing needles or other injecting equipment, and having first aid skills to cope with drug and alcohol emergencies
- Increase the demand for mother-to-child prevention services
- Stimulate dialogue and discussion on vulnerability, risk behaviours, risk settings and local solutions
- Reduce HIV-related stigma and discrimination
- Advocate for and improve access to user-friendly sexual health and drug services.

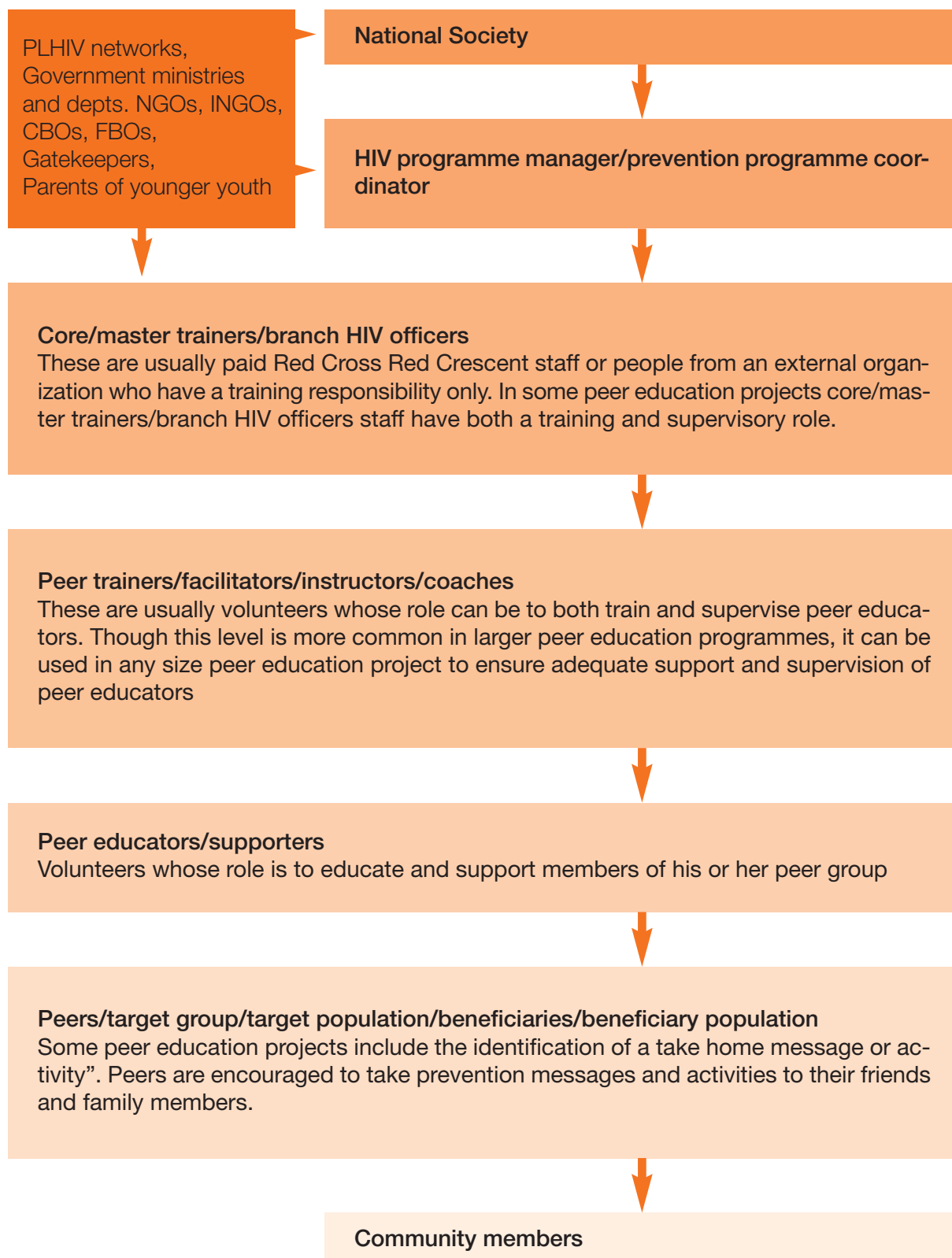
## **1.5 Minimum conditions for peer education programmes**

It is important to ensure that the minimum conditions exist for the implementation of peer education programmes when peer education is an appropriate approach with a given target population. These include:

- The National Society is committed to work with the target population
- The peer education programme is part of a comprehensive prevention strategy including, community mobilization, IEC, VCT promotion and referral, condom promotion and skills for personal protection
- Funding for the peer education programme is available for a minimum of one year
- There are sufficient trained staff and volunteers with capacity to supervise and support peer educators
- Members of the target population are willing to act as peer educators
- The programme is designed with an adequate ratio of peer educators to the target population (minimum of one peer educator to 20 peers).



## 1.6 Red Cross Red Crescent peer education programme model



## 2.

# Peer education standards

## 2.1 Defining peer education standards

Standards are an agreed way of doing something. Research has identified that a set of standards, criteria, guidelines or good practices can contribute towards making a peer education programme effective. This document contains the following standards related to aspects of any peer education programme.

- Standard 1: Involvement of People Living with HIV and key populations
- Standard 2: Gender equality
- Standard 3: Advocacy
- Standard 4: Assessing needs
- Standard 5: Planning
- Standard 6: Recruitment and retention of peer educators
- Standard 7: Training
- Standard 8: Implementation of peer education programme activities
- Standard 9: Supervision and support of peer educators
- Standard 10: Management and governance
- Standard 11: Monitoring and evaluation.

## 2.2 Purpose of the peer education standards

A recent consultation (2006)<sup>9</sup> drew attention to critical challenges in planning, developing, and managing youth peer education programmes and highlighted important gaps including:

- lack of standards and clarity in operational framework
- poor knowledge of costs or productivity of programmes
- limited understanding of effectiveness or cost-effectiveness
- inadequate monitoring and evaluation instruments.

Although some National Societies have developed standards, in common with many other organizations, the Red Cross Red Crescent has, to date, no overall agreed specific standards with which to measure the process, outcome and impact of the peer education programmes which it supports.

These standards for *implementing HIV peer education programmes* have been developed to:

<sup>9</sup>Family Health International, Adamchak, S.  
2006 Youth Peer Education in Reproductive  
Health and HIV/AIDS: Progress Process and  
Programming for the Future, Arlington, VA  
22201

- Provide National Societies with a benchmark against which the performance and effectiveness of any peer education programme can be assessed
- Promote a common Red Cross Red Crescent peer education framework
- Provide National Societies with tools and methodologies with which to assess the performance and effectiveness of their peer education programmes
- Contribute towards improving the quality of current peer education practice
- Strengthen institutional capacity in Red Cross Red Crescent HIV programming
- Promote the sharing of lessons learned and best peer education practice among National Societies.

## 2.3 Evidence that has informed the peer education standards

The standards have been informed by evidence from:

- a number of evaluation reports of Red Cross Red Crescent peer education programmes
- the practical experience of Red Cross Red Crescent and other organizations working in the field of peer education<sup>10</sup>
- the *Code of Good Practice for NGOs Responding to HIV and AIDS*
- research<sup>11, 12, 13</sup> related to peer education programmes.

It is recognized that compliance with some of the standards and principles in this document may present challenges for some National Societies as they seek to continuously improve their work. It is important to work with programmes, governments, NGOs and communities to overcome any challenges presented by the standards.

<sup>10</sup>UNFPA, *Y-Peer* (2005), *Youth Peer Education Toolkit, Standards for Peer Education Programmes*, New York

<sup>11</sup>Svenson G and Burke H. (2005), *Formative Research on Youth Peer Education Program Productivity and Sustainability*, FHI, NC 27709

<sup>12</sup>Kirby D, Laris B.A. and Rollieri L. (2005), *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries*, FHI, NC 27709

<sup>13</sup>UNESCO (2003), *Peer Approach in Adolescent Reproductive Health Education: Some Lessons Learned*, Bangkok

It should furthermore be recognised that this is a working document, which will need to be reviewed and updated periodically to reflect changes in peer education theory and practice and in response to feedback from those using these standards.

## 2.4 Users of peer education standards

These standards can be used by a range of people, including:

- people with responsibility for designing new peer education programmes, for example HIV programme managers and stakeholders
- internal and external evaluators who are conducting a review or evaluation of an established peer education programme
- peer education programme staff and volunteers who have responsibility for managing peer education programmes.

## Standard 1

# Involvement of People Living with HIV and key populations

### Standard 1.1

#### Meaningful involvement of people living with HIV (MIPA) and key populations

The involvement of people living with HIV and key populations in the peer education programme has been turned into action through their participation in identifying, deciding upon, designing, implementing and evaluating programmes. In addition, the capacity of people living with HIV and key populations in HIV programming has been built to enable them to take an active part in programme development.

Advocacy with governments, donors, private and public sector agencies, international, national and local NGOs, community-based organizations (CBOs) including faith-based organizations (FBOs) for the meaningful involvement of PLHIV and key populations has been undertaken. To ensure that PLHIV participate on an equal basis in decision-making or policy-making bodies and are recognised as important resources who have information, knowledge and skills and participate on an equal basis in the design, planning, implementation and monitoring and evaluations of HIV prevention programmes and projects.

**Further reading:** Code of Good Practice for NGOs responding to HIV and AIDS: Chapters 2, 3 and 4. **Further reading: Appendix 1:** Conducting focus group discussions.

#### Means of verification:<sup>14</sup>

- Annual and monthly reports on file
- In interviews and or/focus group discussions, staff, peer educators, the target population and organizations of PLHIV are able to describe ways in which people living with HIV have been involved in the development of the programme
- PLHIV are able to give examples of how their capacity has been built in order to facilitate the process of their involvement.

<sup>14</sup>Means of verification: These are ways of confirming whether or not a particular standard has been achieved. Sometimes a standard can be confirmed through reading a relevant document. At other times individual interviews or focus group discussions may need to be carried out.

Example

## Involvement of PLHIV and key populations

**Red Cross Society of China:** The Red Cross Society of China's Kunming Branch (Yunnan Branch) Sunshine Homeland project supports the reintegration of injecting drug users into the community and the prevention of further HIV transmission among them. The programme involves former drug users, including those already living with HIV, as volunteer facilitators and outreach peer educators. HIV-positive people are encouraged to become actively involved in all project activities.

### Standard 1.2

#### Targeting according to HIV vulnerability

Key populations that are particularly vulnerable to HIV infection are targeted by the peer education programme, based on local and international information on HIV vulnerability. Key populations include sex workers and their clients, injecting drug users, men who have sex with men and people in prisons, but may include other populations such as especially vulnerable youth, transgender people, migrants and mobile workers.

