

# **HANDBOOK OF PEER EDUCATION**

***Self-training module for  
Project Managers & Outreach Workers  
of  
Targeted Interventions***

***Prepared for***  
**Gujarat State AIDS Control Society (GSACS)**  
**&**  
**Project Support Unit (PSU)**

***Developed by***  
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## **On the Handbook**

**Target audience for the handbook**

This handbook has been developed for Project Managers of Targeted Interventions in HIV/AIDS

**When should this handbook be used**

Ideally, this handbook should be used before setting up Peer Education within Targeted Intervention. However, the handbook could also be useful to strengthen already existing Peer Education

**Who else should be familiar with this handbook**

Outreach Workers managing Peer Education should have access to this handbook

**Is this handbook a comprehensive guide to Peer Education?**

No. Probably it is not possible to have a book that covers all the details of Peer Education. This is because details of Peer Education could vary from intervention to intervention, even within the same theme. There could be many approaches to successful Peer Education. This handbook suggests approaches which could be modified according to the need of the intervention.

**Recommendation on how to use the handbook**

It is recommended that the Project Manager becomes thoroughly familiar with this handbook immediately after Needs Assessment Study. It would also be useful for each of the Outreach Worker to have a copy of the handbook. In setting up and managing Peer Education, Project Manager and Outreach Workers need to work closely as a team.

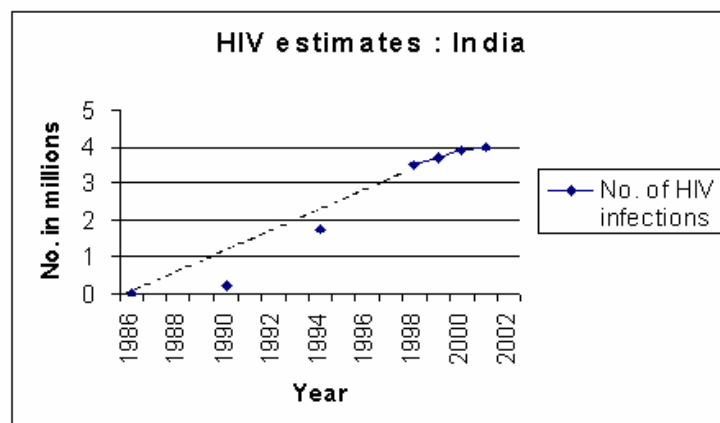
# 1 Overview of HIV/AIDS epidemic

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**1.1 History:** AIDS, when first seen in the early 1980s was an unknown disease. Over a period of time, knowledge on the new disease progressed. Scientists found out that a virus, Human Immune Deficiency Virus (HIV), caused AIDS. They also found that the virus is transmitted from person to person only through sex, blood and from pregnant mother to the baby. As more information on the new epidemic became available, it became clear that HIV/AIDS was not merely a medical challenge. Strong socio-cultural and economic factors played a key role in getting infected and in living with HIV. These factors also played a crucial role in determining success or failure of prevention programmes. Though how to avoid HIV infection is known, most programmes have realised that it is very difficult to respond to the socio-cultural factors that determine spread of HIV.

**1.2 Global status:** About 20 years back HIV/AIDS was a rare and relatively unknown condition. The current figures show that more than 60,000,000 people have been infected with HIV of which 40,000,000 are now living with HIV/AIDS.

**1.3 Indian scenario:** In India, the first case of HIV infection was detected in 1986. The epidemic in India continues to grow and has reached a figure of about 4,000,000 people living with HIV/AIDS.



## 2 Strategies for HIV/AIDS prevention

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**2.1 Prevention:** The key strategy for prevention of transmission is to block the routes of transmission. HIV spreads through three routes and prevention programmes block all the three routes. If all the routes are completely blocked, we can achieve prevention of transmission

Route of transmission	Prevention strategy
Sex	<ul style="list-style-type: none"><li>• Use of condom in all penetrative sexual acts</li><li>• Early detection and treatment of Sexually Transmitted Diseases (STDs)</li></ul>
Blood	<ul style="list-style-type: none"><li>• Screening of blood before transfusion</li><li>• Providing blood transfusion only when it is unavoidable</li></ul>
Mother to Child	<ul style="list-style-type: none"><li>• Counseled Voluntary Testing of ante-natal women</li><li>• Provision of drug treatment early in pregnancy to reduce the chances of baby getting infected</li></ul>

**2.2 Key prevention programmes:** There are two main programmes for prevention

- Prevention for Low Risk Groups
- Prevention for High Risk Groups

**2.3 Prevention for Low Risk Groups:** Prevention for Low Risk Groups is mainly done by increasing awareness about HIV/AIDS. This is usually done through mass media and other methods that reach large number of audience. Ensuring safe blood for transfusion is also a method of prevention for Low Risk Groups.

