

# Appendix 3.

## Checklists and templates



You can use this booklet to print out, fill in or work with all of the checklists and templates covered in each module.



# Module 2

## Checklist for preparing the existing health team



	Y	N
Staff have been given information about the value of PS support, for clients and the health facility as well as for themselves.		
Staff understand the roles and responsibilities of peer supporters in a PS programme.		
The team understands that peer supporters should be involved in relevant meetings and activities.		
The team believes that peer supporters will make an important contribution to programme efforts and values their input.		
The team is clear on the organogram, where peer supporters fit into facility activities, who they report to and who will have a role in supervising/mentoring them.		
Peer supporters have a clear job description which has been shared with staff who will be supporting the programme.		

## Template for staff announcement



Date

Heading: (Name of Facility)

WELCOMES OUR NEW PEER SUPPORTER/S

I am pleased to advise that (name of peer supporter/s) is joining our team as (title). S/he/they will be working as part of the (name of programme eg. youth friendly services programme) and will be reporting to (name of supervisor or line manager).

Background: (for example, "having peer supporters as part of our programme is an important step for us because (he/she/they) will assist us in working towards (insert programme goal/s) and (insert benefits to the programme)."

## Checklist for a comprehensive service one-stop-shop package



	Y	N
Counselling on sexual and reproductive health, growth, development, relationships and sexuality		
Information and education on sexual and reproductive health		
Pregnancy testing and abortion-related services		
Maternal health services and PMTCT		
Sexual and reproductive health services, eg. family planning, antenatal care, safe delivery, post-natal care, STI prevention, screening and treatment, post-abortion care		
Contraceptive counselling and full range of contraceptive methods offered		
HIV counselling, testing and linkage to care, support and initiation on antiretroviral treatment, treatment literacy with access to VL, CD4, Hepatitis screening		
Counselling and support for adherence to treatment and disclosure support		
Psychosocial support with access to safe spaces, youth clubs and peer support		
Support for transitioning to adult care		
Nutrition counselling		
Personal hygiene and general healthy living information and education		
Screening, referral linkage and follow-up		
Life skills education and recreation		
Social protection services and welfare support		
Screening and counselling on sexual abuse and gender-based violence		
Screening and counselling on mental health		
Screening and counselling on substance abuse		

## Checklist to assess central characteristics of adolescent- and youth-friendly services



	Y	N
<b>Staff preparedness</b> <ul style="list-style-type: none"> <li>Are health providers trained and sensitised to work with adolescents?</li> <li>Do health providers show respect and a non-judgemental attitude to adolescent clients?</li> <li>Are staff respectful of confidentiality and privacy?</li> <li>Are staff comfortable and able to support and provide stigma-free services to adolescents and young people from key populations?</li> </ul>		
<b>Efficiency and effectiveness of service delivery</b> <ul style="list-style-type: none"> <li>Is there enough time allowed for provider-adolescent interaction?</li> <li>Are there job aids available to assist health providers working with young people?</li> <li>Are adolescents involved in decision-making about how programmes are delivered?</li> <li>Are services friendly to both male and female patients as well as to partners?</li> <li>Are appointment systems and tracking systems for clients who miss appointment in place?</li> </ul>		
<b>Access to services</b> <ul style="list-style-type: none"> <li>Does the facility provide services at times that are convenient to adolescents eg. after school?</li> <li>Does the facility have a separate space and separate hours for adolescents?</li> <li>Is there a sign that gives information on services and facility hours?</li> <li>Are services safe and affordable or no fees for services?</li> </ul>		
<b>Facility Environment</b> <ul style="list-style-type: none"> <li>Is there adequate space and privacy?</li> <li>Are the surroundings comfortable and not overcrowded?</li> <li>Is the waiting time short?</li> <li>Is there a safe space for adolescents?</li> </ul>		
<b>Choice of Services</b> <ul style="list-style-type: none"> <li>Are there youth support groups in the facility?</li> <li>Are there peer supporters available to assist in the facility?</li> <li>Are youth-friendly educational materials available</li> <li>Do clients have information that will allow them to access information off-site for example telephone hotlines</li> <li>Are adolescents provided with referral to other services/organisations if there are services the facility is not able to provide, eg. specific support for substance abuse?</li> <li>Safe, affordable or no fees for services</li> <li>Mechanisms in place for young people to give feedback on the service they receive</li> <li>Are there mechanisms in place for young people to give feedback on the service they receive?</li> </ul>		

## Survey checklist for assessing quality of SRHR Services



<b>Demographic Information:</b>		
Gender:	<input type="text"/>	
Age:	<input type="text"/>	
Are you: single	<input type="checkbox"/>	married <input type="checkbox"/>
		in a relationship <input type="checkbox"/> (tick one)
Is this your first visit to the facility		Y N
<b>Right to Information:</b> Did you receive information or counselling on any of the following during this or other visits:		
• Safer sex options		
• Prevention (HIV, STIs, unwanted pregnancy)		
• Contraception (how it works) and options to consider		
• Emergency contraception		
• Post-exposure prophylaxis		
• Relationship and sexual enjoyment		
• Developmental issues, eg. menstruation, masturbation		
• Where to go for services not available at this facility		
• HIV treatment literacy, adherence and disclosure support		
<b>Right to Access</b> Were you helped with any concerns you might have had? If not, please explain:		
<b>Are the facility opening hours convenient for you?</b> If not, what would suit you best:		
<b>Right of Choice</b> Did you get the service you came for today? If not, please explain:		
If you were unhappy or uncomfortable did you know who to speak to about this?		
Were you offered an opportunity to join a support group?		
<b>Privacy</b> Did you feel that your right to privacy was respected?		
Were you reassured that any information you gave would remain confidential?		

<b>Waiting Time</b> Did you feel your time at the health facility was:		
• Too long	Y	N
• Too short		
• About the right length of time		
<b>General Satisfaction</b> Did the facility staff treat you in a friendly and respectful way? If not, please explain:		
Have you ever been asked your opinion about the services provided at this facility?		
<b>Continuity of Care</b> Have you been told:		
• When you should return for a follow-up visit		
• That you can come back anytime if you have a question or problem		
Was there anything you liked about the facility: (please explain)		
Was there anything you disliked about the facility (please explain)		
Was there anything you would have liked to tell the health provider that you felt uncomfortable to talk about? (please explain)		

Adapted from: International Planned Parenthood Federation (2008).

## Scorecard to survey friendly health service provision



Statement	Frequency of occurrence			
	Always	Mostly	Sometimes	Never
1. Health providers greet me with a SMILE				
2. Health providers show me that they believe I can live a full and happy life, have healthy relationships and have a family of my own				
3. Health providers listen to my questions without judgement				
4. Health providers provide me with answers that are positive and give me hope				
5. Even when health providers are busy, they give me time to talk				
6. Health providers explain things clearly and make sure I understand everything and can make my own choices				
7. Health providers treat me with respect and don't talk about me with others				
8. Health providers respect my privacy and will speak to me in a confidential space				
9. Health providers make appointments quick and smooth, so I am not waiting around				
10. Health providers are fair to me and do not allow older clients to jump the queue ahead of me unnecessarily				
11. Health providers find ways to make sure that I do not have to visit the facility too often and that I get the full range of services that I need				
12. Health providers do not behave inappropriately - they don't flirt with me, gossip about me or insult me				
13. Health providers make sure that the medication they give me is correct, not expired and they explain to me what I need to know to be able to take it				
14. Health providers do not burden me with any stress that they may be feeling				
15. Health providers care about me and make me feel cared for, understood and protected				



## Template of service package at community level – mapping services



It is useful to have an overview of community-based services that can assist the peer supporters with his or her activities.

Areas of activity	Person responsible
HIV prevention	For example: health promotion campaigns
HIV counselling, testing & linkage to treatment Initiation	For example: mobile testing and or self-testing
HIV care	For example: home visits, appointment reminders and phone messaging
HIV treatment	For example: referrals for adherence support and for tracking someone that may have missed an appointment
HIV support	For example: psychosocial support

## Referral systems checklist



Are there bi-directional referral systems in place?	Y	N
Are there guidelines for determining when a referral is needed?		
Have logistics been considered: eg. meeting patient transport costs when a facility visit is required?		
Is there a system for tracking and documenting referrals?		

## Template for bi-directional referrals



### CLIENT REFERRAL FORM

Details of Referring Organisation (eg. facility or CBO name)

Referring to

Address

Contact details

Date of referral (insert date)

Client details

Client identity document number or UI

Age

Sex

Address

Service Referred for:

(insert service/s: see tick box example below)

# Module 3

SRH & HIV Prevention Services	HIV Services	Care & Support
<input type="checkbox"/> HIV testing & counselling	<input type="checkbox"/> Antiretroviral therapy (ART) initiation	<input type="checkbox"/> Psychosocial support
<input type="checkbox"/> Condoms & negotiation skills	<input type="checkbox"/> Viral load and CD4 monitoring	<input type="checkbox"/> Mental health screening & management
<input type="checkbox"/> Family planning & pre-conception advice (a full range of contraceptives, including long-acting methods & emergency contraception)	<input type="checkbox"/> Adherence support	<input type="checkbox"/> Disclosure support
<input type="checkbox"/> STI screening, diagnosis & treatment	<input type="checkbox"/> Understanding & managing side effects	<input type="checkbox"/> Support groups
<input type="checkbox"/> Voluntary medical male circumcision	<input type="checkbox"/> ANC and PMTCT services	<input type="checkbox"/> Comprehensive post-rape care & counselling
<input type="checkbox"/> Antenatal care, safe delivery services & postnatal care	<input type="checkbox"/> Opportunistic infection screening & treatment	<input type="checkbox"/> Nutritional support
<input type="checkbox"/> Human papilloma virus (HPV) vaccination	<input type="checkbox"/> Hepatitis C screening & treatment	<input type="checkbox"/> Linkage to access social protection services & other support services
<input type="checkbox"/> Cervical & breast cancer screening	<input type="checkbox"/> Hepatitis B screening and vaccination	<input type="checkbox"/> Violence prevention & support, including sexual & gender-based violence
<input type="checkbox"/> Post-exposure prophylaxis		
<input type="checkbox"/> pre-exposure prophylaxis (PrEP)		
<input type="checkbox"/> Abortion services		<input type="checkbox"/> Education and support for caregivers to be able to provide information & support on SRHR
<input type="checkbox"/> Post-abortion care, including treatment of incomplete & unsafe abortion		
<input type="checkbox"/> Comprehensive post gender-based violence/rape care		
Any other services provided not listed above (please specify):		

