

HIV / AIDS Prevention and Capacity Development in the Pacific: Peer Education and Support Program Mapping Consultancy

Tonga: Country Report

The Secretariat of the Pacific Community

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Peer education and support program mapping consultants:

Joe Debattista

joedebat@powerup.com.au

Steve Lambert

s.lambert@uq.edu.au

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1.0 Country summary

According to figures reported by Tonga to SPC's HIV & STI surveillance unit, cumulative HIV cases (including AIDS) at the end of 2008 were seventeen—nine male and eight female—of which 10 were AIDS cases and nine have died AIDS related deaths.

2.0 Findings

This mapping of HIV & STI peer education programs for vulnerable populations involved: examination of national strategies, and other relevant documentation; surveying and interviewing national organisations involved in peer education; and consulting with regional organisations involved in the delivery of HIV & STI services

The following 'tight' definition of peer education has been used in this analysis:

the teaching or sharing of health information, values and behaviours by members of similar age or status groups.

Peer education therefore is an education program run by, and for, members of the same peer group; and a peer is someone from the same group, in which the group members identify with each other because of certain features they have in common.

Using this definition, the information gathered is discussed with the following ten criteria in mind:

1. The project **targets a vulnerable community** in the country. The intervention is well targeted. (Basis for this comes from the national strategy and from the feedback about what the vulnerable populations are in the country.)
2. **Governance.** The peers are involved in the way things are run and the decision-making. There is **engagement with the target population** in the design, implementation and evaluation of the project. There is engagement at some levels and constant attempts are made to pursue this engagement.
3. There is obvious **support** for the peer education project at an organisational and national level.
4. **Collaborative relationship** with other organisations who are undertaking HIV peer education based activities in the country so that there is no duplication (competition) of services.
5. **Recruitment strategies** for peer educators are appropriate, systematic, ongoing and sustainable. This includes developing defined marketing strategies. There is an accepted and celebrated **exit strategy** for peer educators.
6. There is initial and follow-up education for the peer educators. There is **sustainable capacity building** of peers.
7. **Referral systems** are in place to address the needs of the target population as things arise. This includes the ability to follow-up on whether anything happened as a result of the referral (did the person actually attend for VCCT), and an ability to assess whether the referring agency is effective and provides suitable service.

8. **Evaluation.** There are set outcomes. How is the **effectiveness of the project determined?** What agreed measures are in place to assess whether this project 'makes a difference' or not, and is there a defined mechanism to report against these? It is acknowledged that this is extremely difficult, however are there attempts to do this?
9. **Monitoring.** A code of behaviour is defined and followed. This includes a **monitoring mechanism for the knowledge, skills and conduct of peer educators.**
10. The project makes an **obvious and tangible impact.** Things that have changed as a result of the project being in existence are able to be discussed.

2.1 The national strategy

The current national strategy is the *Strategic Plan for Responding to HIV/AIDS and STIs in the Kingdom of Tonga 2001–2005*. A detailed analysis of this strategy with reference to peer education appears as Appendix One and is summarised below.

Strengths include:

- The guiding principles strongly articulate the need, rights and communal responsibilities for universal access to education and prevention tools, and articulate a mode of delivery.
- The guiding principles explicitly state the need for vulnerable populations to be listened to and worked with. Those of differing sexual preference are identified as one group to be accepted. Inclusiveness, support and reciprocity for all people, including PLWHA, are demonstrated.
- Specific vulnerable groups are identified as targets of specific education and behavioural interventions.
- There is a distinction between those populations whose vulnerability is based on occupation (e.g. travellers, civil servants) and those whose vulnerability is based on behaviour (e.g. MSM, sex workers).
- Peer education is highlighted with particular reference to youth.
- There is a distinction of various sub groups of young people that may be of higher risk.
- The risk enhancing effects of drug and alcohol use are mentioned.
- A community participatory model is identified.
- The need for recruitment from vulnerable groups is stated.
- Reference is made to the need for training and support of peer educators, including drug and alcohol and sexual preference issues.
- Particular reference is made to ensuring a safe environment for peer educators.
- Community collaboration is generally referred to, with a particular focus on PLWHA partnership and advocacy.

