

**Quality Assurance Guidelines on Prevention of
HIV/AIDS through Peer Education Programme in
Community Settings**

**Community Forum on AIDS
Hong Kong Advisory Council on AIDS
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Community Forum on AIDS (CFA) has the following terms of reference :

- (a) enhance communication between ACA and frontline HIV/AIDS service delivery organizations and workers;
- (b) examine needs and identify gaps in the community;
- (c) recommend measures conducive to promoting acceptance of people living with HIV/AIDS;
- (d) provide a platform for collaboration in combating HIV/AIDS epidemic;
- (e) enhance the quality of HIV/AIDS service through development of best practices and indicators; and
- (f) advocate and facilitate capacity building with other relevant parties.

Membership (2008-2011)

Convener : Dr FAN Yun-sun, Susan

Members :	Mr CHAN Wai-leung, Charlie	Ms LIU Pui-shan, Sisi
	Mr CHAU Ting-leung, Marco	Prof MAK Ping-see, Diana
	Ms CHOI Siu-fong, Esther	Mr PUI Wing-tai, Beethoven
	Dr CHU Chung-man, Ferrick	Ms SIU Hoi-ying, Winnie
	Ms CHU Kam-ying, Elsie	Mr TAM Wai-to
	Mr CHU Muk-wah, Daniel	Mr TONG Tai-wai, Raphael, MH
	Rev CHU Yiu-ming	Dr WAN Wai-yee
	Ms Elijah FUNG	Mr WON Mau-cheong
	Dr HO Chi-on, Billy	Mr WONG Tak-hing, Brian
	Ms HO Pik-yuk, Shara	Miss WONG Wai-kwan, Loretta
	Ms HUI Mei-sheung, Tennessy	Miss YAU Ho-chun, Nora, MH, JP
	Mr KAN Wang-hoi	Ms YAU Yuk-lan
	Mr KO Chun-wa, MH	Ms YIM Kit-sum, Kendy
	Prof LAU Tak-fai, Joseph	Mr YIU Wai-ming, Leo
	Dr LEE Chi-kei, Krystal	Ms YU Po-chu, Pansy
	Mr LEE King-fai	Ms YUEN How-sin

Secretaries : Dr WONG Wai-ming, Francis
Mr NG Chun-kit, Kenneth

Correspondence

Address : 3/F., Wang Tau Hom Jockey Club Clinic
200 Junction Road East
Kowloon, Hong Kong

Tel: (852) 3143 7281

Fax: (852) 2337 0897

E-mail: aca@dh.gov.hk

Website: www.aids.gov.hk

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Contributions in the form of sharing of frontline experiences, reference materials and constructive comments throughout the drafting of the Guidelines were also gratefully received from other non-governmental organizations including A-Backup, The Boys' & Girls' Clubs Association of Hong Kong and The Society of Rehabilitation and Crime Prevention.

Foreword

Peer education is extensively applied and implemented by HIV prevention and health promotion programmes around the world, as it has tremendous potential to reach and benefit target populations and communities. A well-designed and well-implemented programme can effectively improve the knowledge, attitudes and skills of target populations. In Hong Kong, peer education has been adopted by community organizations for years in the context of HIV prevention. Largely developed empirically, these peer education activities are diverse in their scope and content and do not conform to any systematic and standardized protocol.

In order to benchmark the basic standards of peer education programmes on prevention of HIV / AIDS, the Community Forum on AIDS undertook to compile a set of quality assurance guidelines. A Working Group was set up to review the latest available evidence and information, customize them for the local situation, and collect valuable frontline experiences. The guidelines aim to help service providers plan, implement and evaluate HIV peer education programmes. Intended readers include peer educators, trainers/supervisors, managerial level of organizations, and anyone wishing to gain an understanding of the peer education approach. I am most grateful to members of the Working Group and other supporting organizations for their generous contributions to produce this tool. Although it attempts to cover the most salient aspects of the issue, the document is by no means exhaustive. Comments and feedback from readers and users are most welcome and will further enhance and enrich the quality of our programmes.

