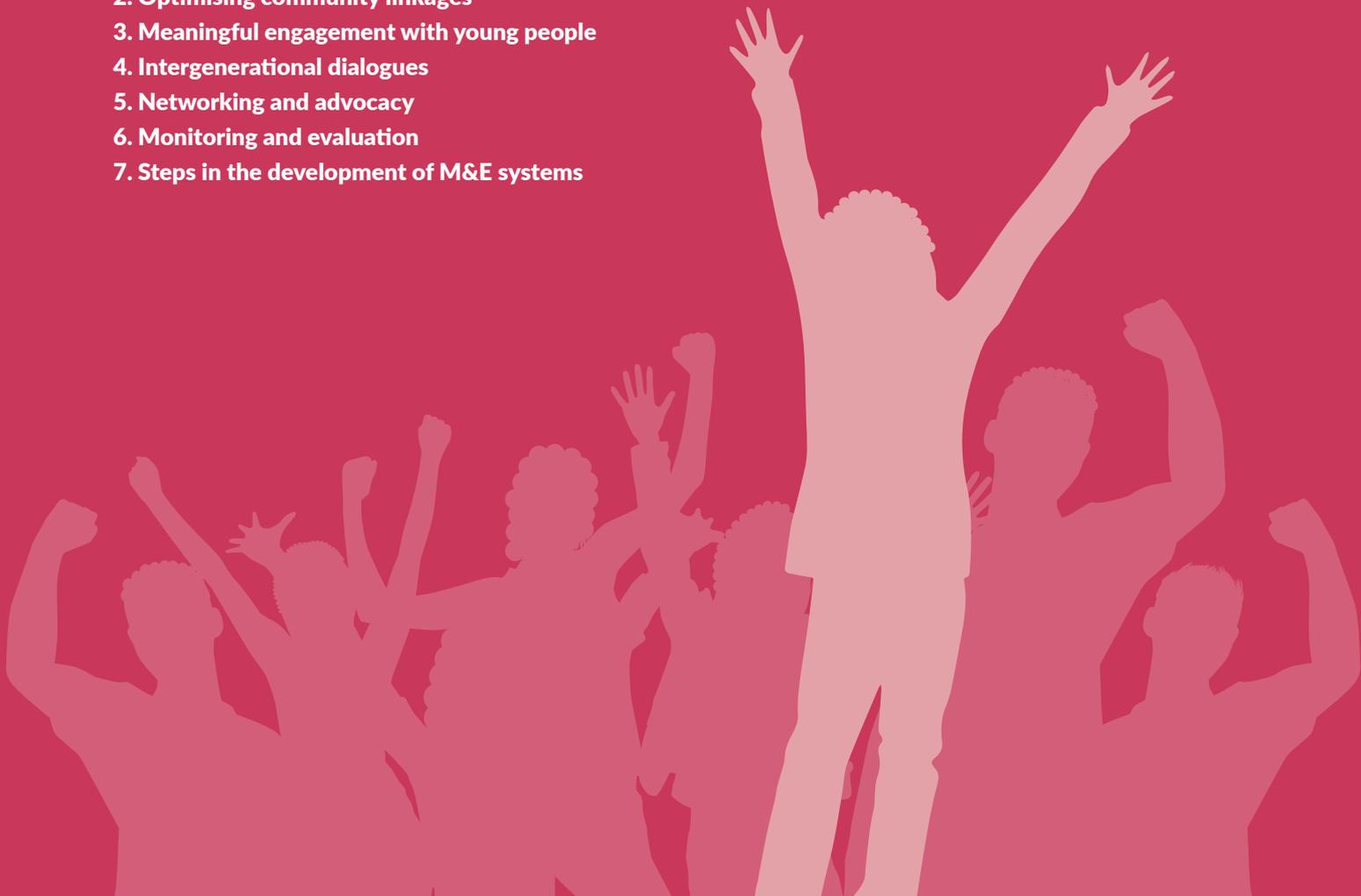


Engagement tools and guidelines

In this, the final module of the toolkit, you will hear about community mobilisation as an important aspect of healthcare. The module focusses on the meaningful participation of peer supporters and young people in the programmes that affect them. It considers platforms that facilitate meaningful engagement and considers the important contributions that young people can make to programme development and implementation.

You will also be taken through the steps involved in monitoring and evaluating your programme. Guidance is given on the collection of data that will help determine the success of the programme and assist in report writing.