**2.4 Prevention for High Risk Groups;** Based on studies done, India has identified the following groups as High Risk Groups – Sex Workers, Truck Drivers, Street Children, MSM (Men having Sex with Men), IDU (Injecting Drug Users), Migrant Workers and Prison Inmates. For these communities, awareness about HIV/AIDS by itself is not effective. Hence more intensive programmes are needed. The type of intervention most suitable for High Risk Groups is Targeted Intervention.

## 3 Characteristics of Targeted Interventions

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**3.1 General characteristics:** Targeted Interventions have some general characteristics.

- Before starting Targeted Intervention, data regarding the community has to be collected. This is done through the process of Needs Assessment. Needs Assessment collects not only details regarding the high risk behaviour of the community, but also tries to understand the community as a whole.
- The Targeted Intervention team establishes good rapport with the community. Without strong rapport no intervention is possible.
- Targeted Interventions are designed according to the need of the community. Hence the nature of intervention will vary from place to place.
- Targeted Interventions take a longer time to establish and be effective.

**3.2 Components of Targeted Intervention:** Though Targeted Interventions could differ from place to place, there are some common components for all Targeted Interventions. These are

- STD services: Ensuring that the community has access to good quality STD care and uses these services as and when needed
- Condom services: Ensuring that the community practices safe sex by correctly and consistently using condoms
- BCC: Communication necessary to change behaviour from unsafe to safe sex is delivered in a planned manner.
- Enabling Environment: Ensuring that the community members are not discriminated and have the same opportunities to access information and services that are part of every citizen's rights.

**3.3 Building trust and rapport in Targeted Intervention:** As mentioned above, without good rapport and a trusting relationship with the community Targeted Interventions cannot be implemented. Hence planning and management of Targeted Interventions are done with community participation. There could be many ways of ensuring community participation. Peer Education is one way in which community participation is built up.

## 4 Peer Education as a key strategy

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**4.1 Basics:** Peer Education could be seen as one form of community participation in Targeted Interventions. From an intervention point of view, a High Risk Group could be in one of the three stages.

<b>Before intervention</b>	<b>During intervention</b>	<b>After intervention</b>
No agency has started work with the High Risk Group	An agency, usually an NGO has started and is running Targeted Intervention with the community	The community has been empowered and are managing their needs by themselves

Hence, the ultimate aim of Targeted Intervention is to make the community self-reliant. To work with the community, Targeted Interventions select members from the same community and use them as channels for reaching the community. This is called Peer Education. Thus often the success of Targeted Interventions depends on success of Peer Education.

### **4.2 Advantages of Peer Education:**

- a) Higher acceptance by community
- b) Peers are easily available
- c) Peers are more or less permanent members of the community
- d) Peers can function as change agents in the community
- e) Successful peers could become accepted role models
- f) Peers, because of their life experience, have better understanding of the community from an intellectual, emotional and socio-cultural points of view
- g) Community mobilisation is easier and more acceptable when done by the members of the community (peers)
- h) Peers can get in touch with new entrants into their community and bring them into the project services more easily than project staff

### **4.3 Guidelines for ensuring successful Peer Education:**

Successful Peer Education requires the following key elements

- a) Understanding of the concept of Peer Education: All intervention staff, particularly the Project Manager and Outreach Workers must have a clear understanding of the concept of Peer Education.
- b) Skills in participatory planning: The Outreach Workers who work with Peer Educators should have skills in participatory planning.
- c) Start slow and grow gradually: Peer Education should be started after the outreach team is well established. This will ensure that the best possible peers are selected. The Outreach Workers would need to learn the skills for working with peers. This is a combination of getting trained in Peer Education and also skills, which come with experience of working with the Peer Educators. In the early phase, mistakes could be made. Hence if the numbers of peers are small, the impact of mistake will be manageable.
- d) Train & Learn: While it is important to train the peers, it is equally important (or even more important) to continuously learn from peers. Interventions should constantly ask themselves in their planning and review meetings as to what they have learnt from peers.
- e) Link the community with other communities: Bring your Peer Educators along with Peer Educators from other interventions. These sharing meets broaden the understanding and skills of peer education.
- f) Peer Educators are a key asset – treat them with the respect and recognition that they deserve: Peer Educators are the key channels to the community. In addition to this they are powerful links for advocacy. For example, if an intervention with sex workers is organising a sensitisation programme for police, involving peers in the meeting provides a better picture of the issues with the community. This also builds their capacity to conduct their own advocacy for future.
- g) The best training for peers is in house training: It is vital that each Targeted Intervention has capacity to train their own peers. This is because of various factors –
  - Peers could change or new peers could be added to the intervention: In these situations, training must be given immediately. This is possible only if the intervention has the capacity to provide such training.