Dr Susan Fan

Convener

Community Forum on AIDS

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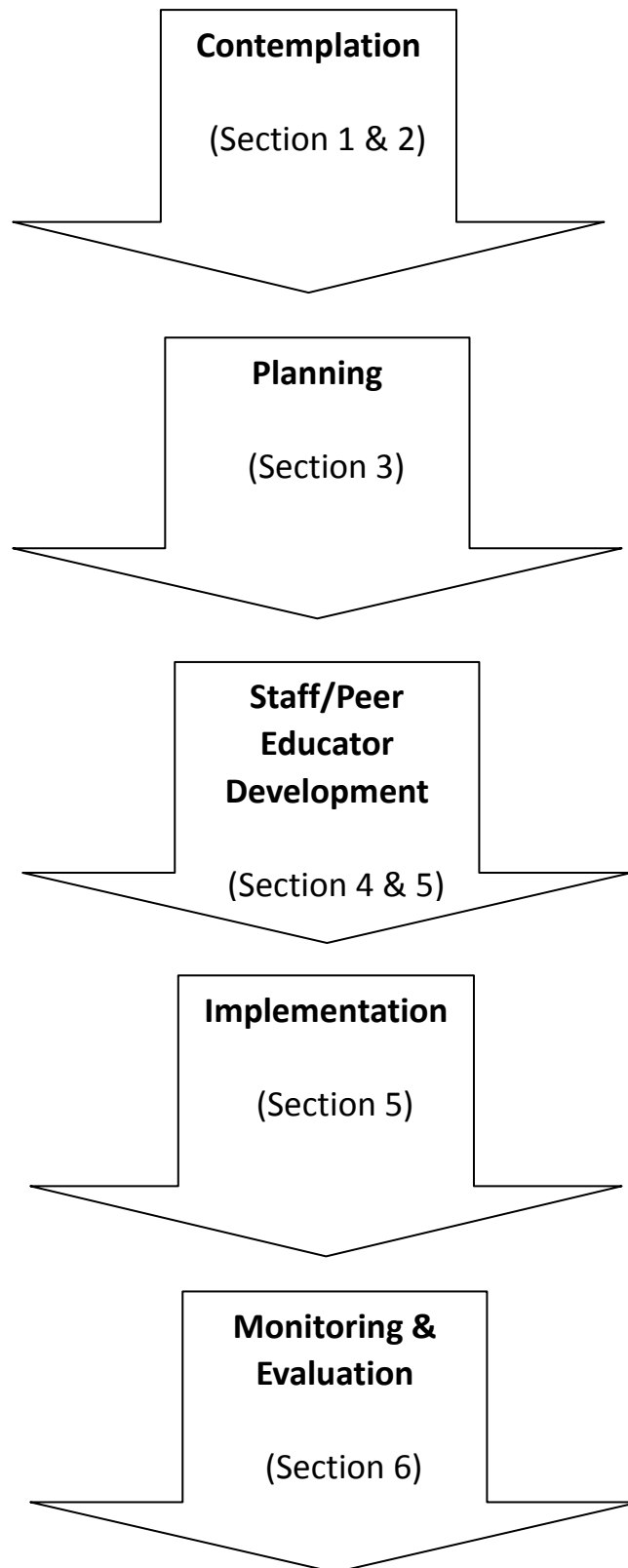
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Glossary

AIDS	Acquired Immune Deficiency Syndrome
CFA	Community Forum on AIDS
SW	Sex Worker
DH	Department of Health
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
M&E	Monitoring and Evaluation
MSM	Men who have Sex with Men
NGO	Non-governmental organizations
PLHIV	People living with HIV
QA	Quality Assurance
RRC	Red Ribbon Centre
STI	Sexually Transmitted Infections
TOT	Training Of Trainers
VCT	Voluntary Counselling and Testing

Flow Chart of Organizing, Implementing and Evaluating Peer Education Programme



Section 1: Definitions

Peer

According to the Webster dictionary the English term 'peer' refers to:

'one that is of equal standing with another; one belonging to the same societal group especially based on age, grade, or status'.

A peer is "someone who is considered to be a member of a particular group by both themselves and members of the group." One can be coming from exactly the group or only share some common characteristics but is accepted by the group.

Peer education

The term 'peer education' refers to:

'peer-to-peer education, or those of the same societal group or social standing educating each other'.

Peer education is an approach to health promotion, in which community members are supported to promote health-enhancing change among their peers. The trust, bonding and links among members of a community are enabling and fundamental elements of peer education.

Peer education programme

The term refers to any organized effort which makes use of peer educators to achieve specific educational objectives among target populations.

The theoretical basis and approaches of peer education are set out in Annexes 2 and 3.

Section 2 Objectives of Peer Education

Peer education seeks to

- make changes in the lives of people in specific groups by positively affecting their awareness, knowledge, beliefs, self-efficacy and behaviours;
- help support, reinforce and sustain healthy attitudes and behaviours where they already exist; and
- reach marginalized populations

through peer educators who are themselves *empowered* with self-confidence, *entrusted* with responsibility, and *enabled* with communication and organizational skills.

