

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

Cook Islands: Country Report

The Secretariat of the Pacific Community

Funded by the Asian Development Bank

March 2009



Peer education and support program mapping consultants:

Joe Debattista

joedebat@powerup.com.au

Steve Lambert

s.lambert@uq.edu.au

© Copyright Secretariat of the Pacific Community, 2009

All rights for commercial / for profit reproduction or translation, in any form, reserved. SPC authorises the partial reproduction or translation of this material for scientific, educational or research purposes, provided that SPC and the source document are properly acknowledged. Permission to reproduce the whole document and/or translate in whole, in any form, whether for commercial / for profit or non-profit purposes, must be requested in writing. Original SPC artwork may not be altered or separately published without permission.

Original text: English

1.0 Country summary

According to figures reported by the Cook Islands to SPC's HIV & STI surveillance unit, cumulative HIV cases at the end of 2008 were two—one male and one female—and no AIDS cases or 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 *National Strategy in the Response to HIV, AIDS and STIs, 2008–2013*. A detailed analysis of this strategy with reference to peer education appears as Appendix One. A standard matrix has been used for this analysis. Highlights of the strategy with reference to peer education are as follows:

Strengths include:

- The right to access information is acknowledged.
- There are references to the need for whole of community involvement.
- Explicit mention is made of young people's right to access education.
- Targeting of vulnerable groups is highlighted in Priority 1 and 2 with detailed activities being undertaken for the identification and assessment of risk within specific populations and the development of an action plan in response to those risks.
- Specific interventions are predominantly targeted at young people.
- Reference is made to peer education for youth, migrant communities and tourist industry workers.
- The effect of drugs and alcohol is referred to.
- Reference is made to consultation with a wide range of stakeholders during the development of the national strategy.
- The training and support of peer education is documented, and particular mention is made of the Red Cross program.

Areas for improvement include:

- The concept of partnership with and engagement of vulnerable communities is not identified as a guiding principle.
- Community engagement is only demonstrated in support of PLWHA.
- There is no demonstrated evidence for the engagement of vulnerable groups. Stakeholders are not defined.
- It is assumed that other vulnerable groups (transgender, seafarers and prisoners) are not subject to interventions pending a needs analysis.

The document was reviewed in its draft form, which may explain some inconsistencies in its formatting. Priority 3 was concerned with infection control and blood safety, yet the strategic outputs and activities described all related to increasing HIV awareness within the

general community, the Stepping Stones approach, and peer education training for tourist industry workers and migrant communities.

2.2 Organisations involved in peer education

Different organisations target different populations and undertake peer education in different ways. In the Cook Islands one organisation was identified as being involved in peer education.

2.3.1 Red Cross

The Red Cross Youth Peer Education Program employs two FTE staff and 23 volunteers who work in the outer islands, and two FTE staff and 15 volunteers centred in Rarotonga. The program targets young people aged 15–30-years and seeks to help educate young people and increase their awareness of HIV/AIDS and STIs through active participation by youth to increase their sense of ownership. The coordinators also work with the mental health area.

The program targets all youth including marginalised young people, young people attending school, those who are transgender (e.g. Fa’afafine, Fakaleiti) and MSM. There is consideration for future projects targeting backpackers, seafarers and their partners.

The organisation offers a wide range of peer education activities (refer to appendix). In addition to these, the organisation co-facilitates with the MoH to deliver training in HIV 101 and condom distribution to the general community.

Contact is established with the target group through particular gate keepers—youth leaders, church leaders and school principals. Peer educators are recruited through word of mouth, advertisements in the local media, emails distributed through friend networks and posters. Interested persons apply through the Red Cross and select the particular area they wish to work in.

Resources that have been produced by peer educators include posters, T shirts, and some pamphlets (though these need to be reviewed by the MoH to ensure consistency of content). The project collaborates with other NGOs, i.e. PIAF for condom distribution whilst the MoH provides training in planning and project management.

Staff and volunteers have received two training sessions in peer education since June 2008, but no other external training.

Strengths include:

1. The organisation works closely with the Te Tiare Association to outreach to transgender and MSM. The Association was founded a year ago.
2. Five alumni peer educators train peer educators in facilitation skills. These are experienced trainers and former peer educators, who as they grow older, move on professionally, continue to share their skills voluntarily.

