

3

Planning your peer support programme

In this module you will look at how to go about planning a PS programme. You will develop understanding on how to conduct a needs assessment regarding your target population; how to engage with the community and gain their support for your PS programme; how to go about developing a goal and objectives for your programme as well as a workplan, including logical framework, budget and timelines. This will lay a firm foundation for your ability to monitor and evaluate your programme, which will be covered later in module 7. Important to note is that at all stages, adolescents and youth should be involved in the process and can provide valuable input.

1. Conducting a needs assessment
2. Engaging with the community
3. Setting the goals and objectives of your programme
4. Developing a logic model
5. Developing a workplan



Opening thoughts

Before you begin with project planning, it may be useful to start with some key questions that need to be considered in order to focus the direction of the project and conduct a needs assessment.

The following are examples of some questions you may wish to consider as you begin the planning phase of your programme.

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

thought

1. Conducting a needs assessment

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This is defined as an exercise to identify if and what needs exist and inform how best to address such needs.

There may be several situations where you will not be planning to conduct such as an exercise and will not want to delve into too much detail in this section.

- It is possible that a needs assessment exercise has already been completed and it is the results of this that has prompted your decision to implement a PS programme.
- It is possible that you perceive that you have a good sense of the needs of your adolescent population and are aware of the key issues, and do not need to conduct such an assessment to ascertain this information.
- It is possible that you do not have the resources to conduct a needs assessment.

However, important to note is that consultation with a wide group of stakeholders is likely to give you a more comprehensive sense of the issues facing your target population, allowing you to more clearly define your goal, objectives, workplan and to be more impactful; and costs can be kept to a minimum. In making your decision, it is worth weighing the cost, benefit and scope of a prospective needs assessment against the time and resources it will require and the other activities that will be postponed, decreased or excluded as a result.

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This can be conducted making use of quantitative or qualitative data collection approaches.

Quantitative data refers to numerical data and provides a quantifiable answer to a question. Examples of methods to collect this data include surveys and questionnaires.

Qualitative data is more exploratory and formative, where opinions, perceptions and experiences are sought. Questions asked are more open-ended. Examples of methods to collect this data include interviews and focus groups.

A rigorous quantitative assessment (which would involve a large number of participants) will likely not be affordable, can be logistically challenging and requires specific expertise.

A qualitative needs assessment (making use of focus groups) may be more achievable. Select an approach that is affordable and feasible but still provides useful information and guidance for programme planning. One approach may be to explore the possibility of students from a local tertiary learning facility conducting the assessment as part of their dissertation/course requirements.

A broad range of stakeholders should be consulted:

- the target population (adolescents and young people)
- parents or caregivers
- health providers
- community and youth-related organisations.

It is important to ensure that you reach the more vulnerable adolescent groups, likely to be most in need of the programme. Generally, these groups will be harder to reach and particular strategies will need to be employed to do so. If your health facility is already working with such populations, you may already have experience with this. Adolescents and youth may be able to provide useful insights and suggestions on this too. Community partnerships may also facilitate this. You may wish to involve adolescents in the collection of data to highlight the key issues facing adolescents in their community. Some innovative methods exist for engaging adolescents and collecting such data. Please see list of resources at the end of this section to provide guidance on this.

In addition (or instead of conducting your own needs assessment), make use of any available data on the target population where possible (eg., census data; Ministry of Health statistics; published research; reports).

2. Engaging with the community

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Good community engagement will help you to meet the goals and objectives of your programme. It facilitates bi-directional communication, linkage and interaction, leads to better understanding of health issues and priorities and ultimately results in the development of quality services and facilitates achievement of programme objectives.

If you conduct a needs assessment that includes consultation with community stakeholders, you will have taken the first steps towards forging these connections and lines of communication. It is important to maintain these connections and keep community stakeholder groups informed as you plan, develop and implement your programme. Indeed stakeholders (including adolescents) can make a positive contribution to the design of your programme.

Peer supporters can play a key role in activities such as community mapping, forging connections with local and national networks and by creating opportunities for the exchange of ideas and information. This can form part of their role once the PS programme is implemented, however it is mentioned here as some initial engagement will likely be required before this programme is in place. Further information on community engagement can be found in **module 7** on monitoring and evaluation.

Community Mapping

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Providing a service that addresses HIV care and SRHR for adolescents is complex and requires comprehensive interventions involving many sectors and stakeholders. In addition, there will be numerous issues that arise that require more specialised intervention that your service may not be equipped to provide eg. assistance with addressing substance abuse, specialised support for sexual assault, educational or learning issues, microfinancing, employment and legal services etc.