## Checklist: questions to be answered in the planning phase

- Is a PS programme an appropriate mechanism to meet the needs of the target population?
- How and when will the needs assessment be conducted?
- What are the objectives of the programme?
- Who is the target population?
- How large is the population?
- What is the ideal profile of the peer supporters, given the target population?
- Are there people within the target population who have the time, interest and ability to work as peer supporters?
- How many peer supporters will be necessary to reach the population?
- Can the project train this number of peer supporters?
- What will the peer supporters need to do? (provide information, make referrals, etc.)
- What do the peer supporters need in order to reach these objectives? (training, materials, commodities, etc.)
- Can the project provide these things?
- Does the budget include supervision expenses?
- How can we make sure youth can participate and express their opinions?
- For this project, will it be possible to attract and maintain the interest and support of opinion-makers and influential people in the project community?
- Would this project and its interventions result in the peer network expanding?

Adapted from: COC Netherlands Writing Group (2015). How to get the most out of your LGBTI Peer Education Programme



## Community mapping template



Name	Service	Address	Person	Website	Email	Tel
Well of Youth	Life skills development	12 Skip Street Soweto	Patience Mahasha	www.wellness.org	patience@wellness.org	065 345 8976
Hands Youth Ministry	GBV Counselling	11 Kotso Street Alexandra	James Mashaba	www.hym.org	pastorj@hym.org	015 632 4112
Senzani	HIV counselling and testing	23 Bird Street Soshanguve	Lilly Khosa	www.senz.org	KhosaL@senzani.org	331 278 9861

Adapted from: PATA (2017). Clinic-Community Collaboration Toolkit: Working together: working together to improve PMTCT and paediatric HIV treatment, care and support.

## Project goals and objectives template



<b>Programme Name</b> Provision of adolescent and youth friendly services <b>Facility Name:</b> South Main Facility	<b>Developed By:</b> Dora Majazi <b>Designation:</b> Facility Manager
<b>Date Created:</b>	August 22 2019
<b>Goal Statement</b>	Create an adolescent- and youth-friendly facility environment that is conducive to the delivery of health services
<b>Objectives</b> <ol style="list-style-type: none"> <li>1. Build the capacity of health providers to deliver adolescent and youth friendly services</li> <li>2. Involve young people in programme design and feedback</li> <li>3. Provide information, education and communication (IEC) consistent with the minimum AYFS service package</li> <li>4. Ensure availability and accessibility of services that cater for the sexual and reproductive health needs of adolescents</li> <li>5. Recruit, train and integrate AYPLHIV as peer supporters</li> <li>6. Provide necessary referral linkage to ensure continuity of care for young people</li> </ol>	

Adapted from: How to write a S.M.A.R.T. project objectives. Retrieved 23 August 2019: <https://www.smartsheet.com/how-write-smart-project-objective>

## Template showing the logic model is a series of “if-then” statements



Certain conditions create need for programme services Programme operations require certain resources	<b>IF</b> conditions and resources exist <b>THEN</b> you can accomplish planned activities	<b>IF</b> you accomplish activities, <b>THEN</b> you will deliver products and services as planned	<b>IF</b> you deliver products and services as planned, <b>THEN</b> target population will benefit in certain ways	<b>IF</b> target population benefits from program, <b>THEN</b> community- or organisational- level changes may occur
Resources (inputs)	Activities	Outputs	Outcomes	Impact
Planned work		Intended results		

## Template showing completed logic model example



Resources (inputs)	Activities	Outputs	Outcomes	Long-term changes or impact
Staff	Recruit peer supporters	At least 100 female youth (between 14 and 18 years of age) completed six consecutive educational sessions conducted by peer supporters	Increased ability of young women to negotiate condom use with older partners	15% decrease in number of young people reporting STIs at local facility after two years
Peer supporters	Adapt a training curriculum to use when training peer supporters		Increased uptake of oral contraception, condoms, and HIV counseling and testing services	15% decrease in number of teenage pregnancies after two years
Stakeholders	Develop or adapt the educational curriculum and tools for peer supporters to use in their sessions	Peer supporters referred and escorted 2,500 young women to facilities for contraception and HIV testing when appropriate	Changed community norms regarding acceptability of multiple and concurrent partnerships	Increased community participation in the promotion of safe, healthy relationships
Funding				
Supplies	Create linkages and referral systems with local youth-friendly service providers	30 Community plays and skits performed by peer supporters and youth demonstrated risks related to multiple and concurrent partnerships		
Workplan (includes training strategy)	Train peer supporters			
M&E plan	Supervise peer supporters			
	Develop a programme of rewards and incentives for peer supporters			
Planned work		Intended results		

## Template showing types of indicators for different stages of activity



Activity stage	Indicator type	Thematic examples
Pre-intervention	Baseline	<ul style="list-style-type: none"> <li>Existing attitudes and self-reported behaviours</li> <li>Existing service utilization data</li> <li>STI-HIV prevalence</li> </ul>
Participatory exploratory research		
Existing data review		
Training, participation Information distribution Service provision	Process	<ul style="list-style-type: none"> <li>Number of people trained</li> <li>Number of materials distributed</li> </ul>
Short-term, post-activity	Intermediate	<ul style="list-style-type: none"> <li>Changes in knowledge and attitudes</li> <li>Changes in social / peer norms</li> </ul>
Medium-term, post-activity	Outcome	<ul style="list-style-type: none"> <li>Self-reported adoption of positive behaviours</li> <li>Increased service utilization / retention</li> </ul>
Long-term, sustained	Long-term outcomes / impacts	<ul style="list-style-type: none"> <li>Maintenance of positive self-reported behaviours</li> <li>Prevented onset of risky self-reported behaviours</li> <li>Reduced STI/HIV incidence</li> <li>Changed social/peer norms</li> <li>Improved CD4 counts, viral loads</li> </ul>

## Sample programme activities template



Objective	Activities
Build the capacity of health providers to deliver adolescent- and youth-friendly services (AYFS)	Train health providers through in-service and on-the-job training to deliver AYFS
Involve young people in programme design and feedback	Obtain feedback from adolescents and youth accessing health services Implement youth advisory committee and encourage participation
Provide information, education and communication (IEC) consistent with the minimum AYFS service package	Distribution of IEC materials Posters Health talks Job aids for health providers
Ensure availability and accessibility of services that cater for the sexual and reproductive health needs of adolescents	Peer education groups Face-to-face counselling Parent education for adolescent sexual risk reduction Availability of contraceptives
Ensure necessary referral linkage for continuity of care for young people	Mapping to identify community-based resources Create platforms for engaging community-based organisations Implementation of bi-directional referral tools

Adapted from: National Adolescent and Youth Health Policy, South Africa (2017). National adolescent and youth health policy.

## Checklist and action planning tool



Guideline	Notes from the programme	Rating	Next steps	Point person	Time frame
<b>Programme planning</b>					
1-1. Determine whom your programme will serve					
1-2. Identify the needs of those who will benefit from your programme					
1-3. Coordinate with other programmes					
1-4. Engage young people in programme planning					
1-5. Develop your programme's goals and objectives					
1-7. Develop a workplan and logic model to help you implement your programme					
1-8. Establish a health and social services referral system					
1-9. Develop a monitoring and evaluation plan					
1-10. Create a resource development and sustainability plan					
1-11. Establish ways to receive feedback on the programme					

Guideline	Notes from the programme	Rating	Next steps	Point person	Time frame
<b>Recruitment and retention of peer supporters</b>					
2-1. Develop criteria for selecting peer supporters					
2-2. Use appropriate recruiting sources and materials					
2-3. Adhere to a transparent and fair selection process					
2-4. Provide clear expectations to peer educator candidates					
2-5. Establish written agreements with peer educators					
2-6. Promote cooperation and teamwork					
2-7. Establish systems for providing incentives and reimbursement					
2-8. Offer peer educators the opportunity to accept more responsibility					
2-9. Develop a formal procedure for departing peer educators					
<b>Training youth to be peer supporters</b>					
3-1. Develop a training strategy that builds the capacity of peer educators for the life of the programme					
3-2. Work with qualified trainers					
3-3. Use a high-quality training curriculum and supportive educational materials					
3-4. Create an environment that encourages active participation and learning					
3-5. Discuss ethical issues					
3-6. Evaluate the training					
3-7. Involve experienced peer educators in the training or as mentors					

Guideline	Notes from the programme	Rating	Next steps	Point person	Time frame
<b>Leading peer education sessions</b>					
4-1. Ensure that peer educators are qualified and prepared to lead education sessions					
4-2. Plan content and activities with the help of a high-quality educational curriculum					
4-3. Develop a schedule that encourages regular attendance and participation					
4-4. Monitor and evaluate peer education sessions					
<b>Supervision and programme management</b>					
5-1. Use trained and skilled supervisors					
5-2. Conduct supportive supervisory meetings					
5-3. Supervise and support peer educators as they are leading sessions					
5-4. Continually reinforce ethical behavior and motivation					
5-5. Ensure competency and cohesion of the programme's staff					
5-6. Establish a participatory decision-making process					
5-7. Use accurate data and information when making decisions about the programme					

