Looking out for one another:

peer education, HIV and AIDS and South African Campuses

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HESA HIGHER EDUCATION SOUTH AFRICA

HEAIDS HIGHER EDUCATION HIV/AIDS PROGRAMME

HEAIDS:

PEER EDUCATION PROJECT REPORT

May 2006

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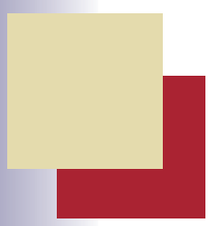
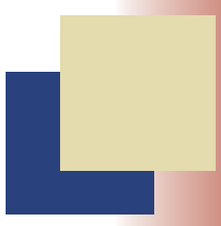


Abbreviations and Acronyms

ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
ATICC	AIDS Training, Information and Counseling Centre
BSc	Bachelor of Science
CBO	Community Based Organisations
CTP	Committee of Technikon Principals
DoE	Department of Education
DoH	Department of Health
DoL	Department of Labour
ETDP SETA	Education Training and Development Practices Sector Education Training Authority
FBO	Faith Based Organisations
HEAIDS	Higher Education HIV and AIDS Programme
HIV and AIDS	Human Immune-deficiency Virus and Acquired Immune Deficiency Syndrome
M&E	Monitoring and Evaluation
MRC	Medical Research Council
NAPWA	The National Association for People with AIDS
NGO	Non-Governmental Organisation
OI	Opportunistic Infections
PEP	Post-Exposure Prophylaxis
PRO	Public Relations Officer
SAUVCA	South African Universities Vice-Chancellors Association
SHARP	Student HIV/AIDS Resistance Programme
STI	Sexually Transmitted Infection
TAC	Treatment Action Campaign
VC	Vice-Chancellor
VCT	Voluntary Counseling and Testing



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Section 1: Peer Education in Higher Education

Introduction

Half of the population of South Africa (40 million people) are under 25 years old and more than half of those newly infected with HIV each day are between 15 and 24 years old. These figures suggest that the way to halt the spread of HIV/AIDS is to focus on the appropriate education of young people. To respond comprehensively to the crisis of HIV/AIDS, the education sector has set out to reach every potential learner, to provide quality HIV and sexual health programmes, and to protect itself against the impacts of the epidemic. We are all aware of the reasons for the importance of education. The disease has no cure. Prospects for a vaccine are still remote. Making sustainable antiretroviral therapy universally available faces daunting challenges. In these circumstances, education is well recognised as one of South Africa's principal weapons against the epidemic.

The higher education sector has acknowledged its responsibility in making investments in the well-being of young people and in engaging them in the fight against HIV/AIDS. This is an essential investment because it is generally acknowledged that young people are more likely than adults to adopt and maintain safe behaviours. Furthermore, data is showing that most young people start having sex before age 20, that unprotected sex is common, and that levels of perceived vulnerability among this group are low. A study undertaken by the University of Witwatersrand's Reproductive Health Research Unit in 2004 has shown that South African young women are bearing the brunt of the HIV/AIDS epidemic with nearly one in four women aged 20 to 24 testing HIV positive compared to one in 14 men of the same age.

Unfortunately, attempts to deliver HIV/AIDS education in higher education have been severely constrained by rapid change in the sector with the emphasis on mergers, and more specifically by social and cultural restraints in discussing HIV/AIDS, sexual relations and power inequalities. These constraints manifest themselves in the practice of 'selective teaching' in which messages on HIV/AIDS are either not communicated at all, or are restricted to scientific and professional interventions with very little direct reference to sex or sexual relationships. In general, the higher education system has not regarded sex and sexuality education as its province or business. The training of students who are informed and skilled in addressing this issue is an attempt to rectify this limitation.

Why Peer Education?

On higher education campuses, students do most of their talking, listening, thinking and learning about sexuality with other students. In this environment peer pressure towards particular life-style choices is very strong. When it comes to providing information about sex and sexuality other young people are often considered to be more credible messengers than adults. Peer education is about harnessing young people's creativity and credibility to promote healthy life-style choices. Worldwide peer education is one of the most widely used strategies to address the HIV/AIDS pandemic (UNAIDS: 1999) and informally peer education is also widely used in South Africa.

The National Departments of Health and Education have worked together, and consulted widely, for four years to provide implementation guides for peer education programmes in South Africa. A set of documents has been produced called *Rutanang*, which means 'learning from one another'. There are five books in the series, which are available from the National Department of Health. Book Four is specifically tailored to assist with setting up and maintaining peer education programmes on higher education campuses. The aim is to make peer education a more scientifically rigorous discipline by providing tools and standards of practice for the successful implementation of programmes, including key topics such as recruitment, screening, training, incentives, management and assessment.

This Report

The report begins by explaining the way peer education has been promoted and supported through the Higher Education HIV/AIDS (HEAIDS) programme. A working group was established with the aim of capacity building existing peer education programmes and establishing programmes where they did not exist. To this end a number of regional and national workshops have been held and pilot projects established. This is detailed in Section Two of this report.

The working group has developed a database of all existing peer education programmes in South African Institutions of Higher education. (see *www.heaids.ac.za*). This report includes a discussion of the background, structure, aims and objectives of these programmes, as well as information on programme activities and training curricula. The approach to establishing and managing peer education programmes has varied in the higher education sector. For example, the Student HIV/AIDS Resistance Programme (SHARP) is the flagship project of the University HIV/AIDS Unit at the University of Cape Town. Launched in 1994, SHARP was the first peer education programme at a South African higher education institution. At the University of Pretoria the peer education programme is housed in the Centre for the Study of AIDS. Other peer education programmes are housed in student support services and counselling units and are part of campus wellness programmes.

When undertaking a peer education programme, the overall goal is to develop and support recommended behaviour or to change risky behaviour. In this context it is important to know why and how people adapt to new behaviour. The fields of psychology, heath education and health communication provide relevant behavioural theories and models that explain this process. They provide a rationale for introducing and supporting peer education programmes and a basis for evaluating them. Section Three of this report deals with relevant theories and how they can be used to inform the planning and designing of peer education interventions.

Section Four deals with peer education in practice. The activities of peer educators vary considerably on different campuses. Successful peer education programmes include organised and monitored activities as well as informal discussions between students. The use of drama, videos and computer games are effective tools for peer educators. Best practice workshops include the use of interactive techniques such as brain-storming, role-playing and the telling of personal stories. Events such as memorial services, bashes, launches and Open Days are popular on higher education campuses and provide an appropriate background for activities such as face-to-face communication, lay counselling and workshops. Peer education programmes need to be firmly embedded in an overall HIV/AIDS strategic plan and supported by policy that is endorsed and supported by the entire institution.

In Section Five, questions relating to evaluation are addressed. A workshop dealing specifically with evaluation was held at the University of Pretoria and the outcomes of this workshop and a follow-up workshop are detailed in this chapter and in Section Six. The final chapter contains recommendations from the sector for further support for peer education on higher education campuses.

Section 2: The Peer Education Working Group

Response from Higher Education Institutions to HIV/AIDS

The Tertiary Institutions against AIDS Conference in 1999, (the initiative of the Beyond Awareness Campaign and the then Education Minister, Kader Asmal), clearly signalled that every higher education institution needs to respond to the requirements of its internal constituencies as well as the needs of its broader external community. This included the need to address HIV/AIDS issues.

The HEAIDS programme was launched in response to this call in November 2001. The programme involved a partnership of three higher education organisations: the South African Universities Vice-Chancellors Association (SAUVCA), the Committee of Technikon Principals (CTP)[1] and the National Department of Education (DoE). HEAIDS provides support to all public universities, comprehensives universities of technology and has strong ties with its SADC counterparts.

The HEAIDS programme

The purpose of the programme is to address HIV/AIDS in higher education in a holistic and integrated manner. The immediate concern is to reduce the threat of HIV/AIDS in the higher education sector, but the programme extends beyond purely prevention initiatives.

It is built around six coordinated interventions:

- Effective policy, leadership, advocacy, and management
- Effective prevention
- Effective care and support
- Teaching appropriate to HIV/AIDS era
- Appropriate research and knowledge creation
- Community outreach

Long term objectives of the programme are:

- To promote safer sexual and social behaviour amongst students and staff to curb the spread of HIV/AIDS.
- To protect higher education institutions and make them responsive to the needs of students and staff who are infected and affected by the HIV/AIDS epidemic.
- To build capacity to mitigate and manage the epidemic.
- To develop a coordinated response to the epidemic within institutions and across the entire higher education sector.
- To situate the HIV/AIDS debate, with all its associated challenges and opportunities, at the centre of higher education.
- To situate higher education institutions at the centre of constructive and successful HIV/AIDS interventions at a national level.