The objectives of peer education vary depending on

- the stakeholders
- the focus of the particular programme
- the scope of the project
- the context of the interaction or intervention

The strength of peer education lies in the fact that it is an easily acceptable channel to disseminate information and impact attitudes and behaviour. This is because:

- People already tend to talk with their peers about most subjects, including sensitive issues such as sex and HIV/AIDS. Because they are less conspicuous, peer educators can reach marginalized populations who may not be reached by other means.
- Peer education programmes are flexible and can be used in a variety of settings and in combination with other activities.
- Peer education programmes benefit peer educators themselves, allowing direct participation of people in programmes designed to affect them, thereby promoting positive life skills such as leadership and communication.
- Involvement of volunteers often renders peer education programmes more cost-effective than those which rely solely on salaried staff.

Strong social capital within a community facilitates the implementation of peer education programme and is in turn further strengthened or enhanced through its implementation. Peer education programme should aim not only at bringing health benefits to individuals within a community, but should also encourage and facilitate community ownership of the programme and achieve empowerment of the community as a whole.

Section 3 Organization of Peer Education Programme

When embarking on a peer education programme, organizations should:

- weigh the potential benefit and risk to the target populations based on the best available evidence and organizational capacity;
- set out a quality assurance framework with due regard to programme effectiveness, acceptability to clients, compliance to relevant laws, as well as safety and protection of both clients and peer educators;
- ensure clients of the target population are able to exercise self-determination throughout the process of peer education; receive accurate and appropriate health information; feel comfortable, free of embarrassment and discrimination; enjoy privacy and confidentiality of personal and sensitive information; and
- be flexible in determining whether the programme should be management-led, peers-led or a combination of both, and allow for adaptation as the programme evolves.

Ensure compliance with programme standards and observe legal liability

During the planning stage, the organization should systematically examine the necessary quality attributes and legal liabilities of the programme, establish relevant policies, protocols and procedures, and take corrective actions when shortfalls are identified. When in doubt, legal advice may be sought from within the organization's own capacity and/or statutory bodies.

Ensure technical competency

Effective peer education programmes require competencies across a spectrum of disciplines, e.g. peer education strategies and methodologies, behavioural modification, risk management and communication, M&E, human and financial resource management, and general administration.

Establish a transparent decision-making process

Two-way communication between staff and peer educators is indispensable. There should be a reliable mechanism for disseminating correct and updated information to staff and peer educators. Whenever appropriate, the management should work in collaboration with peer educators to adjust programme activities. Decisions about programme operations should be clear, consistent with programme goals and organizational practice, and documented as necessary. Following a clearly outlined decision-making process helps managers be accountable for their decisions.

Promote cooperation and networking

To ensure effective delivery and coverage of programme activities, organizations often need to identify, promote and foster networks with partner agencies and institutions. Linkages should be established for referral to appropriate services and commodities, especially those which have the greatest demand by the clients (e.g., STI management or VCT) as a result of the programme.

Establish sustainability plans

Organizations should plan for resource mobilization to sustain the programme throughout and beyond its duration. Sustainability can be fostered by documenting evidence about achievements and publicizing successes to stakeholders and the public.

Section 4: Code of Ethics

As peer educators are often volunteers and not bound by employment terms with the organization, it is important that a Code of Ethics be established and agreed by staff and peer educators. With proper induction and ongoing training, the management should ensure that the principles laid down are understood and followed by all staff and peer educators alike. The Code of Ethics may be posted in public areas to remind peer educators of their obligations, or included as part of a contract / agreement between the organizations and peer educators (Annex 4 shows a sample of rules for peer educators).

The Code of Ethics may cover the following areas:

1. Respect, promote, and protect human rights

- Respect human rights as an integral part of the programme
- Relate human rights to the specific conditions of the target population
- Be sensitive to and respect diversity of culture, ethnicity, sexual preference, language, beliefs and other personal attributes
- Explore own values and avoid imposing values on others

2. Be aware of gender issues

- Address the concerns and needs of both genders to allow reasonable and fair opportunity in participation, learning and taking up responsibilities
- Attend to gender awareness in all programme activities and materials
- Pay special attention to gender inequality and discrimination, including gender-based violence

3. Assure and protect confidentiality

- Protect personal information during data collection, transfer, storage, collation, analysis and dissemination
- Hold clients' communications and concerns in strictest confidence
- Make clear the distinction between keeping secret and reporting critical information

4. Observe boundaries and avoid personal misrepresentation

- Never abuse own power and position in the programme at the expense of others, especially younger peers
- Be honest and sincere when sharing personal experiences or information
- Account for risks arising from own personal behaviours

Section 5: Recruitment, Training and Supervision

Recruit and select peer educators

Peer educators do not have to share all the characteristics of the target population they work with, but they should be passionate about peer education and its intended impacts. The following factors may be considered when recruiting and selecting peer educators:

- availability, age, sex, motivation, team player, volunteer spirit, potential for leadership;
- acceptance of and by target population, open and non-prejudicial attitude, readiness and ability to learn from target population;
- basic knowledge and previous experience of issues involved;
- understanding of target population, their norms of behaviour and how they are influenced by stigma;
- familiarity with the scenes within which the target populations operate and the forces that shape those scenes;
- willingness and ability to engage with representatives of other services/organizations; and
- other characteristics deemed relevant for a particular programme.