# Module 4

Guideline	Notes from the programme	Rating	Next steps	Point person	Time frame
<b>Monitoring and evaluations</b>					
6-1. Establish functional, relevant indicators to measure progress					
6-2. Set indicator targets					
6-3. Develop and apply your M&E plan					
6-4. Use appropriate monitoring tools					
6-5. Gather baseline and follow-up data					
6-6. Document the programme					

Adapted from FHI 360 (2010). Evidence-Based Guidelines for Youth Peer Education

## Checklist: direct recruitment



• Facility
• Schools
• Churches
• Neighbourhood groups
• Sports facilities / clubs
• Youth groups
• Grassroots groups
• Peer run programmes
• Support groups
• Youth centres
• Outreach events
• Non-profit organisations
• Advocacy organisations

Adapted from: Philadelphia Dept. of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Peer Support Toolkit



## Advertisement checklist

- Include the job title in a prominent position
- Use language that speaks directly to the person you are trying to attract: Think about what you can say that would make a young person really want to apply for this position. For example: "Do you want to be part of a dynamic health team working with young people?"
- You could include benefits, for example opportunities for on-the-job training
- List the required skills (must have skills rather than nice to have skills)
- List specific criteria (age, gender and openly living with HIV)
- Use headings to break up the text
- Include location of the position
- Include employment type (is it full-time or part-time), or is it voluntary
- Include information on the salary/remuneration or stipend
- Include information on number of hours of work required per week
- Provide contact details and application instructions on how to apply and highlight the closing date
- Keep it simple

## Shortlisting template

Name	Appropriate age range	Finished school	Good facility attendance	Fully disclosed	Basic IT skills
	x	✓	✓	✓	x
	✓	✓	✓	✓	✓
	✓	✓	✓	✓	x
	✓	x	x	✓	✓

## Template for job description

### JOB DESCRIPTION

**Job Title:** Peer Supporter

**Reports To** (Title of supervisor)

**Main Purpose of the Job:** (eg. to promote healthy behaviours and prevent risk behaviours in adolescents and young people through targeted interventions at individual, health facility and community level)

**Date:**

**Facility Name:**

**Facility Vision:** (eg. "We are a primary healthcare facility serving the community of (x). We aim to meet the needs of our clients by delivering quality health services to all members of the community)

**Requirements:** (eg. level of education; currently unemployed or not in formal education)

## Template of skills needed for the job description

Skills	Other
Excellent communication skills	Ability to work in a team
Good interpersonal skills	Respect for confidentiality
Keen to work with young people	Motivated
Good organisational skills	Ethical
Empathy	Proficient in local language
Good listening skills	
Good social skills	
Confident to speak in public	
You may also want to specify that you are seeking to recruit a young person living with HIV who is fully disclosed.	

## Checklist: Things to think about

- Is this person part of your target community?
- Is this person a volunteer or will s/he receive a stipend?
- What does this person know about how to manage the targeted disease or condition, for example, HIV?
- Is this a person who is keen to learn, or do they think they know it all already?
- How well does this person manage his or her condition or disease?
- If the person is HIV positive, is he or she virally suppressed and living openly with HIV and do they have a good track record of facility engagement?
- What facility does this person attend?
- How well does this person relate to others?
- Is this person able to give the necessary time to the adolescent programme?
- Has the person shown initiative and been engaged in youth activities in the facility or community?

## Template for the interview. Section 1:

Name of Candidate						
Name of Interviewer						
Date of Interview						
CV Attached						
Rate on a scale 1-7 (with 4 being the average) and make a list of all the questions you intend to ask						
Q1. What makes you think this is the right position for you?						
1	2	3	4	5	6	7
Notes:						
Q2. See examples below						
1	2	3	4	5	6	7
Notes:						

Adapted from: Montana's Peer Network (2019). Employer/Provider Toolkit for Behavioral Health Peer Support Specialist Services

## Scoring template

Question	Score	Comments
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

TOTAL SCORE		
	Excellent	75-84
	Very Good	60-75
	Average	42-60
	Below Average	30-42

## Sample template for an appointment letter



Name of selected candidate

Address of the selected candidate

Date of issue of Appointment Letter

**Subject: Your application for the position of peer supporter**

Dear

We are delighted to inform you that your application for the position of peer supporter was successful.

You are requested to report at our health facility as per address given below at ..... AM/PM on ..... (date from when the applicant is expected to join) in acceptance of your appointment.

Name of the Organisation/Company/Facility

Complete address with phone numbers/landmarks (if any)

As per our Organisational/Company/Facility policy, you will be engaged on an initial Contract for a period of ..... (specify the period) and then, based on your performance and review you will be taken to the next level of employment/volunteer service and development in the peer supporter programme.

During your Contract period you are entitled to take  (specify the leave days that the peer educator can take as per your Leave Policy if applicable).

You are also formally invited to attend mandatory training for peer supporters on (specify the date of

training) at the venue (specify).

We hope to have a long and successful relationship with you and wish you all the v

Yours sincerely  
(Designation of the aut

## Contract template



**CONTRACT OF EMPLOYMENT or VOLUNTEER AGREEMENT and Memorandum of Understanding**  
(choose from the above titles what type of contract is best suited)

Between

1. Facility or organisation (name and address)  
and
2. Peer supporter (name, address and telephone number)  
Date of birth  
Identity number/Passport number

The (name of facility or organisation) agrees to (employ or engage the volunteer service) on the terms set out below.

### Commencement

The (employee/volunteer) will commence/start (employment/volunteer service) on (specify the start date) until such time as the contract is terminated by either party as outlined below:

### Position Title

- a) (Name of applicant) is being (employed/contracted or engage) as a (insert title/eg. Peer Supporter)
- b) (Name of applicant) will report to (insert title)
- c) (Name of applicant) will undertake duties as outlined in the job/task description (attach job description or task description)

The (employee /volunteer) agrees to comply with all policies, procedures, rules and regulations as set out by (name or organisation or facility).

### Duration of contract

This will be a fixed term (contract/agreement) and is not a permanent (position/role). Provide date when contract / agreement ends and conditions for renewal.

### Compensation

Define remuneration: Specify salary/stipend, how and when this will be paid.

### Probationary Period and Contract period

If applicable, specify the probation period

### Benefits or Reimbursements

Include any benefits the peer supporter may be entitled to (eg. transport money, airtime, access to training, development of vocational skills)

### Work Location and Hours

The employee is required to report to (name of facility and address) at (time). Clearly define hours as well as time for lunch and tea breaks.

### Performance appraisal

A performance appraisal will be conducted (insert time period eg. annually).

### Line management

Provide details of who the peer supporter will report to. You may also wish to provide an organogram so that peer supporters understand how they fit into the facility structure.

### Leave and sick leave

Specify leave entitlement where applicable, depending on the arrangements of your facility, including public holidays. If applicable, highlight that this should be taken at a time convenient to the facility programme with enough notice given to (name of supervisor). Include sick leave with requirement that a doctor's letter is provided if this exceeds (insert number of days) and specify who must be notified if any day of work/duty is missed due to ill-health. Specify how this must be communicated.

### Confidentiality

The employee agrees that they will not disclose or permit disclosure of confidential information except to such person authorised to receive and evaluate such information.

### Code of conduct

This can be included within or as an appendix to the contract. See Figures 2 and 3 in Module 6 for examples of a code of conduct.

### Grievances and disciplinary procedures

These will be conducted according to the procedures as outlined by the (organisation or facility)

### Termination

Outline termination conditions (eg. immediate termination for gross misconduct) and notice period

### Signed

1. Peer Supporter  Employee/Volunteer) on the  day of   
 month and year  at  place.

2. Facility Manager  on behalf of (Facility name) on the  day of   
 month and year  at  place.

## Orientation checklist



Introduction to staff
• Peer supporters introduced to healthcare team
• Describe facility structure
• Describe the role of other staff and how they are interconnected
The Workspace
• Show new staff where to find supplies, kitchen, toilets and so on
• Orientate new staff to facility layout
• Address personal safety in the workspace (eg. gloves, handwashing) and in the community (violence, crime)
• Address basic infection control
Document Review
• Code of conduct
• Explanation of all policies relevant to the post
• Record keeping requirements
• Review basic conditions of service as outlined in the contract eg. o Hours of work o Working hours o Reporting structure
Discuss Supervision
• Discuss the importance of supervision and supervision meetings
• Clarify boundaries of the role, i.e. what peer supporters can and cannot do independently
Share Information on Resources
• Show peer supporter where to find information, education and communication (IEC) materials
• Discuss community resources
Introduction to Clients
• Introduce peer supporter/s to clients and help facilitate conversation
• Help those receiving the service to feel comfortable with peer supporter eg. explain the support that s/he will be offering

Adapted from: PATA (2017) Peer Support Handbook and DBHIDS (2017) Peer Support Toolkit

# Module 5

## Template for core training modules



Module:	Module:	Module:	Module:	Module:	Module:	Module:
Roles and responsibilities of a peer supporter	Values clarification	HIV knowledge	Adherence	Sexual and Reproductive Health	Communication skills	Psychosocial support

It might also be useful to think about this in terms of where along the treatment cascade you would like your peer support programme to focus (see below) and what knowledge and skills will be required for this.

