PLAN
INTERNATIONAL

GUIDANCE ON
**PEER-BASED
INTERVENTIONS
FOR SRHR**

WHAT?

This guidance provides a short, practical overview of the different types of peer-based interventions for SRHR work[1]:

1. **Peer support**

2. **Peer navigation**

3. **Peer education**

4. **Peer mentoring**

It aims to support programme staff to select the most appropriate peer-based intervention(s) based on the specific objectives and context of the programme. Different types of peer-based interventions for SRHR work with different sized groups and provide support in different ways. Each intervention uses peers but the work they do is often different.

> 'Peer' describes people sharing similar circumstances and experiences who provide information, support, or guidance to others. Peers may be a similar age, or have a shared experience, such as young people who are LGBTIQ+ or those who are pregnant or parenting. 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.

Plan International has been using peer education across different programmes and contexts for many years in health, education, protection, and humanitarian work. However, sometimes peer education is selected without sufficient analysis of other peer-based interventions and may therefore not be the most effective intervention to achieve the programme's desired impact. This guidance encourages staff to consider and select from a range of peer-based interventions for SRHR and to ensure that they are delivered to a consistently high standard.

Each of the overviews of the different peer-based interventions has been developed to 'stand-alone', in addition to forming part of a package of interventions. Each one follows the same format and includes summary information on the purpose of the intervention; the context/setting; the benefits and limitations of the intervention; and implementation tips. An illustrated example and links to practical tools and resources are also included. The information presented in this Guidance is not exhaustive and further considerations are required depending on the context.

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[1] Peer research is another intervention, but not covered within the scope of this guidance.

WHY?

- Peers share key personal characteristics, circumstances, and/or experiences that help build connections with others and make things more relevant and personal.

- Peers promote positive behaviours and attitudes through role modelling. They can become trusted sources of information and support changes in knowledge, attitudes and decision-making by helping young people recognise their potential to change.

- Peers can reach people that other professionals may find more challenging. They are particularly good at engaging adolescents as peers become very important at this age.

- Peer interventions used within SRHR programmes can have a positive impact on knowledge and attitudes, contraception and condom use, and young people's confidence to make decisions around their SRHR; however, there is limited evidence around health outcomes such as unintended pregnancy, HIV and STIs.[2,3].

- Peers support discussion, personal reflection and decision-making around SRHR. They can also help young people to develop positive self-acceptance, assertiveness and high self-esteem.

- Peers improve help-seeking behaviour and provide a bridge to SRHR information, resources and services.

HOW?

- **Selection of intervention.** Consider the specific outcomes you are trying to achieve in a programme. Peer-based interventions need to be part of a wider system of interventions to complement and support the work. For SRHR work, this means focusing on information for healthy decision-making and skills to make informed and confident decisions and access to comprehensive, youth-friendly and gender responsive SRHR services.

- **Recruiting peers.** Establish a recruitment and selection process that includes practical activities; select peers who can demonstrate good communication and listening skills; patience; empathy, respectful and non-judgmental attitudes.

- **Training.** Peers need comprehensive initial training (ideally between 3-5 days) and regular follow-up training, for example, every 6 months. Training needs to address peers' attitudes – particularly those linked to gender, sexuality, ethnicity, and faith – in addition to building knowledge on SRHR and focusing on the skills that they need to deliver their work, such as facilitation, counselling and mentoring, handling sensitive discussions, and safeguarding.

- **Supervision.** Peers need support from a trained professional – e.g. teacher or health care worker – to do their work effectively. Provide opportunities for peers to have debriefing sessions, access support to manage difficult issues and identify additional training required, e.g. through monthly meetings, quarterly observation, and regular feedback.

- **Logistics and support.** High turnover of peers is common. Providing appropriate support including money to cover transport and stipends, mentoring and ongoing training can help to address attrition. Working with a local youth-led organisation can also provide a more sustainable solution.

- **Finance.** Peer-based interventions should not be chosen simply as a low-cost intervention and financial resources are required to cover training costs, stipends/allowances/payment for work for peers, transport, IEC materials and other resources to support their work.