Areas for improvement include:

- Vulnerable groups are not separately targeted by actions.
- Whilst peer education is referenced to other vulnerable groups (beside youth), there is no identification of which groups.
- There is no explicit statement of partnership with target groups in programme design and implementation.

2.2 Organisations involved in peer education

Different organisations target different populations and undertake peer education in different ways. In Tonga three organisations were identified as being involved in peer education.

2.2.1 Tonga Family Health Association (TFHA)

The Tonga Family Health Association, established in 1975, employs 12 FTE staff and 15 volunteers, and specifically addresses HIV and / or sexual health issues using a peer education methodology. TFHA use the guidance notes and definition provided by the IPPF for conducting peer education.

30% of the project is involved in peer education (activities are listed in the appendix), its targets include: marginalized young people, young people attending school, sex workers (commercial and transactional), those who are transgender e.g. Fa'afafine, Fakaleiti, people working in the hospitality industry, police personnel, people living in rural / remote communities, seafarers.

The TFHA Peer Education Program specifically targets adolescents (10–19-years), both in-school and school drop outs. The project has been operating for six years and aims at empowering youth with accurate information, equipping them with life skills, encouraging them to access YFS and referring their peers who need further counselling. The project undertakes condom distribution; role play education (Filitonu Drama Group); and training of peer educator trainers.

Monitoring and evaluation are attempted. Evaluation includes focus group discussions and exit interviews of young clients accessing the YFS. Indicators used to measure the success of the project include:

- Number of referral clients by peer educators
- Number of youth participating in the youth meeting and peer education outreach
- Number of well defined vulnerable groups reached/identified by peer educators.

Activities of the program are selected in consultation with TFHA, youth stakeholders and the donor. The target population are the potential stakeholders of this project and they participate in the design of the program in consultation with the Youth Advisory Group. Proposals are presented to the AHD project stakeholders for endorsement and included in the annual work plan of the AHD project for funding. Involving the target population in the design phase has lead to the success of the intervention effort.

Strengths include:

1. The project is monitored on a daily basis as well as through quarterly reporting of its activities to both the donor and TFHA.

2. Considerable participation by the target population in the design and implementation of activities.
3. The project employs one paid person (not a peer of the target population), and 24 youth peers as volunteers. It is estimated that a quarter of the target population has been reached.
4. A particular success of the project has been the conduct of needs based assessment of the target population as well as risk mapping exercises in the target areas.
5. The organisation is referred to in the national HIV/sexual health strategy; is part of a regional network in HIV/sexual health (TFHA implement the HIV/AIDS CDO Grants and is an affiliate member of IPPF); and is a partner in a peer education network (IPPF Peer Education Network).
6. Clients are referred within an existing network and referrals are followed up through a referral and card system used by the clinic coordinator.
7. The project has the support of the organisation and the Ministry of Health.
8. Peer educators are recruited under a volunteer scheme of TFHA and engaged in volunteer training before recruitment using selection criteria in line with that of IPPF.
9. Training is conducted three times annually i.e. volunteer training followed by refresher Training of Trainers. Some of the trainees have attended peer education training offered by Tonga National Youth Congress.

Opportunities for further development in peer education:

1. There is an urgent need to implement the program to the outer islands.
2. Resources have not been developed as the project has been using existing materials due to a lack of funds.
3. An identified gap is the inability to pay peer educators. Most are working on a voluntary basis as there is insufficient funding to reimburse them.
4. There is an identified need to handle the high turn over of peer educators but as yet there is no plan to address this.
5. There is a gap in understanding the importance of confidentiality and when to refer clients/peers. The role of peer educators has not yet been clarified to some due to the high turn over in Tonga at the moment.

2.2.2 Tonga National Youth Congress

The Tonga National Youth Congress was founded in the 1980s and currently employs 4 FTE staff. 50–55% of the program's activities are committed to peer education. A list of these is included in the appendix. The peer education project employs one coordinator and 20 peer education volunteers. The volunteers receive a stipend of \$10 for their transportation and meals before doing outreach. This is monitored by the number of confirmed peer educators who participate in the outreach.

The project targets the following populations: marginalized young people, young people attending school, women (young women 15–34-years), sex workers (commercial and transactional), those who are transgender e.g. Fa'afafine, Fakaleiti, MSM, people living in rural / remote communities. Contact is made with the target population through peer education, town officers, Tongatapu Youth Congress and youth presidents.