##### Means of verification:

- ➔ Project documents and reports indicate that the peer education programme is targeted according to HIV vulnerability based on local and international epidemic information.

### Standard 1.3

#### Equal opportunities

People living with HIV and key populations have an equal opportunity to be a member of staff or a volunteer with the peer education programme and a supportive working environment is created for PLHIV.

##### Means of verification:

- ➔ Job advertisements state that suitably qualified/experienced PLHIV and members of key populations are encouraged to apply for positions
- ➔ HIV workplace policy on file. In interviews and/or focus group discussions, staff members are able to describe the major components of the HIV workplace policy and whether or not this policy has been adhered to
- ➔ Interviews with organizations of PLHIV and key populations indicate that they have been contacted regarding their members volunteering as peer educators.



## **Standard 1.4**

### **Orphans and vulnerable children**

The access of children living with or directly affected by HIV to Red Cross Red Crescent youth peer education programmes is promoted.

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#### **Means of verification:**

- In interviews, the target population and organizations representing and including orphans and vulnerable children are able to describe ways in which children living with and directly affected by HIV are involved in youth peer education programmes.

## **Standard 1.5**

### **Access and equity**

People living with HIV and key populations have access to National Society programmes, including HIV prevention peer education programmes where appropriate, and programmes cater to their specific needs and concerns.

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#### **Means of verification:**

- In interviews and focus group discussions, the target population can confirm and/or describe how the National Society has supported their involvement in the peer education programme and catered to their specific needs and concerns.
-

## Standard 2

# Gender equality

### Standard 2.1

#### Promotion of equal responsibility and representation

Both females and males are involved in the peer education programme and their equal responsibility and representation at all levels is promoted (unless the programme is aimed at a single sex target population).

##### Means of verification:

- Annual and monthly reports on file
- In interviews and/or focus group discussions, staff and peer educators are able to give examples of how males and females are given equal responsibility and are represented at all levels of the peer education programme.

### Standard 2.2

#### Gender mainstreaming

Gender is mainstreamed into the analysis, formulation, implementation, monitoring and evaluation of peer education programmes. In order to ensure the programme is gender sensitive, tailored to meet gender specific needs and address diversity in a culturally sensitive way, a gender analysis conducted to find out how gender inequalities:

- expose women and girls to the risk of HIV infection
- undermine access of women and girls to information, services and programmes
- reinforce the subordination of women and girls
- affect staff and volunteers.

**Further reading:** Appendix 1: Conducting a gender analysis

##### Means of verification:

- Gender analysis report on file
- Gender sensitized programme indicators and gender disaggregated statistics reported
- In interviews and/or focus group discussions, staff members are able to give examples of how the peer education programme has addressed gender inequalities identified during the gender analysis.

## Standard 2.3

### Capacity building

Gender inequality is addressed by building the capacity of:

- men and women to understand how gender roles impact on the spread of HIV
- men, in order that they can take responsibility to reduce women's vulnerability to HIV
- women and girls, in order to enhance their understanding, confidence and skills to protect themselves from HIV and sexual and gender-based violence
- men and women to protect themselves and others from HIV, sexual and gender-based violence, sex for money, favours or protection (particularly sexual relationships in which an older person takes advantage of a minor or a much younger person).

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#### Means of verification:

- ➔ Training curriculum on file
- ➔ In interviews and/or focus group discussions, peer educators and the target population are able to give examples of how gender roles impact on the spread of HIV and ways in which males and females can protect themselves and others from HIV.

#### Example

### Gender equality

**Cambodian Red Cross Society (CRC):** The CRC HIV programme promotes greater understanding among male police of gender roles, their responsibilities towards wives and other sexual partners, gender equality and the reduction of sexual and gender-based violence through peer educator training, life skills development, targeted IEC and ongoing peer educator support. The programme also developed outreach support to the wives and partners of police targeted through the programme.

## Standard 3

# Advocacy

### Standard 3.1

#### Creating an enabling environment

Advocacy work conducted with internal and external stakeholders to:

- reduce stigma and discrimination of people living with and affected by HIV and key populations
- ensure that management and governance of National Societies support peer education with key populations, such as men who have sex with men
- ensure that laws and public policy protect and promote the rights of people living with HIV and key populations and their access to appropriate services.

**Further reading:** *Code of Good Practice for NGOs responding to HIV and AIDS*: Chapter 3

#### Means of verification:

- Annual and monthly reports on file
- In interviews and/or focus group discussions, staff and peer educators are able to give examples of how they have worked towards reducing HIV-related stigma and discrimination of people living with HIV and key populations
- In interviews, management, staff and gatekeepers are able to give examples of how they have worked towards creating an enabling environment
- Target populations report that they are able to access appropriate services
- Monthly reports referring to involvement of main stakeholders on file. Enabling policies and laws advocated for, disseminated and implemented.

### Standard 3.2

#### Services

Advocacy work conducted with internal and external stakeholders to:

- Ensure access to effective treatments for all PLHIV who need them, as an urgent need on humanitarian grounds

- Promote voluntary counselling and testing services and insist that HIV testing is voluntary and confidential, and includes pre- and post-test counselling in line with the WHO/UNAIDS guidelines
- Ensure that friendly, accessible, affordable and appropriate harm reduction and sexual health services and resources to support peer education activities are available. This can include training of service providers and the promotion of increased uptake of these services through referrals.

#### Means of verification:

- Monitoring forms showing referrals
- In interviews and/or focus group discussions, management, staff, gatekeepers, decision makers and service providers are able to give examples of ways in which advocacy issues related to treatment, voluntary counselling and testing, harm reduction and sexual health services have been addressed
- In interviews and/or focus group discussions, the target group is able to give examples of ways in which peer educators have referred them to services and are able to report back to the National Society if services are not available or are offered in a way that is discriminatory.

## Advocacy

### Example

**Mongolian Red Cross Society (MRCS):** The MRCS HIV programme has worked extensively with the media to advocate for non-stigmatizing and discriminatory reporting on HIV, particularly towards PLHIV and men who have sex with men. They have also worked with their management and mid-level branch staff to reduce potential barriers to their work with key vulnerable groups.



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## Standard 4

# Assessing needs

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### Standard 4.1

#### **Working with government ministries and departments**

Relevant government ministries and departments at national, regional and local levels are consulted re: major unmet need. Red Cross Red Crescent work should contribute to the national response to HIV.

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##### **Means of verification:**

- Annual and monthly reports on file
- Interviews and/or focus group discussions with programme staff and representatives of government ministries and departments, and national HIV co-ordination mechanism, indicate that consultation has taken place.

### Standard 4.2

#### **Stakeholder involvement in assessing needs**

In new programmes, staff and key stakeholders, including representatives from people living with HIV and target populations, are actively involved in assessing needs, and in existing programmes, staff, peer educators and other stakeholders are involved in assessing needs for new programmes.

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##### **Means of verification:**

- Needs assessment reports
- In interviews and/or focus group discussions, representatives of stakeholders or peer educators are able to give examples of how the target population or peer educators participated in assessing needs.

### Standard 4.3

#### **Mapping**

A mapping exercise, which can be part of a more comprehensive situation and response analysis (see 4.5 below), conducted to identify:

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- potential target groups and the ways in which they are currently addressing their HIV risk and vulnerability
- how different groups use the area
- organizations already working with key populations
- existing HIV and related services to which target groups can be referred.

**Further reading:** Appendix 3: Mapping.

#### Means of verification:

- ➔ Report of mapping exercise on file.

#### Example

### Mapping

**Red Crescent Society of Kyrgyzstan (KRC):** KRC conducted a mapping exercise in order to establish linkages with NGOs working with key populations and to avoid duplication of peer education activities. In addition to this, NGOs were identified that could assist in building the capacity of the KRC to work with key populations in areas that were not already covered.

## Standard 4.4

### Situation and response analysis

Prior to programme planning a situation and response analysis conducted in a way that is realistic for the staff and volunteers of a National Society and within the budget of a National Society. This should result in a comprehensive profile of the HIV situation in a country, district or community and the current response to that situation. It should include information on the knowledge, attitudes, practices and behaviour (KAPB) of the potential target population. The situation analysis, including the KAPB, should contribute towards:

- Identifying a key population that is vulnerable to HIV infection, including size and site/s in which programme will be located. [Defining the target population may depend on the capacity of the National Society to manage activities as well as the nature of the epidemic and the response in the country.]
- Identifying indicators, including behaviour change, as an outcome of any peer education intervention
- Identifying whether or not peer education is the most appropriate strategy to involve and meet the needs of target population and whether minimum conditions are in place.

**Further reading:** Appendix 4: Situation and response analysis.

### Means of verification:

One or more of the following on file:

- ➔ Situation and response analysis report or documentation, including report of KAPB with identified target population
- ➔ Government or NGO surveys to ascertain KAPB of target populations.

### Situation and response analysis (identifying the target population):

**Cambodian Red Cross Society (CRC):** In 1999, on the recommendations of an external evaluation, CRC decided to refocus its HIV prevention work away from community education in villages and towards targeted peer education with vulnerable groups. On the basis of a situation and response analysis, CRC established a life skills and peer education programme with uniformed services personnel, including police, military and bodyguards. At this stage, uniformed service personnel were the second highest prevalence population in Cambodia.

**Southern Africa HIV and AIDS programme:** The National Society developed a set of tools for undertaking a KAPB survey prior to significantly scaling up its programme. As far as targeting is concerned, the project's "Framework for Implementation Guide" states that targeting should be based on the following criteria:

HIV vulnerability assessment

- Youth peer educators mapping and national gaps in youth prevention programming
- Reaching those young people most-at-risk/most vulnerable to HIV transmission
- Capacity of Red Cross Red Crescent branch to develop a comprehensive HIV programme.

**The South Africa and Lesotho Red Cross societies:**

Adapted and used these KAPB survey tools at the end of 2007. The findings of the KAPB survey have influenced programme direction and been used to create programme outcome indicators.

Example

## **Standard 4.5**

### **Staff capacity**

Assess the capacity of staff to work effectively with key populations and support them to acknowledge and change stigmatizing and discriminatory attitudes which may adversely impact on their ability to work effectively with the target population.

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#### **Means of verification:**

- Staff CVs on file
- Staff learning needs assessment report on file
- Interviews and/or focus group discussions conducted with staff indicate that the staff have the experience, attitudes and the necessary skills to work the with the target populations.

## Standard 5

# Assessing needs

### Standard 5.1

#### **Inclusion in National Society health or HIV strategic plan**

Peer education is part of the National Society health or HIV strategic plan.

#### **Means of verification:**

- National Society health or HIV strategic plan on file.

### Standard 5.2

#### **Overall goal and objectives**

The National Society has developed a clear mission statement in relation to its HIV programme. This statement should be supported by strategic objectives that are specific, measurable, achievable, relevant and time bound and are in accordance with:

- Red Cross Red Crescent strategies, including the Global Alliance on HIV framework
- national strategic and coordination frameworks
- the “Three Ones principle”
- baseline measures ascertained through standard 4.3.