- Retraining is often needed: Peer Education is not a one-time process. As projects refine or modify their strategies, peer retraining needs to be done. This would depend on the need of each intervention.
- h) Capacity Building Vs Training: Building capacities of peers is done not only through training. Sharing meets, involvement in planning meets and also participation in advocacy/ sensitisation meets all contribute to building capacities of peers.
- i) Outreach Workers are the best managers for Peer Educators: Outreach Workers should be trained on how to manage Peer Education. Outreach work and Peer education should be seen as two sides of the same coin. If the Outreach Workers manage Peer Education, close co-ordination between the two can be more easily achieved.

## 5 Setting up Peer Education

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**Word of caution:** *Most of the problems associated with Peer Education are due to undue hurry in setting it up. Avoid hurry, plan well, proceed systematically and you will be rewarded with good quality Peer Education.*

**5.1 Timing for setting up Peer Education:** Most Targeted Interventions go through the following stages.

- Fine tuning
- Setting up Intervention

Stage	Time
Approval of project proposal for starting and managing Targeted Intervention with a defined High Risk Population	0
Needs Assessment Study	0 – 3 months
Fine Tuning of the proposal based on Needs Assessment Study	3 <sup>rd</sup> month
Setting up Intervention	4 – 6 month

Often, interventions start Peer Education during the last stage. It is suggested that all elements except Peer Education be set up during the setting up stage. Peer Education could be set up starting from 7<sup>th</sup> month.

**5.2 Stages in setting up Peer Education:**

- **5.2.1: Building capacities of the Project Manager and Outreach Workers to play their respective roles in Peer Education:** This handbook is intended as a self-teaching module for Project Manager and Outreach Workers. It is suggested that Project Manager supplies a copy of this handbook to all the Outreach Workers after the needs assessment report is completed. Two weeks of study time could be given to ensure that there is a thorough reading of the material. After this, the manager could organise a self-training session where the contents of the handbook are discussed.
- **5.2.2: Setting up systems for selection of Peer Educators:**

- a) **Ensure representation from all sections of the community:** Needs Assessment report will show what are the subcategories within each community. Subcategorisation is usually based on geographical distribution (e.g. brothels in different parts of the town) or it could be due to categorisation within the community based on operational mode (e.g. street based sex workers & lodge based sex workers). To ensure representation from all sections of the community, the first task is to study the Needs Assessment report and list all the subcategories within the community that the Targeted Intervention will work with.
- b) **Communicate the characteristics of a potentially good Peer Educator to all the Outreach Workers:** The characteristics of a good Peer Educator are
- Good communication skills
  - Good interpersonal skills
  - Acceptance from the community
  - Understanding and interest in project
  - (If available, reading and writing skills in local language/s)
- c) **Listing of potential Peer Educators:** During the first two months of intervention work, the Outreach Workers list potential candidates from areas of their responsibility. Thus if there are 12 specific geographical areas within a Targeted Intervention, each Outreach Worker would be responsible for one or more of these areas. The Outreach Worker will list the potential Peer Educator from their areas and rate them according to the list of characteristics given above.
- d) **Encouraging drop – in at the project office:** The Outreach Workers should encourage, potentially good candidates to drop in at the intervention office. During the interactions in the project office, opinion of other team members on the suitability of the candidate as Peer Educator can be taken. The Project Manager also should interact with these potential candidates.