The focus of peer education within the project is to reach youth through peers using small discussion groups or one-to-one interactions and seeks to change behaviour. The peers are located in different areas where they are accessed by local youth and are offered referrals for further information and clinical services (e.g. Tonga Family Health Association and hospital).

Monitoring and evaluation of this project is through peer education reports during bi weekly peer meetings. There is also some post-session testing at every outreach to test newly gained knowledge. Indicators used to measure the success of the project include:

- The number of outreach requests from the community
- Frequency of youth drop in for information
- Number of condoms distributed.
- Referral drop-ins as a result of the peer education.

Attempts to establish a support group for LGBTI people were modified in recognition that the most appropriate organisation to facilitate this was a partner organisation, TLA, which has responsibility for training in this area. Appropriate clients are referred to this organisation, and the TLA has assumed a greater role in directing activities for this target group.

Strengths include:

1. Peer educators are recruited through an application process and interviewed to determine if their geographical locations are suitable for the network of peer educators.
2. Three paid staff and 25 volunteers are engaged in the project—all are peers of the target group.
3. In 2008 it is estimated that 70-85% of youth, 30% of the women caucus and 20% of the LGBTI population have been accessed. LGBTI peers are used to access this specific population.
4. A particular success of the project has been designing it around times in the evening and using venues such as kava social circles that are appropriate for young people.
5. Surveys of the target group are conducted before the assigning of projects and they serve as a focus group for the purposes of evaluation.
6. The organisation is referred to in the country's national HIV/sexual health strategy, is part of a national HIV network (CCM/NSP committee), and is part of the National Peer Committee and collaborates with other national peer educators.
7. Refresher training has been conducted for peer educators in the previous 12 months and some peers have been involved in the national peer education training.

Opportunities for further development in peer education:

1. Activities are determined by the executives of the organization and the health department including the coordinator and the assistant.
2. The project has the support of the organisation, but it was reported that the Ministry of Health may not be as fully aware of the scope of peer education within the project,

particularly in areas that move beyond the traditional concept of youth peer education.

3. Vulnerable populations identified in need of peer education were hut dwellers, taxi drivers, bar nightclub owners.
4. An identified gap has been identified in the lack of initiative and motivation at times to share knowledge amongst their peers (taxi drivers etc).
5. There is some misunderstanding of the concept of peer education amongst young educators in that their expectation is that information should only be shared with their friends and not to the wider group of peers.

2.2.3 Tonga Red Cross

It is understood that the Tonga Red Cross is involved in peer education initiatives however no information about this organisation was obtained during the mapping exercise.

2.3 Regional organisations

The mapping exercise also included consultations with regional partners based in Fiji on peer education. Three organisations raised Tonga in their discussions:

2.3.1 Pacific Sexual Diversity Network (PSDN)

The network is approximately two-years old and has representatives in up to eight Pacific countries. Tonga is one of the countries that has a 'fledgling' MSM network or grass roots community organisation. It was noted that this fledgling network is, of its nature, involved in peer education among the MSM population.

2.3.2 Secretariat of the Pacific Community (SPC) and UNFPA Adolescent and Reproductive Health (ARH) Program

The ARH Program was implemented across the Pacific in 2001 as a UNFPA sponsored program in collaboration with SPC. UNICEF established a life skills program in 2002 which took on a broader scope of adolescent development beyond ARH and became the Adolescent Health & Development (AHD) Program in 2005 by merging with the UNFPA-SPC project.

The life skills program utilised master trainers within existing NGOs and attached SRH to their agenda. The ARH program placed coordinators in each country but over time their role has diversified, and at times, confused as they take on a wider range of activity and responsibility.

Within the AHD program, some coordinators are placed within the MoH, some take on a support role for lead agency NGO, and others offer technical assistance to a range of NGOs. In Tonga, peer educators are based at the Family Health Association.

The AHD program has responsibility for operating youth centres, clinics, nurses, peer educators and has moved beyond SRH to encompass a full range of health issues. However, the overwhelming focus still remains SRH.

2.3.3 UNIFEM

When discussing particular countries, three groups that are working on violence against women were highlighted in Tonga.