3. There appears to be a number of monitoring and evaluation systems in place. M&E of each education session is principally through written pre and post test evaluations of knowledge and “blind fold” surveys. Each activity is recorded and reported on. Each peer educator maintains a diary of all consultations, which are submitted to the coordinators on a monthly basis. The diaries are reviewed, and feedback is provided when interesting issues arise. A monthly newsletter is circulated throughout a wide network, highlighting particular successful activities and profiling peer educators. Funding is issued on a quarterly basis on submission of a report.
4. The program officers (all young people) decide the type of programs delivered based on the availability of volunteers. Peer educators advise on the format and content, the alumni educators provide guidance but the program officers make the final decision. Young people are involved in project design through the peer educators. The pre and post test evaluations provide input from the target population in a limited way.
5. Referral systems are in place whereby there is direct referral and communication between the peer educator and the hospital laboratory where persons are referred for testing. Persons are referred to the Red Cross counsellor for VCCT.
6. There has been considerable geographical reach of the information provided through the HIV 101 course to many of the outer islands through natural peer networks.
7. The level of community support for the program has been strong as evidenced by community opposition to criticism from the Religious Advisory Council.
8. The coordinators believe that there is strong support for peer education by the sponsoring organisation—the Red Cross—and the MoH. The MoH has developed a close relationship with the program and relies upon it for condom distribution and community education.

Opportunities for further development in peer education:

1. There has been a lack of support from the Religious Advisory Council concerning the distribution of condoms. However, new links are being forged by potential collaboration in areas of abstinence promotion.
2. The definition of youth covers a wide age range (15-30 years).
3. Other vulnerable populations identified in need of education include: young people in the northern islands that are geographically isolated and make up a high proportion of the population; backpackers, seafarers and fishermen—they have been identified as potentially vulnerable but no programs are in place. There are plans to target these populations.
4. The greatest need identified is human resources as for the two project coordinators the demands of funding and reporting schedules has meant that 12 months of intended work must be compressed into 6 months before funding ends. There is a compartmentalisation of funding created by different donors contributing varying funds over the life of the one project but all requiring different reporting schedules.
5. The amount and level of training received by the coordinators and peer educators was considered adequate, though at times it could be a bit too technical.
6. The coordinators compile quarterly reports for the Red Cross and other donor agencies but these do not go to the government.

7. There is no follow-up of referrals due to confidentiality reasons and there is no measure of the success of the referral unless the person returns to the peer educator.

2.3 Regional organisations

The mapping exercise also included consultations with regional partners based in Fiji on peer education. The following organisations raised the Cook Islands 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. The Cook Islands 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 Program

The Adolescent Reproductive Health (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 become diversified and at times, confused as they take on a wider range of activity and responsibility.

Within the AHD Program, some coordinators are placed in the MOH, some take on a support role for lead agency NGO (as in the Cook Islands Red Cross) and others offer technical assistance to a range of NGOs. In the Cook Islands, the Red Cross serves as the lead agency.

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 the region UNIFEM highlighted a men's organisation working on eliminating violence against women in the Cook Islands.

3.0 Discussion

The national strategy demonstrates some strength when discussing peer education. Much of this is targeted toward youth however other vulnerable populations are noted.

There is one organisation that is recognised as the primary stakeholder in peer education—the Red Cross. However there appears to be a slight disconnect between the national strategy and the peer education activities of the Red Cross. The strategy highlights peer education for youth, migrant communities and tourist industry workers, yet the Red Cross program targets young people, MSM and transgender populations. The strategy does refer to future programs aimed at transgender, seafarers and prisoners, pending a needs analysis, and the peer education coordinators have discussed plans for future activities targeting backpackers, seafarers and fishermen.

The peer education coordinators report that the project is doing well however the measurement of this success is gauged by the public attention attracted through the media, and the credibility it has established in the community—credibility in large part due to the Red Cross. Other than process evaluation that measures activity outputs, there appears to be little monitoring of behaviour change over time. Nonetheless, there appears to be a good system of communication between, and monitoring of peer education activities.