1. Engaging with the community
2. Optimising community linkages
3. Meaningful engagement with young people
4. Intergenerational dialogues
5. Networking and advocacy
6. Monitoring and evaluation
7. Steps in the development of M&E systems



Community involvement is an important element in most healthcare programmes. It has been shown to influence behaviour change and improve well-being at individual level as well as within the community. A shift in community attitudes ultimately leads to a more supportive environment within which young people can adopt new behaviours. Adolescents can play a key role in community engagement and should be involved at all levels.

Monitoring and evaluation (M&E) is a vital part of any project. Its purpose is to track programme implementation and to measure effectiveness and is necessary at both facility and community level.

1. Engaging with the community

This was discussed briefly in Module 3 on project planning, as it is important that community engagement begins in the early stages of your project planning. However, it requires constant management and nurturing and is thus included here again briefly.

Peer support is one piece of a multidimensional puzzle making up comprehensive provision of adolescent and youth HIV and SRH services. Peer support programmes need to be coordinated within the much larger context of the policy environment, health-care services, and other intervention approaches. In order to be successful, peer support programmes need to create and nurture a meaningful network of stakeholders and other organisations that complement each other and can refer to each other as necessary. Peer support should therefore be part of a comprehensive approach and a community-wide effort.

Networking also serves to increase awareness of the peer support programme amongst the target population.

Community mobilisation

LEARNING SPOT



Community mobilisation is the process through which community members and groups are empowered to act for change. Such action might include sharing or leveraging resources such as skills. Full participation by all stakeholders including young people, parents, educators, healthcare providers and community-based organisations is essential.

Mobilisation generally involves various functions including:

- a needs assessment
- building a shared vision with stakeholders
- creating a plan and strategies to support the plan
- carrying out process and outcome evaluations that will allow you to see how successful the initiative has been (this component is discussed in more detail in part two: monitoring and evaluation).



The checklist below serves as guide to mobilisation functions:

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.

There are many ways in which communities can be mobilised. For example:

- Community meetings
- Public education campaigns
- Print media such as leaflets for distribution
- Door to door campaigns
- Engaging local media
- Launch public awareness campaigns
- Hold dialogues and forums

Mobilisation in action

LEARNING SPOT



Successful mobilisation does not just raise awareness about a problem. It involves creating spaces that encourage full community participation and which provide opportunities for community members to voice their needs, issues, concerns and experiences. Community involvement builds a sense of ownership that is core to sustaining behaviour change.

2. Optimising community linkages

Creating and maintaining good links between appropriate facility, counselling and referral services and commodities to supplement the programme is a key component of peer support. In such cases there should be a clear referral process to quality services outside the organisation. Prioritise working relationships with organisations and agencies according to those services most needed by your target population and keep an updated directory of these organisations, contact names, and services they offer (see Module 3, Table 1). Peer supporters can play a role within the facility referral process or by accompanying young people to services. Clinic-community collaboration can assist and facilitate improved case management.

Identifying and inviting stakeholders to participate in the programme from the planning stages helps to maximise the impact and reach of the programme in other ways too. Eliciting buy in and achieving a common understanding of the programme's importance reduces the risk of objections or opposition as the programme is implemented.

Networking can also contribute to the sustainability of the programme by raising awareness amongst potential donors, funders and supporters.

Below is a sample letter seeking community support which you can adapt for your own purposes:

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].

Adapted from: COC Netherlands Writing Group (2015). How to get the most out of your LGBTI Peer Education Programme. A Critical Reflection Manual for East and Southern Africa

3. Meaningful engagement of young people

LEARNING SPOT



Any initiative that is aimed at adolescents and young people should include them. Partnerships with youth arise from the premise that young people have a right to participate in developing the programmes that serve them and to have input in developing the policies that will affect them. In addition, youth participation can enhance programme outcomes. This can be challenging to achieve because the relationship between adult and adolescents is inherently unequal. One way of working towards this is by seeing the relationship as a ‘learning partnership’. While adult staff at the health facility may hold knowledge, expertise and resources, adolescents bring a vital component – experience of the lifestyle, emotions and motivations of the target population. Both sets of ‘assets’ are needed for interventions to work. Since peer supporters work closely with young people, they are well-placed to foster engagement, however this means that they should be given the chance to participate in facility activities and meetings wherever possible and feasible.