3.0 Discussion

The national strategic plan provides an example of a document that sets out a solid framework for the conduct of peer education. Its Guiding Principles highlight the need for engagement of, and participation with, vulnerable groups; and the document is inclusive of a number of vulnerable groups. This presents a strong base for the development of effective peer education in the country.

This is illustrated by the two organisations surveyed who have sought to conduct their peer education programs within a model of best practice. This has included careful assessment of risk and needs, collaboration with local communities and vulnerable groups in the design and implementation of projects, careful evaluation with attention to the appropriate targeting of activities, close collaboration with other services and the integration of education with clinical service delivery.

However, each organisation has identified a wide set of target groups, both occupational and risk based, and with the exception of youth, women and MSM, it is difficult to envisage how a relatively small group of volunteer peer educators can outreach to such diverse populations. Therefore it can be assumed that much of the work must be kept at the level of community education in order to address a variety of demands and expectations.

While much appears to be undertaken in Tonga on small budgets, there are also large gaps in education that may benefit from effective peer education. Support for continued coordination of existing peer education activities and building capacity to be able to reach more diverse populations is warranted. This includes involvement of populations on outer islands.

4.0 Recommendations

1. Support of existing peer education activities undertaken by local organisations is warranted.
2. Strengthening of existing collaborative links between organisations is recommended (especially in anticipation of expanding service delivery to vulnerable populations other than youth, sex workers and MSM and to populations in outer islands as noted below).
3. Education and up-skilling in the precise methodology of peer education, and the roles and responsibilities of peer educators, is warranted both for peer educators

themselves, and for members of the broader stakeholder organisations and community.

4. Consideration should be given to implementing peer education to the outer islands.
5. Consideration should be given to implementing peer education with other vulnerable populations listed in the national strategy as well as those activities already targeting youth, sex workers and MSM.
6. Greater participation by the targeted vulnerable groups should be facilitated in the design, implementation and evaluation of peer education programs.
7. The broad scope of targeted populations for each organisation needs to be reconsidered with respect to the resourcing, training, recruitment and skills base of peer educators to ensure appropriate and effective targeting.
8. The creation of specifically targeted resources appropriate to each vulnerable group is needed.
9. Inequity of payment of peer educators between organisations involved in peer education within the same populations (youth) needs to be addressed so that this does not impact on volunteer capacity in any organisation.
10. Strategies to manage the high turnover of peer educators and for ensuring that an optimal level of skill and knowledge is maintained by new peer educators need to be developed.

Appendix One

Analysis of peer education within the national strategy

Country: Tonga Strategy Document: A STRATEGIC PLAN FOR RESPONDING TO HIV/AIDS AND STIs IN THE KINGDOM OF TONGA 2001–2005		
Does the Strategic Plan include Guiding Principles which highlight the importance of:	The rights of all people to access education & prevention services	<p>Use of traditional, community participatory and informal learning methods such as dancing, singing and dramas, should be used at all levels to share information about HIV/AIDS/STI.</p> <p>Education is one of our strongest values. People at all levels need to be empowered with knowledge about human sexuality and relationships, including information about HIV/AIDS. All persons should have equal opportunity to this full education.</p> <p>Education at all levels should be used to breakdown barriers, create awareness and strengthen knowledge on HIV/AIDS.</p> <p>The community should take responsibility for empowering people with information on, and the means to protection from, HIV/AIDS/STI.</p>
	Partnership and engagement with the affected community (i.e. vulnerable groups)	<p>The strong Christian values of equality, forgiveness, acceptance, unconditional love in action, care and support – the fruits of the Spirit – should be extended to all people regardless of age, gender, race, religion, sexual preference or HIV status.</p> <p>The sense of belonging in the Tongan community is very strong. This should extend to and empower all people, including people living with HIV/AIDS. HIV/AIDS AFFECTS EVERYBODY IN THE COMMUNITY!!</p> <p>The strong <i>api</i> values of care and support, inclusiveness, hospitality, love and reciprocity should be encouraged and extended to all people, including those living with HIV/AIDS.</p>