Community mapping involves reaching out to different sectors of the community (identified through a mapping exercise) to forge partnerships that will help address priority issues and assist in project planning.

The first step towards facility-community collaboration is to map the community to identify community-based services. This process will help to define the needs of the PS programme based on some of the gaps identified; limit duplication of service offerings; and identify opportunities for collaboration in delivering services. Mapping starts by drawing a “map” of the service providers in a given community.

It is important to visit potential referral organisations, talk to providers there, see the facilities, and ensure that they are safe and accredited, in order that you can feel confident in making referrals to these services.

The sample template below provides an example of what information you may wish to gather on each organisation.

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.

Please see the end of this module for a list of resources related to community mapping if needed.



At this point, as you start to think about the goals and objectives of your peer support programme and how you go about designing and delivering a programme to meet these objectives, you may wish to go back to Appendix 1, which details in practice various PS programmes across the HIV prevention and treatment cascade. This may help to give your ideas for how your PS programme might look, depending on its objectives and how these relate to the cascade of care.

3. Setting the goals and objectives of your programme

This is the starting point from which all project activities and implementation plans will flow. It is useful to start by talking about the difference between goals and objectives:

- A **goal** is a general statement about the purpose of a programme, for instance to “create an adolescent- and youth-friendly facility environment that is conducive to the delivery of health services.” This is the long-term change or ‘bigger picture’ goal you are aiming for.
- An **objective** is more concrete and specific in terms of how the goals will be achieved. It can be thought of as a measurable description of a particular outcome, for example “to build the capacity of health providers to deliver adolescent- and youth-friendly services”. The objectives clarify the direction of the programme and describe in detail what the programme hopes to achieve.

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It can be challenging to develop programme objectives. As with most things there are different approaches. The S.M.A.R.T. approach is one that is widely used and can be a useful departure point. S.M.A.R.T. stands for the following:

1. **Specific:** Define your objectives clearly and precisely. Bear in mind the five W's: who, what, when, where and why.
2. **Measurable:** Think about how you will determine whether your objectives have been met – quantify these in some way.
3. **Achievable:** Only choose objectives that you believe can be successfully addressed.
4. **Realistic:** Set objectives that can be achieved in the context of your programme and within the bounds of your available resources.
5. **Time-bound:** Always include a date and the specific period within which you will achieve your objective.

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

The sample template below provides guidance on the development of programme goals and objectives:

Project goals and objectives template



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

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>

4. Developing a logic model

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A logic model illustrates the human and financial resources your programme requires, the activities to be conducted, the outputs and the short- and long-term outcomes that will result.

There are a variety of formats used for logic models, and it is important to have a clear and common understanding of the different terms used. Funders and programme evaluators often request logic models to understand a programme's design and organisational capacity and to see how funding money will be spent. In addition, logic models can be very helpful for monitoring your programme as it progresses.

The table below may be helpful for seeing how the different components of the logic model follow on from each other and link together.

Template showing the logic model is a series of "if-then" statements



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

Below is an example of a completed logic model template example for you to see what it should include.

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			
Stakeholders			Increased uptake of oral contraception, condoms, and HIV counseling and testing services	15% decrease in number of teenage pregnancies after two years
Funding	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		
Supplies			Changed community norms regarding acceptability of multiple and concurrent partnerships	Increased community participation in the promotion of safe, healthy relationships
Workplan (includes training strategy)	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		
M&E plan	Train peer supporters			
	Supervise peer supporters			
	Develop a programme of rewards and incentives for peer supporters			
Planned work		Intended results		

Adapted from FHI 360 (2010). Evidence-based guidelines for youth peer education

In the checklists and templates section for this module (module 3) you can find a template that you can use to design the logic model for your own programme

Note that for each activity, there should be an output/s and an outcome/s.