A number of higher education institutions in South Africa are utilising peer education programmes to meet some of these objectives. To coordinate these efforts, a working group was established by HEAIDS in 2002. Details regarding the activities of this working group follow.

[1] SAUVCA and CTP have subsequently merged in 2005 to form Higher Education South Africa (HESA).

Peer Education Working Group

A working group of representatives from higher education institutions was formed to research and report on key issues and to develop guidelines for the evaluation of peer education projects. This group was given the responsibility of establishing a set of norms and standards for peer education and establishing a research and evaluation project to assess the impact of institutional programmes.

Specific objectives of the working group have included the following:

- Identify institutions that do not have peer education programmes and provide incentives to initiate programmes.
- Recommend sites for pilot studies and set up two pilot projects to produce guidelines for the evaluation of peer education projects.
- Hold Peer Education committee meetings, to analyse materials and identify examples of best practice.
- Hold regional and national workshops to disseminate information, share materials and stimulate further research and action.
- Develop guidelines for the evaluation of peer education projects.
- Establish a website to disseminate research and stimulate the setting up and further development of peer education projects.
- Arrange for documentation to be produced.
- Liaise on a regional and national level with other role-players involved in HIV/AIDS education, including curriculum development and voluntary counselling and testing.

Four meetings of the working group have taken place, in April 2003, November 2003, March 2004 and June 2004.

Members of the Working Group

Those present at the meetings have included: Barbara Michel (HEAIDS Programme Director) Lynn Dalrymple (chair), Johan Maritz, Petro Basson, Managa Pillay, Neo Mabille, Tania Vergnani, Gloria Rembe, Mandy Govender, Pumla Mahali, Marina de Jager, Mmampo Tokota, Sebastian Matroos and Wayne Alexander. There have been changes to the membership of the committee as some people have left their institutions and been replaced.

Website

The need for upgrading the HEAIDS website was raised at all of the meetings. In March 2004 the following suggestions were made:

- Progress regarding the working group activities would be posted onto the website.
- Institutions would be invited to share electronic resources as well as their peer education models.
- Models posted to the website would adhere to a prescribed format.
- Institutions would be asked to submit photographs to an image gallery on the website.
- Presentations from the national workshops would be made available on the website.

Pilot Peer Education Programmes

Three pilot peer education programmes were established over this period. The following guidelines for the pilot peer education programmes were provided and higher education institutions were invited to submit proposals to offer a peer education programme on their campuses.

Aims

The aim of the pilot programmes was to develop a cost-effective realistic programme that could be "sold" to relevant institutions with the aim of institutionalising the programme on campuses.

Criteria

The committee drew up a set of criteria for writing proposals for support for a programme.

Supervision of peer education programmes

Supervision could be taken on by someone who is already employed by the HEI, (in addition to existing work or instead of an existing programme), or by a part-time lecturer or senior student. Consultants could be contracted for training and monitoring.

Financial support

Financial support should be given to two or three pilot programmes at institutions that did not have an established programme and to one or two institutions that wanted to further develop their programmes. The maximum amount that would be provided per institution was R50 000.

Selection Committee

Members of the HEAIDS committee and the Peer Education Committee would form a selection committee.

Evaluation

The pilot programme should be evaluated.

Further Support

Well-established peer educator programmes might consider providing support to institutions that were starting up by visiting or corresponding with them.

Case studies

Case studies of the pilot projects should be written up and made available electronically and in a book format.

The following campuses were awarded funds to establish or capacity build peer education programmes:

University of KwaZulu-Natal (Westville campus)

Reports from the programme co-ordinator stated that despite the recent merger between UDW and UND, the pilot is running successfully.

Potchefstroom University[2]

The individual responsible for the overall co-ordination of the peer education programme has since left the institution. The pilot is now housed in the Faculty of Education.

University of Port Elizabeth / PE Technikon

The pilot programme is reported as running successfully. A presentation on the project was given at the evaluation workshop.

[2] As this study was conducted during the merger process, the former names of institutions have been used.

Rutanang

The HEAIDS peer education working group has attempted to ensure that peer education becomes more standardised in South African higher education institutions by supporting the development of the *Rutanang* documents. The aim of the *Rutanang* process is to provide standards of practice and develop peer education so that it is not a random and ad hoc intervention but a process that is well understood by everybody and that has recognised guidelines.

There are five books in the *Rutanang* series:

Book One is about standards of practice for peer education

Book Two is a peer education implementation guide for NGOs in SA

Book Three is a peer education implementation guide for schools in SA

Book Four is a peer education implementation guide for higher education

Book Five contains lesson plans for peer education programmes

Peer education is defined as the process whereby trained supervisors assist students to:

- Educate their peers in a structured manner.
- Informally role model healthy behaviour.
- Recognise youth in need of additional help and refer them for assistance.
- Promote activism and become advocates for youth health.

Rutanang provides eleven essential standards towards the development of an excellent peer programme (11 STEPPS). These include:

1. *Planning*

   There should be a detailed plan of action, based on actual needs with clear, measurable goals.

2. *Mobilising*

   Commitment, understanding and support from leadership of the institution are important. There should be a shared vision, structure and resources.

3. *Supervisor infrastructure*

   Supervisors should be carefully selected, trained and contracted.

4. *Linkages*

   Partners and support structures should be included in the programme.

5. *Learning programme*

   The curriculum should be effective, tested, appropriate and interactive.

6. *Peer educator infrastructure*

   Peer educators should be carefully selected, trained and contracted, with clearly defined roles, responsibilities and performance standards

7. *Management*

   Peer educators and supervisors need to be well managed, with quantifiable roles and targets.

8. *Recognition and credentialing*

   Reward mechanisms and accreditation should be in place to ensure individual development and to allow advancement opportunities for both supervisors and peer educators.

9. *Monitoring and evaluation*

   A realistic monitoring and evaluation plan should be in place, including details regarding documentation and information management systems.

10. *Sustainability*

A practical and operative sustainability plan should be in place, addressing issues of compliance, public relations, staffing, funding and peer ownership.

11. *Gender*

An opportunity should be provided for both men and women to dialogue and debate issues pertaining to HIV and AIDS.

Responses of higher education institution peer education managers to the use of *Rutanang*

At the peer evaluation workshop held at the University of Pretoria in May 2004, the use of *Rutanang* was discussed. The outcome of the discussion was as follows:

The strengths of the *Rutanang* process are:

- It can be used as a good guideline and baseline document for establishing and maintaining peer education programmes.
- It is comprehensive and covers all technical aspects of peer education.
- It can be easily adapted to suit any context.
- It is valuable as a foundation for seeking accreditation for peer education courses.

Port Elizabeth Technikon has an established peer helper programme and has made very good use of *Rutanang* in order to set up a peer education programme relating particularly to prevention of infection with HIV. It has been less successful in helping peer education programme managers to start a programme from scratch.

The weaknesses of the *Rutanang* manual were identified as follows:

- It is daunting and is not user-friendly, especially for start-up programmes.
- It is prescriptive and does not allow for creative or innovative practices.
- The educational theory informing the manual is not explicit.
- Health education theories are noted as an 'add on' but are not integrated into the process of creating or developing a peer education programme.

It was noted that *Rutanang* is trying to serve two purposes; namely, to provide standards of practice and suggestions for achieving these standards. It was recommended that standards of practice should be a separate academic document and that the 'how to' manual should be more user-friendly and presented as a set of tools possibly in a ring binder for easy reproduction.

Section 3: Peer Education within a Framework of Theories and Models

Peer education typically involves members of a particular group working to educate and develop other members of the same group in order to effect some change. By definition, peers are those from the same group with equal standing and status, often of the same age.

Change can occur at the level of the individual, the organisation or the society (Singhal and Rogers, 1999). Educating a group of individuals can mean that group norms are modified, and that individuals are encouraged to work together to effect changes in their environment (UNAIDS, 1999). The theoretical base of peer education is behavioural theory, assuming that people can make changes based on progressive steps of understanding and interiorising the relevance to their own situation. There are a number of barriers to understanding new health messages, and peer educators have the advantage being able to frame messages in a way that resonates with young audiences. They furthermore provide credible role models for change.