Select the right trainers

Peer educators are best trained by people who are flexible, tolerant, sensitive to cultural and gender issues, experienced in peer education, and possess basic knowledge on the technical content of the training curriculum.

The information given by different trainers should be consistent. Issues which may arise from any possible change of trainers should be addressed with proper communication between trainers and trainees.

Design a quality training curriculum

Training of peer educators should be tailored to their backgrounds and responsibilities in the programme. It should have clear goals and objectives, and cover important areas including but not limited to code of ethics, HIV/AIDS and STI knowledge, peer education skills, client and service venue characteristics and practical experience.

A quality training curriculum usually bears the following characteristics:

- The training content is relevant to the needs of the participants and their learning progress is evaluated.

- The format is participatory, interactive, creative and dynamic based on the characteristics of participants and evaluation results.
- The ratio of trainer to trainees allows for effective participation and offers opportunities for leadership and skills practice.
- Ample time is given for participants to practice new (or important existing) skills and reflect on knowledge learned.
- Accurate, current and unbiased information is given in the right amount, order and time.
- Right balance is struck between skills building and team building.
- The training is structured to maintain participants' interest and give them a sense of achievement.
- Different views are adequately explored.
- Distinctions between values and beliefs, and how individual values are reconciled with social or programme values, are addressed.

Annex 5 illustrates the rundown of a typical training for peer educators.

Arrange supervision of peer educators

Supervisors should be equipped with supervisory skills and fully conversant with the peer educator programme, its content and approaches, and the training requirements. They need to be aware of potential legal liabilities in respective service areas, sensitive to group dynamics, aware of their own values and attitudes, vigilant to encountering expected or unexpected challenges, capable of applying varied skills to different needs, tactful of building teams and perceptive about psychological issues faced by peer educators.

In general, supervisors have the responsibility to ensure that peer educators:

- are well prepared for performing their duties;
- are provided with a safe working environment;
- understand the boundaries of their programme activities, their own personal and professional limits, and how their behaviour can affect their peers;
- receive support to address motivation, learning needs, stress and burnout;
- actively participate in the M&E process;
- are monitored in terms of their individual behaviour, personal interactions and group dynamics, with appropriate and timely intervention if problems surface; and
- receive clear warnings in case of breach of the Code of Ethics or service agreement.

Training and group supervision meetings should be conducted in a climate of safety, fun, and teamwork. Icebreakers and other activities are important teambuilding tools and should not be discarded for lack of time.

Section 6: Monitoring and Evaluation

Designing an effective M & E mechanism is essential for the success and sustainability of a peer education programme. The following key steps should be included:

1. Establish relevant, clear objectives

- Clearly defined programme objectives are measurable, time-bound, and achievable.
- Objectives used for M & E must be identical to, or fashioned from, the overall mission and goals developed at the onset of the programme.
- It is practical to have intermediate objectives so that progress can be demonstrated at earlier stages.

2. Include M & E in the work plan from the start

- An M & E plan, with an allocated budget, should be included in the work plan to capture all aspects of the programme, including recruitment, training, peer education activities, supervision, peer educator performance, participants' involvement, and collaboration.
- Many indicators may require substantial discussion about programme philosophy and goals. If, for example, active participation in thoughtful discussion and debate is a goal, the best indicators may include the number of youth who speak during the session, the number of minutes of oral participation, and the number of times youth respond to other youth (rather than the peer educators).

3. Ensure capacity to plan and implement M & E

- Determine whether programme staff have the capacity to plan and implement M & E, or whether external expertise is needed.
- Expertise is sometimes available for free, such as from a university with an academic interest in the programme or from a partner in exchange for collaboration benefits.
- M & E can be expensive, particularly for evaluations focusing on behavioural outcomes among target populations. If undertaken with too few resources or with samples that are too small and not randomly chosen, a poorly designed and implemented evaluation may do more harm than good.

4. Implement baseline assessment

- A baseline assessment, against which to measure the achievement of objectives, is useful for tracking and monitoring progress.