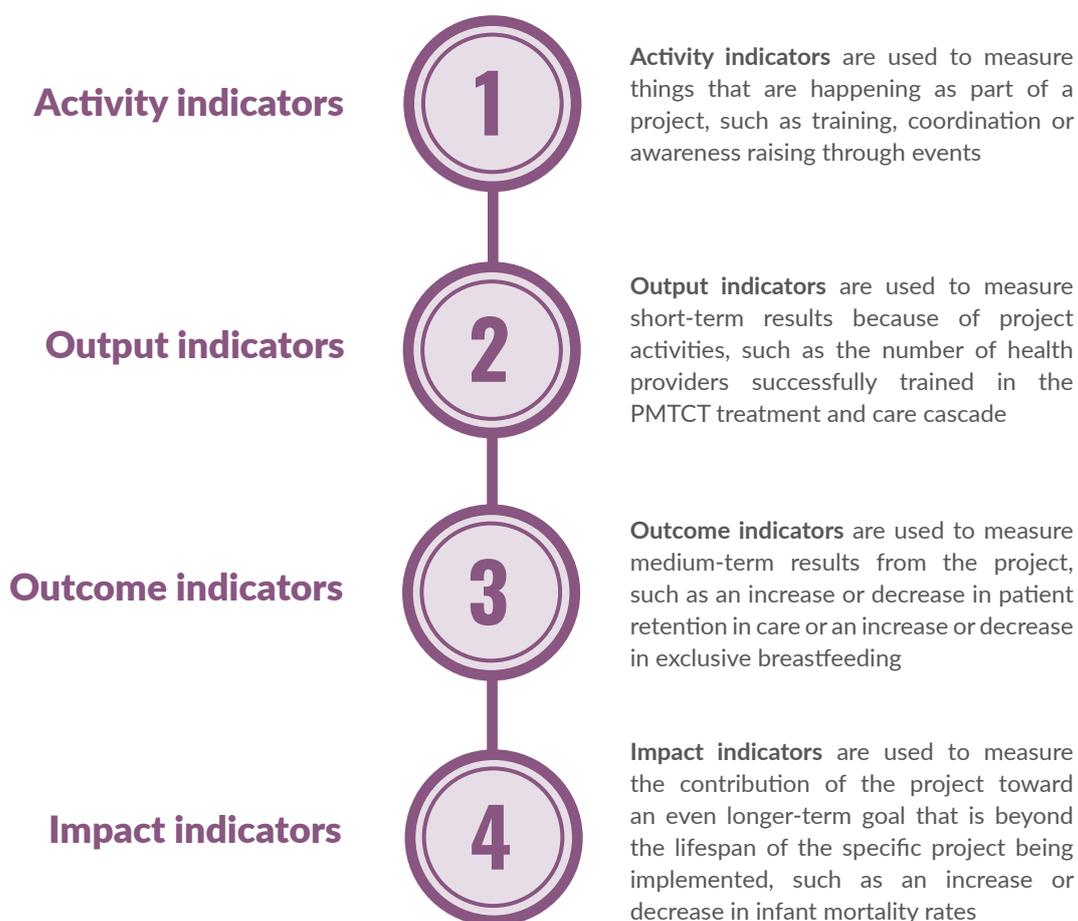
How will I know if programme objectives are being met?

Selecting indicators

Essential to include for each activity, output and outcome is an indicator. An indicator is a unit of measurement that helps determine what progress is being made towards the achievement of an intended result (objective). Indicators determine what information to collect in order to answer key questions about the progress of an intervention.

For example, you might want to know how many health providers have been trained on youth-friendly service delivery. This will give you an indication of the progress that has been made towards the objective of health provider capacitation. In health care, indicators are needed to analyse the present situation, to make comparisons and to measure changes over time. They are a bit like road signs that will tell you if you are on the right track, how far you have journeyed and how far you must still go to reach your destination.

There are different types of indicators. For example, quantitative indicators which are always expressed as a number, for instance the number of health talks given in a specified period, and qualitative indicators that convey information in a descriptive way for instance levels of satisfaction with facility services. Indicators are further described as process or activity indicators (those that measure activities), output indicators (those that measure achievements on the way to reaching outcomes), outcome indicators (those that measure outcomes) and impact indicators (which measure long term impact of a programme).



The template below provides some examples of suitable indicators according to project stage.

Template showing types of indicators for different stages of activity



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

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5. Developing a workplan

Once your logic model is completed you will be able to develop your workplan.

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A workplan or activity schedule is a document analysing and presenting project/programme activities. It helps to identify their logical sequence, expected duration and any dependencies that exist between activities, and provides a basis for allocating management responsibility.

Your workplan should include your goal/s, objectives, activities, partners, resources, budget, and timeline.

Most workplans should include strategies for recruitment, training, communication, advocacy campaigns, development or acquisition of materials and tools, community/parent involvement, roles and responsibilities of partner organisations and monitoring and evaluation of the programme. Although it is important to have a clear workplan from the beginning, it will need to be flexible to adapt to changes and to the needs of the target population.