- e) **Team meeting to prepare a final list of Peer Educators:** The Project Manager should call Outreach Workers for a Peer Educator selection meeting and facilitate a short listing of potential candidates. This team meeting should prepare the final list of Peer Educators to be selected. Peer Educators are better selected in a phased manner than all the Peer Educators together. It is suggested that in the first phase of selection, 2 Peer Educators per Outreach Worker be selected. The second round of selection could be done in the next year.
- f) **Exploring the willingness of short listed candidates:** The Outreach Workers dialogue with the short listed candidates and explore their willingness. The following items form the minimum package for exploring willingness
- Explanation as to the nature of the project
  - Expected roles of the Peer Educator
  - Expected duration of the offer (are Peers recruited on a permanent basis or for a defined time period - maybe for 6 months or an year)
  - Incentives Policy
  - Reporting system
  - Exit options and policy
  - Time availability for the project
- g) **Finalisation of Peer Educators selection:** Based on the response from the short listed candidates, final selection of the Peer Educators can be made.
- **5.2.3: Training of Peer Educators:** Training of Peer Educators can be considered under two heads
    - I. Induction Training
    - II. Ongoing capacity building ( refer 6.9)
- I. Induction Training:**

**A. Objectives of Induction training:**

- To welcome Peer Educators into the project team
- To familiarise Peer Educators into basics of HIV epidemic and the response to the epidemic
- To familiarise Peer Educators with methods of transmission and methods of prevention
- To orient Peer Educators with HIV prevention programmes in general and Targeted Interventions in particular
  
- To share the roles of different team members in a Targeted Intervention (including those of the Peer Educators)
- To share the systems for planning and management of Peer Education
- To review the skills needed for Peer Education and familiarise the Peer Educators with the core skills

**B. Overview of Induction Package:** The induction package is a three day training programme. It is preferred that the induction training be given as an in house programme by the NGO managing the intervention. A detailed training module, prepared as a companion volume to the handbook sets out the training programme.

**C. Preparation for Induction training:** The Project Manager has the responsibility for ensuring that all preparations needed for Induction Training are made sufficiently in advance. The preparations needed are given in the training module. Selected Outreach workers (and Project Manager, if needed) will be the trainers for induction training.

**D. Conduct of Induction training:** This can be done according to the module on Induction training.

## 6 Management of Peer Education

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**6.1 Staff outreach Vs. Peer Outreach:** In the management of Peer Education it is important to be clear about the differences and similarities between staff outreach and peer outreach. Both outreaches are more or less similar in the content that is delivered in outreach. The difference lies in coverage. Most interventions try to outreach all the members of the community at least once a month. Let us look at a case study:

A sex worker intervention has just completed the needs assessment of a sex industry in a large town. They have estimated the total number of sex workers to be about 1200. The intervention team has 4 Outreach Workers. On an average, one Outreach Worker will be able to outreach an average of 5 sex workers/ day. Allowing for 25 working days in a month, one Outreach Worker can reach to 125 workers in month. Thus a team of 4 Outreach Workers will be able to reach to 500 sex workers in a month. Thus even if the Outreach Workers are used only for outreach, they can cover only a portion of the total population and will not be able to meet the intervention objective of reach every sex worker at least once a month. In real intervention situation, the Outreach Worker's time will also be used for a variety of other purposes including team meetings, documentation work and meeting with service providers and key stakeholders of the project. Hence the actual coverage would be less than what the above calculation suggests. The total number of sex workers who can be reached by the four Outreach Workers cannot be expanded beyond a point.

But look at the same scenario when we use Peer Educators. Unlike the Outreach Workers, Peer Educators' numbers can be more easily expanded to ensure that every sex worker is outreached at least once a month.

**6.2 Overview of management of Peer Educators:** Management of Peer Educators is possible only when the management is clear as to what is to be achieved by Peer Education. This is true not only of Peer Educators, but also of any staff in any project team. The intervention management should be able to develop participatively with Peer Educators processes for the following –

QQT (Quantity, Quality, Time) dimensions of outreach: Thus there should be clear and mutually agreed targets of

Quantity & Time: How many outreaches can be done in a week

Quality: What is the expected quality of outreach? Quality can be assured by deciding on the time spent per outreach, the kind of material used for outreach and nature of discussion and time spent for discussion during outreach. Outreach profile also varies according to whether it is a first contact, or a relatively new entrant for intervention services or a sex worker who has been in contact with the project for a long time.

In the case of first contact there will be more effort in bringing the sex worker into the project services by emphasizing the dangers that sex worker faces and what services the project could provide to the sex worker to safeguard her health and interests.

In dealing with relatively new entrants, more effort will be made to re-emphasise the core messages and get her into trying safe behaviours. Issues regarding problems and solutions to difficulties in practicing safe behaviours are discussed.