5. Establish functional, relevant indicators

- Indicators are established that reflect sex, age, religion, and ethnicity and that allow tracking and measurement of target group performance and success of programme activities (such as drop-outs, number of stakeholder meetings, number of young people reached, number of activities, etc.).
- Select only those indicators that reflect what the programme intends to change and believes it can change.
- Be aware that some indicators are culturally sensitive.

Annex 6 provides some important target-related indicators/ elements for M&E.

6. Develop monitoring tools and a measuring system

- Tested and usable monitoring tools (questionnaires, diaries, tracking forms, etc.) can be customized for monitoring performance and progress. Staff and peer educators should be trained to use them.
- Both qualitative and quantitative tools should be adopted. Documenting the education process and peer educator insights can be as valuable as quantitative changes; this qualitative information sheds light on the reasons and conditions under which interventions occur.

7. Encourage peer participation in planning and implementing M & E

- Peer educators should, as far as practicable, be involved in planning M & E functions, including instrument development and testing, and in implementing M & E, including planning, monitoring, and evaluation tasks.
- Peer educators must be trained to be effective partners in M & E activities.

Section 7: Special Considerations for Specific Target Groups

Peer education as applied and implemented by HIV prevention and health promotion programmes very often involves working with marginalized groups or communities. Issues or concerns which are important or specific to these groups or communities have to be addressed during the implementation of peer education programmes.

Some common elements for effective work with specific target groups

- Be non-judgmental and avoid overgeneralization and negative stereotyping of the members of specific target groups
- Need deeper understanding of their socio-cultural background, their families, and the environments in which they live
- Be aware of how one's own values, assumptions, and beliefs which are shaped by socio-cultural relationships and the contexts in which ones work and live would influence the provision of service and affect the outcome of the programme directly
- Recruit and involve respective people in the services provided
- Steadily and gradually work towards building a safe and trusting relationship with them
- Try to engage quickly while still aiming to offer long-term care packages
- Help them access and value a system of regular health care and check-ups
- Work towards better contact with clients on an individual face-to-face basis
- Design and publish culturally, linguistically and visibly appropriate resources
- Communicate using clear, direct and simple language
- Encourage their efforts and successes
- Anonymity should be considered in delivering services

People living with HIV (PLHIV)

Issues of concern to be addressed:

- Stigma and discrimination
 - Widely perceived to be the PLHIV's responsibility for having the infection
 - Condition considered to be terminal or fatal
 - Perceived as contagious
 - Visible physical effects, when any
- Fear of losing respect due to HIV status
- Vulnerable psychological or physical state
- Health
 - A balance between workload and health status needs to be considered and

- should be maintained in deploying task
- Treatment schedules should be taken into account of in arranging training and work

Points of importance in training peer educators and implementing programmes:

- To accept HIV as a common disease like any other
- To explore the reasons why people act in a discriminatory way
- To face own fears, prejudices and misinformation about HIV
- To respect the rights of PLHIV
- To understand how we can help society change the discriminatory acts against PLHIV
- To learn how to provide care and support

Injecting drug users (IDUs)

Issues of concern to be addressed:

- Stigma and discrimination from the public on their drug-taking behavior and identity
- Fear of criminal charges and the consequences of imprisonment
- Vulnerable psychological and emotional state
- Impaired judgment
- Vulnerability to sexual risk-taking
- Addiction or chemical dependence
- Living in or socializing in environments which may subject them to violence or physical threats
- Trust issues with professionals in social service or medical settings since they may experience hostility in getting treatment

Points of importance in training peer educators and implementing programmes:

- To understand drugs being used, their effects, pattern of use, withdrawal symptoms etc
- To understand disinfection procedures

Sex workers (SWs)

Issues of concern to be addressed:

- Stigma and discrimination on their identity
- Fear of criminal charges and the consequences of imprisonment
- Vulnerable psychological state
- Not perceived as engaged in work by society at large

- Substance use and chemical dependence
- Health issues and infections

Points of importance in training peer educators and implementing programmes:

- Instructors should be familiar with the phenomenon of sex work; and also include doctors from local clinic, doctors providing contraceptive advice, trained peer educators or social workers

Men who have sex with men (MSM)

Issues of concern to be addressed:

- Stigma and discrimination on their sexual orientation
- Fear of disclosing identity to attract discrimination, hence staying in “closet” makes them very hard-to-reach
- Some may experience vulnerable psychological state

Points of importance in training peer educators and implementing programmes:

- The identity secrecy impedes implementing effective prevention programmes and may discourage MSM from accessing prevention services
- MSM engaging in unsafe sex are more likely to be reached through outreach activities than through workshops
- Internet is another key channel to catch targeted people, peer educators should find a multitude of resources
- Peer educators should be trained in the use of gender-neutral language as often as possible and appropriate