## Point on the cascade

Prevention	Finding	Testing	Psychosocial care and HIV knowledge	Accessing SRHR services	Adherence	Retention	LTFU	Transitioning to adult care
------------	---------	---------	-------------------------------------	-------------------------	-----------	-----------	------	-----------------------------

## Defining objectives template



Module 3	Objectives
Adherence to treatment	<ul style="list-style-type: none"> <li>To know common first-line ARVs and ART regimens and to be able to explain to a client how to take them</li> <li>To know the benefits of ART</li> <li>To help client recognise and manage the side effects of ARVs</li> <li>To understand common barriers and facilitators in treatment adherence and to assist clients in identifying their own personal barriers and facilitators</li> <li>To help clients develop an adherence plan suited to their lifestyle, taking into account their particular barriers and facilitators to adherence</li> </ul>

## Checklist for prioritising training topics



Introduction to HIV	Top priority	Medium priority	Low priority
• HIV basics	✓		
• How HIV works in the body	✓		
• Disease progression from HIV to AIDS	✓		
• How HIV is transmitted	✓		
• How HIV can be prevented	✓		
• HIV testing and ART initiation	✓		
Adherence			
• Common ARV drugs	✓		
• Treatment options and literacy	✓		
• Adherence counselling and initiation	✓		
• Measuring adherence	✓		
• Strategies for giving medication to adolescents		✓	
• Side effects of ARVs	✓		
Sexual reproductive health rights			
• Sexualized and reproductive rights			
• Gender norms and freedom of choice and bodily autonomy			
• Family planning methods			
• Access family planning services			

PATA (2017). Children, adolescents and HIV: A simple toolkit for community health workers and peer supporters

## Final template for training



Module:	Module:	Module:	Module:	Module:	Module:	Module:
Understanding HIV and AIDS	Communication Skills	Roles and responsibilities of the peer supporter	Sexual and reproductive health	Adherence	Values clarification	Psychosocial support
HIV Basics	Building trust	Understanding support	Parts of the body concerned with sex and reproduction	Common ARVs	Self-awareness	Helping adolescents manage relationships
How HIV works in the body	Active listening	Revisiting roles and responsibilities	Adolescent sexuality and body image	Treatment literacy	Attitudes and values	Disclosure
Disease progression: from HIV to AIDS	Asking open-ended questions	Advantages of peer support	Different sexual behaviours	Adherence counselling and initiation	Stereotypes	Reducing risk behaviour and positive living
How HIV is transmitted	Verbal and non-verbal communication	Peer supporters as part of the multi-disciplinary team	Sexually transmitted infections	Measuring adherence	Gender norms and biases	Coping skills
How HIV can be prevented	Non-judgemental behaviours	Ethics	Contraception and child-bearing choices	Strategies for giving medication to adolescents	Cultural sensitivity and working with key populations	Substance use
HIV testing & ART initiation	Running groups	Self-care	Harmful traditional practices	Side effects of ARVs	Impact of stigma and discrimination	Self-esteem building
Screening mental health and exposure to violence/abuse or other social challenges (drugs/alcohol abuse)	Using creative approaches to work with adolescents: art, music, drama, sport		PMTCT and supporting young mothers	Sexuality and reproductive health	Family planning methods	Knowing when additional assistance is needed and how to refer

## Training agenda template



Time	Day One	Day Two	Day Three	Day Four	Day 5
08:30-10:00	Welcome and introductions Module 1: Course overview, why we are here and setting ground rules and pre-training questionnaire	Module 3: Communication and Counselling Skills	Parts of the body concerned with sex and reproduction	Common ARVs	Helping adolescents manage relationships
10:00-10:15	Tea break	Tea Break	Tea Break	Tea Break	Tea Break
10:15-12:00	Module 2: Understanding HIV and AIDS	Module 3: continued	Module 4: continued	Module 6: Continued	Module 7 continued
12:00-13:00	Lunch	Lunch	Lunch	Lunch	Lunch
13:00-15:00	Module 2: Understanding HIV and AIDS continued	Module 3: Continued	Module 5: Sexual and reproductive health	Module 6: Continued	Module 8: Psychosocial support
15:00-15:15	Tea Break	Tea Break	Tea Break	Tea Break	Tea Break
15:00-16:30	Module 2: continued	Module 4: Roles and responsibilities of the peer supporter	Module 5: continued	Module 7: Values clarification	Module 8 continued
16:30-16:35	Recap, evaluation and closing	Recap, evaluation and closing	Recap, evaluation and closing	Recap, evaluation and closing	Recap, evaluation, post-training questionnaire and closing



## Pre-test questionnaire template



<b>Title of Training:</b> Peer Support Training
<b>Topic:</b> Adherence
<b>Facility:</b>
<b>Date:</b> July 25-30 2019
<b>Facilitator:</b>
<b>Name of Peer Supporter:</b> (alternatively use an identifying number). ID Number 0001

	True	False
1. CD4 cells help protect a person against infection		
2. Cotrimoxazole (CTX or Bactrim) helps to prevent opportunistic infections		
3. Normally a person's CD4 count will go down when they start taking ARVs		
4. A person who is virally suppressed cannot pass HIV onto his or her partner but should still use a condom when having sex		
5. Many side-effects of ARVs go away within 2-3 weeks		
6. Peer educators can create an ART adherence plan with their client		
7. Most people forget to take their ARVs because they are lazy		
8. Missing your ART dose once in a week is acceptable		
9. People can share their ARVs		
10. If a 1st line regimen is not working for a person the nurse may switch to 2nd line		
11. If you feel sick on ART you should stop taking it		
12. If you are a few hours late taking ART you should rather not take it at all		
13. A viral load shows how much HIV virus there is in a persons blood		
<b>TOTAL SCORE</b>		

Adapted from: ICAP (no date) Comprehensive peer educator training curriculum: trainer manual

## Training checklist



Activity	Responsibility	By when
Invite peer supporters		
Prepare training programme		
Book trainers for time required		
Arrange training packs (handouts, leaflets, agenda)		
Purchase any materials needed (flipcharts, kokhis)		
Decide on a venue and book it		
Check suitability of the venue eg. space, toilets		
Arrange food/refreshments		
Arrange transport		
Arrange accommodation if required		
<b>Budget items</b>		
Materials for training		
Trainers (if applicable)		
Transport		
Food/refreshments		
Accommodation		
Venue hire		
Other		

Adapted from: German Foundation for World Population (DSW): Sexual and reproductive health training manual for young people (2006).

## Completion of training certificate template



### CERTIFICATE

This is to certify that (name) has successfully completed a five-day training on:

- Basic HIV
- Sexual and Reproductive Health
- HIV adherence
- Communication skills
- Roles and Responsibilities of the peer supporter
- Values clarification
- Psychosocial support



Conducted at: (venue)

Dates: (start and end date)

Manager

Facility or organisation name

Name

Signature

Trainer

Name

Signature

Organisational Letterhead or Stamp

## Job shadowing template



Health Facility	<input type="text"/>
Date and Time	<input type="text"/>
Peer Supporter	<input type="text"/>
Staff member shadowed	<input type="text"/>
1. What activities did you observe in the course of job shadowing?	<input type="text"/>
2. Was there an activity you observed that you would like to learn more about? Please explain	<input type="text"/>
3. As a result of job shadowing would you do anything differently in your own interactions with patients and staff? Why?	<input type="text"/>
4. What did you learn from your job shadowing experience?	<input type="text"/>
5. Are there any other members of staff you would like to shadow?	<input type="text"/>



## Peer educator supervised practical checklist



**Instructions:** One checklist for each peer supporter should be completed during the practical. As you observe a specific skill being demonstrated, tick your rating as GOOD, FAIR, or POOR. If you want to make comments or recommendations, write in the right-hand column and be sure to share comments with the peer supporter. Note that it is unlikely that all items on the checklist will be observed during the practical. This extensive list of skills is intended to be a guide. At the end of the practical, complete the final evaluation for each participant.

Name of Participant:  Name of Assessor(s):

Dates of Practical:  Name of site:

Key Skill Area	Assessor's Rating (Tick One)			Comments
	Good has mastered the skill	Fair needs more practice	Poor needs more training	
<b>General Communication Counselling Skills with Individuals and Groups</b>				
Introduces self and role as a peer supported and identifies self as an ALHIV				
Ensures privacy and explains confidentiality to clients				
Demonstrates at least 3 essential communication skills				

Key Skill Area	Assessor's Rating (Tick One)			Comments
	Good has mastered the skill	Fair needs more practice	Poor needs more training	
<b>Basic Communication about HIV</b>				
Explains the difference between HIV and AIDS				
Explains how HIV affects the immune system				
Explains the different ways HIV is transmitted				
Clarifies the way HIV is NOT transmitted				
Explains the different ways HIV can be prevented				
<b>Sexual and Reproductive Health</b>				
Describes the functions of reproductive and sexual body parts				
Describes ways to practice safer sex and prevent HIV				
Demonstrates male and female condom use				
Gives clients basic information about signs and symptoms of STIs				
Advises on complete treatment of STIs for self and partner				
Can describe family planning and contraceptive options				

Key Skill Area	Assessor's Rating (Tick One)			Comments
	Good has mastered the skill	Fair needs more practice	Poor needs more training	
<b>Comprehensive HIV Care and ART</b>				
Describes the components of comprehensive HIV care				
Explains why HIV care is important, even if a person is not on ART				
Explains the most common medical issues that AYPLHIV may experience, some basic symptoms, and basic ways to prevent them				
Explains who needs ARVs and ART				
Provides basic information about ARV side effects				
Recognizes when a client describes concerning side effects and provides an immediate referral to the multidisciplinary care team				
Advises clients never to stop taking ARVs without coming to the facility first				
Escorts clients to referral points within the health facility				
<b>HIV Prevention, Care, and Treatment for Young Pregnant Women and Their Children</b>				
Explains the definition and importance of PMTCT services to young pregnant women				
<b>Adherence Support</b>				
Explains the importance of adherence to care and medicines				
Helps support clients who are having adherence challenges by giving practical examples about adherence strategies				
Asks about adherence at follow-up visits				

Key Skill Area	Assessor's Rating (Tick One)			Comments
	Good has mastered the skill	Fair needs more practice	Poor needs more training	
<b>Psychosocial Support</b>				
Can suggest positive and practical ways to cope when a client expresses psychosocial needs and concerns				
Offers practical suggestions to clients to cope with and stand up to stigma and discrimination				
<b>Support Groups for ALHIV</b>				
Demonstrates effective group communication skills				
Suggests and helps lead at least 1 youth-friendly activity or game				
<b>Positive Living</b>				
Describes the importance of positive living for ALHIV				
Understands when to make referrals for serious problems, like when a client appears to be very stressed or sad				
Explains healthy and unhealthy behaviours for ALHIV				
Encourages AYPLHIV to be involved in their own care				
<b>Disclosure Support</b>				
Freely discloses own HIV status to clients and health care workers				
Provides disclosure support to clients and caregivers, using tools like the Talking Tree				
<b>Community Outreach, Education, and Linkages</b>				
Provides clients with basic information about available community resources, using a resource map or inventory				

Key Skill Area	Assessor's Rating (Tick One)			Comments
	Good has mastered the skill	Fair needs more practice	Poor needs more training	
<b>Record-keeping and Reporting</b>				
Correctly completes daily activity recording form and monthly reporting form				
<b>Communication with Supervisor and Multidisciplinary Care Team</b>				
Can appropriately communicate about client issues with other Peer Educators, supervisor, Programme Education Coordinator, and relevant members of the multidisciplinary care team on a daily basis				

Adapted from: ICAP (2011). Positive voices, positive choices: A comprehensive training curriculum for adolescent peer educators: trainer manual

## Peer supporter post training interview template



Interviewer Name:

Peer Supporter Candidate:

Date:

Select the questions you feel are most relevant.