Country: Tonga		
Strategy Document: A STRATEGIC PLAN FOR RESPONDING TO HIV/AIDS AND STIs IN THE KINGDOM OF TONGA 2001–2005		
		Working with and listening to, those most at risk and most affected (including PLWHA), should be a key feature of the response to HIV/AIDS/STI in the Kingdom of Tonga.
	Engagement of young people and their right to access education & prevention services.	nil
Does the Strategy highlight the importance of Identifying and targeting vulnerable populations? Refs	<p>Page 7: increasing number of vulnerable groups like youths, seafarers, sex workers, recipients of blood donations, staffs of defence services and health workers.</p> <p>Page 10: Reducing the vulnerability of specific groups and promotion of safer sexual behaviour. Certain groups are at a higher risk of infection because of social situation, age, employment circumstances, or lifestyle decision. Information and awareness activities are needed to specifically target these vulnerable groups increasing both their knowledge of STIs and their awareness of their own vulnerability, and promoting means and methods to increase their level of protection and safer sexual behaviour.</p> <p>Page 12: To increase access to information on and the means to protection from STIs, for specific target groups.</p> <p>Page 19 3.1.1 Develop and conduct tailored awareness raising workshops for vulnerable groups including seafarers/ship crews; army/navy/police; prisoners; fakaleitis; sex workers; civil servants and business men</p> <p>3.1.2 Review and expand existing IEC materials targeted at specific groups to ensure relevant, contemporary information in Tongan is widely available on safer sexual alternatives and protection</p> <p>Page 20: 3.3.2 Conduct social research with vulnerable groups assessing - attitudes towards condoms - accessibility (number/location of outlets, cost)</p> <p>Page 20: Review and expand existing drug and alcohol outreach services to increase access for groups particularly vulnerable to HIV/STI</p>	
Does the Strategy highlight the	<p>Page 7: youth council and peer education;</p> <p>1.2.4 Include information on STIs in existing peer educator training programs</p>	

Country: Tonga Strategy Document: A STRATEGIC PLAN FOR RESPONDING TO HIV/AIDS AND STIs IN THE KINGDOM OF TONGA 2001–2005											
<p>importance of peer education as an intervention?</p>	<p>Page 18: 2.1.1 Review and expand current training programs for peer educators to ensure availability in all parts of Tonga and to youth at particular risk (e.g. unemployed, out of school, casual sex work, delinquents)</p> <p>2.1.2 Identify sources of funding to allow peer education programs to safely access youth at particular risk (e.g. providing transport for peer educators working on the streets after dark)</p> <p>2.1.3 Utilise village and church youth groups to raise awareness of peer education and other services available</p> <p>Page 19: 3.2.3 Select members of specific vulnerable groups to participate in current peer educator training programs</p> <p>Page 21: TNYC:</p> <ul style="list-style-type: none"> - Outreach program (School youth groups, organise community, TMPI) - Peer educator training - Awareness programs (3 day workshops for youth, TBU/outer islands) - Production of IEC materials - Condom distribution - Magazine - Radio show - Referral <ul style="list-style-type: none"> ● Peace Corps: <ul style="list-style-type: none"> - Awareness workshop - Funding for youth peer educator training - Develop life skill manual in Tongan ● Leuleumafana AIDS Foundation: <ul style="list-style-type: none"> - As in TNYC ● Leiti's Association: <ul style="list-style-type: none"> - Training workshops - Liaise with gay/homosexual associations overseas - Human rights activities <p>Page 49: Peer Educator potential for education on drug abuse</p>										
Vulnerable Groups	Population	Civil	Youth	Prisoners	Traveller	SW	Women	fakaleitis	Seafar	Unifor	People

Country: Tonga
Strategy Document: A STRATEGIC PLAN FOR RESPONDING TO HIV/AIDS AND STIs IN THE KINGDOM OF TONGA 2001–2005