#### **Means of verification:**

Documentation of goal and specific objectives on file, including:

- target population
- indicators for safer sex and drug use practices
- time frame for achieving this change
- where intervention will be carried out.

### Standard 5.3

#### **Stakeholder involvement in planning**

In new programmes, staff and stakeholders, including target population actively involved in programme planning phase. In existing programmes, staff and stakeholders - including peer educators - are actively involved in the planning of any proposed new programme.

- Stakeholders, including the target group, governments, public and private sector agencies, civil society, PLHIV and gatekeepers to the target population are mobilized and, where appropriate, agreements signed with relevant authorities, NGOs and CBOs
- Staff and stakeholders collaborate in planning peer education programme and activities.

#### Means of verification:

- Minutes of meetings
- In interviews and/or focus group discussions, staff, representatives of stakeholders and target population or peer educators are able to give examples of how they and the target population or peer educators participated in programme planning
- Number of main stakeholders informed of programme's goals, philosophy and activities and support programme directly or indirectly
- Number of agreements signed and activated with new and existing relevant authorities, NGOs and CBOs.

## Working with stakeholders

**Red Crescent Society of Kyrgyzstan (KRC):** KRC worked with a range of internal and external stakeholders - including representatives of KRC health and care programmes, representatives of government, international and local NGOs (who worked with sex workers and injecting drug users), peer trainers, peer educators and target population from current programme - to inform development of next phase of its peer education programme. This included a presentation on programme activities to date. Following this, a log frame and budget were developed for year one of the programme and a medium-term plan for year two.

**Mongolia Red Cross Society (MRCS):** In 2004, the MRCS conducted a national HIV strategic planning process. People living with HIV and gay men actively participated in the process and helped the National Society to develop a strategic plan that better reflected their needs.

**Tanzania Red Cross:** The National Society invites two peer educators to travel with their local coaches to the Red Cross headquarters to take part in quarterly management meetings. Peer educators are selected based on recent performance and, during these meetings, they participate in quarterly planning discussions and decision-making which includes setting targets, training agendas and the quarterly



Example

budget. Not only do the meetings benefit from the peer educators' perspective, but the meeting exposes youth to management, coordination, administrative and financial processes. It also enhances youth participation in all aspects of the programme, and serves as an incentive for peer educators, increasing motivation and retention.

## Standard 5.4 Steering group

To guide the programme, a steering group should be set up with community and partner organizations, with the involvement of the target population, and parental involvement for programmes targeting younger youth. It should be established in a transparent manner.

### Means of verification:

- Steering group terms of reference, which include responsibilities and purpose, on file
- Minutes of steering group meetings on file
- Interviews and/or focus group discussions conducted with programme staff and steering group members indicate that it has been established and can describe its responsibilities and comment on its effectiveness
- Key populations and youth select their own representatives for the steering group.

## Standard 5.5 Model of peer education

The National Society has a comprehensive model of peer education, which identifies the roles and responsibilities at different levels within the programme, e.g. of core/master trainers/HIV branch officers, peer trainers/facilitators/instructors and peer educators/supporters.

### Means of verification:

- In interviews and/or focus group discussions with programme staff, core trainers, and representatives of peer trainers and of peer educators are able to describe their roles and responsibilities.

## Standard 5.6

### Work plan

Implementation of programme planned using a work plan, operations plan or log frame. This should include, objectives, strategies, sequenced activities (formal or informal) that are realistic, appropriate to the target population, and include partners, budget and timetable and, where appropriate, integrated into existing National Society youth programmes.

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#### Means of verification:

➡ Work plan, operations plan and/or log frame on file.

Example

### Log frame and work plan

The Red Cross Red Crescent Global Alliance on HIV programme manual contains guidance notes for an HIV country programme. These could be adapted to a peer education programme. Guidance note 6: Log frame and guidance note 7: Work plan.

## Standard 5.7

### Sustainability

A longer-term plan developed which addresses sustainability and related issues such as compliance with standards, public relations, staffing, peer ownership, funding and resource mobilization for an extended period of time.

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#### Means of verification:

➡ Sustainability plan on file.

## Standard 6

# Recruitment and retention of peer educators

### Standard 6.1

#### **National Society volunteer policies and systems**

Volunteer management policies and systems put in place that are widely shared and openly discussed by governance, paid staff and volunteers. Policies, programmes and paid staff provide a positive, welcoming and rewarding experience for existing and potential volunteers.

#### **Means of verification:**

- National Society volunteer policy on file
- Interviews and/or focus group discussions conducted with staff and representatives of volunteers indicate that they have received a copy of the National Society volunteer policy and can describe its contents and know who to contact if they have an issue to raise
- Interviews and/or focus group discussions conducted with representatives of volunteers indicate that volunteering for the National Society has been a positive, welcoming and rewarding experience.

#### National Society volunteer policy

Example

In 2006, the Board of Governance of the **Zambia Red Cross Society** adopted a volunteer management policy to address volunteer concerns. The policy recommends systems related to recruitment and retention of volunteers in order to improve volunteer quality.

<sup>15</sup>IPPF/WHO, 2002, "YES! Youth Empowerment System" Spotlight on Youth, No. 6, New York

## Standard 6.2 Recruitment plan

Peer educator recruitment plan developed that describes:

- Number of peer educators needed (a larger number than are needed to allow for loss)
- Gender balance (unless the programme is aimed at a single sex target population)
- Clear selection criteria established prior to recruitment, with opinions of experienced peer educators, local leaders and target population on 'what makes successful peer educators' taken into account<sup>15</sup>
- Potential sources of peer educators. For example, named partner organizations, participants who have attended other Red Cross Red Crescent workshops and leaders/gatekeepers of potential target populations. National Societies should strive to recruit PLHIV from target populations as peer educators. This can be achieved through strengthening linkages between National Societies and networks of people living with HIV. These networks can be actively encouraged to put forward members of their network to become peer educators or to advertise the opportunity for members of the network to become peer educators
- Transparent selection procedure established, i.e. person/s responsible for selection identified; standardized interview of applicants from target population, with particular attention paid to communication skills.

### Means of verification:

- ➔ Recruitment and selection plan on file
- ➔ In interviews and/or focus group discussions, staff and representatives of peer educators are able to describe the recruitment and selection procedure and indicate that this is transparent.

## Recruitment plan

**Palang Merah Indonesia (PMI: Indonesian Red Cross Society):** Selection criteria, which also describe responsibilities, have been defined for the selection of core trainers, facilitators and peer educators, including criteria related to educational background, age, willingness to learn and implement, being a PMI volunteer and background (e.g. being a member of a specific group).

**Nigeria Red Cross Society:** Ten youth peer educators are selected from each school. To ensure gender balance, ideally five males and five females are selected from mixed-

Example

Example

sex schools. The selection is conducted in cooperation with the school authorities based on the following criteria. That the potential peer educator:

- is aged between 10 and 16 years
- has the ability to read and write in English and speak the local language
- demonstrates an interest and willingness to volunteer
- has regular attendance in school
- is responsible and friendly
- shows leadership qualities.

### Standard 6.3 Pre-selection workshop or meeting

Pre-selection workshop/meeting conducted for interested potential peer educators in order to:

- provide general information about programme including its duration
- provide information about the training process, its content and timing
- describe the role of peer educators, including time commitment required.

#### Means of verification:

- Report of pre-selection workshop on file
- Interviews and/or focus group discussions conducted with representatives of peer educators indicate that pre-selection workshop was conducted and peer educators are able to describe the value of this workshop.

### Standard 6.4 Written contracts

A written contract, including a statement of the minimum time commitment and roles and responsibilities, is drawn up between peer educators and the National Society. This can ensure that the National Society and the peer educator have a clear understanding of their roles and responsibilities. Contract to be signed by staff and peer educators and where appropriate by a third party, such as a village leader, school principal, workplace supervisor, etc.

#### Means of verification:

- Contracts for individual peer educators on file
- In interviews and/or focus group discussions, programme staff and representatives of peer educators are able to describe and demonstrate understanding of the roles and responsibilities of peer educators.

Example

## Written contracts

**Cambodian Red Cross Society (CRC):** The National Society established clear criteria for the recruitment and selection of peer educators from different target populations. Prospective peer educators were encouraged to attend a pre-selection meeting and a subsequent standardized selection interview and group activity. Roles and responsibilities were established in written agreements, signed by the CRC and peer educators.

### Standard 6.5 Feedback mechanism

Method for continuous communication with peer educators is established between peer educators and peer trainers/facilitators/instructors/coaches/mentors/supervisors (see standard 9).

#### Means of verification:

- In interviews and/or focus group discussions, representatives of peer educators are able to describe feedback mechanisms that have been established and how these contribute towards the smooth running of the peer education programme
- The National Society has a volunteer data base that tracks each volunteer's contribution, including the number of hours they volunteer and the number of beneficiaries they reach.

### Standard 6.6 Incentives

**Professional incentives:** A locally-agreed sustainable incentive or accreditation system is developed, with opportunities for increasing involvement and responsibility offered, e.g. where peer educators develop to become peer trainers.

**Social incentives:** System of social incentives established to promote friendship and team building e.g. provision of social and recreational opportunities; linkages established with other similar organizations for experience exchange (and travel) opportunities.

**Material incentives:** System established for provision of material incentives over life of the programme, e.g. t-shirts, caps, bags and stationery. Direct support to key vulnerable target groups in the form of recognition, access to health and social services, advocacy and accompaniment.



**Means of verification:**

- Annual and monthly reports on file
- In interviews and/or focus group discussions, representatives of peer educators are able to describe incentives that are provided for peer educators.

## Incentives

**Cambodian Red Cross Society (CRC):** A comprehensive range of professional, social and material incentives has encouraged the retention of peer educators from different target populations. The incentives include caps and t-shirts, training bag and resources, monthly follow-up and support meetings with CRC and peer educator trainers from target populations, annual refresher workshops and exchange visits with peer educators in other provinces. Peer educators were also involved in programme planning, implementation and monitoring and evaluation activities. HIV programme staff at branch level conducted exit interviews.

Example

## Standard 6.7 Exit interviews

System established for conducting exit interviews when any peer educator leaves the programme.

**Means of verification:**

- Completed peer educator exit interview questionnaires on file.

## Standard 7

# Working with service providers

### Standard 7.1 Training framework

Training framework, including training evaluation framework, developed and includes:

- an outline of training of staff and programme stakeholders, at core/master trainer level, peer trainer/instructor/facilitator and peer educator levels
- an outline of how training will be evaluated and methodology to be used, including pre-test and post-test evaluation of knowledge and skills to use as a basis for assessing effectiveness of training.