- Now that you have completed the peer supporter training, do you think you will be a good fit for our peer support programme? Why or why not?
- Tell us something new you learned during training and something new you learned about yourself.
- Define "confidentiality". In what circumstance would you break confidentiality? Who would you talk to?
- What skills do you believe are most important in being an effective peer supporter?
- Are there any areas within the peer supporter role that you may find challenging?
- How will you identify if you are becoming unwell and unable to maintain a peer/supporter relationship? How will you take care of your own wellbeing and what support will you need from staff?

**Peer/Educator Relationship Process**

- How would you approach the beginning of the peer/supporter relationship?
- How would you maintain the relationship?
- How would you handle the end of the peer/supporter relationship?
- Please describe the approach you would use to help your peer with goal setting.
- What is considered appropriate "self-disclosure"? What would be inappropriate?
- What is your understanding of "boundaries"? Describe your personal boundaries, and how you would present them to others.

**Scenario Questions:**

"One of the participants in the peer support group always puts me down after the meeting. I am getting sick of it and am thinking about quitting the group."

"I am having really bad side effects from the medication my doctor prescribed. I think I'm going to stop taking my medication, I will feel better without it."

"I'm tired of feeling like this, I'm so overwhelmed and I want it all to end. I think everyone would be better off without me anyways."

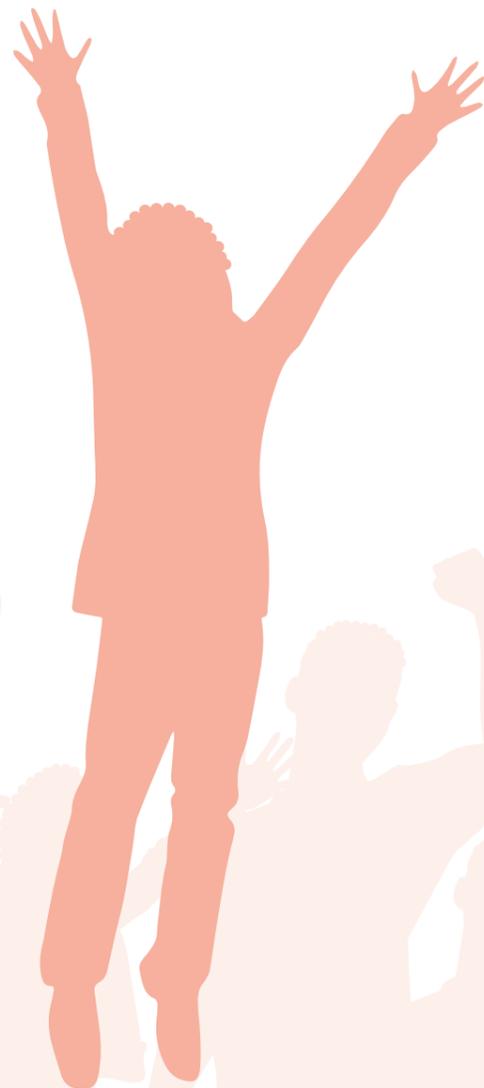
You are facilitating the small group check-in. One peer is sharing about an argument they had earlier in the day, and someone in the group says, "Are you talking about that fight with Nomzamo today?" What do you do?

**11. What peer supporter services are you interested in participating in?**

- One to One Mentoring
- Group Facilitation
- Group Outings
- Social Activity Planning
- Public Speaking

If you would like to have an opportunity to experience one or more of the activities above by shadowing a peer supporter before signing up, please let us know and we will arrange it.

Adapted from: Interior Health (2018). Getting Started: A Guide to Develop and Deliver Peer Support Services



# Module 6

## Code of ethics sample template



### Code of Ethics

(Name of facility) strives to ensure that we deliver the highest quality of care to our patients and that we treat all patients with dignity, respect and courtesy. We are committed to providing healthcare equitably and ethically to the communities we serve.

#### We uphold the following core principles:

##### 1. Respect for rights and dignity

We value and respect every young person as an individual in his/her own right, in his/her role as family member and a member of the community in which she/he lives;

##### 2. Responsibility to the communities we serve

We respect the relationships of young people with their parents or caregivers, siblings, other members of the family and those who play a significant role in their lives;

##### 3. Professional behaviour

We do not tolerate discrimination or exploitation of young people in any shape or form. We will uphold their rights including the right to participate;

##### 4. Confidentiality

We will use information appropriately; respect the privacy of young people, maintain confidentiality and avoid misuse of personal information; we respect the rights of young people to be informed about matters concerning themselves;

##### 5. Competence and Care

We facilitate the growth and development of each young person to achieve his or her full potential in all aspects of functioning;

##### 6. Integrity

We will maintain personal and professional integrity; monitor service quality and actively support the development of quality service delivery to adolescents and young people.

Adapted from: FICE-Bulletin (1998). A code of ethics for people working with children and young people.

## Peer supporter code of conduct template



### Peer Supporter Code of Conduct

I (name) agreed to uphold this code of conduct in my work within the facility and the communities I serve.

1. Respect for persons: I will respect patients as persons and acknowledge their intrinsic worth, dignity and value
2. Best interests of well-being: I shall not harm or act against the best interests of patients, even when the interests of the latter conflict with their self-interest
3. Human rights: I will recognise the human rights of all people
4. Autonomy: I will honour the rights of patients to self-determination and to make their own informed choices and to live their own lives by their own beliefs; values and preferences
5. Integrity: I will incorporate these core ethical values and standards as the foundation of my professional conduct
6. Truthfulness: I will regard the truth and truthfulness as the basis of trust in my professional relationships with patients; unless overriding reasons confer a moral or legal right to disclose
7. Compassion: I will be sensitive to, and empathic with, the individual and social needs of patients and seek to create mechanisms for providing comfort and support where appropriate and possible
8. Tolerance: I will respect the rights of people to have different beliefs as these might arise from personal, religious or cultural convictions
9. Boundaries: I will not have sexual relationships with patients or take money from patients
10. Punctuality: I will be punctual and reliable in my duties
11. Self-care: I will make sure to take care of my own well-being and inform my supervisor if I am unwell
12. Role model: I undertake to do my best to act as a role model to my patients and the community that I serve

First name

Signed

Date

PATA (2018). Children, adolescents and HIV: a simple toolkit for community health workers and peer supporters

## Template for confidentiality agreement



### You and your peer supporter

As a client in the adolescent programme at (name of facility), your well-being is very important to us. To make sure that you get the help you need you will be assisted by a peer supporter whose aim is always to be professional, respectful and trustworthy.

Professional support means you can expect your peer supporter to respect confidentiality. This means that he/she won't discuss you with anyone outside of the facility without your permission. The only exception will be if he or she feels that your safety, or the safety of others may be at risk. In this case he/she will speak to someone senior in the facility and will let you know about this.

Respectful peer support means that you can expect your peer supporter to honour your privacy. It will be up to you to decide what you want to share with your peer supporter but remember that you need only talk about things that you are comfortable to discuss.

Sometimes your peer supporter may offer advice or a suggestion, but he/she will not put you under pressure.

Trustworthy means that you can expect your peer supporter to be there for you. He/she will be on time and will listen to you during the time you spend together. This time may be spent in a counselling session, visiting your home, on follow up phone calls or any other activities that you and he/she decide on together.

As a client at the facility you should feel free to speak to your peer supporter if you have any questions, concerns or complaints about the programme.

By signing this letter, you and your peer supporters are agreeing to all the above.

Client (name)	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Peer Supporter (name)	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>

FHI260 (2017). Peer navigator training: core modules.