Use the checklist below to determine the extent to which peer supporters are given opportunities for involvement in your facility.

Checklist: Peer supporter involvement



Items	Notes	Rating (low to high)	N/A
Health providers seek input from peer supporters for community outreach initiatives		1.2.3.4.5	
Peer supporters are directly involved in the design and development of the activities they implement		1.2.3.4.5	
Peer supporters are involved in the design and development of adolescent IEC materials		1.2.3.4.5	
Peer supporters are given an opportunity to revise materials where appropriate		1.2.3.4.5	
Peer supporters are involved in service monitoring		1.2.3.4.5	
Peer supporters have a platform to voice their opinions and ideas and to be heard by facility management		1.2.3.4.5	
Peer supporters are encouraged to participate in health facility meetings where appropriate		1.2.3.4.5	

Adapted from: Family Health International (2005) Assessing the quality of youth peer education programmes.

You may also wish to examine Hart's ladder of participation and reflect on the way in which you currently engage/wish to engage with youth in your health facility. This tool describes participation on a continuum from manipulation and tokenism (which do not represent genuine participation), to higher levels where young people initiate, direct, and share decisions with adults.

The ladder of participation emphasises that simply having a young person there is not adequate for true youth participation. The quality and type of the relationship between youth and adult is key, and youth require some degree of empowerment and responsibility in order to participate meaningfully.

Hart's Ladder of participation

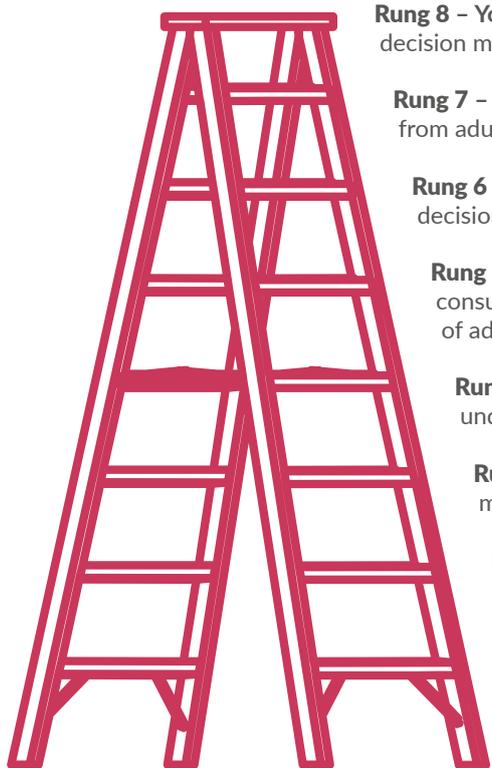
8. Youth-initiated shared decisions with adults	Degree of participation
7. Youth-initiated and directed	
6. Adult-initiated, shared decisions with youth	
5. Consulted and informed	
4. Assigned but informed	
3. Tokenism	Non-participation
2. Decoration	
1. Manipulation	



Meaningful youth participation should be exactly that - meaningful. It is about more than ticking a box that we have been at a meeting. We need to be involved at all levels.

participate

Roger Hart's Ladder of participation



Rung 8 – Youth initiated shared decisions with adults: Youth-led activities in which decision making is shared between youth and adults working as equal partners.

Rung 7 – Youth initiated and directed: Youth-led activities with little input from adults.

Rung 6 – Adult initiated shared decisions with you: Adult-led activities, in which decision making is shared with youth

Rung 5 – Consulted and informed: Adult-led activities, in which youth are consulted and informed about how their input will be used and the outcomes of adult decisions

Rung 4 – Assigned, but informed: Adult-led activities in which youth understand purpose, decision-making process and have a role

Rung 3 – Tokenism: Adult-led activities, in which youth may be consulted with minimal opportunities for feedback

Rung 2 – Decoration: Adult-led activities, in which youth understand purpose, but have no input in how they are planned

Rung 1 – Manipulation: Adult-led activities, in which youth do as directed without understanding of the purpose for the activities

Adapted from Hart, R. (1992). Children's Participation from Tokenism to Citizenship. Florence: UNICEF Innocenti Research Centre, as cited in www.freechild.org/ladder.htm

participation

Programme experience and research suggest 10 elements that assist in achieving effective youth-adult partnerships:

- **Clear goals for the partnership.** Youth and adults should understand the reasons for and objectives of the partnership.
- **Shared decision-making power.** If youth have no power to make decisions, their participation is not part of a partnership.
- **Commitment from highest level.** Those in the highest level of the organisation should commit fully to partnerships in order for them to be feasible and meaningful.
- **Clear roles and responsibilities.** Be clear on which youth and adults have roles in the partnership and ensure that they understand everyone's roles and responsibilities.
- **Careful selection.** Select the appropriate youth and adults for the partnership. Youth vary widely in their level of development and readiness to assume responsibility, and adults vary widely in their degree of commitment to work with youth.
- **Relevant training.** Young people may need training in communication, leadership, assertiveness skills, and technical areas. Adults may also need training in working with youth as well as in technical areas.
- **Awareness of different communication styles.** Different styles of communication do not necessarily imply disrespect, disinterest, or different goals and expectations. Asking questions and assuming the best about others can help diffuse conflicts that arise from different communication styles.
- **Valuing participation.** Part of valuing youth involvement is to hold young people accountable for their responsibilities, just as one would with adults. The skills and commitment that adults bring to the partnership should also be valued.
- **Room for growth.** Establish ways for youth to advance to increased levels of responsibility.
- **Awareness that youth have other interests.** Youth may not be able to meet high levels of obligations because of other commitments and priorities. Work with youth to develop a level of responsibility that matches their time and commitment.

From FHI 360 (2005). Youth Peer Education Toolkit. Training of trainers manual

Including young people in programme activities is a major component of adolescent and youth friendly service delivery. Issues that impact on young people cannot be adequately addressed if there is no platform for engagement. At facility level an example would be setting up a peer advisory committee. Participation on such a committee is empowering for peer supporters and the young people they support.



The sample letter below provides a starting point for the involvement of peer supporters and young people on a youth advisory committee.

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 Majazi
Title: Facility manager

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

Once established, it is important to ensure regular communication and engagement with the PAC to enable them to make a meaningful contribution to issues around service provision.

4. Intergenerational dialogues

LEARNING SPOT



At community level peer supporters can play a key role in organising and facilitating dialogues. By enabling the exchange of ideas between generations, intergenerational dialogues address the disconnect between young people and their parents or caregivers, foster communication around sexual practices and play a role in counteracting the beliefs that contribute to negative health outcomes. This kind of community engagement can contribute positively to shifting social norms regarding adolescent sexuality.

5. Networking and advocacy

LEARNING SPOT



Engaging young people and peer supporters as key stakeholders in community mobilisation activities means that they can also play an advocacy role. Advocacy refers to an activity by an individual or group which aims to influence decisions within political, economic, and social systems and institutions. Health Advocacy supports and promotes patients' health care rights and enhances community health and policy initiatives that focus on the availability, safety and quality of care.

In addition to community mobilisation, advocacy also involves activities that are aimed at influencing leaders and decision makers for example to change laws, policies, practices or structures at a national or global level. Advocacy at country level can include mobilisation through events such as at rally's, press conferences, television, radio talks, community talks and conference participation.

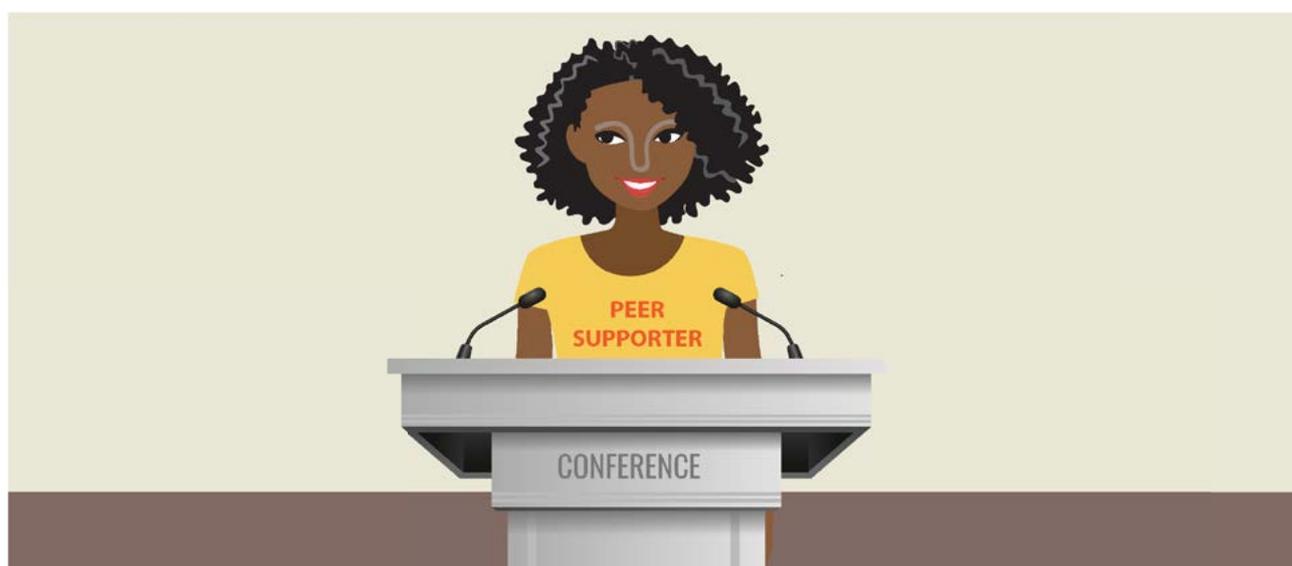
Adolescents and young people are often left out of opportunities to speak about their needs and interests. By identifying existing advocacy platforms and networks of young people, it becomes possible to ensure that the voices of young people are heard. Equipped with leadership and advocacy skills they can influence policy and at the same time help to create the kinds of services that young people want.