- **Materials.** Getting the best out of peer-based interventions within SRHR programmes requires that are clear and simple to use, including flashcards, pictures with questions, simple session outlines, and creative activities and games as well as SRHR commodities.

- **Content.** Make sure that content is appropriate for peers to deliver, such as participatory activities that discuss attitudes and develop skills, instead of lots of technical content. Content should align with Plan International's values and the quality standards on Comprehensive Sexuality Education.

- **Enabling environment.** Peer-based interventions need to be delivered in a context where the value of peers is recognised. This means working with parents, teachers, health care workers and communities to understand and support peers' work within a programme and ensuring that peer-based interventions are linked to services and support, such as youth-friendly and gender responsive health services and access to commodities e.g. condoms.

- **Safeguarding.** Ensuring the safety of peers and programme participants is a priority. Peers need to understand the importance of safeguarding in their work, be prepared to deal with disclosures of abuse and familiar with policies to report issues. Put in place measures to mitigate risks to peers' safety – e.g. providing specialised training, non-branded materials to maintain a low profile or asking peers to work in pairs.

- **Monitoring and evaluation.** This is important to understand the impact of the peer-based intervention on programme participants and peers and to improve quality. Data can be collected from programme participants e.g. changes in knowledge and attitudes; of skills such as confidence and decision making; and on levels of satisfaction and participation. For peers, data can be collected on the skills and competencies they develop; their feedback on the programme; and on rates of/reasons for drop out from the programme.

HELPFUL TIP

Make sure to read the "*Do no harm" Guidance* for more information on how to minimise risks associated with the design, content and delivery of peer-based interventions for SRHR.

THEORY AND EVIDENCE

Peer-based interventions are diverse in nature and used in a variety of settings to achieve different programme outcomes. As a result the evidence base for peer-based work is limited around specific interventions and around specific health outcomes, especially on the impact of peer-based interventions on reducing adolescent pregnancy, or reducing transmission or STIs, including HIV[4]. Evidence points to peer-based interventions having limited impact on SRHR outcomes when implemented in isolation; thus, these should be implemented as part of a wider programme that includes various different interventions, including specifically access to youth-friendly and gender responsive SRHR services.

- Research has shown that peers delivering sessions on SRHR and HIV have had a positive impact on HIV knowledge, contraception and condom use and young people's confidence to make decisions around their SRHR.

  Sun et al (2016) Assessing Participation and Effectiveness of the Peer-Led Approach in Youth Sexual Health Education: Systematic Review and Meta-Analysis in More Developed Countries. The Journal of Sex Research, Volume 55, 2018 - Issue 1.
  https://pubmed.ncbi.nlm.nih.gov/27898248/

- Peer mentoring programmes (group-based and one-on-one) have shown improved self-esteem, self-efficacy and social networks. Group-based mentoring programmes for improving adolescent girls and young women's reproductive health knowledge and behaviour and reducing HIV risk showed more impact than one-on-one programmes. Group mentoring also demonstrated improvements in academic achievement, financial behaviour and decreases in the experience of violence.

  Plourde K, et al (2017) Mentoring Interventions and the Impact of Protective Assets on the Reproductive Health of Adolescent Girls and Young Women. Journal of adolescent health, issue 61.
  https://pubmed.ncbi.nlm.nih.gov/28528208/

- Peer education has a positive impact on the peers themselves, giving them knowledge and skills and contributing to their sense of achievement and their own improved decision-making.

  Douglas et al (2018) Reported outcomes for young people who mentor their peers: a literature review. Mental Health Practice 21,9
  https://journals.rcni.com/mental-health-practice/evidence-and-practice/reported-outcomes-for-young-people-who-mentor-their-peers-a-literature-review-mhp.2018.e1328/print/abs

- Peer support can help people feel more knowledgeable, confident and happy, less isolated and alone and lead to significant improvements for people with long-term physical and mental health conditions across a range of health and wellbeing outcomes. Most promising types of peer support identified through an extensive literature review included: 1) face-to-face groups run by trained peers that focus on emotional support; 2) one-to-one support offered face-to-face or by telephone; 3) online forums; and 4) support offered regularly (such as weekly) for three to six months.