## Checklist for setting up supervision



	Yes	No
1. Supervisor identified		
2. Supervisor trained to undertake supervision		
3. Protocols are available for supervision and expectations related to supervision are clearly understood		
4. Frequency of supervision determined (i.e. weekly or bi-weekly)		
5. Format of supervision agreed (eg. individual, group or both)		
6. Supervisor available to provide consistent supervision		
7. Job description for peer supporter available		
8. Performance evaluation tool available		
9. List additional tools required (eg. code of ethics)		

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit. Philadelphia, PA: DBHIDS

## Sample supervision agreement template



### Supervision Agreement

and   
(insert name of supervisor) and (insert name of supervisee) agree to the following:

#### Type of supervision

Individual  Group  Both

Individual supervision will take place  (insert agreed frequency eg. weekly)

Group supervision will take place  (insert agreed frequency eg. weekly)

#### 1. Goals of supervision

- To ensure that clients receive quality services
- To promote professional development
- To build skills and competencies

#### 2. Supervisor Responsibilities

- Ensure that supervision takes place on a regular basis as agreed
- Work together with the supervisee to identify strengths and areas for improvement
- Respond to training needs and make sure that the supervisee has access to any resources s/he might need as well as to training opportunities
- Make sure that the supervisee and facility staff clearly understand the roles and responsibilities of the supervisee
- Ensure that the supervisee effectively supports the needs of his or her client and provides guidance and support where necessary
- Together with the supervisee, draw up an agenda for supervision
- Assist the supervisee to develop professional goals
- Address support needs related to administrative tasks

#### 3. Rights of the Supervisor

- Raise and speak about any concerns regarding performance
- Observe the supervisee's work and provide direction if needed

#### 4. Supervisee Responsibilities

- Be prepared to discuss case work as well as any challenges
- Ask for help if he/she is unable to cope with a situation or when it is outside the scope of practice
- Be open to feedback and willing to make any changes necessary
- Be prepared to give feedback on action items identified in a previous session
- Be open. If he/she is feeling overloaded or overwhelmed, talk about it
- Think about her/his professional development: identify skills gaps and training needs

#### 5. Supervisee Rights

- Get regular supervision at the agreed time
- Participate in setting the agenda for each session
- Get constructive feedback on areas that may need improvement
- Be given the chance to act on feedback before formal documentation of a problem
- Have access to their supervisor or  (name of alternative)

This agreement can be changed at any time at the request of the supervisor and supervisee

We jointly undertake to work together towards making sure that supervision is both supportive and effective

Signed (supervisor)

Signed (supervisee)  Date:

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit. Philadelphia, PA: DBHIDS

### Sample agenda checklist

#### Agenda items for supervision

- 1. Performance:** How are things going? What is working well and what is not going so well?
- 2. Education and growth:** What skills are needed to engage effectively with peers; are there any resources that might contribute to skills development; review of progress against agreed goals.
- 3. Relationships:** Are there any problems in relationships with co-workers; what are these and how might they be resolved?
- 4. Management issues:** Are there any issues with regards to policies and procedures; is there anything that interferes with the ability of peer supporters to deliver a quality service?
- 5. Wellness:** What are the challenges and performance factors that might interfere with wellness; are these factors impacting on performance currently: how might they be resolved?

Adapted from: Swarbrick, M. (2010). Peer wellness coaching supervisor manual. Freehold, New Jersey. Collaborative support programmes of New Jersey, Institute for Wellness and Recovery Initiative.

### Sample template session document plan

#### Supervision session plan

Staff name: Belinda Maithufi  
Supervisee: Jane Seakomela  
Date: 28 July 2019

Format of supervision: Individual  Group

Agenda items discussed:

1. Performance
2. Education and growth
3. Relationships
4. Management issues
5. Wellness

Follow up on action items; changes or new approaches

1. Jane feels she is coping well in some, but not all, areas of her work
2. Jane keen to improve skills related to developing a client treatment adherence plan
3. Jane feels that co-workers think she spends too much time with her clients
4. Jane does not feel that the amount of time she spends with clients should be restricted (Protocols suggest 15 mins)
5. Jane is feeling stressed; she does not feel she can be effective in addressing client issues in the expected time frame

Agenda items discussed; changes or new approach	Person responsible
<b>1. Education and growth: developing an adherence plan with client:</b> <ul style="list-style-type: none"> <li>• Adherence training to be conducted September Jane to attend.</li> </ul>	Belinda Maithufi
<b>2. Relationships/ education and growth:</b> <ul style="list-style-type: none"> <li>• Assist Jane in structuring sessions and identifying core issues</li> <li>• Role play a session with Jane</li> </ul>	Belinda Maithufi
<b>4. Re-visit protocols in light of above</b>	Belinda Maithufi
<b>3. Wellness:</b> Stress reduction techniques addressed: Jane to use these	Jane Seakomela

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit.

## Peer supporter 3-/6/-12-month check-in template



1. What was the best day you've had as a peer supporter in the last 3/6/12 months? What were you doing? Why did you enjoy it so much?
2. What was the worst day you've had as a peer supporter in the last 3/6/12 months? What were you doing? Why did it trouble you so much?
3. What challenges have you had to face that have affected your ability to perform to the best of your abilities?
4. How can we support you to be able to perform your role better, i.e. resources, training, support, etc?

### Below to be completed with supervisor

Action	Person/s responsible	Timeline for completion

Adapted from: Interior Health (2018). Getting Started: A Guide to Develop and Deliver Peer Support Services

## Evaluation checklist:



Questionnaire			
	Yes	No	Not applicable
Did I establish rapport in my greeting and opening conversation?			
Did I ask open-ended questions?			
Did the client speak as much/more than I did?			
Did I get information on the client's perspective on his/her illness and treatment?			
Did I give information in response to goals, concerns and problems that the client expressed?			
Did the client show that he/she understood the meaning of the information provided?			
Did I provide too much information?			
Did I assess whether the client has adequate social support?			
Did I discuss referral needs and options with the client?			
Did we agree upon a plan of action for the immediate future?			
Did I deal with the client's and my own emotional reaction?			

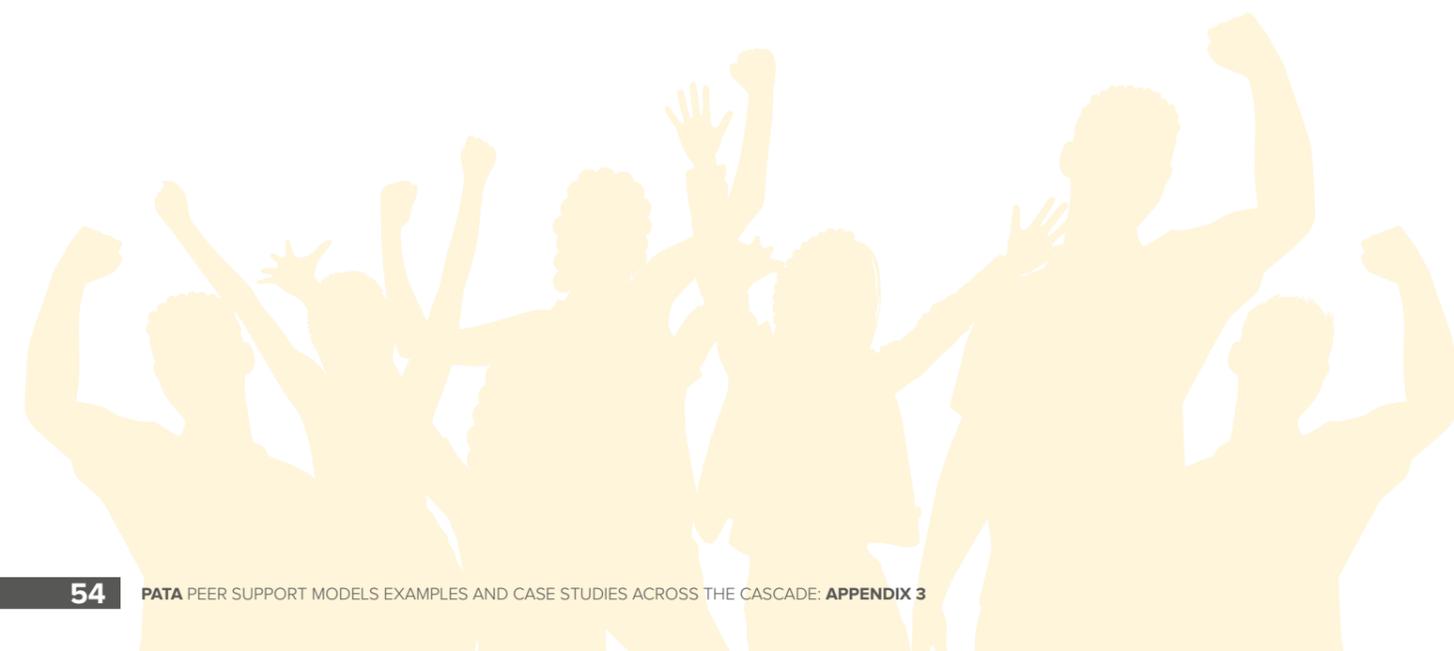
Adapted from: IMPAACT/AIDSMARK (2001). Quality Assurance Measures for VCT Services

## Choosing a peer mentor checklist



Choice of a peer mentor		
	Yes	No
1. Does the mentor have enough time to mentor a peer supporter?		
2. Does the mentor have the capacity to mentor a peer supporter?		
3. Does the peer mentor have a positive attitude towards his or her work?		
4. Has the peer mentor demonstrated competence in his or her work?		
5. Does the peer mentor understand the mentorship role and the opportunities it presents for self-development?		
6. Will the mentor and peer supporter be able to work well together?		

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit.



## Peer mentor checklist



Choice of a peer mentor
1. Introduce yourself: give the peer supporter an idea of who you are, what your role is and share some of your experiences of the work. Don't forget to ask the peer supporter what s/he hopes to learn from you
Date: Notes:
2. Introduce the peer supporter to the adolescent and young people who attend the facility; talk about some of the successes you have experienced; highlight some of the challenges and strategies you have found helpful in assisting young people to overcome these
Date: Notes:
3. Make sure that the peer supporter is introduced to all staff with whom s/he will be working; describe the work that each person does and the connections between them;
Date: Notes:

Adapted from: Philadelphia Dept of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017) Peer Support Toolkit.

## Debriefing checklist



1. Introduction: This can be to a group or individual; each person makes a statement about what happened
2. Understand and respond to safety issues: People are often left feeling vulnerable following an adverse incident; allow space to talk about these feelings
3. Allow for ventilation of thoughts and feelings: It is important to allow people to talk about their feelings in a safe, non-judgemental space where unique reactions can be validated
4. Build awareness for possible reactions: Talk about the reaction that might occur in the days, weeks and months following the event
5. Be aware of cognitive, emotional and physical reaction to the event: Stay alert for maladaptive behaviours that surface during debriefing, for example anxiety, avoidance. These provide an indication of the need for more intensive intervention
6. Remember that debriefing on its own is not enough to facilitate recovery: Make sure that people know about any additional resources available to them
7. Remember the aims of debriefing are to help a person or persons to regain a sense of safety, security and well-being so that disruptions to their professional life are minimised and they are able to continue to provide their patients with the necessary care and support

Harrison R., Wu., A. (2017). Critical incident stress debriefing after adverse patient safety events. American Journal of Management Care.