Peer education and behaviour change

A number of theories have been elaborated to explain the process that drives an individual to adopt or change behaviour. These theories attempt to address the debates that surround the nature of behaviour change. At the heart of these debates are questions about how the individual operates in society, and how that society influences the individual's behaviour.

It should be noted that in this context 'behaviour change' is not strictly accurate. Much of the work undertaken by peer educators may be to reinforce positive healthy life style choices such as abstaining from sex rather than changing behaviour. A more accurate approach is that of instilling and reinforcing critical thinking about personal health.

Peer education is a strategy that has grown out of a number of behavioural change theories. These include *social learning theory* (Bandura, 1986), the theory of reasoned action (Fishbein and Azjen, 1975), the *diffusion of innovation theory* (Rogers, 1983) and the *convergence theory* (Kincaid, 2001). It also draws on the tradition of *participatory education*, made popular by Brazilian pedagogue Paulo Freire (1970).

Behaviour change theories can be divided into two broad categories that address these debates. These categories can be summarised as those that focus on individual psychological processes and those that focus on community or societal changes. For an individual to change behaviour, that person must be enabled to make adaptations to their lifestyle in order to adopt new behaviours or practices. This notion of personal ability or empowerment is at the core of individual behaviour change theory. For changes to take place in a group or society far more attention needs to be paid to contextual issues such as culture and socio-economic status.

Individual behaviour change theories suggest that the components necessary for an individual to change behaviour include an exploration of personal attitudes, beliefs and intentions; an understanding of personal risk; and the knowledge and opportunity to practice skills that will reduce the possibility of risk and the practice of risk-taking behaviours (UNAIDS, 1999). These theories are strongly rooted in psychology and emphasise the cognitive, rational thought processes of the individual in changing or adopting new behaviour patterns.

Theories of individual behaviour change

A theory that has achieved the status of common sense is the IMBR model: i.e. information, motivation, behavioural skills and resources. This theory is an extension of Fishbein's *theory of reason action* or KAP (knowledge, attitudes and practice or behavioural intention) theory. It underpins most educational programmes that aim to change behaviour. It focuses on information (the what), motivation (the why), behavioural skills (the how) and resources (the where, when and whom) that can be used to target risky behaviours *(Entre Nous:* 2003). As an example, if a young person knows that proper use of condoms may prevent the spread of HIV, he or she might still need to be motivated to use them, need the skills involved in using them correctly, and need to know where, when and from whom to acquire them. The theory of reasoned action is based on the premise that humans are rational beings with control over their behaviours. The theory posits that an individual's attitude and intention to change is highly influenced by the attitudes and norms of their peers. Peer education would thus be an effective method of bringing about behaviour change in a target group. The theory is, however, limited by its linear nature (suggesting that first knowledge must be acquired followed by attitude change before behaviour change can occur) and also by its inability to address environmental and structural issues affecting the target group (AIDSCAP, 1996). Clearly, for behaviour change to occur, information, skills, motivation and resources need to be in place but factors such as cultural heritage and socio-economic status can undermine the outcomes of even the best IMBR models.

Theories of individual behaviour change have come in for criticism when applied in non-western contexts. Social conditions in these contexts often determine that individuals do not have the personal power or efficacy to carry out decisions that they might have been made on an individual level (Kelly, Parker and Lewis, 2001:2).

A further criticism of these rational theories is that sex (the most common route of HIV transmission in South Africa) is seldom a rational activity. The "heat of the moment" nature of sex, suggests that rational analysis and thought may not be as easy to practice as it is to theorise. An additional problem is that sex in South Africa is often not consensual. Where rape is common, an individual has no power to protect him or herself from HIV infection. Cultural patterns and behaviours may also render these theories inappropriate. In many non-western contexts, notions of health are more closely tied to the health of the community than that of the individual (Airhihenbuwa and Obregon, 2000).

Emotional response theories propose that emotional response precedes and conditions cognitive and attitudinal changes. This implies that the highly emotional responses to both live drama and television and radio plays are more likely to influence behaviour than 'dry' messages with low emotional content. Peer educators can be trained to use drama and theatre as a tool for initiating discussion that roused both thought and feelings. (See educational drama theory and the entertainment-education strategy below.)

Social behaviour change theories address some of the concerns raised by the inadequacies of the individual models, and place more emphasis on "the interactive relationship of behaviour in its social, cultural and economic dimension" (UNAIDS, 1999:8). These theories recognise the role that societal norms play in determining an individual's behaviour, and view the individual in the context of a particular community. These theories argue that to change the behaviour of the individual, the behaviour of the entire community needs to change, to ensure group support for individuals who wish to adopt new behaviours.

Social learning theory, as outlined by the American psychologist Albert Bandura (1995, 1997), suggests that people learn through watching the actions of others. The theory takes into account the social nature of individual behaviour change. Viewing the actions of others can allow insight into the consequences of their actions, and a viewer can choose to adopt or avoid the behaviours shown. Individuals should be able to recognise and relate to role models through this process and emulate or model their behaviour (Bouman, 1998). Self-efficacy is a related concept, which

involves an individual's belief in him or herself to perform the same actions as these role-models (Bandura, 1995). The process of observation and modelling, combined with self-efficacy, may lead to behaviour change. In a peer education programme, the peer educators are seen as role models by other members of the community, who may emulate their behaviour. This theory impacts on the choice of peer educators and whether or not they see themselves as role models.

The *social network theory* (Wolf, Tawfik and Bond) suggests that individuals are strongly influenced by the behaviour of their peers and constantly attempt to define who is influential over which issues. The theory suggests that the size, closeness and demographic composition of a social network will affect the efficacy of peer education. This means that correctly identifying peer educators within the community will play an important role in the efficacy of a peer education programme.

The *diffusion of innovation theory* (Ryan and Gross, [1943] in Rogers, 1983) proposes that gatekeepers and opinion leaders in a particular community may have the power to influence the behaviour of others. This implies that an innovation (the new behaviour) can be filtered down to community members through the social system over time. Thus, trained peer leaders could influence the actions of their peers. This takes cognisance of the need to include wider social groups in the adoption of new behaviours, but does not necessarily empower individuals within the group to take action.

This theory has been extended by other scholars, and has evolved into the convergence concept of communication:

> In an informationally closed social system in which communication among members is unrestricted, the system as a whole will tend to converge over time towards a collective pattern of thought and behaviour of greater uniformity. (Kincaid, 2001:144)

The *convergence theory* identifies five steps involved in the adoption of behaviour change: individual perception, interpretation, mutual understanding, mutual agreement and collective action. It combines individual cognitive processes with social processes, allowing for group negotiation and decision-making regarding new behaviours.

The input/output model of W.J. McGuire emphasises the hierarchy of communication effects and considers how various aspects of communication such as message design, source and channel, as well as audience characteristics influence the behavioural outcome of communication. (McGuire, 1969 and 1989)

The steps to behaviour change framework developed by Johns Hopkins Population Communication Services is an adaptation of diffusion of innovation theory and the input/output persuasion model, enriched by social marketing experience and flexible enough to use other theories within each of the steps (Piotrow *et al*, 1997: 21). The five major stages of change are: knowledge, approval, intention, practice and advocacy.

Full support for healthy behavioural changes can only be enjoyed when society, at a broader level, has embraced them. The structural and environmental factors that undermine or support behaviour change need to be addressed to ensure healthy communities. The notion of *collective efficacy*, an extension of Bandura's concept of self-efficacy, defines a group's belief in their collective ability to work together to achieve change.

Peer education programmes based on these social theories may encourage social change that is supportive of an individuals' intention to adopt a new behaviour, but does not always address the constraints of the context in which the programme is operating. There may be factors that limit the individual's ability to practice the new behaviour. The collective efficacy of a group is influenced by the cultural, social and economic constraints under which they live.

Participatory Theories

Participatory theories that contextualise the individual within society, and see human behaviour as dependant on the social, political and economic environment have been elaborated to answer the problems of theorising individual behaviour. These approaches recognise "the relationship between social structure and health", and that "lasting change is a process that initiates from within a community" (UNAIDS, 1999:20). These models tend to take a problem-solving approach to behaviour change, and involve community participation. They encourage personal, organisational and community change. Individuals within a supportive environment are able to realise their own agency and power to act through improved access to resources and an empowering socio-political system.