  NESTA (2015) Peer Support: What is it and does it work?
  https://www.nationalvoices.org.uk/publications/our-publications/peer-support

- A review of evidence highlighted the limited impact of peer-based interventions on reducing teen pregnancy, or reducing transmission or STIs, including HIV.

  Chandra-Mouli (2015) What does not work in adolescent sexual and reproductive health: A review of evidence of commonly accepted as best practice. GHSP, Sep 2015.
  https://www.ghspjournal.org/content/3/3/333.abstract

- A further systematic review found that peer facilitation as a single intervention had limited impact on SRHR outcomes. This is unsurprising given the breadth and strength of socio-political factors affecting sexuality and access to services for sexual and reproductive health.

  Rose-Clarke K, Bentley A, Marston C, Prost A (2019) Peer-facilitated community-based interventions for adolescent health in low- and middle-income countries: A systematic review. PLoS ONE 14(1): e0210468.
  https://doi.org/10.1371/journal.pone.0210468

TOOLS AND RESOURCES

- My Peer Toolkit – Western Australia Centre for Health Promotion Research (2010).
  http://mypeer.org.au/

- Youth power website (various resources).
  https://www.youthpower.org/

- Using peers to improve sexual and reproductive health and rights of young people living with HIV in Uganda: findings from a Link Up evaluation – Population Council (2016).
  https://www.popcouncil.org/uploads/pdfs/2016HIV_LinkUp_UgandaEndlineBrief.pdf

- Evidence and Promising practices from Peer-Based Approaches in Youth Programmes – USAID, PEPFAR and Youth Power.
  https://www.youthpower.org/sites/default/files/YouthPower/files/resources/Peer%20Based%20Youth%20Brief%20final.pdf

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[2] Medley A, et al.(2009) Effectiveness of peer education interventions for HIV prevention in developing countries: A systematic review and meta-analysis, AIDS Education Prevention, 2009, vol. 21 (pg. 181-206)

[3] Sun et al (2016) Assessing Participation and Effectiveness of the Peer-Led Approach in Youth Sexual Health Education: Systematic Review and Meta-Analysis in More Developed Countries. The Journal of Sex Research Volume 55, 2018 - Issue 1

[4] Chandra-Mouli (2015) What does not work in adolescent sexual and reproductive health: A review of evidence of commonly accepted as best practice GHSP Sep 2015
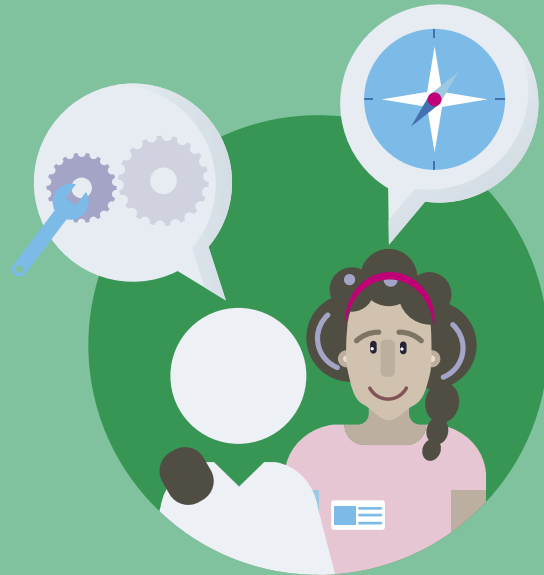
TABLE OF CONTENT