The actions involved in an advocacy initiative are much the same as those involved in community collaboration for example: identifying the problem, collecting information and determining what it is that needs to change (see example below).

Identifying problem, causes and change

Problem	Causes	Change needed
High rates of teen pregnancy	Limited access to SRHR services	Legislation to improve access, information, education and services for girls
	Reproductive ignorance	Include sexual and reproductive health in education curriculum

Adapted from: IPPF (2011). Young people as advocates: your action for change toolkit. Retrieved 27 August 2019 from



The table below provides a sample tool for planning an advocacy strategy

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.

Peer supporters are ideally placed to take on an advocacy role for AYPLHIV, but opportunities to do so are limited. They are often not well represented at national, regional or global levels.

It is important that peer supporters are capacitated with leadership and advocacy skills and provided opportunities to link with national networks. This can facilitate their involvement in human rights advocacy and their opportunity to influence policy.

6. Monitoring and evaluation

Monitoring and evaluation (M&E) are often not included in project development. Measuring what you are doing generally seems far less important than actually getting on and doing it and it is often not prioritised, understandably when resources are scarce. In addition, people often find it too technical and do not feel they have the expertise for it. You may feel certain that your project is progressing well and having the desired impact and indeed, anecdotal evidence can support this, eg. seeing enthusiastic adolescents attending an adherence club. This is however not enough to give us comprehensive feedback on how the project is going and what it is actually achieving. This is something funders will want to know too, and well conducted M&E can assist in securing funding to grow and develop a programme further. The saying, 'what gets measured gets done' is also applicable here. Measuring things allows you to see what is going on and thus adapt to ensure you achieve your outcome. It also motivates performance by holding people (staff and peer supporters) accountable and by demonstrating the impact of what they are doing. In terms of expertise, you may wish to see if you can draw on the resources of a local tertiary institution and get student or staff input on designing your M&E plan. If this is not possible, the following should provide you with enough information to initiate this yourself.

We have already touched on how to go about thinking and planning M&E briefly in the context of programme planning (see **Module 3**), because it is important to consider what you will monitor and evaluate at the outset of your project in order that you identify suitable indicators and measure and collect appropriate data from the start. In this section we will be looking at the M&E process in more detail.

monitoring

What is meant by monitoring and evaluation?

LEARNING SPOT



M&E provide information on what is happening with a programme, how well it is doing and whether it is meeting its aims and objectives. It also gives guidance on future intervention activities and plays a central role when it comes to accountability to funders and other stakeholders.

Monitoring refers to the routine and systematic process of collecting data and measuring progress towards programme objectives. Questions that monitoring activities seek to answer include:

- Are activities occurring as planned?
- Are services being provided as planned?
- Are the objectives being met?

It gives a good indication of whether things are going according to plan and helps with the identification of problems so that they can be addressed quickly. Monitoring is on-going and should be part of day-to-day activities.

Evaluation on the other hand is the process of systematically assessing a project's merit, worth, or effectiveness. In this process, the relevance, performance, and achievements of a programme are assessed. The evaluation process addresses the question:

- Does the programme make a difference?