In dealing with established contacts, effort will be directed to maintain safe behaviours and also to issues regarding enabling environment.

Management of Peer Education should be aware of all these details and also treat Peer Educators as partners in intervention than as individuals who will just repeat messages from BCC materials. Good management should result in intelligent Peer Educators who will respond to field situations as needed. This is possible only if partnership approach is used.

**6.3 Planning systems for Peer Educators:** After the Peer Educators have completed the Induction training, the following plan related inputs could be given to the Peer Educators.

- a) **Introduction to the project plan:** This should be stated in as simple way as possible and the plan should clearly mention, what the project aims to achieve. An example is suggested below –

This project aims to reduce the risk of STD/HIV/AIDS to sex workers by achieving the following

**BCC** All sex workers and people related to sex industry should know in detail how STD/HIV/AIDS spreads. They should also know clearly on how STDs can be prevented and treated and how HIV transmission can be prevented.

**Condoms** Condoms should be accessible, affordable, and acceptable to all sex workers and they should use condoms to make sex safe.

**STD** Sex workers should prevent getting STD through use of condoms. In the event of getting infected, they should immediately get treatment from centers, which have been identified by the project.

**Enabling Environment** All sex workers should know their rights as citizen of the country and should be empowered to respond breaches in human rights. They should also be able to access services that are offered in the society – e.g. schooling for children, health care facilities etc. They should also be able to live in society without fear and discrimination.

It is important for each project to spend some time to decide how they can come up with a brief write up of what the project aims to achieve and repeat the same thing consistently over a period of time.

- b) **Plan for phased addition of Peer Educators:** This has already been mentioned in the previous section. There is no hard and fast rule regarding when additional Peer Educators can be selected. Additional Peer Educators selection could be guided by two factors –

- The second phase of peer educator recruitment could be done after the intervention team has developed sufficient expertise of working with peers.
- The intervention is able to justify clearly why more Peer Educators are needed.

- c) **Allocation of area for Peer Educators:** This can be done on large scale map of the community, which is prepared during Needs Assessment. The location in which the Peer Educator will work and the sub-category of community (if this is applicable) should be participatively decided.
  - d) **Weekly & monthly planning and review:** The Outreach Worker is responsible for end of the review of Peer Educators work and jointly planning for the next week.
  - e) **Feedback to Peer Educators:** Interventions must establish a system of at least monthly feedback to Peer Educators. This is also an opportunity to reward good performance and for Peer Educators to learn from each other. Relevant aspects of the findings from internal or external evaluations of the intervention can also be shared with Peer Educators. Never lose an opportunity for sharing skills among Peer Educators and also celebrating project achievements.
- 6.4 **Rewarding Peer Educators:** There are two schools of thoughts regarding rewarding Peer Educators.

**Point of view 1:** Peer Educators are doing roughly the same kind of work that the Outreach Worker is also doing. Hence they should be given a monthly remuneration (whether it is called salary or incentive). Not giving remuneration is a form of exploitation.

**Point of view 2:** Peer Educators should be seen as community volunteers and the work they do is for their communities benefit. Hence they should not be remunerated. They could be rewarded by public recognition or token presents. Monthly remuneration of Peer Educators would also increase intervention budget to unaffordable levels, especially when large numbers of Peer Educators are used.

A practical decision on how peers should be rewarded is something that each intervention has to take, considering intervention environment and budget availability.

**6.5 Using Peer Educators for annual planning:** It is important to use the inputs from Peer Educators in planning for the next year. The Project Manager must ensure that systems necessary for this are set up. An example of such a system is described below –

- Complete the review of current year's performance before end of month 11 of project year. This is best done through baseline survey method.
- Start the planning process for next year by the beginning of the 12<sup>th</sup> month. The initial part of the planning process will be a listing of what needs to be achieved in the next year (this will permit the intervention to focus on achievements and not get trapped into doing activities which might not result in achievements). The achievements listed could be of two kinds – first will be expanding on existing achievements (e.g. increasing condom usage from 50% to 75 %) and the second could be listing of new achievements (e.g. 25% of condoms used will be through social marketing).
- For each of the achievements, consult with Peer Educators initially as a group and then on a one to one basis. Ask their advice on how the intervention can achieve the set targets. Often this process generates a wealth of ideas.

