

Training tools and guidelines

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This module provides guidance on how to go about developing a training curriculum to help a peer supporter undertake their work. It addresses core modules and topics for consideration, highlighting minimum standards for peer support work and looks at steps in the development of a training agenda, the implementation of training, as well as the process of evaluation.

1. Why training is important
2. Planning training
3. Thinking about content and ensuring minimum standards
4. Defining objectives of the training module
5. Preparing for training
6. Addressing logistics
7. Conducting training
8. Tools and methods for assessment



1. Why training is important

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Training is a fundamental part of any peer support programme, designed to ensure:

- Knowledge and skills competence for fulfilment of the peer supporter role
- Appropriate and ethical care and support for AYPLHIV attending the health facility
- A consistent approach to care and support
- A shared health facility philosophy/ideology

It also builds a sense of shared purpose amongst peer supporters themselves. Some of the benefits of training for peer supporters include:

- Increase in role satisfaction
- Boost in morale
- Increase in motivation
- Increase in capacity to take up new technologies and methods
- Development of transferable skills

The training should be aligned with the peer supporters' needs and experiences and should relate directly to the objectives and type of activities planned in the programme. Youth should be involved at all stages of the training and implementation process.

While introductory training is especially important, health providers should make sure that learning and skills development happens on an ongoing basis.

2. Planning training

To develop a quality training curriculum there are various steps you can follow.

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Training should address topics that are aligned to the peer supporter's scope of work (range of activities). It should be well-structured, carried out within a reasonable time frame and should include clear objectives along with an evaluation component.

Step 1

Begin by getting a better understanding of the level of knowledge and experience of your peer supporters. This will have been ascertained to some extent through the interview process, however you may wish to undertake a group assessment in order to clarify this further. This will help in determining what should be included in the training curriculum.

Step 2

Prepare a detailed breakdown of the range of activities that peer supporters undertake (scope of work), based on the job description already drawn up. Please refer to **Module 4** for more information on this.

Use this to decide on core training modules for each scope of work.

Step 3

Design the training and develop content or select a curriculum from one of the many established peer supporter toolkits available. You may also want to explore local service providers who are already providing training in these areas to identify potential support if you choose to outsource this training. Many countries may have accredited training opportunities which offer an added advantage for the peer supporter in their overall development.

Step 4

Implement the training. This can either be conducted by staff within the health facility or outsourced.

Step 5

Develop a plan to evaluate training outcomes and for on-going training.

Adapted from: American Academy of Family Physicians Foundation (2015) Peers for Progress: Programme Development Guide



Things to bear in mind

If you are training peer supporters for the first time, there are a few things you might want to take into consideration:

- What expectations do you have of your peer supporters?
- What do you think your peer supporters might expect from the health facility?
- What is their level of knowledge and experience?
- How much variation in terms of knowledge and experience is there within your newly recruited peer supporters?
- How big is the group to be trained?
- What language requirements are needed, and which tools may need to be translated?
- What are the characteristics of the beneficiary population (in this case adolescents) and how will their specific needs be accommodated in the training programme?
- Who will conduct the training and how much knowledge and experience do they have and what approaches / style do they use?
- How long have you got to conduct the training?
- What budget do you have?

Health facility expectations

The range of activities undertaken by peer supporters will depend on the facility concerned and the focus/goals of the envisaged PS programme. A scope of work should be drawn up by individual facilities and used as a basis for identifying training requirements. This will also be based on the job description already prepared.

A sample range of activities can be found in the previous module (**Module 4**). This example highlights psychosocial tasks, counselling, community work, education and in-facility tasks, and provides clear direction for training. It includes a skills profile listing technical and generic skills that can be developed to ensure quality service delivery.

Peer supporter expectations

Peer supporters will expect to have a clear understanding of their roles and responsibilities which can be met with a scope of work that provides a detailed breakdown of activities. Peer supporters will also expect to be orientated on the health facility as well as the team.

Levels of knowledge and experience

A very broad idea of knowledge and experience will have been obtained at the recruitment and selection stage (see **Module 4**) but remember that not everyone will be at the same level. It will be helpful to assess knowledge and skills in more depth in advance of the training. Think about how different levels of knowledge and experience will be accommodated in a single training course. The trainer should be made aware of these particularly if there is a wide range in knowledge and experience amongst the group.

Remember that people learn differently. Usually they learn best when training is made up of a variety of activities for example discussion, role play and demonstrations. This affords an opportunity to use and develop different strengths. An experienced trainer will ensure that there is a good mix of activities and exercises to facilitate learning.

