PEER-BASED INTERVENTIONS FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

MANAGEMENT SUMMARY
What is the purpose of this document?

Plan International has developed a series of three resources on peer-based interventions for Sexual and Reproductive Health and Rights (SRHR):

1. Peer-based Interventions for SRHR: Management Summary
2. Guidance on Peer-based Interventions for SRHR
3. Peer-based Interventions for SRHR: ‘Do no harm’ Guidance

This document is a summary for senior management staff to better understand peer-based interventions; the benefits of including different types of peer-based interventions within SRHR programmes; and key issues to consider to ensure that these interventions promote quality, accountability and minimise risk or harm to young people.

Plan International has been using peer education across different programmes and contexts for many years. However, peer education may not always be the most effective peer-based intervention to achieve a programme's objectives and desired impact on SRHR; and is not delivered consistently to the highest standard. To address these issues, we have developed Guidance on Peer-based Interventions for SRHR to support Plan staff to select the most appropriate and ‘Do no harm’ Guidance to help minimise all possible risks associated with the design, content and delivery of peer-based interventions for SRHR.

What are peer-based interventions and what are their benefits?

Peer-based interventions vary but share key characteristics. ‘Peer’ describes people sharing similar circumstances and experiences who provide information, support, or guidance to others. We often think of peers being a similar age, but it is also important they share circumstances and experiences in order to make personal connections. Peers are usually volunteers and work alongside professionals in different settings (for example, school teachers or health care workers) to provide additional support or different ways to connect with programme participants. Peer-based interventions for SRHR include: peer support, peer navigation, peer mentoring, and peer education¹. The Guidance on Peer-based Interventions for SRHR provides analysis on the specificities of each of these interventions to help select the most appropriate one.

Peer-based interventions for SRHR can have a positive impact on young people’s confidence to make decisions that impact on their SRHR; contraception and condom use; and HIV knowledge². Acting as a peer supporter can also have positive effects on self-esteem and self-efficacy more broadly, and act as a pathway to greater civic engagement. Peers can also reach people that professional staff may find more challenging to reach and can build connections through shared experiences, particularly during adolescence when peers are very influential. They can become trusted sources of information and role models for young people.

¹ Another intervention is peer research, but not covered within the scope of the three resources developed.
WHAT ARE THE KEY CONSIDERATIONS FOR PEER-BASED INTERVENTIONS?

Peer-based interventions within SRHR programmes can be very effective. However, they require considerable investment and support to ensure their quality and should not be implemented as a ‘low cost’ solution or simply to demonstrate ‘youth involvement’. It is important to consider appropriate content for peer-based interventions, ways to support their delivery and to ensure an enabling environment for implementation.

CONTENT

The content that peers deliver must be accurate, relevant, and appropriate to the context. Peers are not trained professionals and the expectations placed on them need to be realistic. For example, it is not appropriate for peer educators to take a teacher’s place and lecture students in front of a class as this is not peer learning. If schools lack trained and confident teachers to deliver CSE, Plan International should invest in teacher training to address this gap.

Peers should not be expected to deliver detailed technical content - e.g. symptoms of sexually transmitted infections (STIs) or discussions on sexual abuse and/or exploitation - that they are not well prepared to deliver; or sensitive topics that may result in community backlash and potentially expose them to risk and harm. Meaningful activities for peers include participatory activities and discussions that encourage young people to think about attitudes and values around sex and relationships; explore and assess risk; and develop skills that support confidence, negotiation and decision making. Topics such as young people’s rights and issues around consent are appropriate for peers to cover. They also need to be able to signpost and refer young people to additional support and services. The content and messages should align with Plan International’s values and position on SRHR and the quality standards on Comprehensive Sexuality Education. National curricula for peer interventions that contradict these standards - for example including the promotion of abstinence-based messages or discriminatory messages about homosexuality - should not be used.

DELIVERY

Peer-based interventions need considerable investment, support and additional components to be delivered effectively. Peers need initial and follow-up training; ongoing mentoring and supervision from professional staff to share concerns, discuss difficult scenarios and identify appropriate support and solutions to improve their practice. Peers who are not properly supported may give advice that they are not fully prepared or informed to provide and may feel pressure to say things when they don’t know the answers. This may lead to inaccurate information being disseminated and undermine the confidence and trust in peers. Peers also require resources that are clear and simple to use to support their work, including flashcards, pictures with questions, simple session outlines and creative activities. Peer-based interventions also require adequate financial resources to cover allowances/stipends and any additional costs that peers incur in their work; they should not be expected to use their own money to attend sessions or trainings. In some cases, payment for work will be the most appropriate compensation.

ENVIRONMENT

Peer-based interventions should be delivered in a supportive environment for their successful delivery. Peer-based interventions have limited impact when delivered in isolation. Instead, they should be embedded within a wider package of complementary interventions that include strong linkages with youth-friendly and gender responsive services to support referrals. Peers need to operate within a health, education or social care system and Plan International has a responsibility to ensure they receive the necessary professional back up and case management support. Plan International also needs to work with communities to build trust and ensure support for peer interventions to minimise the risk of backlash and harm. Peers require a safe space to carry out their activities without harassment or risk. Programmes need to put in place additional safety mechanisms to ensure their welfare, for example, working in pairs where appropriate and establishing a ‘check-in’ system when peers return from outreach. Ensuring the safety of peers and programme participants is critical; peers need appropriate training and support to understand and implement the guidance on reporting and responding to safeguarding violations outlined in Plan International’s Safeguarding Manual.

Peer-based interventions can make a powerful contribution to SRHR programmes when delivered as part of a wider package of interventions, but require appropriate investment, training, support and supervision to ensure that they are delivered to a consistently high-quality.

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