Ethnic minorities

Issues of concern to be addressed:

- More prone to being disadvantaged such as being discounted, socially invisible in society, having a weaker position in social events, weaker economic power, social isolation, stigmatization, discrimination and loss of human rights
- Directly hostile attitudes are shown towards members of minority groups which makes the health and rights of these groups more fragile
- Pay special attention to gender issues, especially those related to sex behaviors and taboos. Gender awareness in all programme activities and materials should be attended, too.
- Values, beliefs and attitudes within the contexts of their socio-cultural systems must be addressed, explored, and challenged in some cases of bias, prejudice, racism, sexism, or homophobia etc., so as to facilitate their understanding to the

cultural barriers that contribute to their corresponding health risks

Points of importance in training peer educators and implementing programmes:

- Heterogeneity that exists within and across cultural groups should be highlighted and respected
- Most of the ethnic minorities are less affluent financially, lack access to social resources and vital information, and are less able to identify and make use of preventive health services
- Involvement and participation in formulating and implementing programmes may enhance their strength for connecting with society, and integrating into their communities
- Differences between the culture of ethnic minorities and the mainstream predominant culture should be noted, including the areas of religious beliefs and practices, health practices, marriage customs, economic situation, educational practices and human rights. Any and all of these issues may present barriers to education and best health practices
- Cultural relativism, or relating one's own cultural experiences to those in another setting, requires knowledge about others' cultures and self-reflection of one's own cultural values, biases, and subjectivity
- Workers/Programme leaders' competency in recognizing bias, prejudice, and discrimination, using cultural resources, and overcoming cultural barriers to enhance learning of the peer educators is vital to the outcomes of the programme

Youth-at-risk

Issues of concern to be addressed:

- Stigma and discrimination – being viewed as deviants
- Being disadvantaged and lack the power to advocate for themselves;
- Vulnerable psychological state
- Lack strong and consistent role models and often influenced by poor role model
- Lack of access to information on sex health
- Engage in high risk sex behaviour
- Subject to high level of violence

Points of importance in training peer educators and implementing programmes:

- Strengthening the capacity of communities
- Build broad collaboration among key stakeholders in all sectors, including government, civil society, and non-governmental organizations, to initiate community action and targeted advocacy

- Programme design requires sustainable and replicable approaches and should be driven by ownership and responsibility

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Annex 1: Membership of the Working Group

Ms Kendy YIM	Action For REACH OUT
Ms CHAN Fei	AIDS Concern
Ms Neda NG	AIDS Concern
Ms Shara HO	CHOICE
Mr Brian WONG	HK AIDS Foundation
Mr LEE King-fai	SARDA
Ms Anita CHU	SPP, DH
Ms Victoria KWONG	SPP, DH
Dr Raymond LEUNG	SPP, DH
Mr Richard PANG	SPP, DH
Dr Francis WONG	SPP, DH

Annex 2: Theoretical Basis of Peer Education

Theories drawn from health psychology, health education, public health, and communication explain the process of developing a recommended behaviour or changing (a risky) behaviour among individuals or a target group, and provide a rationale for why peer education is beneficial. Some common theories which can be referenced are health belief model, social learning theory, theory of reasoned action and theory of the diffusion of innovations.

Health belief model

The Health belief model (HBM) is based on various belief patterns in people that are used to predict their behaviour. The beliefs that are considered necessary for behaviour change are:

- that the person believes that they are susceptible to the health threat;
- that the disease or state of non-health has a high degree of severity (pain, death, social consequences, etc.);
- that the benefits of a preventive behaviour (i.e. condom use) outweigh the cost and inconvenience of the behaviour;
- that the behaviour is possible for them to carry out;
- that there is a 'cue to action' which prompts them to want to carry out the behaviour. Cues can come from the mass media or from the influence of others; and
- that the model is logical but people can make rationalisations or create myths to escape the fear, anxiety and guilt. Measurements involving 'perceived risk' are based on this theory.

Social learning theory

In Social Learning Theory, a person is not passively acted upon by their environment, but has a reciprocal two way interaction with it. According to the theory, a person can increase their self-efficacy by learning new knowledge and skills for handling situations. Learning can occur:

- through direct experience;
- indirectly, by observing and modelling one's actions on others with whom one identifies; and
- through training in situation skills and positive self-appraisal that leads in turn to confidence in being able to carry out a behaviour (i.e. negotiating condom use).

The relevance of social learning theory in peer education depends on

- ‘self-efficacy’ as a behavioural determinant – an ability to see that one can succeed in carrying out certain actions in specific situations;
- the implied ability of a person to take control over their own mental and environmental situation; and
- the concept of self-efficacy fitting into the health promotion goal of enabling people to take control over and improve their own health.