#### Means of verification:

- ➡ Training framework on file.

Example

### Training framework

**Southern Africa HIV and AIDS programme** has a document stating the priority core content of the curriculum, which specifies:

- length of training for core trainers, youth peer educator programme facilitators and youth peer educators
- that training should use adult learning methodology and participatory educational processes developed from a gender perspective, and model a life skills approach
- core curriculum content.

**Ethiopian Red Cross Society:** Training framework developed through which:

- core facilitators receive seven days' training
- core facilitators train facilitators for five days
- facilitators train peer educators for five days.

## Standard 7.2

### Core or master trainers

Core/master trainers demonstrate that they have knowledge and skills relevant to conducting participatory training of peer trainers and peer educators.

#### Means of verification:

- Observations of core/master trainers whilst training and records of supervision meetings with core/master trainers on file.

## Standard 7.3

### Working with gatekeepers

Gatekeepers informed about programme through meetings and training.

#### Means of verification:

- Reports of meetings and/or training on file
- In interviews and/or focus group discussions, representatives of gatekeepers are able to describe ways in which they have been informed about the peer education programme.

Example

### Working with gatekeepers

**Cambodian Red Cross Society (CRC):** For different targeted peer education interventions, CRC conducted sensitization meetings and workshops with parents, school teachers, university lecturers, casino owners, and senior police and military officers.

## Standard 7.4

### Working with service providers

Relevant service providers, including those involved with sexual and reproductive health, voluntary counselling and testing, and harm reduction are informed about the programme and are given training to ensure that their services can be accessed by the target population and are delivered in a non-judgemental way.

#### Means of verification:

- Reports of meetings and/or training on file
- In interviews and/or focus group discussions, the target population confirms that they are able to access services, and that these services are delivered in a non-judgemental way.

## Standard 7.5

### Peer trainer and peer educator: Learning needs assessment

Learning needs assessment conducted to assess knowledge, attitudes, practices and confidence level of peer trainers and peer educators.

#### Means of verification:

- ➔ Learning needs assessment on file.

## Standard 7.6

### Peer trainer and peer educator curriculum

- Training curricula are developed for peer trainers and peer educators. The curricula should demonstrate the use of participatory methodology and can be used as a model for peer trainers and peer educators to adopt in their work
- Alternatively, quality training curricula can be sourced, reviewed and adapted where appropriate
- Initial training includes information on HIV, AIDS and STIs, skills such as demonstrating correct condom use, stigma and discrimination, gender and sexual diversity, and the use of monitoring and reporting tools
- Curriculum is checked against national policies and legal requirements
- Curriculum is pilot tested with first cohort of peer trainers and peer educators and revised as necessary.

**Further reading: Appendix 5:** Core content of initial training of peer educators.

#### Means of verification:

- ➔ Training curriculum documents, including outcome of pilot testing, and national policies on file.

## Curriculum

**Several National Societies** have developed peer educator training curricula for specific vulnerable groups. Examples include the Cameroon Red Cross Society with sex workers, the Red Cross Society of China with injecting drug users, the Kenya Red Cross Society with people in prisons and the Mongolian Red Cross Society with men who have sex with men.

Example

Example

**Argentine Red Cross:** The National Society adapted the International Federation’s “Action with Youth” manual for its youth peer educator programme.

**Thai Red Cross Society:** “Friends Tell Friends” training manual and methodology was adapted by various National Societies in the Asia region with support from Australian Red Cross, and adopted by UNICEF for programmes targeting young factory workers in Mongolia and Lao PDR.

**Tanzania Red Cross:** The National Society employed a core team (of volunteers and staff) to revise the Together We Can youth peer education curriculum to better address local risk and protective factors and cultural issues, and to better tailor content for target populations and sub-populations. Activities were modified to increase the focus on building skills such as negotiating abstinence and condom use, managing risky situations, and communicating assertively. Using new information on drivers of the epidemic in Tanzania as well as knowledge generated through use of the previous curriculum, the new curriculum addresses risk factors such as transactional sex, cross-generational sex, multiple concurrent partnerships, and gender inequity, and protective factors such as self-esteem, assertive communication and refusal skills. Having completed a curriculum review workshop, the document will be amended and field-tested following further feedback from critical Red Cross Red Crescent and external reviewers.

## Standard 7.7 Initial training

Peer educators who will conduct formal or informal peer education receive a minimum of four to five days’ initial training, using participatory methods, ideally delivered to groups of no more than 25 peer educators within a timescale appropriate to participants. Training needs to be delivered in an appropriate language. Peer trainers and peer educators should be given opportunities to practise their knowledge and skills in the community or simulated within the initial training workshop before undertaking peer education activities. Following training, the peer trainers and peer educators should be able to demonstrate that they have the knowledge, attitudes and skills relevant to their responsibilities e.g. that they are able to demonstrate to another person how to use a condom correctly.

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**Means of verification:**

- Attendance lists and training reports on file
- Pre- and post-training questionnaires, and six-month evaluations
- Initial training of peer educator reports on file
- Observation of peer trainers and peer educators
- In interviews and/or focus group discussions, representatives of peer trainers and of peer educators are able to describe ways in which their initial training equipped them to undertake their peer education activities.

## **Standard 7.8**

### **Refresher or follow-up training**

Peer educators receive additional training on new topics, information is updated and peer educators are introduced to new activities to conduct with their peers.

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**Means of verification:**

- Reports of additional training on file
- In interviews and/or focus group discussions, representatives of peer educators are able to describe additional training that has been provided.

## **Standard 7.9**

### **Certification**

Peer trainers and peer educators are provided with a certificate for completion of training which is time limited and renewed only after further training.

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**Means of verification:**

- Sample certificates and lists of certified peer educators on file
- Interviews and/or focus group discussions with representatives of peer trainers and of peer educators indicate that they have received a certificate and are aware that this is time limited and will be renewed only after further training
- Database of all peer educators with current certificates maintained.

## **Standard 7.10**

### **Monitoring and evaluation**

The process, outcome and impact of all training should be continuously improved through monitoring and evaluation. **See standard 11:** Monitoring and evaluation.

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## Standard 8

# Implementation of peer education programme activities

### Standard 8.1 Community sensitization

Community sensitization about the peer education programme should be conducted in all programme sites. In those involving younger youth, parents and local leaders are sensitized about the peer education programme and its benefits and are kept informed of its activities.

#### Means of verification:

- Monthly reports on file, which refer to community sensitization and how the intervention reinforces other community mobilization efforts
- In interviews and/or focus group discussions, representatives of community members, parents and local leaders are able to indicate their support for and describe the benefits of the programme and how the community has been sensitized about the programme.

### Sensitization

**Red Crescent Society of Turkmenistan:** The National Society's HIV programme has produced materials for parents - "Tell Mother" and "Tell Father" - in Turkmen and Russian. This provides information on sexual and reproductive health in order to promote understanding amongst parents of issues connected with its youth peer education programme.

**Guyana Red Cross:** The National Society organizes meetings in schools, churches and town centres to sensitize the community (teachers, parents and community leaders) on HIV and youth sexual and reproductive health.

Example



## Standard 8.2

### Work plan development

Peer educators involved in formal sessions develop a monthly work plan, with objectives, activities and time-scale, which is reviewed with a senior peer educator or peer trainer or staff member. Peer educators conducting informal sessions plan activities as needed, for example small group or one-on-one sessions with their peers, or activities in combination with other peer educators.

#### Means of verification:

- Work plans on file
- In interviews and/or focus group discussions, representatives of peer educators are able to describe how they have been encouraged and supported to develop monthly work plans.

## Standard 8.3

### Provision of peer educator kits

Peer educators should be provided with individual kits that include information, education and communication (IEC) materials. These should include outline session plans, informational materials and resources for each activity in work plans (language and level appropriate to peer educators), referral contact list, flipchart, small booklet containing most frequently asked questions, condoms and penis models, bag, raincoat, t-shirt or badge identifying peer educator where appropriate.

#### Means of verification:

- Current sample kits and kit distribution records available
- Interviews and/or focus group discussions with representatives of peer educators indicate that they have received adequate materials with which to conduct their activities.

## Materials for peer educators

**Nigeria Red Cross Society:** The National Society provides youth peer educators with A3 flipcharts, with pictures, to support a series of session-based activities that peer educators conduct in schools.

**Jamaica Red Cross:** Each peer educator is provided with a peer educator's handbook that outlines four blocks of activities that peer educators will conduct with each group with whom they work. In addition to this, there is an activity book for each programme participant.

Example

Example

**Southern Africa HIV and AIDS programme** youth peer educator (YPE) resource pack contains:

- Implementation guide (based on YPE framework), monitoring and evaluation framework, curriculum for training of core trainers (at regional level) and curriculum for training of youth peer educators programme facilitators
- Manual for training youth peer educators
- Resource folder, flipchart for youth peer educators and YPE resource CD-Rom
- HIV and AIDS questions and answers, myths and misconceptions.
- CD-Rom HIV prevention video clips.

## Standard 8.4

### Working with the target population

Peer educators demonstrate knowledge, attitudes and skills that are appropriate, relevant to their peers and uses the language of their peers. Peer educators work with the target population to provide repeated formal (groups of up to 20) or informal (one-on-one or small group) contacts to support knowledge, attitudes and behaviour change among the target population a minimum of three times in a three month period, but ideally more often over a longer period of time.

#### Means of verification:

- Activity logs
- Interviews and/or focus group discussions with staff, representatives of peer educators and of the target population demonstrate that peer educators have provided repeated contacts over a period of time
- Observations in the field, activity logs and interviews and/or focus group discussions with staff, representatives of peer educators and of the target population demonstrate that peer educators are able to deliver appropriate activities to their peers.

Example

### Working with the target population

**Tanzania Red Cross:** The National Society recognized that some young peer educators feel uncomfortable if asked to present material that is incompatible with their value system. To address this, training facilitators stress the values

Example

of the International Red Cross and Red Crescent Movement and the logic behind the curriculum to ensure that peer educators are able to use the material and facilitate activities that may challenge their own values, beliefs and attitudes. Staff members pay extra attention to supervising and supporting peer educators early on in their outreach activities.

## Standard 8.5 Information sharing

Focal points identified within the National Society and within the region to facilitate the sharing of HIV information, IEC materials, experiences, technical expertise, lessons learnt and effective practice with branches on a quarterly basis.

### Means of verification:

- In interviews and/or focus group discussions, branch staff/volunteers and representatives of peer educators are able to give examples of how the National Society has shared information or materials.