identified in Strategy and associated Prevention Strategies/Actions identified in Strategy	Intervention	Servants B'men			rs				ers	med services	with STIs, or HIV/AIDS
	Targeted media to raise community awareness of STIs										
	Awareness raising workshops										
	Education – health education, formal and informal education										
	Develop IEC materials on STIs										
	awareness raising programs utilising traditional learning methods including drama, theatre, singing and dance (particularly at village community level)										
	Newspaper articles and radio interviews										
	Peer education										
	Distribute IEC materials through youth drop in centre, night clubs, sporting groups and youth groups										
	Disseminate IEC materials through workplaces, bars, hotels and taxi drivers										
	HIV/STI prevention is included in training of recruits and refresher courses for existing personnel										
	Conduct informal training programs for employers (e.g. army, shipping agencies, hospitality industry)										
Does the strategy highlight the importance of partnership/engagement with vulnerable groups? Refs	<p>Page 17:1.2.4 Utilise community participatory methodology through key contacts at village level to identify community knowledge level, attitudes and information needs</p> <p>Page 18: 2.1.3 Utilise village and church youth groups to raise awareness of peer education and other services available</p> <p>Page 19: 3.2.3 Select members of specific vulnerable groups to participate in current peer educator training programs</p> <p>Page 30: 1.2.1 Utilise Church leaders, community leaders, PLWHA and their families to act as advocates in lobbying decision makers to increase funding allocated to providing support for PLWHA</p>										

Country: Tonga Strategy Document: A STRATEGIC PLAN FOR RESPONDING TO HIV/AIDS AND STIs IN THE KINGDOM OF TONGA 2001–2005	
	<p>Page 33: 1.2.3 Encourage PLWHA to act as advocates on confidentiality issues</p> <p>Page 35: 3.2.3 Encourage and support PLWHA to be actively involved in advocating for the protection of the human rights of all Tongans, regardless of HIV status</p> <p>Page 38: 3.1.5 Encourage and support PLWHA to act as public advocates through meetings and the media, to raise the profile of HIV/AIDS/STI and gain the commitment of decision makers</p>
Does the strategy highlight the importance of training for peer workers? Refs.	<p>Page 17: 1.2.1 Review and expand existing training of trainer programs, to ensure that trainers are available for working with the Church, schools, youth, community groups, employers/employees, risk groups and in the outer islands</p> <p>Page 18: 2.1.1 Review and expand current training programs for peer educators to ensure availability in all parts of Tonga and to youth at particular risk (e.g. unemployed, out of school, casual sex work, delinquents)</p> <p>Page 19: 3.2.3 Select members of specific vulnerable groups to participate in current peer educator training programs</p> <p>Page 20: 4.1.5 Include drug and alcohol issues in current peer educator training</p> <p>Page 45: Peace Corps to train 50 peer educators by 2002 (Peace Corps and UNICEF funding)</p> <p>Page 48: Young people do discuss sexual issues with their peers – great opportunity for peer education programs, and promoting acceptance of other forms of sexual expressions other than sexual intercourse</p>

Appendix Two

**Transcript of interviews with Tonga Family Health Association and
Tonga National Youth Congress**

Tonga Family Health Association

The Tonga Family Health Association, established in 1975, employs 12 FTE staff and 15 volunteers, and specifically addresses HIV and / or sexual health issues using a peer education methodology. The TFHA use the guidance notes and definition provided by the IPPF as its definition for peer education. The interviewee personally defined peer education as “A process whereby those of the same societal group or social standing are educating each other.”

30% of the project is involved in peer education, using 30 staff and volunteers. Its targets include:

- Marginalized young people
- Young people attending school
- Sex workers (commercial and transactional)
- Those who are transgender e.g. Fa’afafine, Fakaleiti
- People working in the hospitality industry
- Police personnel
- People living in rural / remote communities
- Seafarers

The project conducts the following activities:

- Direct one-on-one education in HIV and sexual health by peers
- Group based education by peers
- Education sessions (e.g. in schools) by peers
- Social support activities for peers (e.g. meet for a community meal)
- Advocacy for peer education as an effective intervention measure
- Condom distribution by peers to peers
- Resource distribution by peers to peers
- Theatre / role play education by peers
- Media production and use by peers
- Knowledge training (in HIV & sexual health) for peer education workers
- Skill training (e.g., in communication) for peer education workers
- Training for trainers of peer educators.

The TFHA Peer Education Program specifically targets adolescents (10–19-years), both in-school and school drop outs. One of the most effective strategies in involving adolescents/young people is peer education. The project has been operating for six years and aims at empowering youth with accurate information, equipping them with life skills, encouraging them to access YFS and referring their peers who need further counselling. The project provides for:

- Condom distribution
- Role play education (Filtonu Drama Group)
- Training of peer educators trainers

This project was developed through the Adolescent Health Development Project which was known as the ASRH Project. Tonga Family Health Association is an affiliate member of the IPPF and is guided by its 5As Framework.