Participatory education concepts are based on Paulo Freire's critique of education in 1970s Brazil. Freire suggested that the 'banking' concept of learning, where learners are empty vessels to be filled with knowledge, was both inappropriate and ineffective, particularly with adult learners. He proposed that education be reconceived as a participative facilitated process, whereby learners build on their own prior knowledge and experience to develop a conscious and critical view of the world.

The process of Freire's methodology is action-reflection praxis, where participants are encouraged to take a step back from their lives and their practices and examine them objectively in order to develop a critical consciousness of what they see. This reflection offers the perspective and strength to then re-engage in action, and the cycle continues.

Contemporary scholars have built on this work in the fields of education communication and development. Servaes (1999) suggests four key factors that define the concept of participation:

1. It views ordinary people as key agents of change and focuses on their aspirations and strengths, emancipating them to meet their basic needs.
2. It sees people as the nucleus of development, educating and stimulating them to be active in self and communal improvements.
3. It emphasises local community rather than national initiatives.
4. It involves strengthening the democratic processes and institutions at a community level and explores the redistribution of power.

Best practice models in peer education involve these factors by recognising that individuals within the target community can be empowered to use pre-existing local knowledge and skills to educate others and bring about change.

Human beings operate on a number of levels including: the individual, the group or the interpersonal environment, the organisations to which the individual belongs, communities, and society or government. An intervention at any level may have effects at other levels (Bartholomew *et al*, 2001). Where an individual may have the intention to practice a healthy behaviour, and is not backed up by community and society, a breakdown in the inter-functioning of these levels occurs. Peer education programmes need to have full support from the structures of power and authority in the community in order to be fully effective.

The empowering nature of peer education means that individuals within the community may have the strength to make changes at the community and societal level that support individual behaviours and actions. Because peer leaders come from the target community, they are able to understand the different levels of operation of individuals within the social system, and are likely to understand what may support or inhibit an individual's intention to change behaviour.

Educational drama theory

The use of drama and theatre can also function as an important tool for peer educators. There is a long tradition of ascribing personal and social transformations to drama and theatre. From Ibsen to Brecht and Boal, there are claims that theatre can bring about social change. There is an expectation among those using drama in an educational setting that changes and new insights will take place. The use of the techniques of educational drama such as games, role plays and story telling make an important contribution to the personal and social development of young people. Role theorists argue that developing a more reflexive self – the ability to reflect on others and their interpretations of us – and the ability to take the role of the other – are crucial skills in developing self esteem and becoming competent in social interaction (Roth, 1990: 47). Theatre in all its forms (including events, music and dance, radio and TV dramas and videos) provides an opportunity to get messages across in a compelling and exciting way. At a minimum theatre provides information, provokes discussion and stimulates thought.

The way live theatre functions is to capture attention and actively involve the audience in an experience. Active involvement means arousing an intellectual, emotional and even spiritual response. It can also mean the audience (spectactors) actively participating in the theatre piece as in forum theatre. It is this ability to touch emotions that allows the theatre to influence attitudes. Theatre does this on the principles of Bandura's social cognitive theory that posits that people learn how to behave and change their behaviour by watching other people. What may be most important for health education through the use of theatre is the 'transitional model': the character who changes his or her behaviour from risky to safer behaviour demonstrating how this can be done. Theatre pieces performed by young people for their peers are a successful way of providing information about sexual health and exhibiting safer sexual behaviours. Drama, theatre and video are highly effective ways of initiating discussion and peer educators need tools to guide these discussions in a productive way.

Events

Events such as candlelight memorial services, launches and concerts provide a background on campuses against which healthy lifestyle choices can be reinforced, and changes can be advocated and sustained. In themselves they may not directly influence behaviour, but a social environment is created in which values and beliefs are reiterated and leaders are seen to endorse health behaviour choices. This is particularly important in a dynamic and changing society such as South Africa where new information is sometimes regarded with suspicion and disbelief.

Section 4: Peer Education in Practice

Peer education as a strategic choice in higher education institutions

A number of higher education institutions in South Africa are utilising peer programmes to address HIV/AIDS issues on campus. The impact of peer pressure on young and often vulnerable students who may be away from home for the first time is well established. These students can be easily influenced into unhealthy practices such as substance abuse and risky sexual behaviour. Peer educators can influence risk-taking behaviour because they are often able to establish a rapport with other young people more easily than adults. Research has shown that background and age similarities between the source of influence and the recipient increase the persuasiveness of messages relating to sex, sexuality and HIV/AIDS. Peer educators can therefore contribute to developing a culture of healthy attitudes and behaviour on campus.

The basic rationale for using peer programmes is that they:

- Are appropriate for the specific cultural and social environment in higher education institutions.
- Promote social norms and provide support for adopting healthy attitudes and behaviour on campus.
- Effectively meet the needs of young people for information and advice on sexual matters.
- Provide role models for healthy sexual behaviour on campus.
- Encourage young people to become involved in the design and implementation of HIV/AIDS prevention, care and support projects.
- Are cost effective compared to many other interventions.

1) Structure, monitoring and supervision

Most campuses already have some form of peer programme providing social or academic support. In many higher education institutions these have been adapted for HIV/AIDS education through appropriate training; for example at the former Port Elizabeth Technikon. However, the approach to establishing and managing peer education programmes has varied considerably. For example, the Student HIV/AIDS Resistance Programme (SHARP) is the flagship project of the University HIV/AIDS Unit at the University of Cape Town. Launched in 1994, SHARP was the first peer education programme at a South African higher education institution. At the University of Pretoria the peer education programme is housed in the Centre for the Study of AIDS that was established in 1999. Other peer education programmes are housed in student support services and counselling units and are part of wellness programmes.

Challenges

A major challenge to establishing peer education programmes has been the lack of a full-time dedicated peer education supervisor or manager. In most institutions there has been insufficient funding or resources to create a specific post and so the management of peer education programmes is the responsibility of someone who already has a range of other duties and responsibilities.

2) Programme design

When peer education programmes were first introduced many programme designs were ad hoc. *Rutanang* has provided useful guidelines for setting up a formal peer education programme including examples from different institutions about how this might be done. It is important to adopt a flexible approach to starting up, taking into account available resources and the culture of the institution.

UNAIDS best practice recommendations for peer education on HIV/AIDS issues includes the following points:

- The structure and environment of the environment in which the peer education programme is to take place should be clearly understood.
- A peer education programme should be a part of an integrated campaign.
- Peer educators should be subject to some assessment before their training commences.
- Networking is important. The peer educators should be introduced to other peer educators and HIV/AIDS organisations in the area.
- It is vital that the peer educators have an understanding of where they can get personal support and further information or assistance.
- Follow-up training sessions and other reinforcement for the peer educators are important.
- Incentives should be offered and motivation is important for peer educators.
- The peer educators' role and responsibilities should be clear, and peer educators should develop a sense of ownership of the programme.
- The training programme should be participatory, make use of a variety of media, and allow for all individuals to have hands-on experience of exercises and training techniques.
- Participants should be exposed to a variety of Information, Education and Communication (IEC) materials (posters, pamphlets, videos etc.) and know the resources to which they have access.
- It is important to have the input of HIV positive individuals into the programme.

Challenges

In most higher education institutions peer education programmes have not been integrated into the formal curriculum. This means that peer educators are working as volunteers and that this is an extracurricular activity. This needs to be addressed (see accreditation).

A finding made through the HEAIDS audit and scan, has shown that peer education and peer counselling programmes are not separated in 60% of the institutions. It is important to distinguish between the two functions because peer educators should not be required to take on the role of professional counsellors, especially in relation to difficult matters such as rape and abuse. However, there is a fine line between offering friendly advice and counselling, and programmes should be clear about what is expected of peer educators.

In relation to the response to HIV/AIDS on campuses there are a number of challenges. On some campuses a culture of transaction sex has been established. This means that young women willingly trade sex for favours such as food, clothes and money to send home to their families. There is also a culture of alcohol abuse (and drug abuse) on some campuses, which leads to risk taking. First year students are particularly vulnerable when it comes to managing their sexuality, alcohol and drug abuse and most institutions pay attention to this as part of orientation programmes.

There is still a great deal of stigma, misinformation and fear attached to infection with HIV. VCT programmes are reaching more and more students and there is a strong need for support groups to provide ongoing support and accurate updated information for students. Support groups are difficult to set up because of stigma and peer educators have an important role to play in providing support and breaking the stigma attached to HIV and AIDS.