Theory of reasoned action

In the model, a person’s behaviour is influenced by the prevailing social norms towards a certain behaviour in a group or culture. If a person has the belief that his social environment has a positive opinion about a behaviour, then they are more likely to carry it out.

- The theory has included the behaviour determinants of ‘perceived social norms’ and ‘intentions’ in its model of behaviour.
- It is obviously relevant when one considers the hypothesis that peers influence each other more than anyone outside the peer group.
- It sees behaviour as a process, with a series of steps leading up to an ‘intention’ to carrying out an action.
- It implies that behavioural intentions greatly dispose a person to actually carry out the action.

Theory of the diffusion of innovations

The theory uses a social influence model to explain behaviour change. In practice, interventions are directed not only towards those witnessing an activity, but indirectly via the diffusion of innovation (change) through existing social networks in a target group or community. Innovations can be new information, attitudes, beliefs, and practices.

- The use of opinion leaders as ‘change agents’ – defined as persons who are perceived by a social group as trustworthy, credible, innovative and who others turn to for advice.
- These individuals should have a wide social network so as to eventually influence a large number of people through a chain reaction of person-to-person exchanges and discussion.
- The theory has usefulness in guiding and explaining the expected impact of peer education interventions.
- Peer educators are usually assumed to be influencing not only those in direct contact with their activities (e.g. those in the classroom / workplace) but also, indirectly through an informal and diffusional effect, the target group outside the

class / working environment. However, for the latter to be effective, the peer educators must be opinion leaders and the target group have discussions about the content of the activities.

Annex 3: Approaches of Peer Education

Peer educators may be involved at various stages of peer education programme:

- Influencing clients through taking care of their own health and welfare
- Advocacy for service needs and gaps
- Programme planning and development
- Training provided to new peer educators by experienced peer educators whose experiences are first hand
- Programme implementation in terms of execution, monitoring and evaluation
- Enhancing community network which is vital for peer education

Innovative and creative approaches to be contributed by peer educators and which may include combination of commonly used approaches while observing the core principles of peer education should be encouraged.

Different approaches can be used depending on the experiences of individual organizations and the skills of peer educators. The involvement of peer educators in deciding the approach being adopted shall not be overlooked.

Four commonly used approaches in AIDS peer education are:

- the educational approach
- the outreach approach
- the diffusional approach
- the peer-facilitated community mobilisation approach

Educational approach

This approach is characterized by the presentation of information in a formal lecture setting using didactic and interactive techniques.

- The peer educators are of the same age or older than those participating but do not necessarily belong to the same social group.
- Peer educators will use an implicit and explicit language more adapted to specific group.
- Activities used in this approach range are completely determined by the peer educators themselves.
- The approach is often used as a complement to other interventions, such as sex education.

Outreach approach

The peer educators rarely belong to the social group receiving the peer education but share characteristics with them, such as age, ethnic group, language, sexual orientation, habit (i.e. drug injecting), and so on.

- Its use is based on the same assumptions as the educational approach concerning explicit and implicit language.
- Peer educators can identify people of specific target group more easily because they share characteristics and lifestyle with them
- Particularly useful for marginalized or non-mainstream target group.
- May reach more effectively target group which do not share or understand the values of mainstream prevention messages.

Diffusional approach

This approach uses peer educators who belong socially to the target group.

- It relies on informal peer-to-peer communication and social influences to create the right conditions for dialogue.
- It uses existing social networks and communication channels to diffuse change or innovation through the group.
- Involve spontaneous discussions between young people and in activities peer educators carry out in informal settings
- It focuses directly on influencing the opinions, beliefs and perceived social norms connected with risk behaviours and lifestyle.
- For maximum effect, activities should be witnessed by the target group, with the aim of creating a focus for discussion. The use of natural opinion leaders with large social networks can qualitatively and quantitatively amplify the effect.
- If the target group is large or diverse, the use of peer educators representing various subgroups can be useful.
- A sense of ownership by the target group and identifiable peer educators will contribute to the strength of the project.

Peer-facilitated community mobilization

This approach uses the local community as its base and involves a strong coalition of community organizations, opinion leaders, professionals and people from target groups

- Here, the term ‘community’ covers geographical communities, ethnic communities, school communities, faith-based communities, lesbian, gay, bisexual and transgender (LGBT) communities, and so on.
- The approach is near to the health promotion ideal of mobilising the local

community in addressing health problems via the involvement and endorsement of as many sectors as possible.