PEER SUPPORT

SERVICES
LGBTIQ+ friendly
SRHR services

COMMODITIES
Relevant commodities
e.g. condoms, test kits, lubricant

SAFE SPACE
Private meeting space
Supportive community

IEC MATERIALS
Tailored information,
clear and accessible

PEER SUPPORTER
LGBTIQ+ outreach

REFERRAL SYSTEM
Additional
services + advice e.g. legal, GBV

TRAINING SUPPORT
Training, mentoring
supervision, debriefing

TRANSPORT
Money and/or equipment
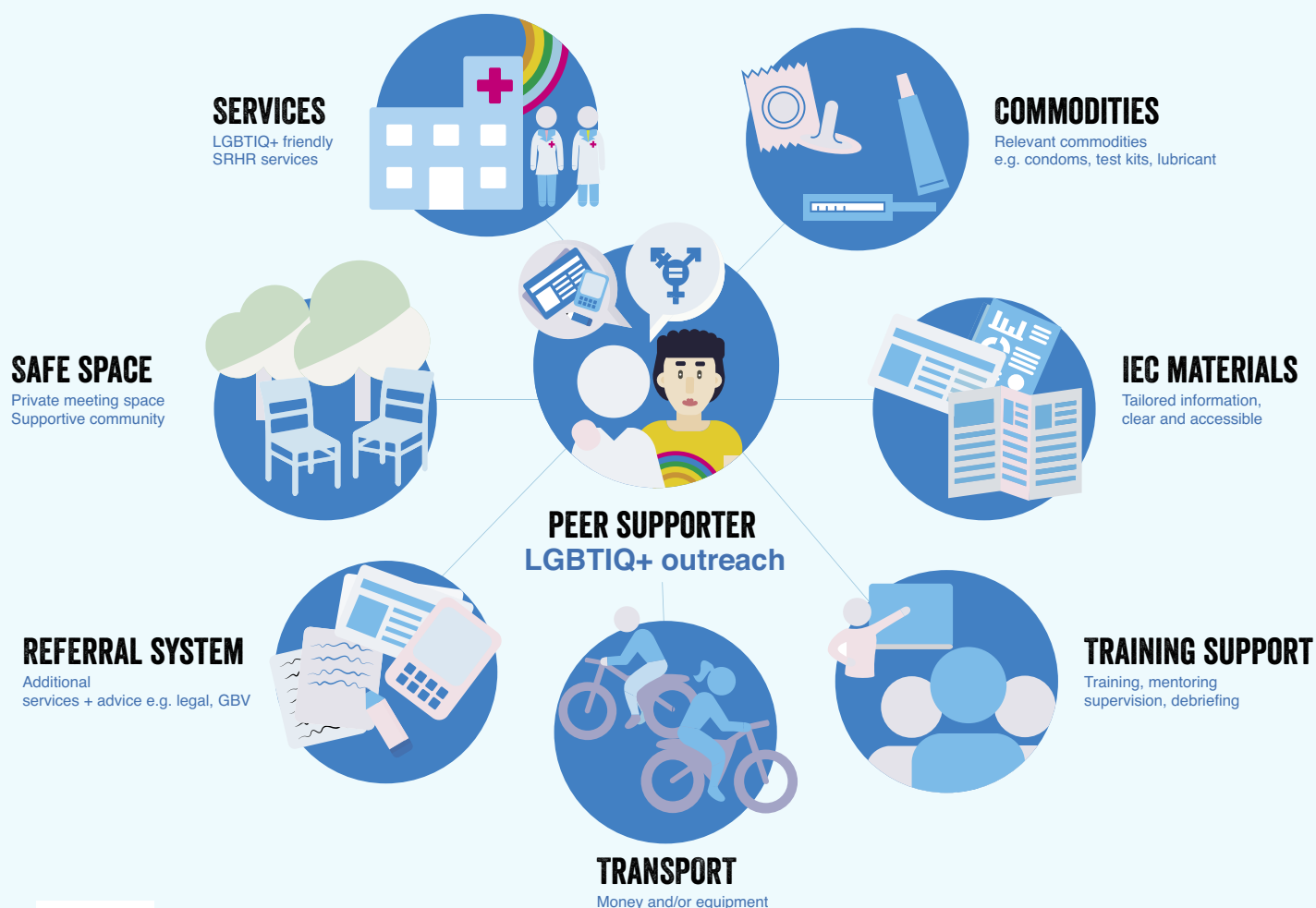
EXAMPLE

Fred is a peer supporter with an organisation supporting LGBTIQ+ youth. He spends most of his time in communities meeting with young people discussing their questions. He has been provided with a bicycle so that he can travel and meet young people where they are and he carries condoms, lubricants, STI and HIV tests that young people may not be able to get hold of themselves. He also has IEC materials to share that are designed for LGBTIQ+ young people.