## Self-care questionnaire checklist



Peer supporters should be asked to consider how often they are partaking in the activities below.

	Sometimes	Always	Never
<b>Physical self-care</b>			
1. Eat regularly			
2. Eat healthy food			
3. Get exercise			
4. Make sure I get enough sleep			
<b>Psychological self-care</b>			
1. Make time for self-reflection			
2. Try to decrease stress in my life where possible			
3. Am open to trying new things			
4. Can say "no" sometimes			
<b>Emotional self-care</b>			
1. Spend time with other people.			
2. Praise myself			
3. Love myself			
4. Make time for the important people in my life			
<b>Spiritual self-care</b>			
1. Support causes I believe in			
2. Meditate, sing or pray			
3. Have a spiritual connection or community			
4. Am hopeful and optimistic			
<b>Work self-care</b>			
1. Take breaks (eg. lunch)			
2. Set limits			
3. Don't take on too much: balance my case load			

Adapted from: Transforming the pain: A workbook on vicarious traumatisation. (1996). Self-care assessment worksheet.

## Stress and fatigue checklist



	Always	Often	Sometimes	Never
Do you feel moody and have a hard time getting up in the morning?				
Do you have trouble remembering things and concentrating?				
Do you find yourself wanting to avoid being with people?				
Are you more impatient, irritable, nervous, angry or anxious than normal?				
Do you have little energy or find it hard to stay awake?				
Do you feel like you have the flu or have frequent headaches, fevers or swollen glands?				
Are you less active than before?				

PATA (2017): Children, Adolescents and HIV: a simple toolkit for community health workers & peer supporters. Adapted from AIDS Response (2011), Train the trainers manual: a guide to setting up a care for carers programme.

## Staying healthy checklist



### Staying healthy:

#### Breathe deeply.

Have you ever noticed your breathing when you are feeling stressed or moving too fast? It is probably shallow and tight. Take a few slow, deep breaths to relax.

#### Take a walk.

Get out. Go shopping. Play sports. Exercise not only helps burn off nervous energy but also allows you to leave the place causing you stress.

#### Eat well.

Busy people often skip meals or eat fast food too frequently. Heavy foods, too many or too few calories, and inadequate nutrition can make you feel lethargic. Eat vegetables, fruits, grains, and lean proteins – nutritious, high-energy foods.

#### Drink water.

Most people do not drink enough water and feel dehydrated, tired, and achy. Next time you feel dry or in need of a liquid 'pick me up', drink water instead of coffee, tea, or high-sugar drinks. Experts say that once you feel thirsty, you are already dehydrated, so drink up.

#### Slow down.

Do not worry; you do not have to stop. By making sure your mind is actually where your body is, you will feel (and appear) less scattered, think more clearly, and be more effective.

Time management and delegation strategies can help avoid confused priorities and schedule conflicts.

#### Team up.

If you are a stressed-out trainer or peer educator, you may not be letting other people help you get things done – whether delegating tasks to other peers or trainers, partnering with other groups, or simply networking for support and advice. Sharing the load with other people and staying connected to positive people can help prevent stress.

#### Talk to someone.

Talk to a close friend, family member or colleague about what is bothering you. It can help to work out ways of dealing with problems; it can help to better understand what is going on; it can help to keep things in perspective; it can provide an opportunity to get things off your chest; it can make you feel closer to people.

#### Sleep well.

A good night's sleep is not a luxury; it is a necessity for clear-thinking and mindful responsiveness. Aim to get a good night's rest by watching what you eat before you go to bed and taking a few minutes to slow down and transition from 'busy day' to 'restful night' – perhaps by listening to soothing music.

#### Loosen up.

Tight muscles and narrow, critical thinking exacerbate stress and propel you towards burnout. Find ways to stretch both body and mind. Pray. Gentle stretching loosens tight muscles, while similar 'mind exercises', meditation or deep breathing can also ease tension and stress.

#### Have fun.

Laughter is great medicine, so surround yourself with fun things and people. Choose to be around people who make you laugh, or just laugh at yourself when you get overly serious or unhappy. Do something creative, like sing, dance or draw. Do something you enjoy eg. reading, a sport, games.

#### Get away.

Whether for an hour, a day, or a week, remove yourself from your work and concentrate 100 percent on someone or something else. Recharge yourself today so you are more productive and can enjoy your work tomorrow.

#### Be nice to yourself.

Try and be aware of negative thoughts you have about yourself and consider whether they are justified. Think about the ways in which you are important and valuable to others in your life: friends, family, children, your community, the health facility where you support others

Adapted from: Youth Peer Education Toolkit. Trainer of trainers manual.



## Performance appraisal template



Name of peer supporter: Janet Ndlovu  
 Job title: Peer Supporter  
 Facility: Lilly Facility  
 Date appraisal completed: 28 June 2019  
 Period under review: May-June 2019

### Overall Principles of Appraisal

- Aims to build a participative relationship between the employee and his or her supervisor/manager;
- To enhance employee productivity; build capacity and increase job satisfaction;
- Give feedback on performance;
- Discuss an agreed development plan to:

1. Meet job requirements
2. Provide a basis for recognition and reward (where applicable)

Performance dimensions (allows peer supporter to rate himself or herself in advance on a scale of 1-5 with 5 being excellent performance. A supervisor rating of the peer supervisor is included in this version with a mutual rating that facilitates discussion and agreement where there is discrepancy between ratings)

Job requirements	Exceeds expectation	Always met	Mostly met	Sometimes met	Never met
	5	4	3	2	1
Key performance areas			Employee rating	Supervisor/ manager rating	Mutual rating
Psychosocial activities <ul style="list-style-type: none"> <li>• Assist with implementation and facilitation of psycho-educational support group to address SRH</li> </ul>			3	3	3
In facility support <ul style="list-style-type: none"> <li>• Assist with facility bookings</li> <li>• Provide information and support to access SRHR services</li> <li>• Accompany patients to different services they are referred to</li> </ul>			4	4	4
Counselling <ul style="list-style-type: none"> <li>• Provide counselling for clients accessing SRHR services</li> </ul>			5	4	4
Educational <ul style="list-style-type: none"> <li>• Conduct talks in waiting area</li> <li>• Ensure availability of IEC material and distribute</li> </ul>			5	5	5
Administrative <ul style="list-style-type: none"> <li>• Reporting requirements met</li> <li>• Maintains information specified by the facility</li> </ul>			4	4	4

### COMMENTARY

Areas where you have done well:

The health talks are well -received and I have spoken about many things including sexually transmitted infections; HIV and safer sex options

Areas you feel could be improved and support needed:

To start and recruit for support groups where young people can obtain information and discuss sexual and reproductive health issues. This has been a problem because there is little space available at the facility

### ACTION PLAN (goals to be achieved in the next cycle)

- Identify a space to run support groups (July)
- Draw up table of dates and times (July)
- Recruit young people for a group (July)
- Establish groups (end August)

SIGNED: (supervisor)

(peer supporter)

Date

Adapted from: Human Resource Services (no date). How to prepare for a performance appraisal: a supervisor's guide. Retrieved from: <https://hrs.uni.edu/pd/perf-appraisal-supervisor>



# Module 7

## Steps in community mobilisation checklist



1. Determine the problem	Define the aim of the project that the partners will be working on
2. Engage stakeholders	Which organisations are most relevant and likely to support this initiative?
3. Put a structure in place	For example, a steering committee; sub-committees
4. Conduct a needs assessment	What is the situation currently, what is already available?
5. Identify what success looks like	How will you know if your project has been successful?
6. Create a plan	Have a strategic plan with goals and objectives; Identify responsible organisations, create a timeline and milestones
7. Define activities	What will be the key activities?
8. Secure resources	Determine the resource needs and how partners can support these

Adapted from: Adapted from: PATA (no date). Facility-Community collaboration toolkit: working together to improve PMTCT and paediatric HIV treatment, care and support.

## Letter template



[Company Logo]  
 [Date]  
 [Name of your organisation]  
 [Street address]  
 [Suburb/area]  
 [Postal code]  
 [City]  
 [Country]

Dear [Director of X]

We are a non-government organisation that provides HIV care and psycho-sexual and reproductive health services to adolescents and youth. As part of our work, we have an outreach programme where peer supporters organise meetings with their peers to provide them with support regarding treatment adherence. This outreach programme covers the following areas: [area one], [area two], and [area three].

