

Community-Based Distribution and **Peer** Education Tools



Peer Education Resource List

Peer education can be employed as part of a comprehensive RH strategy once the acute emergency stabilizes. For many adolescents living in protracted emergencies and camp settings, there are often too few opportunities to be engaged in rebuilding their communities. Providing the space and opportunity for learning can mitigate the psychosocial impact of conflict and disasters by giving a sense of normalcy, stability, structure and hope for the future.

Reducing idle time and increasing structured activities can help reduce risk-taking behavior. Peer education also offers opportunities for adolescents to demonstrate leadership, gain new skills through volunteerism, and build youth-adult partnerships with supervisors.

Peer education is an ideal way to provide RH information. Peers usually are perceived to be safe and trustworthy sources of information; using peer networks can increase adolescents' comfort in engaging in dialogue and personal risk assessments. More than a decade of program experience has shown that well-designed, curriculum-based peer education programs with consistent adult supervision can be successful in improving adolescents' knowledge, attitudes and skills about RH and HIV prevention.

The most challenging aspect of peer education programs is ensuring quality. To do so, programmers must:

- Provide high quality, intensive training to peer educators, including regular assessments and reinforcement of their capacities to provide accurate information to their peers.
- Ensure that trainings include topics relevant to adolescents in emergencies, such as sexual and reproductive health, sexual abuse and exploitation, HIV/AIDS prevention, landmine safety, sexual and gender-based violence, conflict resolution, personal health and safety.
- Use standardized checklists in the development and implementation of peer education programs to improve quality.

The following is the most widely used source to help improve the quality of peer education programs.

Youth Peer Education Toolkit

The kit contains five resources (shown below).

Designed to help program managers and master trainers of youth peer educators, the tools are based on research and evidence from the field as well as local examples and experiences. The toolkit was a collaboration between the United Nations Population Fund (UNFPA) and Family Health International/ YouthNet, working with the Youth Peer Education Network (Y-PEER), a project coordinated by UNFPA. (2005-2006)

- Training of Trainers manual
- Standards for peer education
- Assessment tool for peer education programs
- Performance improvement tool for managers
- Theater-based techniques training manual

<http://www.infoforhealth.org/youthwg/peerredtoolkit.shtml>

SUGGESTED READING:

1. UNFPA, FHI/YouthNet. Standards for Peer Education Programmes. UNFPA, 2005.
<http://www.fhi.org/en/Youth/YouthNet/Publications/peerredtoolkit/Standards.htm>.

Community-Based Distribution (CBD) Introduction

Rationale: Adolescents, especially those who are married, marginalized or have disabilities, face barriers that prevent them from accessing facility-based SRH and FP services. Community-based peer-to-peer methods are very useful in helping to overcome these barriers. Because they belong to the same “youth culture,” adolescents may be better able to relate to their peers than to adults. Training adolescents in community-based distribution (CBD) is an appealing way to provide adolescents with access to condoms, FP methods and information related to SRH while modeling adolescent leadership and participation.

CBD programs are not appropriate for the acute emergency setting, but should be considered as soon as the situation stabilizes. Establishing a CBD program requires careful planning and preparation. In contexts where sex education and FP are not discussed among unmarried people, introducing a CBD program for adolescents can be particularly challenging. In such settings, take time to discuss with the community members - including parents, religious leaders, women’s groups, and adolescents -

to reach an agreement on an acceptable strategy for providing adolescents in the community with access to RH services.

Because distributors are providing RH services in the community, the quality-of-service provision is very important to program managers. International experience has shown that adolescents respond best to immediate, on-site feedback and adolescents trained in CBD appreciate the connection to adult supervisors who can help them gain and improve upon newly learned skills.

This section contains three tools to be used during the introduction and implementation of an adolescent-oriented CBD FP and condom distribution program:

- Preparing to Implement CBD Checklist
- Adolescent CBD Supervision Checklist
- Client Referral Form for adolescents trained in CBD

Each tool is a template and should be adapted to suit the context of the particular emergency setting. Additional resources and information about CBD programs and FP methods and algorithms can be found in the “Suggested reading” section below.