## Standard 8.6 Targeted information, education and communication (IEC) materials

Educational and promotional materials, such as posters, brochures, newsletters and videos, are:

- Targeted at a specific population and focus on specific behaviours to assist with facilitating and reinforcing behaviour change
- Developed with the target population, and use design, images and language with which the target group identify, and are clear and explicit enough to attract and influence the target population
- Pre-tested and reviewed with partners, peer educators and the target population to ensure that age, literacy, educational levels, gender, sexual diversity, and current cultural norms are taken into account so that the messaging is effective enough to support emergence of new cultural norms
- Alternatively, existing appropriate Red Cross Red Crescent materials could be locally adapted, or materials from other agencies.

### Means of verification:

- IEC materials are available and demonstrate that they are aimed at a specific target population and focus on specific behaviours
- Interviews and/or focus group discussions with staff, partners, representatives from the peer educators and the target group indicate

that materials take into account age, literacy, educational levels, gender and culture, and contain key messages which have been pre-tested and adapted where necessary.

## IEC material production

**Palang Merah Indonesia (PMI: Indonesian Red Cross Society):** Media training was organized to help programme staff/volunteers to develop IEC materials with the target groups, resulting in various locally produced materials and the setting up of a media group.

**Cambodian Red Cross:** The society developed IEC materials specific to police, military and bodyguards in collaboration with peer educators, and pre-tested materials within the target population. Peer educators were provided with flipchart, IEC materials and condoms for distribution.

**Haitian Red Cross:** The National Society partnered with popular Haitian singer Belo to develop a brochure to distribute during edutainment events and community outreach. The brochure was also given to the participants of the Together We Can youth peer education programme, who were then asked to share the information and key messages with ten of their peers. The brochure addresses personal risk perception linked to sexual relationships, including transactional sex and trans-generational sex - all expressed in local contexts and terms. The brochure was successfully pre-tested in both urban and rural Haiti with both in and out-of-school and addresses male and female youth separately, since typical sexual relationships vary by gender.

Example

## Standard 9

# Supervision and support of peer educators

### Standard 9.1

#### Meeting-based supervision

A minimum of one meeting a month with an identified peer educator supervisor is established at which peer educators:

- discuss their expectations
- report back, discuss and receive emotional and practical support related to challenges with peer education activities
- plan activities such as community mobilization
- submit monitoring and reporting forms and deal with any problems with monitoring and evaluation
- receive feedback on observation of peer educator activities
- create and review work plans.

#### Means of verification:

- Notes of supervision meetings on file
- Interviews and/or focus group discussions with representatives of peer educators indicate that they receive adequate supervision to undertake their peer education activities
- Programme database of volunteer hours mobilized and number of beneficiaries reached.

### Meeting-based supervision

**Russian Red Cross Society:** The National Society holds weekly peer educator meetings. During these events, peer educators amend session outlines and discuss approaches to working with different target groups. In addition to this, peer educators meet specialists such as epidemiologists and drug specialists monthly.

Example

## Standard 9.2

### Field-based mentoring and supervision

A system should be established through which peer educators are mentored and observed whilst working, and receive individual and group feedback on observation visits.

#### Means of verification:

- Notes of field-based mentoring, supervision visits and/or observation checklists on file
- In interviews and/or focus group discussions, representatives of peer educators are able to give examples of mentoring and field-based supervision and indicate that this is adequate to enable them to undertake their peer education activities.

### Field-mentoring and supervision

**Red Crescent Society of Kyrgyzstan:** Each peer trainer is allocated a number of peer educators and undertakes a mentoring role. This takes the form of initially planning formal peer education sessions with the peer educators, co-training until a peer educator becomes confident, providing new information, monitoring performance and, in some cases, liaising with head teachers in schools. Peer trainers also identify new schools in which to begin a peer education programme.

Example

## Standard 9.3

### Community-based support

Peer educators are encouraged to identify existing individuals and/or community-based organizations/structures that they can draw upon for support.

#### Means of verification:

- Interviews and/or focus group discussions with representatives of peer educators indicate that in addition to support from the National Society, peer educators can identify individuals and/or community structures that can provide support to them.

## Standard 10

# Management and governance<sup>16</sup>

### Standard 10.1 Roles and responsibilities

The management and governance of the programme must have clear roles and responsibilities, and a manager should be appointed and given overall responsibility for the programme, with day-to-day management carried out at branch level. The programme should be governed by the policies and guidelines determined by the National Society's governance structures. A programme task force or steering group may be established at branch level where appropriate.

#### Means of verification:

- Roles and responsibilities clearly documented
- Job description for HIV programme manager on file
- Reports or minutes of meetings indicate that a programme task force or steering group has been established at branch level where appropriate.

### Standard 10.2 Policies and guidelines

Governance should have clear written policies and guidelines, including HIV workplace and gender policies, which are transparent and effectively implemented in practice, or are guided by International Federation or other policies and guidelines such as the *Code of Good Practice for NGOs Responding to HIV/AIDS*.

#### Means of verification:

- Relevant policies and guidelines on file, including HIV workplace and gender policies
- *Code of Good Practice Self Assessment Checklist on Prevention Work* completed and Action Plan lodged at **[www.ngocode.org](http://www.ngocode.org)**

<sup>16</sup>Note: For details of organizational mission and management, human resources, organizational capacity and financial resources see *Renewing Our Voice: Code of Good Practice for NGOs Responding to HIV/AIDS*  
[www.ifrc.org/what/health/hiv/aids/code/](http://www.ifrc.org/what/health/hiv/aids/code/)



## Standard 10.3

### Staff development

Programme staff members at headquarters and branch level are provided with management training, including report writing.

#### Means of verification:

- Training reports on file
- Interviews and/or focus group discussions with programme staff indicate that they have had sufficient training to enable them to carry out their management role within the organization.

Example

### Management training

**Cambodian Red Cross Society:** The National Society conducted training needs assessments and provided training in report writing, monitoring and evaluation, gender and project management to staff at national and branch level.

## Standard 10.4

### Organizational capacity

Management should develop and maintain the organizational capacity necessary to support HIV peer education programmes.

#### Means of verification:

- Monthly and annual reports from programme staff
- Mid-term and end of project evaluation reports, and long term plans available.

## Standard 10.5

### Human resource management

Programme management should value, support and effectively manage human resources.

#### Means of verification:

- Mid-term and end of programme evaluations
- In interviews and/or focus group discussions, staff and representatives of peer educators are able to describe how management has valued and supported them
- A computerized volunteer management system is maintained.

## **Standard 10.6**

### **Systems**

Systems should be established by management to ensure that decisions about programme operations are clear.

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#### **Means of verification:**

- In interviews and/or focus group discussions, staff and representatives of volunteers, are able to describe ways in which decisions are made about programme operations and indicate that the decision-making process is transparent.

## **Standard 10.7**

### **Administrative and logistical support**

Appropriate administrative and logistics support at each level should be provided in order to ensure the smooth running of the peer education programme.

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#### **Means of verification:**

- In interviews and/or focus group discussions, staff and volunteer representatives are able to describe ways in which administrative and logistical support is provided and that this is adequate.

## **Standard 10.8**

### **Compliance with standards**

Management should demonstrate compliance with programme standards and donor requirements.

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#### **Means of verification:**

- Mid-term and end of project evaluations.

## **Standard 10.9**

### **Budget**

A budget should be developed and sufficient funds should be made available to support the planned programme activities.

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#### **Means of verification:**

- Interviews and/or focus group discussions with staff and volunteer representatives indicate that there are sufficient funds with which to implement the peer education programme.
-

Example

## Budget

**The Red Cross Red Crescent Global Alliance on HIV:** Guidance note six of the programme manual includes a format for an HIV programme budget. This could be adapted to a peer education programme budget.

### Standard 10.10 Financial management

Financial resources are managed in an efficient, transparent and accountable manner.

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#### Means of verification:

- Financial accounting systems in place.
- Financial auditing of accounts takes place.

## Standard 11

# Monitoring and evaluation

### Standard 11.1 Inclusion in work plan

Monitoring and evaluation included in the work plan, operations plan, and/or log frame from the start, through development of qualitative and quantitative performance indicators. Data collection instruments and systems, time-tables, responsible parties and reporting channels for activities, including training, are created and updated when necessary. A culture of continuous improvement of programming is cultivated.

The monitoring and evaluation framework should include an evaluation plan for measuring behaviour change (link to 4.5: Situation and Response Analysis: KAPB).

#### Further reading:

**Appendix 6:** Sample monitoring and evaluation framework

**Appendix 7:** Sample peer educator monitoring form

**Appendix 8:** Means of verification checklists

**The Red Cross Red Crescent Global Alliance on HIV:** The programme manual contains guidance notes for an HIV country programme. These could be adapted to a peer education programme.

**Guidance Note 8:** Progress report (quantitative)

**Guidance Note 9:** Progress completion reports (in progress)

**Guidance Note 11:** Tracking indicator P1 (quantitative)

#### Means of verification:

- Work plan, operations plan or log frame on file
- Monitoring and evaluation plan on file
- Interviews and/or focus group discussions with staff and representatives of volunteers at all levels indicate that people are able to describe their role and responsibilities in relation to monitoring and evaluation, and give examples of changes that have been implemented to improve the programme.

#### Example

### Monitoring and evaluation

Southern Africa regional HIV and AIDS programme's monitoring and evaluation framework was developed as follows:

- Baseline information collected and analysed

Example

- Indicators established for tracking inputs and outputs, measuring impact and outcomes
- Pre- and post-workshop evaluation forms developed
- Youth peer educator reporting forms developed
- Project level monitoring and reporting forms developed
- Monitoring plans developed at local, national and regional levels
- Mid-term reviews conducted in 2008
- End-of-project evaluations conducted in 2010.

## Standard 11.2

### Data collection system

A data collection system - with tested, useable and gender specific monitoring tools - is established through which data is compiled, analysed and disseminated. Staff or volunteers are given responsibility to manage and analyse the data generated by peer educators, and appropriate training is provided.

#### Means of verification:

- Suite of monitoring and evaluation forms, including analysis, on file
- In interviews and/or focus group discussions, staff and representatives of peer educators are able to describe the data collection system and how data is being compiled, analysed and disseminated.

Example

## Data collection

**Haitian, Tanzania and Guyana Red Cross societies:** The Together We Can programmes include a monitoring and evaluation system where data on numbers of beneficiaries reached is reported by peer educators to their direct supervisors (instructor trainers, master trainers and/or field managers) and on to national programme coordinators. Depending on literacy levels, youth multipliers report either verbally or via a written form on the number of their peers they shared HIV prevention messages with as part of their take-home assignments. This management information system is paper-based up to the field manager level, and both paper and electronic from the field manager level up. All country programme coordinators enter data on a per activity basis in a spread sheet and are able to generate summary data reports and monthly reports for donors that can be viewed by time periods, geographic areas and various indicator categories.

## Standard 11.3

### Training

Staff and peer educators trained in data collection and data analysis skills.