Participation

Although students are involved in peer education programmes they are not often involved in the design of the programmes from the outset. This is partly because the student population shifts quickly and also because students find it difficult to commit to volunteer activities and are not always reliable when it comes to attending strategic planning meetings or even implementing programmes. However, there are best practice models. At the Tshwane University of Technology an executive committee of peer educators is primarily responsible for overseeing the projects. They are also responsible for the functioning of the general core of peer educators. For each project, task teams are formalised and become responsible for the planning and implementation of the project's activities. SHARP at the University of Cape Town is a student initiative driven by student energy and initiative.

3) Goals and objectives

Overall goal:

Best practice programmes aim to facilitate the development of self-reliant and multi-skilled graduates.

Objectives for HIV/AIDS peer education programme include:

- Providing educational input on the value of behaviour modification i.e. promoting abstinence, faithfulness and condom usage.
- Providing support to those who engage or are ready to engage in the process of behaviour modification.
- Encouraging participation in voluntary counselling and testing (VCT).
- Providing treatment literacy.
- Providing human rights education with a special focus on gender sensitivity.
- Reducing the stigma associated with living with HIV/AIDS.
- Encouraging consultation with on-campus counselling and health units.
- Participating in the care and support of people affected by and infected with HIV/AIDS.
- Stimulating collective action and policy changes.

Peer education activities include:

- Basic lay counselling with students: face-to-face discussion and information sharing.
- Awareness Campaigns: talks, presentations, video games and the distribution of posters around campus.
- Workshops: Residence workshops, discussion groups and information sharing sessions.
- Community- Outreach programmes: local schools visits, hospital visits etc.
- Information Centres or Help Desks: provision of a resource and information centre with pamphlets, condoms and advice for students.
- Networking: liaising with relevant stakeholders; other universities, local NGO'S and Community Based Organisations.

(See discussion of these activities below)

4) Recruitment and screening

Recruitment takes place in a number of different ways. Most higher education institutions have methods of screening or interviewing students that are then selected to participate in the peer education programme.

The roles of peer educators are defined in *Rutanang* as follows:

- Educate their peers in a structured manner.
- Informally role model healthy behaviour.

- Recognise youth in need of additional help and refer them for assistance.
- Promote activism and become advocates for youth health.

At PE Technikon students are selected on the basis of:

- Good interpersonal and communication skills.
- Commitment to the work requirements.
- Open-mindedness, tolerance and a willingness to learn (flexibility in beliefs and an ability to accommodate beliefs different from their own, e.g. beliefs around race, religion, ethnicity, sexual orientation, HIV status).
- Ability to work as part of a team.
- Ability to work creatively and self-sufficiently on their own.
- Prior experience in people-helping or in working with youth.
- Personal characteristics: reliability, integrity etc.
- An academic record that guarantees their return to the campus at the beginning of the following academic year.

Challenges

Selection of peer educators

The choice of appropriate students to become peer educators is difficult. A question might be "Is this someone who models 'ideal' behaviour or is this someone who can 'own up' to and empathise with the difficulty of behaviour change and who can account for this when challenged?" It is important to select peer educators who can relate to other students and on a campus where there are students from a variety of different cultural backgrounds to choose representatives from different groups. On the other hand it is important to break down stereotypes and prejudices.

Gender dynamics

Gender dynamics among peer educators are another difficulty. Those young men that do join peer education programmes sometimes tend to dominate the project and women fall back into submissive and subordinate roles. It is important to notice these dynamics and address them openly by encouraging discussion and acknowledgment of good social relationships. In this respect poor adult role models make gender sensitivity difficult to achieve. Parents, lecturers and other adults very often do not believe in equality or do not put their beliefs into practice.

Links with other services

On most campuses peer educators are linked to the Campus Health Clinic, Academic Support and related projects, gender projects and the SRC. Off-campus linkages include regional and local Departments of Health and Education and NGOs, CBOs and FBOs such as the AIDS Consortium, NAPWA, ATICC, TAC and DramAidE.

Accreditation

One of the objectives of the peer education working group was to promote the mainstreaming of peer education courses in higher education curricula. The regulated nature of higher education courses means that it takes time for new courses and modules to be introduced. Peer education has not yet been formally recognised as a course or even a module in the majority of institutions. There are also opportunities for peer educators to assist in the formal curriculum such as running workshops in AIDS foundation courses or in practicals for other courses. The former University of Durban-Westville (now integrated as the University of KwaZulu-Natal) developed a model of using peer educators to run workshops in their foundation courses.

5) Remuneration and incentives

Peer education programmes are extra murals on most campuses. This means that students are invited to volunteer to become peer educators. Institutions are providing a range of different incentives to motivate peer educators and improve morale and performance including recognition, skills development, certificates, T-shirts and refreshments. Some peer educators are part of work-study programmes and others do receive small honoraria but the appropriate recognition of peer educators remains a difficulty. There is also a move in some institutions towards providing dual transcripts meaning providing an additional certificate on graduation that recognises volunteerism in a range of campus activities thus improving the student's CV.

Incentives at the Tshwane University of Technology include:

- Attendance to conferences and seminars is subsidised.
- Transport expenses are paid for peer education activities.
- Certificates and award ceremony held.
- Honorariums for outstanding Peers.
- T-shirts.
- Social Events.
- Food.
- Skills development.
- Education and training opportunities.

6) Training

The training of peer educators takes a number of different forms. In some institutions it takes place over several weekends and in others it is ongoing throughout the semester. Usually the first sessions help participants to feel comfortable together and open to discussing sexual health. The training covers many different themes relating to technical knowledge of HIV and STIs (including the ABC of prevention), HIV myths, stigma associated with HIV and communication skills.

Methodology

Lectures are the established educational teaching method at higher education institutions because they are cost effective and large numbers of students can be provided with information at the same time. However, this is not the best approach for sex and sexuality education and peer educators rather need training in using interactive, participatory methodologies. Also, there is a tendency to focus on biomedical rather than the social content of discussions due to a lack of explicit training in critical thinking skills and social explanations of HIV transmission. Another factor that needs attention is AIDS fatigue. The majority of higher education students are well informed about the transmission of HIV/AIDS and ways to prevent infection and bored with the topic and yet continue to practice unsafe sex. This means that new and innovative ways of addressing the topic have become increasingly important. (See health communication strategies).

Course content

The following items are usually addressed in the peer educator training:

- A personal perspective – getting to know themselves and each other.
- Understanding people – exploring behaviour change and why AIDS remains such a problem.
- Socio-cultural issues surrounding HIV/AIDS.
- Gender: understanding the dynamics that make women and men susceptible to HIV infection in different ways.

- Sexuality, and the problems involved in talking about sex and taboo subjects.
- Stigma and discrimination towards people living with HIV/AIDS and their family members.
- Myths around AIDS, its origins, cures etc.
- History, epidemiology and statistics of HIV/AIDS.
- HIV/AIDS facts: transmission, prevention, progression of the disease and treatment.
- Attitudes about HIV/AIDS.
- Risk behaviours, prevention and universal safety precautions.
- The relationship between sexually transmitted infections (STIs) and HIV/AIDS.
- Disease management and healthy living.
- Voluntary counselling and testing (VCT) for HIV.
- Counselling and talking about HIV/AIDS.
- Caring for people with AIDS.
- Coping with death and dying.
- Legal issues around HIV/AIDS.
- HIV/AIDS and human rights.
- Negotiating and using condoms and condom demonstrations.

Skills development

The development of the following life skills forms part of the training:

- Leadership
- Communication
- Goal setting
- Personal efficacy
- Training (practicing facilitation)

7) Peer education and health communication strategies

In South African higher education institutions, peer educators engage in a number of education, information and communication activities. Ideally these should be part of an overall communication strategy. Approaches that combine both entertainment and education have been shown successfully to increase audience members' knowledge about an education issue, create favourable attitudes, shift social norms and change the overt behaviour of individuals and communities (Singhal and Rogers, 1999).

Culture affects how people perceive and respond to health messages and materials, and it is intertwined in health behaviours and attitudes. Often, an individual is influenced by more than one culture; for example, students are influenced by their individual family cultures as well as the norms, values, and symbols that comprise the campus culture. Peer educators have the advantage of understanding key aspects of both home and campus cultures influencing their fellow students. The symbols, metaphors, visuals (including clothing, jewellery, and hairstyles), language, and music used in materials, workshops and events all convey culture and should not detract from the objectives of the activity.