SUGGESTED READING:

1. FHI. *Provision of Injectable Contraception Services through Community-Based Distribution*, 2008. <http://www.fhi.org/NR/rdonlyres/ewyj6yas7sltqnexxv7dvnc2assdoimhycn37pgdwwgywjshh-gcvkileqwws35jjkhs3asrca72llj/Part1NineSteps.pdf>.
2. WHO. *Family Planning: A Global Handbook for Providers*. WHO, 2007. <http://www.infoforhealth.org/globalhandbook/>

Preparing to Implement Community-Based Distribution — Checklist

This checklist outlines the major steps that program managers should take as they plan and prepare to train adolescents in CBD and introduce a CBD program during planning for comprehensive SRH services.

✓	Action	Description
	Review national policies	Ensure that CBD is acceptable within the national policies. Advocate with national health authorities for permission to implement the CBD program, if necessary.
	Obtain local support	Inform local stakeholders (adolescents, parents, community leaders, health authorities, health workers) and encourage them to support the CBD program.*
	Identify beneficiaries and their needs	Through focus group discussions, surveys, key informant interviews, identify the adolescents who can benefit from CBD and who can be reached with the program. (For example, young married girls have a high unmet need for FP but less access to health centers because of decreased mobility). Also explore barriers to accessing SRH information and services. Ensure that members of the most at-risk groups are included in the needs assessment process.
	Establish commodity supply chain	Develop a system to ensure a consistent supply of FP commodities to avoid stock-outs. Procure supplies for program start-up.
	Select adolescents to be trained in CBD	Involve the community (leaders, adolescents, parents) in the selection process. Define selection criteria, which may include level of education, trustworthiness, attitudes toward FP and previous experience working in the community. Both girls and boys should be selected to be trained in CBD. Confirm that they are geographically distributed throughout the community, to ensure coverage without overlaps.
	Train adolescents in CBD	<p>Train adolescents according to standard protocols according to standard protocols (national protocols, if available) to:</p> <ul style="list-style-type: none"> • provide accurate and appropriate SRH information; • provide FP counseling on all methods; • distribute condoms and other FP methods (usually OCPs and possibly injectables); and • make referrals when necessary. <p>Train how to adhere to standard precautions and to manage stocks and avoid stock-outs;</p> <p>Educate trainees about high-risk adolescents and the importance of reaching them with services. Educate trainees about the importance of maintaining client confidentiality.</p> <p>Train in data collection and reporting.</p>
	Develop a workplan	Review the objectives of the program and identify key program activities. Establish a timeline for implementing activities.
	Develop an M&E plan	With adolescents trained in CBD, establish timeline for collection and reporting of baseline, monthly and end-of-project data. Use standardized data collection and reporting tools (national tools, if available). Ensure that reporting responsibilities are clearly established. Develop supervision schedule.
	Sensitize adolescents in the community	Sensitize adolescents about FP methods that will be made available through the CBD program. Information can be disseminated through mass media, printed materials, adolescent groups and clubs, etc. Adolescents trained in CBD should be involved in the sensitization process.

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✓	Action	Description
	Establish mechanisms for client recruitment and referral	Work with health facilities to develop a mechanism for referring adolescent clients from the health facility to the CBD program and vice versa. Work with adolescents trained in CBD, adolescents and other community members to develop a system for recruiting new clients from the community.
	Establish linkages with other sectors for recruitment and referral of clients	Establish linkages with other sectors (protection, livelihoods, education, mental health and psychosocial support, DDR, etc.) and mechanisms for referral of adolescents either to or from the CBD program.
	Establish feedback mechanisms	With adolescents trained in CBD and stakeholders, develop a user-friendly way for beneficiaries, adolescents trained in CBD and other community members to provide feedback on the program and suggest ways that it can be improved.