The coordinators have learnt through the project that for many of the inactive youth recreational activities, particularly sport, is important to maintain interest. In order to keep the HIV message fresh, the coordinators have organised competitions and launches to retain youth involvement. Art and poster competitions with prizes are particularly useful.

The coordinators emphasized the importance of language and that it is directed at the appropriate level of young people, particularly accounting for local dialect. The use of animation can greatly assist.

All peer educators were reported to have a sound understanding of the theory of peer education. A code of conduct is clear about the behaviour of peer educators during their work, and it is emphasized that volunteers shouldn't answer a question they don't know.

Other than close collaboration with the Te Tiare Association for outreach to transgender and MSM, it is not clear to what extent peer educators recruited through the Red Cross program are appropriately targeted as genuine peers. The wide age range defined for youth (15-30 years) compounds this difficulty and blurs the boundary between peer education and general community education.

Overall there is much that can be learnt from the Red Cross peer education experience in the Cook Islands.

4.0 Recommendations

1. The level of vulnerability within populations should be more precisely defined in the national strategy to ensure appropriate targeting with relevant peers.
2. Target populations prioritised within the national strategy and by the Red Cross program should be synchronised to ensure a commonality of purpose.
3. The compartmentalisation of funding created by different donors and requiring different reporting schedules should be addressed with a view to establishing more streamlined reporting, that is inclusive of the National Government.
4. Mechanisms should be developed for evaluating the effectiveness of referrals to STI and HIV testing, whilst maintaining the need for confidentiality.
5. The Red Cross should continue to be supported in its peer education initiatives among young people and others in the Cook Islands.
6. Evaluation of peer education programs should move beyond process evaluation and activity reporting, to include a measure of outcomes with respect to behaviour change over time.
7. The development of the role of alumni (peer educators who have moved out of the system) should be championed and shared with other similar programs regionally.
8. The systems developed locally, including codes of conduct and the involvement of young people in decision-making processes, should be documented and shared with similar programs regionally.
9. Support of fledgling peer education among 'hard to reach' populations (e.g. MSM and transgender) be formalised in funding and strategic development decisions.
10. Peer education initiatives do not operate in a vacuum. Efforts in the Cook Islands illustrate the need for continued community engagement and education in broader HIV education and prevention and the impact of these on the effectiveness of specifically targeted peer education activities. Continued general community development is warranted, even if the purpose is only to support the specifically targeted peer education.

Appendix One

Analysis of peer education within the national strategy

Country: Cook Islands Strategy Document: National Strategy on the Response to HIV, AIDS & STI 2008-2013		
Does the Strategic Plan include Guiding Principles which highlight the importance of:	The rights of all people to access education & prevention services	Page 10: All persons have the right to easy access to knowledge, counselling and treatment about HIV/STI and the means to prevent transmission.
	Partnership and engagement with the affected community (i.e. vulnerable groups)	All sectors of the community have a responsibility in the response to HIV/AIDS and especially in the support of people living with HIV/AIDS and to promote safe sexual behaviours. All PLWHA and other persons have the right to confidentiality and not be subjected to all forms of discrimination All service providers, stakeholders and clients should practice mutual trust, honesty and confidentiality as well as access to proper support networks
	Engagement of young people and their right to access education & prevention services.	All youth are entitled to a full education inclusive of safer sexual practises
Does the Strategy highlight the importance of Identifying and targeting vulnerable populations? Refs	<p>Priority 1: Prevention of transmission of HIV and other STIs Objective: Reduce the vulnerability of specific groups and general population to HIV/STIs. Activities refer to transgender community, prison inmates & seafarers.</p> <p>Priority 2 : Prevention and control of other sexually transmitted infections (STIs) Objective: Reduce the vulnerability of youth to STIs and other cause factors (Drugs, Alcohol) Activities refer to youth</p> <p>Priority 4: Treatment, care and support for people with HIV Strategic Output 4: Increased use of condoms by vulnerable groups.</p>	
Does the Strategy highlight the importance of peer education as an intervention?	<p>Priority 2, Activity 1.4: "Expand implementation of youth peer education programs..." Priority 3, Activity 1.7: "Conduct Peer Education Training for workers in the tourist industry and migrant communities" Priority 3, Activities 1.4-1.6: Train the trainers, training on "Stepping Stones" approach, implementation of "Stepping Stones" programme.</p>	