#### Means of verification:

- Training reports on file
- In interviews and/or focus group discussions, staff and representatives of peer educators are able to describe ways in which their training has enabled them to collect and analyse data or are able to identify further training needs in relation to data collection and analysis.

## Standard 11.4

### Involvement of staff, peer educators and other stakeholders

Staff, peer educators and other stakeholders demonstrate active involvement in decision-making related to the monitoring and evaluation of the peer education programme. Peer educators are actively involved in the monitoring and evaluation process through the submission of reports and programme monitoring forms on formal peer education sessions with target population and/or on informal one-on-one or small group sessions. The National Society regularly reports back to peer educators on collated data.

#### Means of verification:

- In interviews and/or focus group discussions, branch staff/volunteers and representatives of stakeholders and peer educators are able to give examples of how they are involved in decision-making related to the implementation, monitoring and evaluation of the programme
- In interviews and focus group discussions, staff members are able to give examples of changes made because peer educators have been involved in decision-making related to the implementation, monitoring and evaluation of the peer education programme
- Peer educator monitoring forms on file
- In interviews and/or focus group discussions with staff and representatives, peer educators able to describe how they are involved in the collection and analysis of data and that they feel involved in the programme.

Example

## Involvement of peer educators and key stakeholders in monitoring and evaluation

**Tanzania Red Cross:** The National Society conducts annual review meetings that include national and branch programme staff, peer educators and external partners.

**Jamaica Red Cross:** Research found that involving the peer education programme staff, including newly trained peer educators, in the evaluation provided instantaneous constructive feedback into the content and process of the programme.

### Standard 11.5

#### Assessing knowledge, attitudes and skills of peer educators and target population

Peer educators and target population are able to:

- identify three ways in which HIV is passed from one person to another, and three myths and misconceptions about how HIV is passed from one person to another
- identify where to go for HIV counselling and testing, STI treatment and where to get condoms (for free or for sale)
- describe two examples of how stigma and discrimination can affect lives of people living with and directly affected by HIV, and members of other key vulnerable populations
- assess and recognize situations in which they may be vulnerable to HIV and describe how gender norms can increase vulnerability to HIV
- manage situations (using refusal, communication and decision making skills) in which they may be vulnerable to HIV infection
- describe relevant prevention messages, including those that reduce unintended pregnancy.

#### Means of verification:

- ➔ **Peer educators:** Observations in the field, activity logs and interviews and/or focus group discussions with staff, representatives of peer educators and of the target population demonstrate that peer educators are able to deliver appropriate activities to their peers.
- ➔ **Target population:** Pre- and post-intervention questionnaires, and those conducted after six months, interviews and focus group discussions with the target population before and at the end of



programme demonstrate an increase in knowledge and the ability to assess and recognize situations in which they may be vulnerable to HIV infection, and articulate coping strategies.

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## *Appendix 1*

# Focus group discussion

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A focus group discussion is led by a skilled facilitator using a guide that contains questions relevant to the topic being investigated. It is conducted in language that is familiar to all those taking part (the respondents).

Focus group discussions can provide programme planners, implementers and evaluators with first-hand experience in observing and hearing those involved in a programme discuss issues of importance to them, e.g. the reasons behind attitudes and behaviours linked to HIV transmission and prevention. Focus groups can generate ideas that can assist in the development and implementation of a programme.

### **General information about a focus group discussion**

**Content:** The focus group discussion is not used to inform or to persuade. The facilitator's goal is to encourage a discussion in which all the respondents take part. Though the facilitator may lead the discussion in a particular direction in order to gain information, it is important that he or she encourages the respondents to feel that they are free to say and discuss anything. There are no right or wrong answers. The facilitator must listen to what the respondents have to say, and probe (ask why) for more detail. The facilitator should be neutral, and should not influence the opinions held by individuals in the group. A facilitator is not a teacher or a judge, should not look down on respondents, should not put words in the respondents' mouths and should not argue or disagree with what is being said.

**Composition:** Focus group discussions are usually made up of six to ten individuals who are similar in social class, sex, age, marital status, level of expertise or education, etc.

**Duration:** A focus group discussion should last one to two hours.

**Setting:** The setting should provide privacy, so that respondents can talk without observation from those who are not part of the group. The environment should be non-threatening and in a place that is easily accessible to the respondents, such as an empty classroom, church, or community centre. It is important to make sure that all the respondents can see and hear each other and the facilitator. This can be achieved by sitting in a circle.

**Note taking:** Focus group discussions can be tape-recorded with the permission of the group or a person, other than the facilitator, can take notes.

## Steps in facilitating a focus group discussion

**Facilitator's opening:** Facilitator and recorder introduction; the general purpose of the focus group discussion is explained; the facilitator establishes neutrality, and group rules are established.

**Introduction:** Respondents give their names and respond to a few “non-threatening” questions. Sometimes a picture code or other stimulus is used to get the group to relax and focus on the topic, giving the respondents the opportunity to speak early on in the session. The aim is to establish a safe environment, where participants can say what they feel.

**The body of the focus group discussion:** The facilitator asks a series of open questions. These questions generally begin with “what”, “where”, “how” or “when”. For example, “How may a person react if he or she received an HIV positive test result?” A closed question usually requires a one or two word answer, such as “Would a person react badly if he or she received an HIV positive test result?” During the body of the focus group discussion, the facilitator moves the discussion from general topics to more specific topics or from a factual discussion to those related to attitudes, beliefs, or feelings. When a person responds to a question, it is important to ask other respondents “Do you agree or disagree with what has just been said. Give reasons for your answer?” This ensures that the recorded response is not that of one person but gives a summary of what the whole group felt.

**Closure:** The facilitator summarises and recaps key issues. This is to assist the facilitator, recorder, and participants in understanding what has occurred during the discussion. It allows participants to alter or clarify their positions, or to add remaining thoughts.

**Note:** It should be remembered that the transcription of the focus group discussion (from tape or notes) and the subsequent analysis of the discussion is time-consuming and requires expertise. It is important to ensure that adequate time and resources are allocated for this task.

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## *Appendix 2*

# Gender analysis for an HIV peer education programme

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### **What is a gender analysis?**

In the context of an HIV peer education programme, this tool can help to contribute to:

- Greater understanding of the specific vulnerabilities of women and girls, resulting in programmes that are gender sensitive, address gender inequality and sexual and gender based violence, and their impact on HIV prevention
- Reducing the burden of HIV and AIDS on women by enabling a programme to better understand the realities of the lives of women and men, boys and girls
- Ensuring that standards related to gender and equality are adhered to.

### **Why do a gender analysis?**

A gender analysis can be done as part of the process of assessing needs for an HIV peer education programme in order to ensure that gender perspectives and attention to the goal of gender equality are central to all aspects of the programme, i.e. to ensure that gender is mainstreamed into all aspects of the programme.

### **How do you do a gender analysis?**

A gender analysis has a number of processes:

In the context of an HIV peer education programme, collect information through interviews and focus group discussions with potential target groups, including key vulnerable populations, related to how gender inequality increases their vulnerability to HIV including:

- How gender roles and activities can affect sexual and reproductive health

- How social and cultural patterns related to gender can affect sexual and reproductive health
- Who has access to and control of resources, and how this can affect women and girls
- How legal and political considerations can affect the sexual and reproductive health of women and girls
- How gender inequality impacts on access to prevention services and commodities
- How sexual and gender-based violence (SGBV) can affect sexual and reproductive health.

Review the Red Cross Red Crescent standard related to gender equality and analyse the information gained:

- To ensure that issues related to gender roles and activities, social and cultural patterns, access and control of resources, legal and political considerations, access to services and commodities, and SGBV are addressed and mainstreamed into peer educator training and activities
- To identify how the standard related to gender equality can be adhered to during the planning, implementation and monitoring and evaluation of programme activities.

## Appendix 3

# Mapping

### Mapping can be used to identify:<sup>17</sup>

- Key populations in an area, including major stable and mobile groups e.g. sex workers, injecting and other drug users, men who have sex with men, transgender people, especially vulnerable youth, as well as the size of the group or population and the areas in which they are found. This can be done through identification of sex work neighbourhoods, truck stops, military bases, migrant worker settlements or transit points, border posts, major transport routes (sexual risk behaviour is often more common along such routes), major industrial, commercial and agricultural centres, particularly commerce related to HIV transmission, including major sources of employment, nightclubs, bars and other liquor outlets
- Potential interactions in an area, for example, between military bases and sex work neighbourhoods
- The visible social and sexual culture, security and crime in an area (if violent crime is common at night, this will reduce night intervention activities. If it is even unsafe in daylight, this will affect intervention design and delivery)
- Existing health, education, social and NGO services and activities in an area that may help to identify potential partners, e.g. youth centres, hospitals and clinics, colleges, schools and religious centres.

### Mapping process

- Study a map of the area, noting major industrial, commercial and agricultural centres. Consult with people who are familiar with the proposed area and ask them to provide further detail
- Drive slowly or walk throughout an area to familiarize yourself with the site and note its major features. Develop a plan to map

<sup>17</sup>HIV/AIDS Rapid Assessment Guide, prepared by Professor David Wilson, Project Support Group (PSG), Harare, Zimbabwe and Family Health International (FHI) Impact Project, Arlington, Virginia, USA for USAID 2001

- the site in greater detail, by sub-dividing it into smaller, more manageable units and identifying key areas for further mapping
- With maps, walk through the site if it is small enough, or drive to key areas, then walk through the site. During your walk or drive, map the major features noted above
  - Develop a detailed key for each of the features mapped. Transfer your rough map onto a new map, complete with a key and a full list of all sites
  - Include the latest estimate of the population of the project area, note the geographic spread of the project area and the accessibility of public transport both during the day and at night
  - Note how safe the entire project area and its sub-areas are  
Ask potential target groups questions related to:
    - Their needs in relation to HIV information, behaviour change communication, prevention commodities and sexual and reproductive health services
    - Situations in which they are vulnerable to HIV transmission, perceptions of risk and risk behaviours and influences on behaviour
    - Practices that increase their risk of HIV transmission and why they might be motivated to adopt (or are unable to adopt) safer practices
    - Opinions about services and patterns of service use
    - People in their peer groups who are able to adopt safer sexual and drug using practices in relation to HIV, for example sex workers who are able to persuade clients to use a condom
    - Their experience of stigma and discrimination.

## Questions to ask after mapping

- Is it feasible to initiate a programme in the entire site or should the programme be limited to sub-sites? If the project area's population is more than one million people, it may be advisable to limit any intervention, at least initially, to sub-sites. In widely dispersed areas, it is harder to begin a programme in the entire area
- What is the capacity of the staff and volunteers to work with the target group?
- Is it appropriate to establish a partnership with an existing NGO that already works with the target group?