8) Activities

Lay counselling

Peer educators should not be required to provide counselling unless they are graduate students equipped to take on counselling duties. However, there are short courses available in lay counselling especially to assist with voluntary counselling and testing (VCT) and some peer educators may volunteer to take these courses and provide these services. However, these

services are time consuming for students and advice and information given by non-professionals is not always accurate or helpful. It is very important to train peer educators in adequate referral skills to cope with fellow students in need of counselling.

Face-to-face dialogue

Peer educators should be well equipped to engage in face-to-face dialogue with peers in a non-judgemental, factually correct and empathetic way. In this way they can play an effective role in conversations about health issues including protection and prevention. It is sometimes less embarrassing to hear from a peer exactly how to use a condom or get information on other matters related to sexual health than from an adult. This remains a challenge in the training of peer educators.

Workshops

Peer educators should be trained to conduct interactive participatory workshops. *Rutanang* Book 5 provides a set of 10 lesson plans that are appropriate for peer educators to use in a high school setting, but can be aligned for the higher education sector. The design of the peer education activities should consider at least 5-10 structured sessions, each with a specific goal. The most critical aspect of peer educator work, is ensuring that peer educators are trained with the necessary skills in facilitation of sessions and the ability to ask good questions.

The use of videos and computer games

Videos are a useful way of imparting information to a wide audience and movie and television clips can be used by peer educators to generate structured discussions. On South African campuses students have been provided with the video series *Tsha Tsha* to use to generate structured discussion on a range of themes relating to relationships and HIV. Your Moves is a computer game, developed by the HEAIDS programme that can be played by students, monitored and evaluated by peer educators.

Campus Radio Programmes

There are a number of community radio stations on higher education campuses in South Africa that have developed HIV/AIDS programmes. Students are able to take this opportunity to develop participatory programmes, talk shows and listener's clubs on health issues. The advantage of radio and television talk shows, write-in and call-in shows is that they have the capacity to reach large audiences while still allowing for some dialogue. This brings a more personal dimension into the communication experience and helps to break down barriers and dispel myths that have developed around HIV/AIDS issues.

Making posters, banners, murals and panels for the AIDS memorial quilt

Peer educators can work together to develop appropriate visual materials for their campuses. As noted in the previous chapter participatory approaches and ownership by the target audience are key to effective communication and act as a complementary activity to the core work.

Events – including candlelight memorial services, bashes, concerts, big screen and forum theatre

Events of all kinds are very popular in South Africa – their history can be traced to mass meetings *(izimbizo),* ceremonies and rallies. Events have fallen into disrepute in some quarters because they are often one-off affairs and do not form part of an overall strategic

plan. Events may also be expensive and channel funds away from activities such as counselling. On their own events cannot transform individuals or society but, like mass media, they are able to influence ways of thinking and understanding the world. People in authority, celebrities and community leaders have a powerful influence over young people and play a role in constructing and reconstructing their understanding of reality. Ceremonies serve to reinforce the basic norms and values held by a community or society and some events such as street marches may be used to challenge the status quo. Events have a key role to play as part of a strategic plan because it is deeply held beliefs and attitudes that influence the choices that are made about life-styles.

Section 5: Evaluating Peer Education Programmes

Evaluation is the systematic application of scientific procedures to assess the conceptualisation, design, implementation, impact and cost-effectiveness of social interventions (Bertrand and Kincaid, 1996). The purpose of evaluation is to measure the process and impact of a programme against the objectives established in the strategic design. Evaluation should be integrated into the project from the outset. There are three distinct stages of evaluation:

1. *Formative evaluation (pre-intervention)*

   This stage includes baseline studies, audience surveys, needs assessment and literature reviews.

2. *Process evaluation (monitoring the intervention)*

   This stage includes ongoing formal and informal reflection and discussion of the different activities in the programme and the recording of activities and data collection. All stakeholders should be included.

3. *Impact evaluation (post-intervention)*

   This stage includes analysis of data for impact. Results are used as a basis to make changes and improvements to the programme and should be communicated to all stakeholders in the programme, and to the public.

Peer Education Programme Evaluation Workshop

A two-day workshop was held at the University of Pretoria in May 2004, attended by peer programme managers from all of the targeted higher education institutions. The aim of the workshop was to share experiences in evaluating peer education programmes in institutions and to further develop evaluation techniques and skills. The workshop consisted plenary presentations, followed by discussions in which these institutions described some approaches to evaluation that were either being tried or tested.

The evaluation of peer education programmes at the University of the Western Cape

Joachim Jacobs and Tania Vergnani outlined an evaluation design that was being used to evaluate two peer education programmes. The process included a baseline survey to inform the development of the programme. Surveyed areas included:

- HIV/AIDS knowledge
- Attitudes
- VCT
- Stigma
- Condom usage
- Sexual practices (amongst first year students)

An action-research paradigm informs the monitoring and evaluation activities by peer educators themselves, which include:

- Journal writing
- Reflective essays
- A diary room
- Focus groups

- Peer educator pen pals
- Before and after surveys related to peer educators' training

Findings from the evaluation have suggested that the programme encourages:

- Personal growth
- Skills development
- Therapeutic value

An impact assessment of the programme suggests a need for:

- Dual transcript for academic work.
- Further involvement in institutional activities.

First steps towards a monitoring and evaluation plan for Peer Wellness Education at the University of Port Elizabeth

Marina de Jager suggested that the following questions should be addressed before developing evaluation tools:

- What is it that should be evaluated?
- Why do we want to evaluate?
- What are the key issues?
- How do we develop an evaluation plan?

Key results and indicators should be:

- Basic training in communication and helping skills.
- Specific training in HIV/AIDS.
- Registration, self evaluation, evaluation portfolios.
- User friendly data collection system.
- Use of Masters students in the field of social work and psychology students to evaluate and supervise.

Evaluation experiences from UCT'S HIV/AIDS Unit

Darryl Crossman presented the research-based UCT evaluation model, with its two levels of focus:

- Peer education: Process and Evaluation = Impact Assessment.
- Participants: Process and Evaluation = Impact Assessment.

Discussion on the presentation included

- How do you measure change of behaviours?
- Causality issue: How do you design your programme?
- Using a theoretical approach.

Method-based versus theory-based evaluation of health communication programmes

Presented by D. Lawrence Kincaid of Johns Hopkins University.

The four components of effective communication projects are strategy, theory, evaluation and quality. Strategic communication is based on a combination of facts, ideas, and theories integrated by a visionary design to achieve verifiable objectives by affecting the most likely sources and barriers to behavioural change with the active participation of stakeholders and beneficiaries.

Theory-based evaluation

The importance of a theory-based intervention is twofold: it may serve to support the claim that communication was responsible for the observed impact, and serve to find out why communication had an impact.

Factors that may make a programme successful are:

- Appropriate theory to design the programme.
- Adequate application of the theory to the design.
- Successful implementation of the programme.
- Adequate research design to evaluate its impact.
- Adequate measurement of the degree of impact.

Programmes may fail or appear to fail because of:

- Inappropriate theory.
- Appropriate theory, but inadequate application for the design of the programme.
- Appropriate theory, adequately designed, but poorly implemented.
- Appropriate theory, adequately designed and well implemented, but with ineffective research.
- Appropriate theory, design, implementation, and research design, but inadequate measurement of the degree of impact.

These sources of programme failure are highly interrelated. If the desired programme impact is not achieved, it is difficult to know the exact reason (or reasons) for this. Although there are realistic limits to what we can learn from programme evaluation, we cannot learn from past experience if we do not apply research in an effort to know what happened and why.

There are eight criteria for causal impact that should be applied in evaluation:

1. Observation of a change in the expected outcome.
2. Correlation between that change and exposure to the programme.
3. Evidence that exposure occurred before the observed change (time-order).
4. No evidence of confounding variables that may have accounted for the change.
5. Observation of a large, abrupt impact (magnitude).
6. Evidence that impact increases in proportion to level and duration of exposure (dose response).
7. Evidence of a causal connection (proximity of causal pathways and theoretical coherence).
8. Consistency with previous programme research (replication with variation).

Ideation theory

Ideation refers to new ways of thinking and the diffusion of these by means of social interaction in local, culturally homogeneous communities. These are sometimes referred to as psychosocial factors. Ideation can influence behaviour change through the following elements:

- Knowledge
- Attitudes
- Self-image
- Perceived risk
- Self- efficacy
- Norms
- Emotions
- Social support and influence
- Personal advocacy

The likelihood of someone adopting and sustaining a new behaviour is much higher when that person has gained sufficient knowledge about it, has developed a positive attitude towards it and has talked to others about it and feels good about doing it.