The project is monitored on a daily basis as well as through quarterly reporting of its activities to both the donor and TFHA. Evaluative activities include Focus Group Discussion and exit interviews of young clients accessing the YFS. Indicators used to measure the success of the project include:

- Number of referral clients by peer educators
- Number of youth participating in the youth meeting and peer education outreach
- Number of well defined vulnerable at risk groups reached/identified by peer educators.

The interviewees report that the project is well monitored and evaluated annually with an increasing number of youth accessing the services as a result of the peer educators’ referral network

The project employs one paid person (not a peer of the target population), and 24 youth peers as volunteers. It is estimated that a quarter of the target population has been reached.

It has been funded through the AHD Project at US\$3000. Contact is made with the target population through the network and youth stakeholders whom the project works with when dealing with the target population. Peer educators are recruited under a volunteer scheme of TFHA who are engaged in volunteer training before recruiting them using the selection criteria in line with that of IPPF.

Activities are selected in consultation with TFHA, youth stakeholders and the donor. The target population are the potential stakeholders of this project and they participate in the design of the program in consultation with the Youth Advisory Group. Proposals are presented to the AHD project stakeholders for endorsement and included in the annual work plan of the AHD Project for funding. Involving the target population in the design phase has led to the success of the intervention effort.

There is an urgent need to implement the program to the outer islands as according to the national census the target population is denser.

A particular success of the project has been the conduct of needs based assessment of the target population as well as risk mapping exercises in the target areas. This is important to repeat in each locality since different areas have different levels of risk and referral networks

It is important to develop a profile of each target population hence contributing to the effort of developing targeted interventions. Amongst other lessons learnt over the years:

- Interactive training improves project outcomes
- Many young people prefer to receive reproductive health information from peers rather than from adults
- The involvement of peer promoters significantly increases referral for contraceptive services at the TFHA Clinic.

Resources have not been developed as the project has been using existing materials due to a lack of funds for development of advocacy kits.

The organisation is referred to in the national HIV/ sexual health strategy, is part of a regional network in HIV/sexual health (TFHA implement the HIV/AIDS CDO Grants and is an affiliate member of IPPF), and is a partner in a peer education network (IPPF Peer Education Network). Peer education is conducted in collaboration with other youth stakeholders. Clients are referred within an existing network and referrals are followed up through a referral and card system used by the clinic coordinator. The project has the support of the organisation and the Ministry of Health.

Training has been conducted three times annually i.e. volunteer training followed by refresher training of trainers. Some of the trainees have attended peer education training offered by Tonga National Youth Congress.

Qualities deemed important for effective peer education include:

- A demonstrated interest in working with peers
- Communication skills
- Presentation skills
- Have similar experience with those of the target population
- Able to keep confidentiality
- How to handle resistance from their peers
- A good planner and how to develop session plan
- Basic counselling skills and when to refer a clients

An identified gap is the inability to pay peer educators. Most are working on a voluntary basis as there is insufficient funding to reimburse them. In addition there is an identified need to handle the high turn over of peer educators but as yet there is no plan to address this.

There is a gap in understanding the importance of confidentiality and when to refer clients/peers. The role of peer promoters has not yet been clarified to some due to the high turn over in Tonga at the moment. The community at large needs to be mobilized to offer support and to accept the peer educators and their role in disseminating information and desired behaviour change.

Peer education was considered a very cost-effective intervention.

Tonga National Youth Congress

Tonga National Youth Congress, founded in the 1980s, employs four FTE staff and six volunteers. The organisation undertakes peer education. Though there is no documented definition there is an understanding of the strategy used and this was verbally communicated. However the national education committee set up in 2007 by different organisations conducting peer education has developed a formal definition.

The interviewee defined peer education as “people of the same age group who have relations with each other and they have something in common e.g. age, interests etc and at the same time they are educating each other through story exchange and at the same time they are learning in their talking with each other”

50-55% of the program’s activities are committed to peer education. The project employs one coordinator and 20 peer education volunteers who receive a stipend when they do outreach with \$10 for their transportation and meals before doing the outreach. This is monitored by the number of confirmed peer educators who participate in the outreach.