Number of peer supporters to be trained

The size of the trainee group is an important consideration and groups should be no more than 15 to 20 in size in order to optimise the learning and interaction experience.

Characteristics of programme beneficiaries

Knowing the characteristics of the young people accessing health services will help to determine your training curriculum. For example, if alcohol and substance abuse is a problem amongst youth in your community you might want to include a module on this.

Who will conduct the training?

Many non-governmental and community-based organisations provide training. By getting to know the organisations in your area you can find out about planned training and collaborate, for example by structuring joint training or outsourcing any training necessary.

You might also identify someone within the facility with the skills to conduct a training workshop. Always make sure that any training undertaken is done so by an appropriate person. Trainers should be well trained and experienced in peer education, with knowledge and skills relevant to the course content and learning approaches to be undertaken; flexible and able to improvise; tolerant, sensitive to cultural and gender issues; and able to work well with the selected training curriculum. Many countries have accredited training institutions or organisations, it would be helpful to link to these. This will provide those trained with an accredited and recognized certificate.

How long will it take?

You will probably never be able to set aside enough time to address everything you would like covered. This is a common problem and feedback from trainees usually indicates that they felt that more time should have been allocated. While several courses identified are 10 days in length, 5 days should cover the basics and provide peer supporters, even those with limited experience, with the knowledge they need to assist their peers.

It is often difficult for staff to leave their work, even for on-site training, but remember that the curriculum does not need to be implemented over consecutive days. It can be structured to suit your facility, for example, one afternoon a week for 10 weeks.

What budget do you have?

Depending on the duration of the training, where it will be conducted and by whom, you may need to draw up a budget. For example, space constraints in the facility might mean using an outside venue. This may be free or involve a fee. You may also have to pay the trainer/s. You might also have to provide refreshments and meet transport costs to the venue if it is not close to the facility. In addition, you will need to consider the cost of providing training packs.



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3. Thinking about content and ensuring minimum standards

Identifying core modules

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The first step in developing a training curriculum is to think about the peer supporters' scope of work. Using this you can then identify the appropriate training modules. These should include core modules, those that are essential for the delivery of an effective PS programme. They are recommended for training regardless of whether the programme is facility or community-based, or both. You can also consider optional modules, to be included as required, or for future training, for example, nutrition, advocacy, relevant laws, networking, leadership, advocacy and, vocational skills (eg. computer skills) and working with key populations.

In the context of HIV training, core modules are usually similar. For example, virtually all training programmes focus on:

- assisting peer supporters to build supportive relationships with their clients and ensuring basic counselling, listening and group facilitation skills;
- building knowledge around treatment, care and support including coming to terms with HIV status;
- adherence, disclosure and positive living;
- treatment regimens and side-effects;
- sexual and reproductive health;
- ensuring peer supporters are familiar with key aspects of their role, for example ethical responsibilities such as maintaining patient confidentiality and knowing when clients may require additional support/intervention.

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Essential too (yet sometimes overlooked) is a values clarification component to the training. Part of the significance of including peer supporters as part of your team is that they have personal experience of being young and living with HIV and as such, will be well aware of the discrimination and stigma that can be experienced by those living with HIV and thus, it is hoped, sensitive to ensuring their clients do not experience this at the health facility. However, it cannot be assumed that they do not hold their own prejudices and biases to which they could expose their adolescent and youth clients. They may for example hold particular views regarding those with different sexualities; those engaging in commercial sex work; transactional sex; substance abuse; or other behaviours. It is important to explore this with peer supporters during training to make them aware of their own attitudes and emotions on these issues, and to clarify the health facility's principles, values and non-judgemental approach in this regard. It is critical to establish that peer supporters feel completely comfortable working in this environment. This is an essential aspect of ensuring an adolescent-friendly service.

PATA's toolkit for community health workers and peer supporters (2017) is a good example of a resource that addresses core modules. It includes various tools, for example a pill count card, that can be introduced in training to assist peer supporters to monitor treatment adherence.

Although peer support training programmes tend to have a lot in common, they still vary in terms of the individual requirements of the health facility concerned, for example in relation to their focus areas; where they will be conducted; and particular target populations. As well as PATA's toolkit, a number of other peer supporter training toolkits are referenced in **Appendix 2** and can provide content for different focus areas of relevance to your particular health facility.

The modules you include will require development of a range of skills that include technical (knowledge/information), teaching (education, presentation, communication) and teamwork (working together as part of the health facility) skills, and all should be included.