A heuristic model of communication and behaviour

Communication in all its forms (instructive, non-directive, public and directive) can affect skills and knowledge, as well as ideation (on the cognitive, emotional and social levels) and environmental supports and constraints. These elements reinforce, affirm and enable intention and behaviour.

These concepts have been applied in the successful theory-based evaluation of family planning projects in the Philippines as well as in the evaluation of condom-uptake programmes amongst young men in Zambia and Tanzania.

Method-based evaluation

A new method-based approach to evaluation, known as Propensity Score Matching, has been applied to the evaluation of the South African television drama, Tsha Tsha. Propensity score matching involves the matching and pairing of treated and untreated control groups. Multivariate logistic regression may be used to discover the key variables associated with the propensity to (in this case) exposure to the television series. The computed probability of exposure (propensity) can then be used to construct exposed treatment groups and unexposed matched control groups that are statistically equivalent in terms of all the variables used to compute the propensity score.

Outcomes of the evaluation workshop

Participants mapped out a way forward at the end of the workshop, suggesting the following:

- A database should be developed for all institutions, which details the target group and the model used.
- A workshop on impact evaluation skills would be useful.
- A workshop on peer educator portfolios would be useful.
- Inclusion of career counselling issues should be explored in programmes.
- Materials for use by programme co-ordinators and trainers should be developed, and there is a need for a peer education manual.
- A formal *Rutanang* evaluation is needed.
- Presentations should be emailed to the participants.

Lessons learnt

Comments coming out of the workshop included the following:

- There were some practical problems in terms of capacity, resources, and space at the conference and some presentations were not completed due to time constraints.
- Workshop participants were unable to evaluate the impact of *Rutanang*, as only three projects were implementing it.
- The issue of some of the funding being given to historically advantaged institutions was raised.
- It was felt that higher education institutions should support peer education programmes further.
- Curriculum and accreditation for peer education is important, therefore there is a need for structure and format that speaks to the academic community.
- There is need for a theoretical basis for peer education, and theory is necessary for effective evaluation to take place.

Participant survey

A standardised survey form was sent to all participants one month after the workshop, to elicit responses to the training. Feedback included the following:

Lessons learnt

Participants commented on the presentation by Larry Kincaid, and highlighted as important the following sections in particular:

- The importance of evaluation and assessments.
- The complex nature of measuring performance.
- Eliminating/ neutralising minor factors and concentrating on the fundamentals.
- Research techniques available.

New information

Participants isolated the following areas of information and ideas as particularly useful:

- The clarification of the role and functions of the "Health Promoter".
- The accreditation and standardisation processes for peer education.
- The practice of peer educators developing portfolios.

Return to campus

Participants were asked to detail how they had fed information from the workshop back to colleagues and Peer Educators on their respective campuses. Activities included the following:

- Report backs to Peer Educators.
- Planned incorporation of new ideas (future accreditation and portfolios).
- Planning of future workshops with other campuses.

Further training

Participants were asked to note what further training they would like to receive arising from this initial workshop.

Areas included:

- Creative new intervention and communication strategies.
- Basic research skills.

Other comments

- Participants found the workshop to be useful in terms of new and useful information, and the sharing of practical lessons and experiences.
- Participants thanked the organisers for the opportunity for capacity building in this field.
- Some participants felt the atmosphere of the workshop to be a little uneasy, particularly with regard to the differences of opinion on the use of the *Rutanang* manual.
- Participants mentioned that they had enjoyed the workshop and would be willing to participate more actively in follow-up workshops.

Section 6: Peer Programme Managers Capacity Building Workshop

A capacity building workshop was held for health promoter supervisors and peer programme managers from the 15–17 September 2004. The workshop was attended by 51 participants from 27 institutions.

Specific objectives for the workshop were outlined as:

- Capacity building for those institutions that have not got established peer education projects to set up and sustain their projects.
- Assistance with monitoring and evaluation for those that have established projects.
- Introducing the idea of portfolios to develop peer educators' personal growth and understanding.
- Further developing health communication strategies and techniques on campuses.
- Reviewing VCT in relation to health promotion.
- Reviewing Health Promoter projects in relation to management and reporting.

Sessions included the following:

Starting and running peer education programmes

Presented by Michelle Mitchell, Tania Arntz, Managa Pillay and Emily Mathebula

This session combined theory taken from the *Rutanang* manual, with some of the experiences from three of the campuses that are a part of the newly merged University of KwaZulu-Natal. The presentation aimed to give a critical overview of both theory and the practice of existing programmes, to give ideas to those who are establishing new programmes. The presentations covered the following elements:

- Models of peer education (definition and structure).
- Recruitment and selection procedures.
- Training framework.
- Implementation of peer education programmes.
- eedback from all the institutions present.

Monitoring and evaluation

Presented by Kevin Kelly (CADRE)

The presentation offered an introduction to the processes and principles of monitoring and evaluation (M&E), and the basics of setting up a generic M & E system. An interactive exercise gave participants practical experience using examples from campuses, and an introduction to the understanding of programme effects, outcomes and impacts.

The presentation explained the importance of M & E and the current move by funders to insist that 15% of the total programme budget to go towards M & E.

The following issues were covered:

- Types of evaluation.
- Why we evaluate.
- Monitoring.
- Levels of monitoring and evaluation.

It is important to create indicators for the M & E process and to define the following:

- Objectives (what you want to achieve).
- Means (how to achieve it).
- Indicators (what you need to know has been done).
- Measures (how you learn it).
- Instrument (what you use to measure the change).

Responsibility for reporting and frequency of reporting were other important factors. The presentation stressed the importance of keeping M & E activities simple and useful. A number of other practical do's and don'ts were explained, special challenges outlined, as well as some ideas for M & E for peer education programmes.

Tsha-Tsha as an HIV/AIDS training resource

Presented by Warren Parker and Nazli Jugbaren (CADRE)

The presentation gave background to the development of the Entertainment Education (EE) television drama, *Tsha-Tsha.* It also explored some of the benefits of the EE strategy and some of the drawbacks and unintended effects of EE programmes. It explained how *Tsha-Tsha* utilises the medium of television to explore lessons around HIV/AIDS, and how the programme can move beyond the broadcast medium to enhance its impact through more participatory strategies such as discussion clips from the series, and providing related educational leaflets. Participants discussed how such strategies could be incorporated into peer education programmes on their respective campuses.

Portfolio management

Presented by Marina de Jager

This presentation was a follow-up to the introduction of portfolios at the workshop in June 2004. It explored the use of portfolios as a tool to monitor and evaluate peer educators' development. This experiential workshop was to introduce the concept and to help supervisors to develop their own portfolios.

The steps to developing a portfolio and the organisation of materials were discussed, as well as content and the selection of items for inclusion. The highly personal and precious nature of portfolios was emphasised, and advantages for the peer educator outlined. The aim of the presentation was to emphasise the importance and impact of the experiential learning cycle (ELC) on peer educator effectiveness in self-reflection and monitoring.

Peer portfolio themes and values clarification

Presented by Lynn Dalrymple / Marina de Jager

Part of developing a portfolio is learning to understand and articulate what we believe, what our values are, and what our attitudes are, and to understand the difference between these things. The group were taken through an exercise in an attempt to do this.

VCT as a health promotion tool

Presented by Leon Roets (project leader for VCT within the HEAIDS programme)

The presentation reported briefly on the VCT team of HEAIDS, which has designed and distributed posters and pamphlets on VCT. There are currently four HEAIDS established VCT clinics on higher education institutions. The team is moving towards encouraging standardisation amongst higher education institutions with regard to VCT services.

It is important to view VCT from a sociological perspective. This would help peer educators to encourage people to go for VCT, and also to deal with people who found that they were HIV positive. Referral, treatment, care and support need to be seen as an important part of the VCT process, and this is where peer education programmes can play a vital role. Referral can be in terms of medical assistance, spiritual counselling, support services, peer groups and community groups. Some form of extension of this continuum of care is important so that students have access to care over holidays and once they have graduated or left the institution. Peer education programmes need to find a way to address this problem.