It is mainly concerned with whether a project is achieving its goals and objectives. If a programme is doing well, the evaluation process can highlight the reasons for its success. If it has not done so well, evaluation shows what could have been done better or differently.

Ideally, monitoring and evaluation plans should be put in place at the start of an intervention or programme. So often programmes begin and have been running for a while before M&E is considered, and it is much more challenging to begin implementing collection of data at that point. This approach also means the opportunity to collect baseline data is lost. See **Module 3** on project planning where this is highlighted when you start to plan your programme.

The common types of evaluation include process evaluation, outcome evaluation, and impact evaluation.

Process evaluation consists of quantitative and qualitative assessment to provide data on the strengths and weaknesses of components of a programme. It answers questions such as:

- Are we implementing the programme as planned?
- What aspects of the programme are strong?
- Are we experiencing unanticipated problems?
- What actions were taken to address these?

Outcome evaluation consists of quantitative and qualitative assessment of the results of the programme. Outcome evaluation addresses questions such as:

- Were outcomes achieved?
- How well were they achieved?
- If any outcomes were not achieved, why were they not?
- What factors contributed to the outcomes?
- How are the target groups and their community impacted by the programme?
- What are the lessons learned?

Impact evaluation is the systematic identification of a programme's effects – positive or negative, intended or unintended – on individuals, households, institutions, and the environment. Unlike an outcome evaluation, which is focused at the programme level, impact evaluation is typically carried out at the population level and refers to longer-term effects.

The table below highlights a brief example of what components of process, outcome and impact evaluation could look like in a programme aimed at improving adherence to treatment in adolescent with HIV.

Examples of process, outcome and impact evaluation in a programme aimed at increasing adherence

Process evaluation	Outcome evaluation	Impact evaluation
<ul style="list-style-type: none"> • Evaluation of training of peer supporters to provide support on adherence • Evaluation of peer supporter role playing provision of support • Evaluation by adolescents and by staff of support groups run by peer supporters 	<ul style="list-style-type: none"> • Evaluation of self-reported adherence rates • Evaluation of attendance at treatment visits and collection of ART • Evaluation of rates of disclosure of HIV status 	<ul style="list-style-type: none"> • Evaluation of viral loads and CD4 counts in adolescents attending the programme vs those not attending the programme

evaluation

The power of measuring results

- If you do not measure results, you cannot tell success from failure
- If you cannot see success you cannot reward it
- If you cannot reward success, you are probably rewarding failure
- If you cannot see success, you cannot learn from it
- If you cannot recognise failure, you cannot correct it
- If you can demonstrate results, you can win support

Adapted from: World Bank (2004). A handbook for development practitioners: ten steps to results-based monitoring and evaluation system.

7. Steps in the development of an M&E system

Various steps are recognised in building an M&E system. There are different models, but the actions required are much the same, namely:

1. To decide on the goals and objectives of your programme
2. To select indicators to monitor progress
3. To gather baseline information on the current situation
4. To set targets to reach and dates for reaching them
5. To regularly collect data to assess whether the targets are being met
6. To analyse and report results

In the following section you will be taken through each of these steps starting with the formulation of goals and objectives for your programme.

Step One: Determining programme goals and objectives

This was covered in Module 3 on project planning, as deciding on your project goals and objectives is an essential first step in planning your programme.

Step Two: Selecting indicators to monitor progress

Again, this was covered in Module 3 on programme planning.

results

Step Three: conducting the baseline

LEARNING SPOT



Baseline assessment is an important part of M&E. It is usually done right at the beginning of the programme to determine the situation as it is currently, before an intervention or project is implemented. Baseline assessment provides a benchmark for determining the success or failure of the project. Without a baseline it would be impossible to know the impact of the programme. Measurement tools used during a baseline study are usually the same as those used in the evaluation of the programme. This is very important because it ensures that “apples are compared with apples”. These tools will be discussed in the data collection section.

It may happen that no baseline data was collected, but the programme has already started. While collecting baseline data is preferable, one way of addressing this would be to conduct a survey incorporating questions that relate to knowledge, attitudes and behaviour before implementation of the programme. For example, a young person who has attended the facility for a few years might be asked to comment on the services that were offered two or three years ago. Another way would be to use existing reports and studies (secondary data), to determine local delivery of services. This information would pre-date your programme start date and could be used as a basis for comparison.