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## *Appendix 4*

# Situation and response analysis

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### **Introduction**

An HIV situation analysis can be undertaken at community, district, provincial and national levels. Its overall aim is to gather qualitative and quantitative information to enable a National Society or a branch to start the process of planning how to respond to the HIV epidemic or scale up their response. A situation analysis should result in a comprehensive profile of the HIV and AIDS situation in a country, district or community, and the current response to that situation. It needs to be repeated at given intervals, e.g. before the strategic planning process.

### **Planning a situation analysis**

The following questions need to be asked before undertaking a situation analysis:

- What time, budget, resources and support are available to the National Society or branch to conduct the situation analysis?
- Who will conduct the situation analysis? If staff and volunteers, do they have the necessary skills to do this or will they require training?
- What are the purpose, objectives and geographic coverage of the situation analysis?
- What questions need to be asked in order to identify the current situation in relation to HIV and the current response to that situation?
- What process and methods will be used to collect the information? Will an individual or a committee lead the process?

When these questions have been answered, produce a written action plan for the situation analysis, which includes a time-frame and the roles and responsibilities of all those involved.

## Action that can be taken at National Society level

Component	Method
Review national behaviour surveillance data, demographic and health indicators, surveys relating to STIs and treatment-seeking behaviour.	Desk research
Identify the role of MOH or National AIDS Commission (NAC) and other government ministries or departments in HIV prevention, treatment, care and support, advocacy and mitigation activities.	Key interviews with representatives of the MOH and/or NAC and other government departments or ministries
Identify knowledge, attitudes, practices and behaviour of the potential target population.	Use existing national data Conduct KAPB survey
Review reports and other documents compiled by the Ministry of Health, UNAIDS, other government departments, national networks of people living with HIV, academic institutions, international donors and partners, e.g. USAID, DfID, CDC which relate to the current HIV situation and the response to the situation.	Desk research

## Action that can be taken at branch level

Component	Method
Review reports and statistical information from provincial/district health authorities, demographic information.	Desk research
Identify key populations including: <ul style="list-style-type: none"> <li>■ Those populations that are most vulnerable to HIV because of individual, biological, societal and/or structural risk factors.</li> <li>■ The factors that drive their vulnerability.</li> <li>■ The risk perception of key populations.</li> <li>■ Ways in which they are currently addressing their HIV risk and vulnerability.</li> </ul>	Key informant interviews  Interviews or focus group discussions with gatekeepers to the potential target population, and the potential target population itself  Mapping

Component	Method
<p>Identify the current response to HIV including:</p> <ul style="list-style-type: none"> <li>■ INGOs, NGOs, CBOs and FBOs, including networks of people living with HIV, who are responding to the epidemic at the local level.</li> <li>■ Those responses that are working and can be continued and expanded.</li> <li>■ Those responses that are not working and why they are not working.</li> <li>■ The gaps in the response.</li> </ul>	<p>Desk research</p> <p>Key informant interviews</p> <p>Mapping</p>
<p>Identify existing situation of branch:</p> <ul style="list-style-type: none"> <li>■ Objectives of current work, strategy, target populations, partners, training and training materials.</li> <li>■ Whether or not the branch has the capacity to undertake a prevention programme with particular key populations? For example: do branch staff have the capacity to work with sex workers or injecting drug users?</li> <li>■ Organizations that may be able to support the branch to work with key populations.</li> </ul>	<p>Staff meetings</p> <p>Key informant interviews</p> <p>Interviews with staff and volunteers</p>

### Knowledge, attitudes, practices and behaviours of target population

- The National Society or branch can conduct its own knowledge, attitudes, practices and behaviours (KAPB) survey
- The National Society or branch can use existing government or NGO KAPB survey data that is applicable to the target population
- The National Society or branch can, following advocacy with appropriate government ministry or department, conduct a joint KAPB survey with the appropriate government ministry or department
- If none of the above is feasible, the branch can conduct a simple survey of knowledge attitudes, practices and behaviours, e.g. using focus group discussions and key informant interviews, with a sample of the target population.

## Outputs

A report to guide future planning that contains the following:

**Introduction:** Background to the situation analysis, why it was conducted and who conducted it.

**Methodology:** A description of the different methods used.

**Findings related to the HIV situation:** This should include a description of the context and the prevalence of HIV; key populations, identified through the situation analysis and an analysis of their vulnerability; and relevant laws and policies that affect these key populations.

**Findings related to the response:** This should include INGOs, NGOs, CBOs and FBOs - including networks of people living with HIV - who are responding to the epidemic at the local level, and the existing services provided, for example youth-friendly health services or services for injecting drug users.

**Gap analysis:** An analysis of the gaps for each target population, including data about specific key populations and their lack of access to prevention services.

**Conclusions and recommendations**

## Appendix 5

# Training of peer educators

Peer educators should be provided with sufficient up-to-date information and skills to plan, implement and evaluate peer education activities. This can include:

<b>Sexual and reproductive health issues</b>	Yes / No
Biological information on male and female reproductive systems	
Sexuality	
Peer pressure	
Friendship	
Same sex relationships	
Sexual diversity	
Unintended pregnancy, teenage pregnancy	
Female genital mutilation or excision and other harmful traditional practices (where appropriate)	
<b>Gender and legal issues</b>	Yes / No
Gender awareness and sensitivity	
Impact of sexual and gender-based violence on HIV transmission	
How gender roles are socially and culturally determined	

Causes and prevention of sexual and gender-based violence	
National laws related to HIV and gender	
<b>HIV prevention</b>	Yes / No
Transmission and prevention of HIV	
Information about services related to the prevention of mother-to-child transmission	
Information about user-friendly health services, if available	
Signs and symptoms, treatment and prevention of common sexually transmitted infections	
Role of alcohol and drug misuse in HIV transmission	
Voluntary counselling and testing (VCT), including the window period, and up-to-date information about the availability of local VCT services	
Understanding HIV risk and vulnerability of the target population Identification of specific situations in the target population that lead to vulnerability to HIV	
Behaviour change: maintaining safer sexual and/or injecting drug use practices, or changing these practices	
Need for key prevention messages for specific target groups, e.g. safer sex and safer injecting practices	
<b>Prevention options related to safer sex for adults and older youth</b>	
■ Correct and consistent condom use	
■ Reduction in the number of sexual partners	
■ Both partners in a sexual relationship being mutually faithful	
■ Go for voluntary counselling and testing	
■ Non-penetrative sex or abstinence	
■ Seek treatment for STIs	

<ul style="list-style-type: none"> <li>■ Male circumcision in high prevalence generalised epidemic settings, to complement, not replace, other prevention options</li> </ul>	
<b>Prevention options related to sex for children and younger youth</b>	
<ul style="list-style-type: none"> <li>■ Protective behaviour (understanding of the difference between good and bad touch)</li> </ul>	
<ul style="list-style-type: none"> <li>■ Making a responsible and informed decision about commencing sexual intercourse</li> </ul>	
<ul style="list-style-type: none"> <li>■ Making a commitment to practise safer sex from first consensual intercourse, rather than leaving this decision to when sexually aroused or under the influence of drugs or alcohol.</li> </ul>	
<b>Prevention messages related to injecting drug use</b>	
<ul style="list-style-type: none"> <li>■ Do not share injecting equipment</li> </ul>	
<ul style="list-style-type: none"> <li>■ Dispose of used injecting equipment safely</li> </ul>	
<b>Care and support</b>	Yes / No
Anti-retroviral treatment	
Living positively with HIV	
<b>Stigma and discrimination</b>	Yes / No
Values and attitudes of peer educators	
Challenging stigma and discrimination of people living with HIV and key populations	

<b>Life skills for HIV prevention</b>	Yes / No
Decision-making	
Making plans for the future, goal setting	
Values clarification	
Problem solving	
Negotiation	
Assertiveness	
Creative and critical thinking skills	
Communication and interpersonal skills	
Self-awareness and self esteem	
Understanding another person's feelings or difficulties	
Coping with emotions and stress	
<b>Organizational issues connected with peer education</b>	Yes / No
Defining peer education and the distinction between peer education and awareness-raising activities	
National Society volunteer induction process, including familiarization with programme philosophy, the work of the Red Cross Red Crescent, humanitarian values and the Fundamental Principles	
Meaningful involvement of people living with HIV	
Profile, role and tasks of peer educators, including team work and activity planning	
Monitoring, evaluation and reporting, including record keeping	



<b>Development of skills and understanding to facilitate peer education work</b>	Yes / No
Working with the target population in a one-to-one situation including how to plan and run a session using participatory/non-traditional learning methods	
Working with the target population in a group situation including how to plan and run a session using participatory/non-traditional learning methods	
Understanding the context in which the peer educator will be working	
Principles of community mobilization	
How to deal with sensitive issues, such as harmful cultural and traditional practices and beliefs	
Confidentiality and trust	
Basic peer counselling skills	
Group facilitation skills	
Practice or simulated sessions	
Developing referral systems and advocacy skills	
Teamwork skills	
How to deal with conflict	
Personal security issues	

## Appendix 6

# Sample monitoring and evaluation framework

Job title	Monitoring and evaluation task	Means of verification
Health and/or HIV manager	<b>Management</b> Supervision of HIV programme coordinator: monthly supervision, annual appraisal.	Supervision reports
HIV programme coordinator	<b>Supervision and appraisal</b> Core trainers, master trainers and/or branch officers: monthly supervision, annual appraisal.	Supervision reports
<p><sup>18</sup>All data should be collected and analysed by gender (female, male) and broken down by age. The age groups used are: 0-14 years, 15-24 years, 25-49 years, and 50 years and above.</p>	<p><b>Data collection<sup>18</sup></b></p> <p>Number of volunteer peer educators per month if project is multi-site.</p> <p>Number of volunteer hours mobilized per month if multi-site.</p> <p>Breakdown of people reached per month by peer education programme and by target population if multi-site, gender disaggregated and broken down as ongoing contact or new contact, i.e.</p> <ul style="list-style-type: none"> <li>■ Youth</li> <li>■ Men who have sex with men, including gay men</li> <li>■ Injecting and other drug users</li> <li>■ Sex workers</li> <li>■ Transgender people</li> <li>■ People in prison</li> <li>■ Other specific groups (state them)</li> <li>■ Family member or neighbour</li> </ul>	<p>Six-monthly and annual programme reviews</p> <p>Programme completion report</p> <p>End of programme evaluation</p>