PEPFAR and beyond

Presented by Wayne Alexander: JHU South Africa office

The presentation focussed on the five-year PEPFAR funding project in South Africa, of which JHU is a part. There will be an increased focus on management and sustainability of the project. One of the key areas that needs attention is that of human resources, where higher education institution's policy is put into practice with HIV positive employees, but often raises problems at the institutions. Managing this better is a key objective of the project. Peer programme managers at campuses where health promoters are based were asked to work closely with JHU in terms of reporting, outlining institutional investment in the project, and supplying information regarding up-coming events.

Sharing experiences of the Health Promoters project

Presented by Paul Botha and Juju Mlungwana (DramAidE)

The presentation gave an overview of the Health Promoters Project (HPP), with some historical background and a clarification of the aims of the project.

Some of the key points that need to be addressed with regards to Health Promoters are: recruitment, values, context, self-management and active involvement in monitoring and evaluation activities. Programme managers also need to explore how Health Promoters can fit into VCT campaigns on campus. Challenges for DramAidE with regards to the Health Promoters programme include monitoring, training and reporting.

The way forward

Delegates at the workshop were asked to discuss how they would implement the ideas shared at the workshop. The following were suggested:

- Portfolio development
  This should be integrated by training peer educators in portfolio development. Sustained management, supervision and training is needed for this to be successful.
- The distinction between and importance of monitoring and evaluation
  This should be done through using portfolios and better monitoring of reports.
- Values and socialisation
  Issues could be integrated into programmes through better awareness of the origins of our value systems, and challenging these where necessary.
- Considering impact versus reach and communicating with partners and funders
  To be integrated by focussing on ensuring the quality of communication with students, and by redefining these concepts internally.
- The importance of a conceptual framework, and recognition of different models for peer education
  Ideas should be shared between campuses and added to existing and new programmes .
- Tsha Tsha could be used in campus based programmes.

Workshop evaluation

Conducted by Emma Durden

The evaluation questioned the usefulness and appropriate pitch of the content of presentations, as well as general organisation of the workshop. Most respondents found all of the sessions interesting and accessible and felt that the information was useful for their particular campus, and that they could pass information to other members of their team, and to peer educators. Regional collaboration and discussion was highly beneficial and should be encouraged on an ongoing basis.

Areas that were not covered at this workshop that participants were expecting included:

- An in-depth evaluation of the Health Promoters programme.
- Planning for World AIDS Day and orientation week.

Participants commented that highlights of the workshop were the following sessions:

- Portfolio development workshop.
- Values clarification.

A number of participants felt that the merger of institutions has caused some problems and tensions that need to be addressed, and that this was a low point of the workshop.

Other comments:

- Peer educator co-ordinators (a level below supervisors) should be invited to a national workshop to share a similar learning and networking experience.
- Health Promoters and peer educators could benefit from a national symposium.
- All institutions should have a chance to present their experiences at national workshops.

Overall, delegates' comments were positive. Participants left the workshop having developed a better sense of how to enhance their own peer education programmes, and some useful tools for use in training sessions, as well as an increased understanding of the Health Promoters project.

In terms of the original objectives of the workshop:

- Capacity was built for institutions planning a new project and for those with existing projects.
- Monitoring and evaluation processes were explained; however, participants still require more training with regard to this.
- New communication strategies, such as *Tsha-Tsha*, were discussed.
- Participants received useful information with regards to the use of portfolios.
- Issues around VCT were raised, but more is needed in terms of strategising how best to make use of this service with relation to health promotion.
- The Health Promoter project was discussed and some issues clarified.

Section 7: Recommendations and Forward Planning for 2005

This chapter is based on discussions at the HEAIDS/DramAidE workshop with peer programme managers held in September 2004. This workshop combined workshops about setting up and managing a peer education programme with managing the DramAidE Health Promoters project. Although DramAidE considers Health Promoters as key components of peer education programmes in South African higher education institutions, given the HIV/AIDS epidemic, these are two separate projects. Some of the challenges facing campuses relating to peer education and identified at the workshop are as follows:

Participant's needs

Participants identified the following needs to equip them to start their own programmes:

- Assistance with training peer educators more thoroughly.
- More "how to" information.
- Frameworks and timeframes for the programme.
- Additional learning and teaching aids.
- Inadequate resources and funds.

Recommendation:

HEAIDS to provide more "how to" information for campuses with new programmes and programme managers from existing projects to travel to new campuses for a period of mentoring, where they could assist with training and the development of systems.

Challenges

a) Challenge: Implementing new ideas

A number of new ideas, tools and strategies were discussed and shared at the workshop.

Recommendation:

Campus peer programme managers should be contacted early in 2005 and asked whether they have implemented any of these new ideas. Successes should be noted and shared on the HEAIDS website.

b) Challenge: Range of strategies

A range of appropriate strategies for working with peer educators have been identified and successfully implemented. Supervisors need to select the most appropriate strategy for their context and circumstances.

Recommendation:

Campus peer programme managers should define the core objectives and activities for their programme most suited to their own campus.

c) Challenge: Mergers

The recent institutional mergers and change in management impact, sometimes negatively, on the effectiveness of peer education programmes.

Recommendation:

Peer programme managers on merged campuses should find ways to work with other programmes to complement each other and share resources.

d) Challenge: Limited resources

A number of institutions lack the resources to develop fully-fledged peer education programmes. Provincial funding consortia may be a possibility for accessing better funding (particularly in the Eastern Cape). Campuses in the same region should consider this strategy and work out ways of sharing resources.

e) Challenge: Evaluation

To ensure thorough evaluation of their own programmes, participants said they would require the following:

- Technical skills with regards to statistics and data programmes.
- An intensive 4-5 day workshop on M & E.
- More capacity (skilled staff).
- Better tools for evaluating, especially evaluating impact.
- Consistent and constant record keeping.
- Better planning of M & E processes at an institutional level.

Recommendation:

A practical workshop should be held for peer programme managers or others responsible for M & E, where practical examples and usable tools are given to participants to take home and make use of on their own campuses.

f) Challenge: Use of tools

On using *Tsha-Tsha* and other multi-media strategies participants requested the following:

- Access to other similar tools, and full sets of the *Tsha-Tsha* series.
- A follow-up session on using *Tsha-Tsha*, including a workbook.

Recommendation:

HEAIDS should negotiate with CADRE for sets of the series, and other materials, as well as instructions and ideas on how to use them. HEAIDS could commission a manual on using this and other EE materials within a campus-based peer education programme.

Recommendation:

The general consensus was that a national meeting of peer educators and HPs would be an inspiring and capacity building event.

Conclusion

In terms of standardising the reporting process and encouraging the sharing of ideas and resources amongst different higher education institutions around South Africa, the peer education task team has made great strides.

The objectives for the working group were defined at its inception, and have been met as follows:

- Institutions that do not have peer education programmes have been identified, and interested parties were invited to national meetings for capacity building.
- Three sites for pilot studies were established, and these are running satisfactorily.
- Examples of best practice have been identified from different campus programmes.
- Two national workshops have been co-ordinated to disseminate information, share materials and stimulate further research and action.
- The evaluation of peer education projects has been addressed at both national meetings, and guidelines discussed, but a comprehensive document on these is still a necessity.
- A functioning website has been set up to disseminate research and stimulate the setting up and further development of peer education projects.
- Documentation has been produced and distributed at the national workshop, including copies of the workshop presentations.
- Liaison on a regional and national level with other role-players involved in HIV/AIDS education, including curriculum development and voluntary counselling and testing has been ongoing.
- The formal recognition of peer education qualifications in higher education remains a matter to be addressed in future.

The work done by the committee over this period has produced a greater sense of a shared vision amongst peer programme managers around the country. With access to lessons learned from other campuses through the campus reports on the HEAIDS website, this culture of sharing will continue to flourish.

The HEAIDS objectives of ensuring effective prevention, care and support, and community outreach are met, to a large degree, by the peer education programmes at higher education institutions. There may also be a number of creative ways in which these programmes can develop partnerships within their institutions to ensure that teaching appropriate to the HIV/AIDS era, and appropriate research and knowledge creation are effectively introduced. HEAIDS, the peer programme managers and trained peer educators can play an advocacy role with regards to effective policy, leadership, and management at institutions around the country, ensuring that these institutions are playing a leading role in combating the spread of the HIV/AIDS epidemic and preparing society for coping with its consequences.

When the young people, who have been trained as peer educators, obtain their qualifications, leave higher education institutions and return to their communities or join the world of work, the hope is that they will continue to regard themselves as leaders who are able to continue demonstrating healthy behaviour choices in whatever context they find themselves.

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