An example of the use of baseline information for conducting health talks is given below. Notice how the baseline provides a starting point for progress towards the target.

Use of the baseline assessment

Activity 1	Activity Indicator 1		Baseline	Milestone 1 (3 months)	Milestone 2 (6 months)		Target	
Conducted health talks	Number of talks given							
		Planned	2 per month	6 per month	8 per month		14	
		Achieved		5 per month	7 per month		12	
				Source:				
				Facility Health Talk Register				

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

Step Four: Timelines

It is important to include timelines in your M&E plan. By providing dates against events or actions it becomes easier to see what has been achieved, what is presently in progress and what still needs to be completed. Timelines help to keep projects on track.

The key elements of a timeline include activities that must be accomplished, plus the start and end dates (the length of time allocated for completion of an activity). Although an M&E plan will reflect activities and start and end dates, it may not provide a detailed breakdown of the steps required for completion of each activity.

There are various ways in which this can be done, for example by using a Gantt chart. The sample Gantt chart below illustrates use of the chart for the facility health talk indicator.

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						

Step Five: Data collection

Before you can begin with collecting data it is important to identify team members responsible for collecting M&E data and create your M&E team, ensuring everyone is clear on their role in this process. It is important that your peer supporters are part of this group, so that there is strong youth-adult partnership throughout this process. Provide training for members of the team to ensure they are familiar with the required processes and arrange regular meetings with the team.

Involve your M&E team in reviewing and selecting the data collection tools, data collection activities, data entry, and analysing, interpreting and disseminating data. Make sure that you have data for every indicator in the logical framework and that these reflect your programme's objectives. It is also important to develop a clear plan for how you will use the data and share this with the team in order that they can understand its value. M&E is time-consuming and thus it is important that it has a clear purpose and that the effort involved is not wasted.

Depending on the objectives, the activities that support them and the indicators selected you will find that there is a variety of data collection tools available. For example, [Appendix 2](#) provides links to various resources with examples of data collection tools.

This means you don't have to develop something from scratch. The table below provides an overview of additional tools from this toolkit as well as links to some other useful resources.

Tools should be easy to understand and fill out. Ensure that tools are in the language of and written for the reading level of those who will use them, and pilot test them with those who will be using them. Through this you may be able to identify ways to simplify the data collection process, identify any problems and ensure support for the process.

Data collection tools

Module Title	Module Number and Section	Tool
Creating a conducive facility environment for the successful integration of peer supporters	Module Two	Checklist for assessing SRHR service quality
As above	4.1	Checklist for minimum AYFS service package
As above	3.2.1	Checklist for central characteristics of AYFS
As above	3.3	Client referral form
As above	6.2.1	Score card
USEFUL LINKS		
USEFUL LINKS	Website	Topic
A guide to tools for assessments in sexual and reproductive health	https://www.unfpa.org/resources/guide-tools-assessments-sexual-and-reproductive-health-introduction	SRHR
A tool for strengthening gender-sensitive national HIV and sexual and reproductive health (SRH) monitoring and evaluation systems	https://www.unaids.org/sites/default/files/media_asset/tool-SRH-monitoring-eval-systems_en.pdf	SRHR
Making your health services youth friendly	http://www.psi.org/publication/making-your-health-services-youth-friendly-a-guide-for-program-planners-and-implementers/	Assessment tools
Comprehensive peer educator training curriculum	http://files.icap.columbia.edu/files/uploads/Peer_Ed_TM_Complete.pdf	Record keeping and reporting
Adolescent-friendly quality assessment tools	https://www.lenus.ie/bitstream/handle/10147/50953/AFQA.pdf;jsessionid=9899F6461F19CB1085111F-BAD7DFEB56?sequence=1	AYFS
Facility assessment of Youth Friendly Services: a tool for Rapid Assessment and Improving Reproductive Health for Youth	www.pathfinder.org/publications	AYFS/SRH

Depending on whether you are collecting data for qualitative or quantitative indicators you can use a variety of different approaches.

LEARNING SPOT



Quantitative methods use scientific procedures to gather numerical data, eg. counts and percentages. Quantitative data is often collected through closed-ended questions that ask participants to count how many times an event has occurred or to rate their satisfaction using a numerical scale. These methods can gather data on a large, random sample of participants. This allows the data to be generalised to larger populations.