Activities

As you have already decided on your goal/s and objectives, the next step is to determine what activities will address your programme's objectives.

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Activities should be actionable – you should be able to describe exactly how you are going to undertake that particular action. If you can't describe the action, it is likely that it will not be well fulfilled. For instance, the objective "build the capacity of health providers to deliver adolescent- and youth-friendly services" will most likely include staff training as an activity. The objective of involving young people in programme design may include an activity related to fostering youth participation, such as opportunities to join a facility youth advisory committee; the provision of information, education and communication may involve health talks aimed at young people attending the facility.



Below is an example of a completed activities template.

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.

activities

Prioritise your activities. Plan to implement first those activities that are essential for the programme's launch. Then add other activities over time.

Determine whether the activities are realistic for the organisation's resources and capacity. Identify potential barriers to implementation and discuss ways to reduce their effects.

Budget

Develop a budget taking into account every stage of the programme's development.

Items to consider including in the budget:

- Peer supporter stipends
- Project commodities for peer supporters (T-shirts, bags, caps, coupons, umbrellas, conferences etc.)
- Travel expenses for staff and peer supporters
- Equipment and other assets
- Training
- Information, education and communication
- Materials and activities
- Information technology eg. smartphones, airtime and Internet
- Monitoring and evaluation activities

Baseline assessment

Please see the section in **Module 7** on baseline assessment for your programme. It is important to look at this now because this needs to be conducted at project outset, before you intervene to effect changes as envisaged through your project goal/s and objectives. Collecting this data enables you to compare things before and after your programme so that you can see what difference your programme has made.

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Important to note is that a needs assessment is different from a baseline study. A needs assessment identifies needs and informs whether and how to intervene (the project design) while a baseline study measures specific conditions after a project has been designed, based on the indicators you have selected to include. Data from a needs assessments could be used in a baseline study if data on the indicators you later chose was collected.

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To conclude, the below planning checklist may prove a valuable tool as you plan and implement your peer support programme.

Checklist and action planning tool



Guideline	Notes from the programme	Rating	Next steps	Point person	Time frame
Programme planning					
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
Recruitment and retention of peer supporters					
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					
Training youth to be peer supporters					
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
Leading peer education sessions					
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					
Supervision and programme management					
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					

Guideline	Notes from the programme	Rating	Next steps	Point person	Time frame
Monitoring and evaluations					
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

KEY MESSAGES



1. Planning your PS programme from the outset is critical to its success
2. A needs assessment will give you a good idea of what is most needed in your community, where the gaps in services lie, and enable you to more clearly define your programme goals
3. Programme planning then involves setting goals and objectives; developing a logic model detailing resources/ inputs, activities, outputs, outcomes and long-term changes or impacts; as well as clear indicators for each
4. Preparing a workplan with timelines as well as a budget are also important components

References

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- United Nations Population Fund and Youth Peer Education Network (Y-PEER) (2005). Youth Peer Education Toolkit: Standards for youth peer education. https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/bie_yp_standards_peer_education_programmes_en.pdf
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- W.K. Kellogg Foundation (2004). Using Logic Models to Bring Together Planning, Evaluation, and Action Logic Model Development Guide. <https://www.bttop.org/sites/default/files/public/W.K.%20Kellogg%20LogicModel.pdf>

Additional Resources

- Community mapping: UN Habitat (2010). Community Mapping Guide: A Youth Community Mapping Toolkit for East Africa: http://www.youthpolicy.org/wp-content/uploads/library/2010_Community_Mapping_Guide_Toolkit_East-Africa_Eng.pdf
- USAID (2011). Community Youth Mapping A Tool for Youth Participation and Program Design: https://pdf.usaid.gov/pdf_docs/pnadz225.pdf
- Conducting research: DFID (2018). GAGE baseline qualitative research tools: <https://www.gage.odi.org/publication/gage-baseline-qualitative-research-tools/>
- DFID (2017). GAGE. Adolescent perspectives on services and programmes in conflict-affected contexts A participatory research toolkit: <https://www.gage.odi.org/wp-content/uploads/2019/01/GAGE-Participatory-Research-Instruments.pdf>
- Project Planning: International Federation of Red Cross and Red Crescent Societies (2010). Project/programme planning Guidance manual. [PEER SUPPORTERSAFE SPACE](#)

Download the templates and checklists from this module.