- The peer educators are typically responsible for developing and implementing the interventions and representing the community rather than a single project or agency.
- Projects usually begin as pilot studies and eventually diffuse to new settings.
- People involved in associations can eventually take over responsibility for the project.
- Projects often use a combination of educational, outreach and diffusional method

These approaches can be modified for different purposes and conditions when NGOs conduct a peer education program.

Annex 4: Rules for Peer Educators

Attitudes of peer educators

- Be friendly
 - Be sincere and friendly towards your clients
 - Make your clients feel that communication is carried out in a comfortable environment and atmosphere
- Be objective
 - Refrain from imposing your own values onto your clients, even though their inclination, behaviours or values may be different from yours
 - Empower your clients to see things from various perspectives and make them aware of various opportunities
 - Make your clients feel that they are being respected
- Respect autonomy
 - Respect your clients' rights to choose and decide
 - Must not coerce your clients into agreeing with you or accepting your values
- Respect confidentiality
 - All information regarding clients should be kept confidential
 - Peer educators may only discuss related service contents of the peer education programme in related training and sharing sessions organized or endorsed by our organization

Things peer educators need to know

- Attendance
 - Observe and follow agreed work schedule
 - Appear on time and avoid earlier departure
 - Inform responsible staff earlier if unable to attend
 - Should try their best to carry out the assigned tasks
- Filling of records
 - Fill in records after each service session for record keeping and statistical purpose
 - May record thoughts and feelings after service session for later experience sharing
 - Records to be kept by staff responsible for the organization of the programme
 - Contact staff responsible for keeping of records for any necessary amendment of records
- Regular meeting
 - Regular meetings for knowledge update and experience sharing will be

organized

- Peer educators shall try their best to attend those meetings
- Cancellation of activities
 - Activity will be cancelled if a typhoon signal of no. 8 or above, or red or black rainstorm warning signal is being issued by the Hong Kong Observatory three hours before any scheduled activity
 - Peer educators will be notified by email or phone within two days of subsequent arrangement following cancellation of activity

Annex 5: Rundown for Training of Peer Educators

- Introduction of participants
- Introduction of workshop's objectives
- Introduction of training methodology
- Ice-breaking / warm-up activities
- Setting up ground rules
- Participants' expectations and concerns
- Understanding of vulnerable conditions, circumstances and groups
- Identification of priority duties
- Techniques for exploring values and attitudes
- Techniques for sharing information
- Techniques for building facilitation skills
- Techniques for trust-building and team building
- Wrap-up
- Participant's feedbacks and responses
- Supervision of participants
- Techniques used in evaluation of peer education programmes
- Closing ceremony

Annex 6: Important Target-related Indicators for Evaluation of Peer Education Programme

Suggested areas to be considered for process indicators:

- Peer Educator (PE) Training
 - Nos. of PE recruited and successfully completed training
 - Nos. of sessions of training conducted
 - Nos. of sessions of practicum or internship organized
 - Attendance rate of training
 - Content of training (e.g. HIV/AIDS knowledge, communication skills, outreaching techniques, code of ethics, reporting procedures etc.)
 - Length of training (e.g. total nos of hours of training sessions)
 - Mode of training (e.g. how many sessions in lecture, groups, open discussions, outdoors activities etc.)
 - The extent of training objectives reached – e.g.
 - % of training participants who can answer all questions in HIV/AIDS question sheet correctly after the training

- Peer Educators (PE) themselves
 - PE's level of knowledge on HIV/AIDS and protection from it
 - PE's level of skills needed in delivering services
 - PE's level of participation in training
 - PE's performance in practicum or internship
 - PE's attitudes towards the programme

- Services provided by PE
 - Target group reached?
 - Attitudes towards the programme based on characteristics such as age, sex, or degree of risk behavior.
 - Programme reaches those most vulnerable to HIV
 - Percentage of the target population that participated in the programme
 - Nos. of workshops conducted
 - Educational materials/ publications produced or distributed
 - Community programmes or events organized
 - Peers network or rapport developed
 - Proper messages delivered

Suggested areas to be considered for outcome indicators:

- Evaluation on change of service users after PE's intervention
 - Level of knowledge and/or awareness on HIV/AIDS and protection
 - Attitudes – perceptions about personal susceptibility, condom use, abstinence from sex, and gains or benefits from reduction of risk behaviours
 - Skills – ability to negotiate condom use and to refuse unsafe sex contact or drug use
 - Behaviour – reduction in degree of activity in various risk behaviours and increase in practice of testing
 - Self-efficacy and autonomy – degree of confidence in, and perceived self-control over, being able not to engage in risk behaviours that is based on perceptions of personal skills, knowledge and decision making
 - Social norms – perceptions of how other peers behave in regard to risk behavior and condom use