Qualitative methods use scientific procedures to collect non-numerical, in-depth responses about what people think and how they feel. These methods can create an understanding of the difference that the peer supporter programme is making at a personal level in the lives of people. They can provide valuable insight into attitudes, beliefs, motives and behaviours.

Examples of methods for collecting quantitative and qualitative data

Quantitative
Before/after surveys, questionnaires (closed-ended questions)
Published articles
Document review (useful for obtaining data from the past)
Qualitative
Field observation visits
Stakeholder meetings
Interviews
Focus group discussions
Case studies
Diaries
Questionnaires (open-ended questions)

data

Whatever method you choose, do remember that ethical aspects must be considered. For all data collected, consent will be required. Assent is generally required from youth and adolescents, with consent obtained from parents or caregivers. This will vary between countries, so it is best to check the guidelines that apply (see sample consent and assent forms below). In addition, depending on how you plan to use the data, your proposed process of collecting and analysing data may need to undergo ethical review by a regulated ethical review board. If you want to consider publishing your findings in an academic journal, ethical approval from an ethics review board will certainly be a requirement.

Assent indicates that a person is willing to participate in a study or assessment, however if they are minor (either under 18 or 21 depending on the country) informed consent to participate should be obtained from a parent or guardian in addition.

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.

Note that when you are seeking consent/assent for participation in a focus group it is important to state that confidentiality cannot be guaranteed due to the group nature of focus groups as a method of data collection.

Step Six: Analysing and reporting results

LEARNING SPOT



Monitoring and evaluation of your programme will ensure that you are able to report on the results. Reports are communication tools that can be shared with the donors, local and national authorities etc. They usually include as much detail as possible on how results were accomplished, and if the programme had a significant impact. Reporting helps others to learn from your experience and provides guidance on how they can avoid some of the challenges that you faced. It is helpful to include any difficulties that were encountered in implementation as well as the successes.

Funders will usually provide a reporting template for completion. However, the following sample template provides more general guidance:

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?

Other ways of disseminating your findings include submitting a paper to a peer-reviewed research journal, success stories, case studies, presentations at conferences, reports, newsletters, and news stories.

Report

Peer Supporters and data collection

Different team members may be responsible for collecting data, for example nurses and counsellors, but peer supporters too can contribute to data collection at both facility and community level. In fact, the opportunity for involvement in the process of M&E is an important part of skills development and can help peer supporters to feel part of the health care team.

Opportunities to engage with young people for instance around aspects such as satisfaction with service delivery can do much to strengthen and develop peer relationships. Whilst it may not always be feasible for peer supporters to participate in all processes, they have a valuable role to play, not just in terms of administering tools such as questionnaires, but also by making sure that the assessment experience is perceived as being friendly and collaborative.

Remember that your success indicators will need to be reviewed on a regular basis. Actively involving peer supporters in this process will encourage them to keep detailed records and follow the necessary procedures. By seeing their efforts come to fruition they may be motivated to make further improvements that will contribute to reaching programme objectives.

KEY MESSAGES



1. Community engagement and mobilisation is an important part of a comprehensive peer support programme which relies on a network of stakeholders and organisations to complement one another
2. In order to optimise community linkages, community stakeholders should be involved in programme planning from the outset
3. It is important that AYPLHIV are engaged meaningfully as part of this process
4. AYPLHIV and peer supporters can also plan an advocacy role at national or global level and efforts should be made to capacitate them for this and provide them with appropriate opportunities
5. Monitoring refers to the routine and systematic process of collecting data and measuring progress toward programme objectives, while evaluation is the process of systematically assessing a programme's merit and effectiveness
6. Ideally M&E should be put in place at the start of a programme and a baseline assessment should be conducted
7. To ensure successful data collection for M&E, provide training to those involved and ensure the data is collected for every indicator in your logical framework and that this reflects programme objectives
8. Reports on M&E may be required by funders and can also be used to secure further funding
9. Peer supporters can play an important role in data collection for M&E purposes

data co

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World Bank (2004): A handbook for development practitioners: ten steps to results-based monitoring and evaluation system. <http://documents.worldbank.org/curated/en/638011468766181874/pdf/296720PAPER0100steps.pdf>

Additional resources

International Federation of Red Cross and Red Crescent Societies (2013). Baseline Basics. <https://www.ifrc.org/PageFiles/79595/Baseline%20Basics%2010May2013.pdf>

Download the templates and checklists from this module.