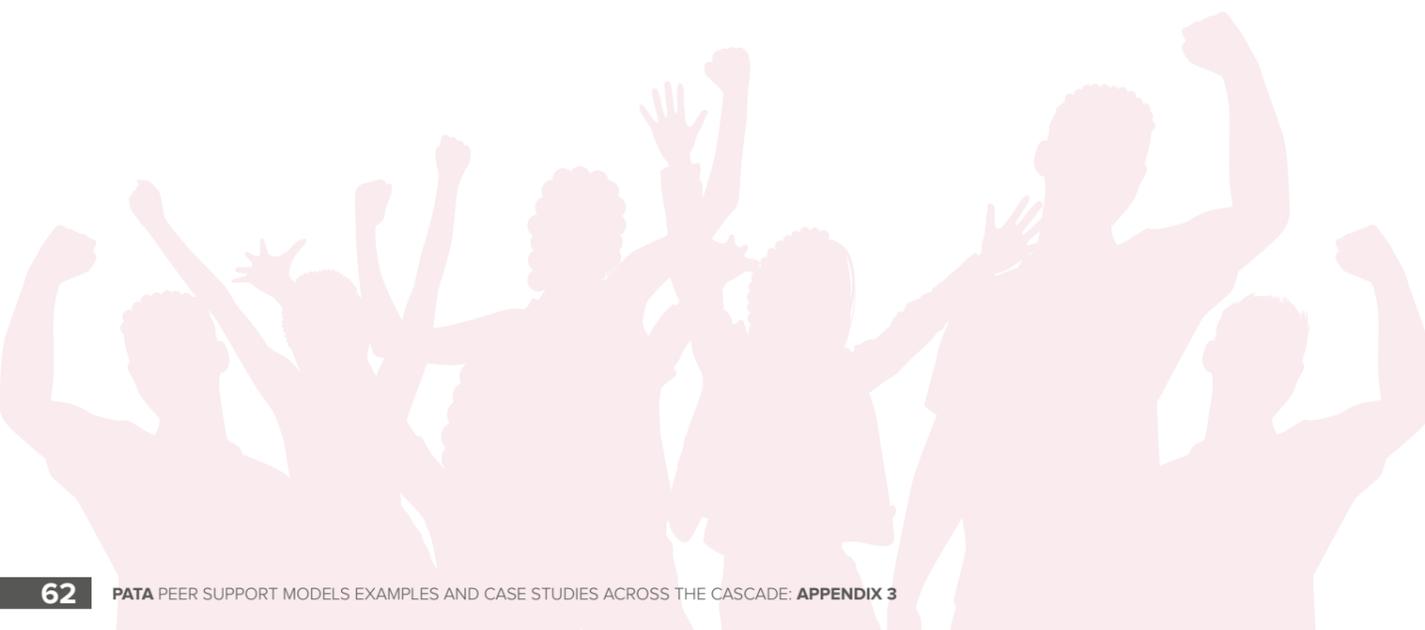
Since your organisation works in the same neighbourhood and has a strong presence in the community, I believe that your support for our activities could greatly benefit adolescents in the area. There are a variety of ways that you could support our activities, for example: lending your space for us to conduct activities with adolescents, helping us build contacts with community members, and facilitating the work of our peer supporters in your neighbourhood.

I would like to meet with you to further discuss ways in which we can collaborate. Working together, we can contribute to the development of adolescent health and our community at large. I will call you in the next few days to set up an appointment.

Yours sincerely,

[Executive Director]

[Organisation's name], [organisation's country location].



## Invitation template to become a member of a Peer Advisory Committee



Name  
Date  
Address  
Facility

Dear

South Care Facility would like you to join our newly formed Peer Advisory Committee (PAC). Your name has been put forward by (name of peer supporter) as a young person who would contribute a lot to our discussions and activities.

By joining our PAC, you will work with (name of peer supporter) and other members of our facility team) to think about how we can improve our services and support the young people who come through our facility doors.

Young people who are part of the PAC are also advocates and ambassadors for other young people in the community, and as such they have a very valuable role to play.

We invite you to meet others on the PAC and to learn more about the responsibilities and leadership opportunities that membership offers. Please join us on:

Date  
Address  
Time  
Contact name and cell number

Please let us know if you will be able to attend the meeting by contacting (name of peer supporter, phone number).

We look forward to having you join us.

Name: Dora Majozi  
Title: Facility manager

Adapted from: Philadelphia Dept. Of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Peer Support Toolkit.

## Advocacy planning checklist



1. What should change	
2. Who can make the change happen	
3. How can advocacy targets be influenced to make change happen?	
4. How can young people participate in a meaningful way	
5. Who can support these efforts	
6. What obstacles might there be and how can they be overcome?	
7. How will advocacy efforts be monitored and evaluated to show they are working	

IPPF (2011). Young people as advocates: your action for change toolkit.

## Template for Gantt chart for facility health talks



Activity	Aug	Sept	Oct	Nov	Dec	Jan
Draw up list of topics						
Develop calendar per topic for health talks						
Baseline assessment						
Milestone 1						
Milestone 2						
Target reached						

## Sample assent and consent templates



Name of facility: South Main Facility  
Date: 22 August 2019  
Title of survey: Patient satisfaction survey

Hello, my name is (name of peer supporter). I am asking if you would be prepared to answer some questions about the services that are offered here at South Main Facility.

### Why am I being asked these questions?

We, at South Main Facility, want to make sure that the services we are offering young people meet their needs and expectations. By answering these questions, you will help us to understand where we are doing well and where we are not doing so well. We can then make improvements.

### What will happen if I take part in this survey?

You will be asked some questions about the services that are offered here at South Main and how you feel about them. We will also ask your parents to give their permission for you to take part in this survey. But even if they agree, you can choose not to participate, and it will not make any difference to the service you receive. The questionnaire will take about 20 minutes.

### Are there any risks involved if I participate in this survey?

No, there are no risks. The questionnaire is anonymous (your name will not be on it). What you say will in no way impact the service you receive.

### Are there any benefits if I participate in this survey?

You will have helped to ensure that you people like yourself get the health services they need.

### If I have any questions later, who should I ask?

You can contact (facility manager name) on (telephone number) or speak to me (peer supporter name) on (telephone number).

Name of facility: South Main Facility  
Date: August 22, 2019  
Title of assessment: Patient satisfaction survey

Hello, my name is (name of peer supporter). We would like to obtain your consent for (name of adolescent) to participate in a survey about the services that are offered here at South Main Facility.

### What is this survey about?

We, at South Main Facility, want to make sure that the services we are offering young people meet their needs and expectations. By answering these questions your child will help us to understand where we are doing well, and where we are not doing so well. We can then make improvements.

### What will happen if s/he takes part in this survey?

S/he will be asked some questions about the services that are offered here at South Main and how s/he feels about them. Your child does not have to participate. Should s/he decide not to do so it will not make any difference to the services s/he receives. The questionnaire will take about 20 minutes.

### Are there any risks involved if I participate in this assessment?

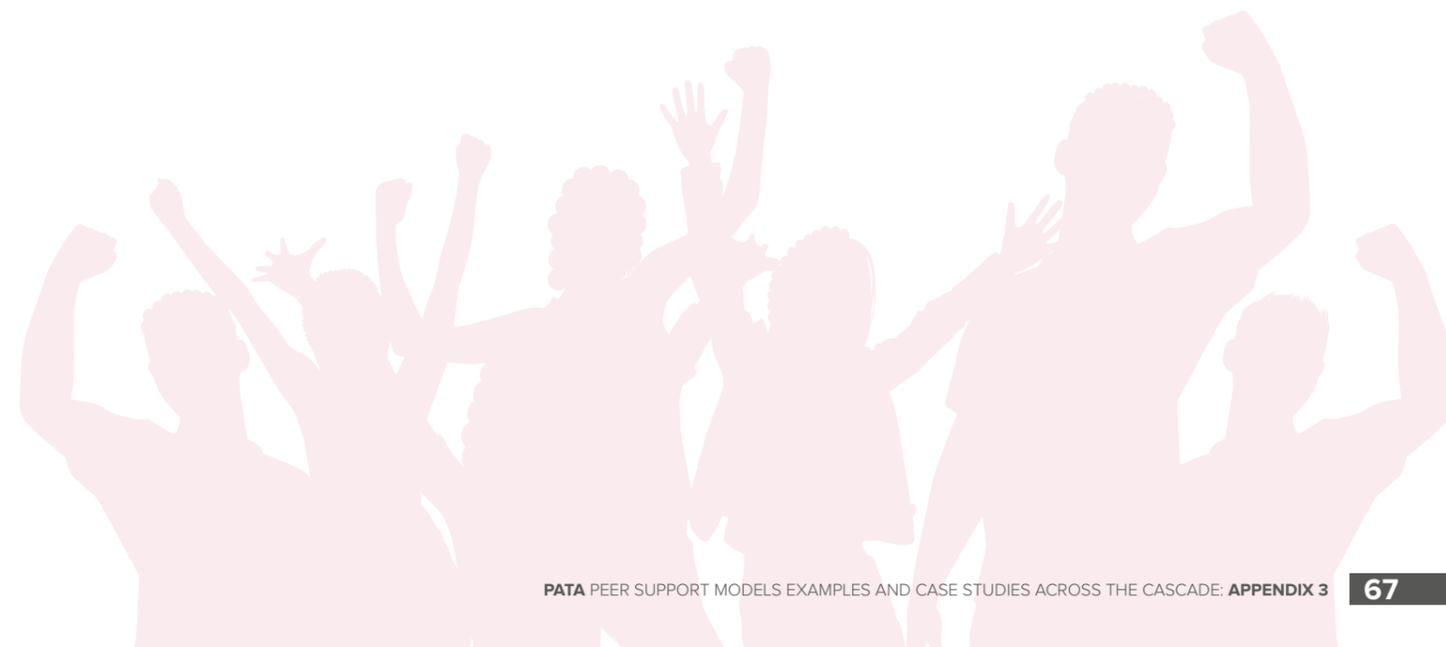
No, there are no risks. The questionnaire is anonymous (your child's name will not be on it). What your child says will in no way impact the service your child receives.

### Are there any benefits if I participate in this assessment?

Your child will have helped to ensure that young people attending South Main Facility will get the health services they want.

### If I have any questions who should I ask?

Adapted from: University of California, San Francisco (2020). Consent and assent form templates.



## Report writing template



Provide background to the programme (background/context)

Summarise what the project set out to do and achieve

Describe what was done (activities/ output/outcomes)

### **Describe the challenges you faced**

1. What challenges were encountered?
2. How did you respond/steps taken to overcome challenges?
3. When things didn't happen as you expected how and why did this happen?
4. What could be done differently in future?

### **Make the numbers clear** (explain the trends that you see; include outputs and outcomes)

5. Use tables or graphs to summarise
6. Use comparisons (eg. figures from baseline)
7. Tell the story (share some specific example or case stories of how the programme has helped adolescents and young people)

### **Discuss the way forward**

8. Where to from here?
9. What could other organisations learn from this experience?