It is also important to take into account the baseline knowledge and skills of your peer supporter group as this will also determine where greater/ lesser emphasis is needed in terms of the modules you include and their content. You could use the same questions you develop for you pre and post-training questionnaire to assess knowledge (see 9.1 below). Additionally, you could ask questions regarding any courses/ training/ experience related to the core modules you have selected to gather further information on skills and experiences.

The template below serves as an example of how to organise core modules according to the peer supporter scope of work.

Template for core training modules



Module: Roles and responsibilities of a peer supporter	Module: Values clarification	Module: HIV knowledge	Module: Adherence	Module: Sexual and Reproductive Health	Module: Communication skills	Module: Psychosocial support
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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
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4. Defining objectives of the training module

Whatever modules you choose to build into your training curriculum, you will need to outline your training objectives for each one. This is important when it comes to evaluating the success of the training.

The template below provides an example of training objectives adapted from a PATA toolkit.

Defining objectives template



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

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

Thinking about content

Once you have decided on the core modules for your training you will need to start thinking about training content, in other words the topics that you feel would most appropriately support the core modules you have identified. Spend some time going through different toolkits and familiarise yourself with the topics covered under each module. For instance, the range of topics covered under sexual and reproductive health may include gender and sex in relationships, contraception and family planning amongst other things. You may not have time to address all these topics and you may not want to. You might want to flag some for training at a later stage.

The checklist below provides examples chosen from the PATA toolkit of core module and topics that support these. Using the checklist, you can to decide whether the topic is top, medium or low priority.



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

checklist

Pulling it all together

Once you have decided on the topics that you want addressed in your training, you can add them to your template. It will then look something like this:

Final template for training



Module: Understanding HIV and AIDS	Module: Communication Skills	Module: Roles and responsibilities of the peer supporter	Module: Sexual and reproductive health	Module: Adherence	Module: Values clarification	Module: 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

Developing the training

Having familiarised yourself with the resources and tool kits available you can now decide if you want to develop your own training using available materials and resources such as PATA's A simple toolkit for community workers and peer supporters (2017) which are freely available [here](#) and can be adapted at little cost to suit your context.

Alternatively, many organisations have training tool kits that provide a fully developed training curriculum with exercises and activities built-in (see [Appendix 2](#) for examples). Whatever you decide, it will be important to ensure that the content is aligned to country policies and guidelines and your own health facility guidelines and SOPs. For example, the age at which a young person can test without parental consent differs between countries. It is important to check whether you have local organisations that provide accredited training that meets your needs. This can be beneficial as core training, with any additional trainings providing top-ups in areas not sufficiently covered in the core training.

Training agenda

Now that you have a complete training template at your fingertips you can begin to draw up the training agenda. Amongst other things, this will depend on the length of the training, the best days for a training workshop, for example when the facility is not too busy, and the availability of a trainer and venue. Depending on the workload of facility staff, you may want to run the training over an extended period or over consecutive days, for example a week. Whatever your decision, let your peer supporters and other interested staff know the training dates and location of the training so that they can set aside the necessary time.

The template below provides guidance on drawing up a 5-day workshop agenda and can be adapted to suit the needs of the organisation or facility concerned. Remember that you will always have to include a module for welcome, introductions and course objectives

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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

Preparing for training

Prepare for your training by putting together a trainer's folder containing all the necessary documents, for example hand-outs, the workshop evaluation form, the pre-training knowledge assessment form and an agenda for the training, as well as ensuring slides and other training materials are ready.

You may find it helpful to make use of the checklist below to ensure you have thought of everything as you prepare for the training:

Training preparation checklist



Introduction to staff		Top priority		Medium priority	
Know your budgets/costs		Prepared material		Follow up meetings with peer supporters	
Transport		Daily evaluation		Structural learning visits	
Hand outs		Daily facilitators de-briefing		Ongoing data collection and M&E	
Invitation letter		Data collection tools		Practical on the job training and mentorship	
Facilitator's briefing		Pre/post assessment		Certification	
Security					
Registration forms					
Agenda					
Audio-visual equipment					
Venue and catering					



A training evaluation/feedback form collects trainee feedback on the training process, and identifies gaps and problems. It is especially useful for planning future trainings. Below is a sample training feedback form that can be used in the evaluation process:

Workshop evaluation template



Instructions: (Please tick box as applicable)				
Training:				
Facility/organisation:				
Venue:				
Trainers:				
	Agree	Strongly Agree	Disagree	Strongly Disagree
The objectives of the training were met				
The presenters kept me interested				
The material presented was relevant				
The training was easy to follow				
The trainers were well-prepared to answer questions				
The exercises and role-plays were helpful				
The venue was right for the training				
I feel equipped to fulfil my role in this area				
What was most useful in this training?				
What was least useful in this training?				
Are there any topics that you would like addressed in future training?				
Any other comments:				

Adapted from: Advocates for Youth (2002). Training Youth to be Peer Educators: A peer education programme to prevent HIV and STIs

Training packs

These should be prepared in advance of the training for each peer supporter and should include the agenda, training toolkit and/or manual, handouts, job aids, training evaluation, as well as any forms peer supporters will be required to complete in the health facility as part of their role. Pre- and post-training questionnaires can be handed out at the time of administration. Peer supporters appreciate helpful tools, like a bag, a t-shirt, an umbrella, a note book and other materials make them feel recognised and part of the clinic team.

Did training meet the objectives?

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It is very important to determine how effective the training has been. This can be achieved by administering a pre- and post-questionnaire. This is the most common way to check that knowledge has been transferred. In this approach the trainee is asked the same questions before the training and again at the end of the training. Scores can be compared for each question to get an idea of where there is the most need for additional training on a certain topic.

Follow the steps below to help you develop an effective pre- and post-test assessment instrument.

1. List your core modules for example treatment adherence
2. Establish the objectives of the training and the learning outcomes that you would like to see. In the case of treatment adherence objectives might be:
 - To know common first-line ARVs and ART regimens and to be able to explain to a client how to take them
 - To know the benefits of ART
 - To help client recognise and manage the side effects of ARVs
 - To understand common barriers and facilitators in treatment adherence and to assist clients in identifying their own personal barriers and facilitators
 - To help clients develop an adherence plan suited to their lifestyle, taking into account their particular barriers and facilitators to adherence
3. Brainstorm 10 questions that would effectively test peer supporter knowledge in this area, both prior to the course and after the information has been presented
4. Select 5 questions that are multiple choice, true/false or fill in the blank to pique interest
5. Use the data to improve and further develop your training programme

The sample pre- and post-test needs assessment questionnaire below reflects the objectives of the training course. In this case the training module addresses treatment adherence. The template can be adapted to a variety of core modules. Remember two sets of questionnaires will be needed. These should clearly indicate which is for pre-test and which for post-test administration.

In addition to assisting in determining the efficacy of the training with regards to knowledge acquisition, this process can also assist in assessment of each peer supporter in order to ensure they achieve a minimum standard of knowledge before they begin to work in the health facility. This exercise can help to pick up which peer supporters may need extra assistance to ensure they are suitably equipped to begin engaging with clients.

Pre-test questionnaire template



Title of Training: Peer Support Training
Topic: Adherence
Facility:
Date: July 25-30 2019
Facilitator:
Name of Peer Supporter: (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		
TOTAL SCORE		

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

Key 1: T; 2: T; 3: F; 4: T; 5: T; 6: T; 7: F; 8: F; 9: F; 10: T; 11: F; 12: F; 13: T

Questionnaire

Of course, pre- and post-knowledge questionnaires can only assess knowledge acquisition, which is only part of what the peer training is trying to achieve. Roleplays are a better way to assess skills acquisition such as communication and counselling skills. These should be incorporated into the training and used frequently.

See Section 14 below for more on assessment of peer supporters.

6. Addressing logistics

It is now time to think about the logistics for your training. This will include the venue, refreshments and other aspects that should be considered if things are to run smoothly. You can use the checklist below as a guide:

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		
Budget items		
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).

7. Conducting training



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It is important to ensure that the training includes interactive, participatory and skills development approaches. A didactic 'lecture-style' method of training throughout the course is not likely to hold attention, and more importantly, it does not provide participants the opportunity to interact with one another, build group cohesion and develop essential skills (eg. listening and basic counselling skills).

More interactive learning approaches also give the trainer a chance to reflect on the progress of the group in terms of knowledge and skills acquisition.

The learning approaches should therefore include a good mix of didactic learning, group work and role plays. Other means of engaging such as use of videos, guest speakers are also valuable.

The below may be helpful too as a guide.