The project targets the following populations:

- Marginalized young people
- Young people attending school
- Women (young women 15–34-years)
- Sex workers (commercial and transactional)
- Those who are transgender e.g. Fa’afafine, Fakaleiti
- Men who have sex with men
- People living in rural / remote communities

Peer education activities include the following:

- Direct one-on-one education in HIV and sexual health by peers
- Group based education by peers
- Condom distribution by peers to peers
- Resource distribution by peers to peers
- Resource production by peers e.g. HIV brochures/pamphlets & newsletter
- Skill training (e.g., in communication) for peer education workers
- Training for trainers of peer educators

Peer education community outreach targets 50–85% of the total population and has been operating for about three years, to increase awareness in the community by disseminating information through peers.

The focus of peer education within the project is to reach youth through peers using small discussion groups or one-to-one interactions and seeks to change behaviour. The peers are located in different areas where they are accessed by local youth and are offered referrals for further information and services e.g. the Tonga Family Health Association and hospital for clinical issues and testing, the Centre of Women and Children for domestic violence. The project was established some years ago after surveys indicated that young people trusted their peers more than parents and family.

M&E of this project is through peer education reports during bi weekly peer meetings. There is also some post-session testing at every outreach to test newly gained knowledge.

Indicators used to measure the success of the project include:

- The number of outreach requested from the community
- Frequency of youth drop in for information
- Number of condoms distributed.
- Referral drop-ins as a result of the peer education.

Three paid staff and 25 volunteers are engaged in the project- all are peers of the target group. In 2008, it is estimated that 70–85% of youth, 30% of the Women Caucus and 20% of the LGBTI population have been accessed. LGBTI peers are used to access this specific population. The project is funded through PRHP to the cost of \$30,000.00.

Contact is made with the target population through peer education, town officers, the Tongatapu Youth Congress and youth presidents. Peer educators are recruited through an application process and interviewed to determine if their geographical locations are suitable for the network of peer educators. Their role in the community necessitates good relationships with their peers.

Activities are determined by the executives of the organization and the health department including the coordinator and the assistant. Surveys of the target group are conducted before the assigning of projects and they serve as a focus group for the purposes of evaluation.

The project has emphasized the need for accurate information about STIs, HIV/AIDS to be addressed in an appropriate manner. It is important that the target population be carefully studied to determine their daily schedule and location. Opportunities need to ensure that they can express their opinions and their preferences for topics.

A particular success of the project has been designing it around times that are appropriate for young people. Outreach is conducted on week days at 8–10pm after they have completed evening activities. Young people are informed that there will be a kava circle, which in rural areas is the means of social gathering for the youth. These Kava circles provide the venue for dissemination of HIV and STI information.

Attempts to establish a support group for LGBTI people were modified in recognition that the most appropriate organisation to facilitate this was a partner organisation, TLA, which has responsibility for training in this area. Appropriate clients are referred to this organisation, and the TLA has assumed a greater role in directing activities for this target group.

An important lesson is good communication as an essential in any peer education project.

Resources have been produced as part of this project:

- Brochures
- Newsletter
- IEC
- Posters/radio program

The organisation is referred to in the country's national HIV/sexual health strategy, is part of a national HIV network (CCM/NSP committee), and is part of the National Peer Committee. The project collaborates with other national peer educators. It refers clients to TFHA and local hospitals and follows up on these referrals through its clinic. The project has the support of the organisation, but it was reported that the Ministry of Health may not be as fully aware of the scope of peer education within the project, particularly in areas that move beyond the traditional concept of youth peer education.

Refresher training has been conducted for peer educators in the previous 12 months and some peers have been involved in the national peer education training. Those qualities identified as important for effective peer education include:

- HIV/AIDS basic information
- Good counselling skills
- Decision-making skills
- Good listening skills
- Public speaking skills
- Communication skills
- Moral education (non-judgemental attitudes, understanding the differences)

Vulnerable populations identified in need of peer education were hut dwellers, taxi drivers, bar nightclub owners. An identified gap has been identified in the lack of initiative and motivation at times to share knowledge amongst their peers (taxi drivers etc). There is some misunderstandings of the concept of peer education amongst young educators in that their expectation is that information should only be shared with their friends and not to the wider group of peers.