Job title	Monitoring and evaluation task	Means of verification
	<p>Breakdown of total number of target population in targeted communities.</p> <p>Breakdown of total percentage coverage by Red Cross Red Crescent HIV programme.</p> <p>Overall total condoms distributed per month.</p> <p>Overall total information, education and communication materials distributed per month.</p> <p>Breakdown of topics discussed with target populations.</p> <p>Breakdown of number who were referred to VCT or other reproductive health services per month.</p>	
Core trainers, master trainers, branch officers	<p><b>Supervision</b></p> <p>Peer trainers and peer educators (monthly office supervision meetings and bi-monthly field-based observations using an observation checklist).</p>	Supervision reports
	<p><b>Training</b></p> <p>Pre- and post-training questionnaire at training of peer trainers and peer educators.</p> <p>Evaluation by trainers of initial training of peer trainers and peer educators and any additional training.</p> <p>Evaluation of training by peer trainers and peer educators.</p> <p>Attendance at initial training and at any additional training.</p> <p>Non-attendance at any additional training.</p>	<p>Pre - and post-training questionnaires</p> <p>Training attendance lists</p> <p>Training reports</p>
	<p><b>Overall data collection</b></p> <p>Number of trained volunteer peer educators per branch per month.</p> <p>Number of peer educator hours mobilized per branch per month.</p>	Monthly reports

Job title	Monitoring and evaluation task	Means of verification
	<p>Number of peer trainers and peer educators who have left the peer education programme per month.</p> <p>Breakdown of people reached per month by peer education programme conducted by branch by target population (see above).</p> <p>Total number of target population in targeted communities.</p> <p>Percentage of coverage by Red Cross Red Crescent HIV programme.</p> <p>Total per branch condoms distributed per month.</p> <p>Total IEC materials per branch distributed per month.</p> <p>Breakdown of topics discussed with target populations per branch.</p> <p>Breakdown of number per branch who were referred to VCT or other reproductive health services per month.</p>	
Peer trainers	<b>Mentoring</b> Peer educators per month	Monthly reports
	<b>Data collection</b> Number of peer trainer hours per month	Peer educator monitoring form
Peer trainers (who conduct peer education activities) and peer educators	<b>Data collection</b> <p>Number of peer educator hours per month.</p> <p>Pre- and post-test for peer education activities with target population before and after repeated contact, and six months after contact has ceased.</p> <ul style="list-style-type: none"> <li>People reached per month by peer education programme by target population (see above).</li> </ul> <p>Total condoms distributed per month.</p>	<p>Peer educator activity logs</p> <p>Peer educator monitoring form</p> <p>Monthly reports</p>

Job title	Monitoring and evaluation task	Means of verification
	Total IEC materials distributed per month.	
	Topics discussed with target population. People who were referred to VCT services or other health services per month per month.	

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## *Appendix 7*

# Sample peer educator monthly report form

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Month/Year for reporting: .....

Name of youth peer educator: .....

Detachment: .....

Division: .....

Village: .....

Supervisor signature: .....

Date: .....

Branch: .....

PEER EDUCATION								
	Number of PE sessions per month and topic	Number of contacts new in month			Number of contacts ongoing in month			
		F	M	Total	F	M	Total	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
	<b>Total</b>							
	Number of male condoms distributed		<b>Comments: Continue overleaf with examples of good practice</b>					
	Number of female condoms distributed							
	<b>Total number of condoms distributed</b>							
	Number of IEC materials distributed							
	Number of referrals to VCT services							
	Referrals to reproductive health services							

[illegible]

**and problem areas**



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## *Appendix 8*

# Means of verification checklists

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This checklist is intended principally for programme managers and internal and/or external evaluators to track compliance with the peer education standards.

### **Documents related to verification of standards**

Monthly, annual mid- and end-of-term evaluation reports, minutes of meetings, reports of workshops and trainings, training curriculum, completed monitoring forms, job descriptions and completed observation checklists.

#### **Standard 1**

##### **Involvement of people living with HIV and key populations**

- HIV workplace policy
- Job advertisements.

#### **Standard 2**

##### **Gender equality**

- Gender analysis report.

#### **Standard 4**

##### **Assessing needs**

- Report of mapping exercise
- One or more of the following on file: Situation and response analysis report or documentation, including report of KAPB with identified target population
- Government or NGO surveys to ascertain KAPB of target populations
- Report of simple Red Cross Red Crescent survey to ascertain KAPB of target population
- Staff CVs and job descriptions.

### Standard 5

#### Planning

- National Society health or HIV strategic plan
- Steering group terms of reference
- Document containing goal and specific objectives, which includes target population, change in behaviour desired, time-frame for achieving this change and where intervention will be carried out
- Work plan, operations plan or log frame
- Sustainability plan.

### Standard 6

#### Recruitment and retention of peer educators

- National Society volunteer policy
- Recruitment and selection plan
- Written peer educator contracts
- Completed peer educator exit interview questionnaires.

### Standard 7

#### Training

- Training framework
- Learning needs assessment report of peer trainers and peer educators
- Training attendance lists
- Pre- and post-training questionnaires
- Sample certificates.

### Standard 8

#### Implementation

- Examples of peer educator monthly work plans
- Sample peer education kits and kit distribution records
- Peer educator activity logs
- IEC materials used by the peer education programme.

### Standard 9

#### Supervision and support

- Notes of meeting and field-based supervision meeting
- Observation checklists.

### Standard 10

#### Management and governance

- Policies and guidelines of governance body.

### Standard 11

#### Monitoring and evaluation

- Monitoring and evaluation forms.

## **Semi-structured interviews and/or focus group discussions related to verification of standards: Staff**

### **Standard 1**

#### **Involvement of people living with HIV and key populations**

Staff are able to:

- Describe the major components of an HIV workplace policy
- Give examples of ways in which people living with HIV and key populations have been involved in the development of the peer education programme.

### **Standard 2**

#### **Gender equality**

Staff are able to give examples of:

- How males and females are given equal responsibility and are represented at all levels of the peer education
- Examples of how the peer education programme has taken into account gender inequalities
- How the peer education programme has addressed gender inequalities identified during the gender analysis.

### **Standard 3**

#### **Advocacy**

Staff are able to give examples of ways in which they have advocated for the rights of people living with HIV and key populations.

### **Standard 4**

#### **Assessing needs**

- Staff are able to give examples of how consultation has taken place with representatives of government ministries and departments
- Staff demonstrate appropriate experience, attitudes and skills to work with the target population.

### **Standard 6**

#### **Recruitment and retention of peer educators**

Staff are able to:

- Describe how they were involved in programme planning
- Indicate that a steering group has been established, and can describe its responsibilities
- Describe roles and responsibilities (including roles and responsibilities related to monitoring and evaluation, standard 11)
- Describe outline contents of National Society volunteer policy
- Describe the process for recruiting and selecting peer educators, including whether or not there was a pre-selection workshop and the value of this.

### Standard 8

#### **Implementation of peer education programme activities**

Staff are able to give examples of how the National Society headquarters has shared information.

### Standard 10

#### **Management and governance**

Staff are able to:

- Confirm and demonstrate that they have had sufficient training to enable them to carry out their management role within the organization
- Describe ways in which they have been supported or valued by the management of the programme
- Describe how decisions are made about the peer education programme and their thoughts about this method of making decisions
- Describe administrative and logistical support provided and whether or not this is adequate
- Describe whether or not there are sufficient funds to carry out the peer education programme.

### Standard 11

#### **Monitoring and evaluation**

Staff are able to describe:

- Ways in which they are involved in monitoring and evaluating the peer education programme
- Any systems for collecting data about the peer education programme
- How the data is analysed and people are told about the results of the analysis.

## **Semi-structured interviews and/or focus group discussions related to verification of standards: Peer educators**

### Standard 1

#### **Involvement of people living with HIV and key populations**

Peer educators are able to give examples of ways in which people living with HIV have been involved in the development of the peer education programme.

### Standard 2

#### **Gender equality**

Peer educators are able to give examples of:

- How males and females are given equal responsibility and are represented at all levels of the peer education
- How the peer education programme has taken into account gender inequalities

- How gender roles impact on the spread of HIV and ways in which males and females can protect themselves and others from HIV.

### **Standard 3**

#### **Advocacy**

Peer educators are able to give examples of ways in which they have advocated for the rights of people living with HIV and key populations.

### **Standard 6**

#### **Recruitment and retention of peer educators**

Peer educators are able to:

- Describe roles and responsibilities (including roles and responsibilities related to monitoring and evaluation, standard 11) and whether or not a written contract is provided in which roles and responsibilities are described
- Describe the process for recruiting and selecting peer educators, including whether or not there was a pre-selection workshop and the value of this
- Describe any opportunities that are provided to tell the staff about thoughts and feelings about the peer education programme and the value of these
- Describe whether volunteering for the National Society has been a positive, welcoming and rewarding experience for them.

### **Standard 7**

#### **Training**

Peer educators are able to describe:

- How initial training equipped them to undertake activities
- Ways in which their initial training provided opportunities to practise delivering peer education activities
- Any additional training they have received.

### **Standard 8**

#### **Implementation of peer education programme activities**

Peer educators are able to:

- Describe how they have been encouraged and supported to develop monthly work plans
- Identify whether or not they have received adequate materials with which to conduct peer education activities
- Give examples of IEC materials and whether or not there are specific IEC materials for different target populations or whether all target populations are given the same materials
- Give examples of how the National Society headquarters has shared information.

### Standard 9

#### **Provision of supervision and support for peer educators**

Peer educators are able to give examples of different ways in which peer educators are supervised and supported and whether or not this is adequate.

## **Semi-structured interviews and/or focus group discussions related to verification of standards: Target population**

### Standard 1

#### **Involvement of people living with HIV and key populations**

Target population are able to give examples of ways in which people living with HIV have been involved in the development of the peer education programme.

### Standard 2

#### **Gender equality**

Target population are able to give examples of how gender roles impact on the spread of HIV and ways in which males and females can protect themselves and others from HIV.

### Standard 3

#### **Advocacy**

Target population are able to:

- Give examples of how peer educators have referred them to services
- Report back to the National Society if services are not available or are offered in a way that is discriminatory.

### Standard 5

#### **Planning**

In new programmes, target population are able to describe ways in which they were involved in the research and planning phases of any proposed new programme.

### Standard 8

#### **Implementation of peer education programme activities**

Target population are able to:

- Identify three ways in which HIV is passed from one person to another; three myths and misconceptions about how HIV is passed from one person to another
- Identify where to go for HIV counselling and testing, STI treatment and where to get condoms (free or for sale)
- Describe two examples of how stigma and discrimination can affect the lives of people living with HIV

- Assess and recognize situations in which they may be vulnerable to acquiring HIV and describe how gender norms can increase vulnerability to HIV
- Manage situations (using refusal, communication, negotiation and decision-making skills) in which they may be vulnerable to HIV infection
- Describe ways in which they were involved in the production of IEC materials
- Give examples of IEC materials and describe whether these have taken into account their age, literacy level, gender and culture
- Describe relevant prevention messages, including those that reduce unintended pregnancy.

# The Fundamental Principles of the International Red Cross and Red Crescent Movement

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## Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

## Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

## Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

## Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

## Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

## Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

## Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.





The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.