Characteristics of a good training programme

What makes a good training programme:

- A supportive training environment that is non-judgmental, accepting, open and safe
- A diverse group of participants
- Include motivational experiences such as meeting PYLHIV
- Experiential learning such as games, exercises, and brainstorming
- Provide opportunities for trainees to perform as peer educators in the field
- Create a strong team and build trust both among trainers and trainees
- An environment that includes some fun
- Including retreats or field trips that help a group to bond
- Convince participants that they can, and indeed are, making a difference
- Explore and resolve conflicts within the group
- Remember incentives such as snacks, certificates, group outings, credit for community service, praise, and media attention

Adapted from: IPPF (2007). Included, Involved, Inspired: A framework for youth peer education programme



Training the peer supporters is always better when we are adequately prepared with the correct activities and materials. It gives us a chance to also hear the views and perceptions from young people - things we may not have thought about.

Recognising training

A certificate acknowledging workshop attendance is important as it is encouraging for peer supporters to feel that they have developed knowledge and skills. In addition, formal recognition of courses attended can assist the young person when it comes to future job opportunities.

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



If possible, organise a special day for peer supporters to receive their certificates and provide items for peer educators to identity themselves with the programme, such as identity cards, T-shirts, etc.

In-service approaches to training

Job shadowing

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In service training can take many shapes and forms. One effective approach to training peer supporters is through job shadowing. Peer supporters who struggle with some activities or functions often benefit from watching others who have more experience. They can observe a member of staff as he or she engages with patients and other members of the health team in their daily activities.

Job shadowing provides an opportunity to observe leadership styles, get first-hand experience of problem-solving and relationship skills and gain confidence in the ability to deliver a variety of services. Peer supporters can job shadow their supervisor or another more experienced peer supporter.

It is a good idea to document the job shadowing experience as this can help determine further training requirements. Below is a sample job shadowing tool for health providers implementing this approach.

Optimally, peer supporter training would include both a training course as well as a job shadowing component. Note that job shadowing alone is not sufficient training for peer supporters and they should as a minimum participate in a training course as described above.

Job shadowing template



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

8. Tools and methods for assessment

LEARNING SPOT



As mentioned above, it is important to ensure peer supporters are competent before they begin working in the health facility. Both knowledge and skills need to be assessed. As mentioned above, knowledge change will be assessed as one way of evaluating the programme. Post-training knowledge scores can be used to determine whether knowledge has reached a minimum standard. For each set of questions per each core module, you will need to decide what the minimum score to be achieved for knowledge competency should be. In addition, evaluation of communication and counselling skills should also be undertaken. Ideally this should happen firstly through a role play with other peer supporter/s, and secondly, during a practical assessment with a client attending the health facility.

The template below can assist you in evaluating both knowledge and skills during a role play and real encounter.

Both the questionnaires and the practical assessments will highlight whether additional training is required before the peer supporter is able to take on their role in the health facility.

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	
General Communication Counselling Skills with Individuals and Groups				
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	
Basic Communication about HIV				
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				
Sexual and Reproductive Health				
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	
Comprehensive HIV Care and ART				
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				
HIV Prevention, Care, and Treatment for Young Pregnant Women and Their Children				
Explains the definition and importance of PMTCT services to young pregnant women				
Adherence Support				
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	
Psychosocial Support				
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				
Support Groups for ALHIV				
Demonstrates effective group communication skills				
Suggests and helps lead at least 1 youth-friendly activity or game				
Positive Living				
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				
Disclosure Support				
Freely discloses own HIV status to clients and health care workers				
Provides disclosure support to clients and caregivers, using tools like the Talking Tree				
Community Outreach, Education, and Linkages				
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	
Record-keeping and Reporting				
Correctly completes daily activity recording form and monthly reporting form				
Communication with Supervisor and Multidisciplinary Care Team				
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



As another form of assessment you may wish to ask peer supporters to reflect on the training and complete the questionnaire below, or use this as a basis for an interview with the peer supporter

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.

KEY MESSAGES



1. Training is essential for peer supporters to ensure knowledge and skills competence; appropriate and consistent ethical care and support for clients; and increased motivation and role satisfaction for peer supporters
2. Training should address topics aligned to the peer supporter scope of work and should take into account knowledge and experience of peer supporters as well as the needs of clients
3. In planning a curriculum, core modules (essential for the delivery of the PS programme) will likely include developing knowledge around treatment and side effects, care, support, adherence, disclosure, positive living, SRH, ethical issues, and communication skills
4. Setting objectives for the modules you include will guide content to be developed
5. Include ways to evaluate the training including seeking feedback from participants, pre- and post-training knowledge assessment and roleplays to assess skills development

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