Country: Cook Islands								
Strategy Document: National Strategy on the Response to HIV, AIDS & STI 2008-2013								
	<p>Priority 4, Activity 1.7: "Conduct training for peer distributors of condoms..."</p> <p>Page 26: "The Red Cross Youth Peer Educators (YPE) program is an initiative by Cook Islands Red Cross made up of youth who train and conduct education programmes on HIV/Aids and STIs with 2 branches in the outer islands of Aitutaki and Mangaia. There is a plan to expand this program to other islands within the period of this strategy."</p>							
Vulnerable Groups identified in Strategy and associated Prevention Strategies/Actions identified in Strategy	Population	Transgender	Prison inmates	Seafarers	Young People	Tourist Industry Workers	Migrant Communities	Pregnant Women
	Intervention							
	Base line survey	YES	YES	YES	YES			YES
	Develop Action Plan	YES	YES	YES				
	School based Education <i>NAC, MOE</i>				YES			
	Youth peer education programs <i>MOH, CIRC</i>				YES			
	Condom distribution in bars & nightclubs				YES			
	Bilingual information resources				YES			
	Peer Education Training <i>NAC, CIRC</i>					YES	YES	
	VCCT							YES
Information resources							YES	
Does the strategy highlight the importance of partnership/engagement with vulnerable groups? Refs	Reference to consultation with stakeholders, and community wide consultative processes during drafting of Strategic Plan							
Does the strategy highlight the importance of training for peer workers? Refs.	<p>Priority 3, Activity 1.7: "Conduct Peer Education Training for workers in the tourist industry and migrant communities"</p> <p>Priority 4, Activity 1.7: "Conduct training for peer distributors of condoms..."</p> <p>Priority 3, Activities 1.4-1.6: Train the trainers, training on "Stepping Stones" approach, implementation of "Stepping Stones" program.</p> <p>Page 26: "The Red Cross Youth Peer Educators (YPE) program is an initiative by Cook Islands Red Cross made up of youth who train and conduct education programmes on HIV/Aids and STIs with 2 branches in the Outer Islands of Aitutaki and Mangaia. There is a plan to expand this program to other islands within the period of this strategy."</p>							

Appendix Two

Summary of interview: Red Cross

Peer Education is personally defined as “peers educating peers”, “networking with friends”, “pyramid effect”, “youth educating youth”

Two FTE staff and 23 volunteers work in the outer islands, two FTE staff and 15 volunteers work in Rarotonga. The two FTE staff work far in excess of their allotted 40 hours.

The program targets the following groups: marginalised young people, young people attending school, those who are transgender e.g. Fa’afafine, Fakaleiti, and MSM. There is consideration for future projects targeting backpackers, seafarers and their partners.

The organisation works closely with the Te Tiare Association to outreach to transgender and MSM. The Association was founded a year ago and has agreed to work with the Youth Peer Program.

The organisation offers the following peer education activities: direct one-on-one education in HIV & sexual health; group based education; education sessions; social support activities; advocacy on behalf of the target population; advocacy for peer education as an effective intervention measure; condom distribution by peers to peers; resource distribution, resource production e.g. posters, theatre/role play education, media production e.g. HIV music video, knowledge training (in HIV & sexual health) for peer education workers e.g. HIV 101, skill training for peer education workers, training for trainers of peer educators (PE). In addition to this, the organisation co-facilitates with the MOH to deliver training in HIV 101 and condom distribution to the general community.

Five alumni peer educators train new peer educators in facilitation skills. These are experienced trainers and former peer educators who as they grow older and move on professionally, continue to share their skills voluntarily.

The Youth Peer Education Program (Red Cross) targets young people aged 15–30-years and seeks to help educate young people and increase their awareness of HIV/AIDS and STIs through active participation by youth to increase their sense of ownership. The coordinators also work with the mental health area.