* *Community-based programming by adolescents could be a challenge in contexts where sex education and FP are not discussed among unmarried people. In such settings, take time to discuss with the community members - including religious leaders, women's groups, parents and adolescents - to reach an agreement on an acceptable strategy for providing adolescents in the community with access to SRH services.*

Adolescent Community-Based Distribution Supervision Tool

Instructions: Observe the adolescent trained in CBD with five clients. Assess the sessions and give marks as follows:

Activity not done **1 point**

Activity done, but there is need for improvement **2 points**

Activity well-done **3 points**

Add the score for each discussion topic after the five visits have been completed. Together with the

adolescent trained in CBD, create an action plan to improve upon the desired skill, based on these scoring levels:

5 - 7 Needs to re-learn skill

7 - 12 Good, but needs improvement

13 - 15 Excellent, continue as is

If the skill needs to be re-learned, or if improvement is needed, describe the steps that the adolescent should take before the next supervisory visit in the Action Step column.

Adolescent Name _____		Supervisor Name _____					
Skill	Clients					Total Score	Action Step
	1	2	3	4	5		
Date of visit(s) ->							
Introduction							
Provided privacy by finding a place away from disturbances							
Greeted client politely and introduced self							
Assured client's confidentiality							
Asked client's name							
Assess Client's Obstetric and Family Planning History							
Asked client's age							
Asked about number of pregnancies							
Asked about the number of living children							
Asked about the number of children desired							
Asked if the client is currently using or has ever used a contraceptive method							
Asked if the client or partner uses condoms every time he/she has sexual intercourse							

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Skill	Clients					Total Score	Action Step
	1	2	3	4	5		
Date of visit(s) →							
Help Client to Choose a Family Planning Method							
Used teaching aids appropriately							
Explained all FP methods available (both from adolescent and health facility).							
Counseled client about STI/HIV/AIDS							
Promoted dual protection (for STI & pregnancy)							
Allowed client to ask questions and responded appropriately							
Asked client about his/her method of choice							
Ensured that client's choice is voluntary, not coerced							
Provided a referral for methods only available from the health center							
Review the Chosen Method Together with the Client							
Supplied the client with the method according to protocol							
Explained/demonstrated clearly how to use the method(s) and explained side effects							
Asked the client to repeat the information about the method(s) and repeated or corrected any missing or incorrect information							
Gave the client a leaflet about the method (if available and desired)							
Gave the client a follow-up date for a revisit or refill							
If condoms were provided, advised client of other adolescent-friendly locations in the community where condoms can be obtained							
Advised the client to visit the adolescent trained in CBD if needed before the next appointment should problems arise							

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Skill Date of visit(s) →	Clients					Total Score	Action Step
	1	2	3	4	5		
Skills Used							
Ensured sufficient supplies of condoms and FP methods before client encounter							
Asked probing open-ended questions							
Gave the client the chance to ask questions							
Addressed the client's questions appropriately							
Made appropriate referrals to other sectors or health facility for additional support or treatment, as appropriate							
Adhered to standard precautions							
Wrap-up							
Reminded the client of the importance of subsequent visits by the adolescent trained in CBD							
Thanked the client for his/her time							
Completed the client's record card							
Completed the appropriate data collection forms							
Adolescent's Remarks							
Supervisor's Remarks							

Client Referral Form for Community-Based Distribution

Instructions: *Part A* of this form is to be completed by the adolescent trained in CBD when s/he refers a client to a health facility or to another sector for evaluation, care or services. The adolescent should provide a description of the reason for referral so that the person receiving the client understands the services requested. *Part B* of the form is completed by the referral service or health facility staff member after the client has been evaluated and has received treatment, evaluation or services. Part B is returned to the adolescent trained in CBD, so that s/he has feedback on the status of the client.

Part A (to be retained by the clinic staff or staff)

Date: _____

Dear Colleague:

I am referring Mr./Ms. _____ (name) of _____ (village),

_____ (parish), _____

(sub-county) to you for:

• **Contraceptive method (specify):** _____

• **Side effect management (specify):** _____

• **Maternal health services (specify):** _____

• **STI management (specify):** _____

• **Other (specify):** _____

Name	Signature	Parish
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Part B (to be completed by the clinic health worker or staff member and returned to the Adolescent trained in CBD)

Date: _____

Mr./Ms. _____ (name) has received services at this health facility as per the referral.

Brief description of services provided:

Signature of service provider	Name of service facility	Signature of service provider
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Adapted from FHI, *Provision of Injectable Contraception Services through Community-Based Distribution*, p. 109