**6.6 Using Peer Educators for increasing and documenting knowledge within intervention:** It is important not only to increase knowledge but also to document it. It is suggested that such documentation be done based on the items in base line survey. Baseline survey will show, on an annual basis, the progress of each item in baseline survey items. If notes can be prepared based on inputs from the entire team, including Peer Educators, the intervention will have information on how each achievement was obtained and what worked and what did not work. Such knowledge documentation can be shared among all NGOs and this can be made into Best Practice documentation.

**6.7 Change in Peer Educators:** In most interventions, Peer Educators could change in the course of intervention. This could be because of many reasons. Peer Educators might voluntarily request to be dropped from the responsibility or the intervention management might find the performance of some Peer Educators very much below the desired level and withdraw the person/s. Some interventions might have a policy of rotating Peer Educators every 6 months. Whenever there is a change in Peer Educators, the full induction training programme for them should be repeated.

**6.8 Keeping the Peer Educators as the face of intervention:** Ultimately, Targeted Interventions are for the benefit of the target community. Hence keeping the Peer Educators who are representatives of the community on the front of intervention has its merits. The advantages could be

- Increased empowerment of the Peer Educator/ community
- Clearer perception among stakeholders that it is the community itself that is trying to achieve better sexual health and that the NGO is only in a facilitatory role
- Higher chances for sustainability of the project
- First person accounts of problems in the community (e.g. police excesses) have more power in advocacy than reports from NGOs
- There is a better opportunity to achieve attitudinal change among service providers and other key stakeholders

Such an approach, of keeping the Peer Educators as the face of intervention, demands detailed planning, diplomacy and tact from the NGO.

**6.9 Ongoing capacity building of Peer Educators:** Capacity Building of Peer Educators could be considered under the following heads.

- Initial induction training when Peer Education is set up
- Induction training when new Peer Educators join the intervention
- Capacity building for specific initiatives (e.g. if there is an advocacy meeting with police where the Peer Educators are also expected to speak, then specific training with rehearsals should be done)
- Lessons from annual review should be fed back to Peer Educators in a planned session
- Monthly review of the programme where the successes and failures of the project is discussed should be done with the participation of Peer Educator in an appropriate way. Such ongoing reviews contribute to a higher level of capacities because it is learning from experience.
- Opportunities for sharing with Peer Educators from other interventions also contribute to better capacities where both sides could learn from cross-fertilisation of ideas and plans.
- Using Peer Educators as resource people not only increases their capacities but also increases their self-esteem

## 7 Feedback on the module

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This handbook and the companion volume on Training Module for Peer Education are to be used together. This set of booklet approaches Peer Education in a way that is slightly different from the current practices. The only way to find out whether this is useful in getting a stronger Peer Education in interventions is to try it out and see the results. Hence your feedback is extremely valuable in modifying the documents.

Feedback can be in the following stages:

Stage 1: Feedback on whether the documents are clear to the user

Stage 2: Feedback after practicing what is given in the set of documents

Stage 3: Feedback after reviewing Peer Education, one year after it is set up

SOMA invites and welcomes feedback on the modules. It would be useful to collect all the feedback at state level and send it to SOMA ([somainsd@vsnl.com](mailto:somainsd@vsnl.com)).

Please use the following feedback form. This form is only for Stage 1.

If you prefer not to give the identity of the organisation that is giving the feedback please do not fill the items in this box

- a) Name of the organisation:
- b) Postal address (with pin code)
  
- c) Telephone (with STD code)
- d) Fax
- e) Email
- f) Name of contact person

### Feedback

#### A General items

1 Theme of the intervention

2 Date of starting intervention (after  
Needs Assessment Study)

Month

Year

3 Date of starting Peer Education Month  Year

4 Peer Education started after using the handbook Yes  No

5 Total number of Peer Educators in the intervention (current)

**B Specific items (Please tick in the appropriate box).**

• If you have additional opinion on any of the items below, please write the comments on a white paper. Please do not forget to give the item number.

• If you have comments on items that are not mentioned below, we welcome them also.

1 Does the handbook give you a clear understanding of Peer Education Yes  No

2 Does the handbook cover all the items that you need? Yes  No

3 Does the handbook contain unnecessary items Yes  No

4 Does the handbook cover all the items that you need? Yes  No

5 The language used in the handbook is easy to understand Yes  No

6 The handbook is quite readable Yes  No

7 The handbook contains only what we already know Yes  No

8 I agree with all the statements in the handbook Yes  No

9 The length of contents is sufficient Yes  No

10 There are items in which we need more information Yes  No