Monitoring and evaluation of each education session is principally through written pre and post test evaluations of knowledge and “blind fold” surveys. Each activity is recorded and reported on. Each peer educator maintains a diary of all consultations, which are submitted to the coordinators on a monthly basis. The diaries are reviewed, and feedback is provided when interesting issues arise. A monthly newsletter is circulated throughout a wide network, highlighting particular successful activities and profiling peer educators. The coordinators compile quarterly reports for the Red Cross and other donor agencies but these do not go to the government. Funding is issued on a quarterly basis on submission of a report.

Success is measured with respect to completion of tasks indicated in the work plan. Indicators measured are the numbers of people reached and the changes in pre and post test knowledge.

The coordinators report that the project is doing well. Measurement of this success is determined by the public attention attracted through the media, the credibility it has established in the community. The credibility of Red Cross provides great support for the program.

Contact is established with the target group through particular gate keepers- youth leaders, church leaders and school principals.

Peer educators are recruited through word of mouth, advertisements in the local media, emails distributed through friend networks and posters. Interested persons apply through the Red Cross and select the particular area they wish to work in.

The Program officers (all young people) decide the type of programs delivered based on the availability of volunteers. Peer educators advise on the format and content, the alumni educators provide guidance but the Program Officers have the final say. Young people are involved in project design through the PE. The pre and post test evaluations provide input from the target population in a limited way.

Through the project, the program coordinators have learnt that for many of the inactive youth on the islands, recreational activities, particularly sport, is important to maintain interest. In order to keep the HIV message fresh, the coordinators have organised competitions and launches to retain youth involvement. Art and poster competitions with prizes are particularly useful.

It is important to take note of language and ensure that it is directed at the level of young people, particularly accounting for local dialect. It is important to avoid terminology and keep the language at a simple level. Youth should be talked with, not at and they should be included in discussions. It is important to listen to their ideas. The use of animation can greatly assist.

Aspects of the project that have worked well have been the geographical reach of the information provided through the HIV 101 course to many of the outer islands through natural peer networks. The level of community support for the program has been strong as evidenced by community opposition to criticism from the Religious Advisory Council.

Aspects that have not worked well include cooperation with the Religious Advisory Council and their disagreements with the distribution of condoms. However, new links are being forged by potential collaboration in areas of abstinence promotion.

Resources that have been produced by PE include posters, T shirts, and some pamphlets (though these need to be reviewed by the MOH to ensure consistency of content)

The project collaborates with other NGOs i.e. PIAF for condom distribution whilst the MOH provides training in planning and project management.

Referral systems are in place whereby there is direct referral and communication between the PE and the hospital laboratory where persons are referred for testing. Persons are referred to the Red Cross counsellor for VCT. However there is no follow-up of these referrals due to confidentiality reasons and there is no measure of the success of the referral unless the person returns to the PE.

The coordinators believe that there is strong support for peer education by the sponsoring organisation—the Red Cross—and the MOH. In fact the MOH has developed a close relationship with the program and relies upon it for condom distribution and community education.

Staff and volunteers have received two training sessions in peer education since June 2008, but no other external training.

The following education and training skills were highlighted as important for an effective youth peer educator:

- Communication skills- both oral and written
- Empathy with the context of teaching
- Commitment (however the peer educators are volunteers and therefore it is expected that their commitment will be fluid.)

Other vulnerable populations identified in need of education include: young people in the northern islands who are geographically isolated and make up a high proportion of the population; backpackers, seafarers and fishermen—they have been identified as potentially vulnerable but there are no programs at present. There are plans to target these populations.

The amount and level of training received by the coordinators and peer educators was considered adequate, though at times it could be a bit too technical. All peer educators have a sound understanding of the theory of peer education. A code of conduct is clear about the behaviour of youth peer educators during their work and it is emphasized that volunteers shouldn't answer a question they don't know.

Coordination gaps were identified in so far as there was no coordinating committee of NGO across the islands. The NAC represents the views and needs of peer educators to the government. There was also a lack of support from the Religious Advisory Council. The NAC filters any HIV proposals before they proceed on for further funding so this allows for a level of coordination. One youth member and one representative of PIAF sit on the committee.

The greatest need identified is human resources for the two project coordinators, the demands of funding and reporting schedules has meant that 12 months of intended work must be compressed into six months before funding ends. There is a compartmentalisation of funding created by different donors contributing varying funds over the life of the one project but all requiring different reporting schedules.