As sexuality and sexual health remain sensitive topics in Fred's community, the training he received helped him to think about his own safety, safeguarding issues, privacy and confidentiality and how to deal with any hostility or backlash from the community. It also covered ways to support programme participants with information and materials. Fred also attends monthly supervision meetings with other peer supporters; he finds these helpful to share challenges and improve the quality of his work and his supervisor provides him with emergency contacts and support. The supervisor also visits and observes his work in the community every three to four months and provides positive feedback and suggestions.

Fred has referral forms and information on local services so that he can easily refer people. He has helped to provide training to staff at two local health clinics so that the services they provide are youth- and LGBTIQ+ friendly. Sometimes he also facilitates support group meetings to provide a safe space for programme participants to meet others facing similar issues.

PURPOSE

- To use peers' shared experiences to support young people and improve health and wellbeing outcomes.
- To provide practical and emotional support to young people facing specific challenges or difficulties to develop their coping skills and resilience.

CONTEXT/ SETTINGS

- Peer support is offered in different settings e.g. homes, community spaces, health facilities, youth clubs, and can also be delivered remotely through helplines, online support groups, social media and/or websites. It can be delivered 1:1 or as a group intervention.

BENEFITS:

- Peer support can lead to significant improvements for people with long-term physical and mental health conditions across a range of health and wellbeing outcomes.

- Peer support can be used to provide more comprehensive support across a range of different health-related topics, for example supporting someone living with HIV and screening for SRHR issues such as STIs, cervical cancer and making any referrals.

- Peer support can be used in 1:1 settings to provide tailored personal support or in small groups.

CHALLENGES/ LIMITATIONS:

- Peer support programmes need to recruit more peers than some other peer-based interventions because peer support often relies on intensive 1:1 relationships, with regular contact over longer periods of time. Peer supporters are responsive to the client and need to be flexible and accessible.

- Peer supporters may manage many cases and need ongoing mentoring, support, counselling and monitoring to reduce the risk of burn out. They often provide support to young people in difficult circumstances which can impact on their own wellbeing.

- Peer supporters may require oversight of a range of different issues so peers need training on different topics and need to have good knowledge of local services and support organisations to make effective referrals. For example, someone being supported with HIV adherence might need the peer supporter to also pick up on other issues relating to family, mental health, or relationships and SRHR.

- Peer supporters are not trained professionals. Expectations placed on them need to be realistic and programmes need to ensure professional back up and support.

HOW TO DO IT:

- Select peers with similar experiences to programme participants who understand the challenges and can demonstrate empathy.

- Provide peers with training in counselling skills, in addition to training on specific issues.

- Conduct a thorough assessment to decide appropriate compensation[5].

- Make sure peer supporters operate within a comprehensive support system that includes professional support for programme participants and peers, and connections to relevant (youth-led or adult-led) civil society organisations. There should be additional linkages to a range of relevant services, for example counselling, legal, SRHR services and access to commodities.

- Acknowledge that peer supporters require time to develop trusting relationships with programme participants. Emotional support is best delivered either one-to-one or in small groups of between five and eight to ensure trust, open discussion and respond to intensive needs. Information sessions may be delivered in larger groups of 12-15.

- The most promising types of peer support include[6]:

  » face-to-face groups run by trained peers which focus on emotional support, sharing experiences, practical activities and education

  » one-to-one support offered face-to-face or by telephone

  » online forums, particularly for improving knowledge and anxiety

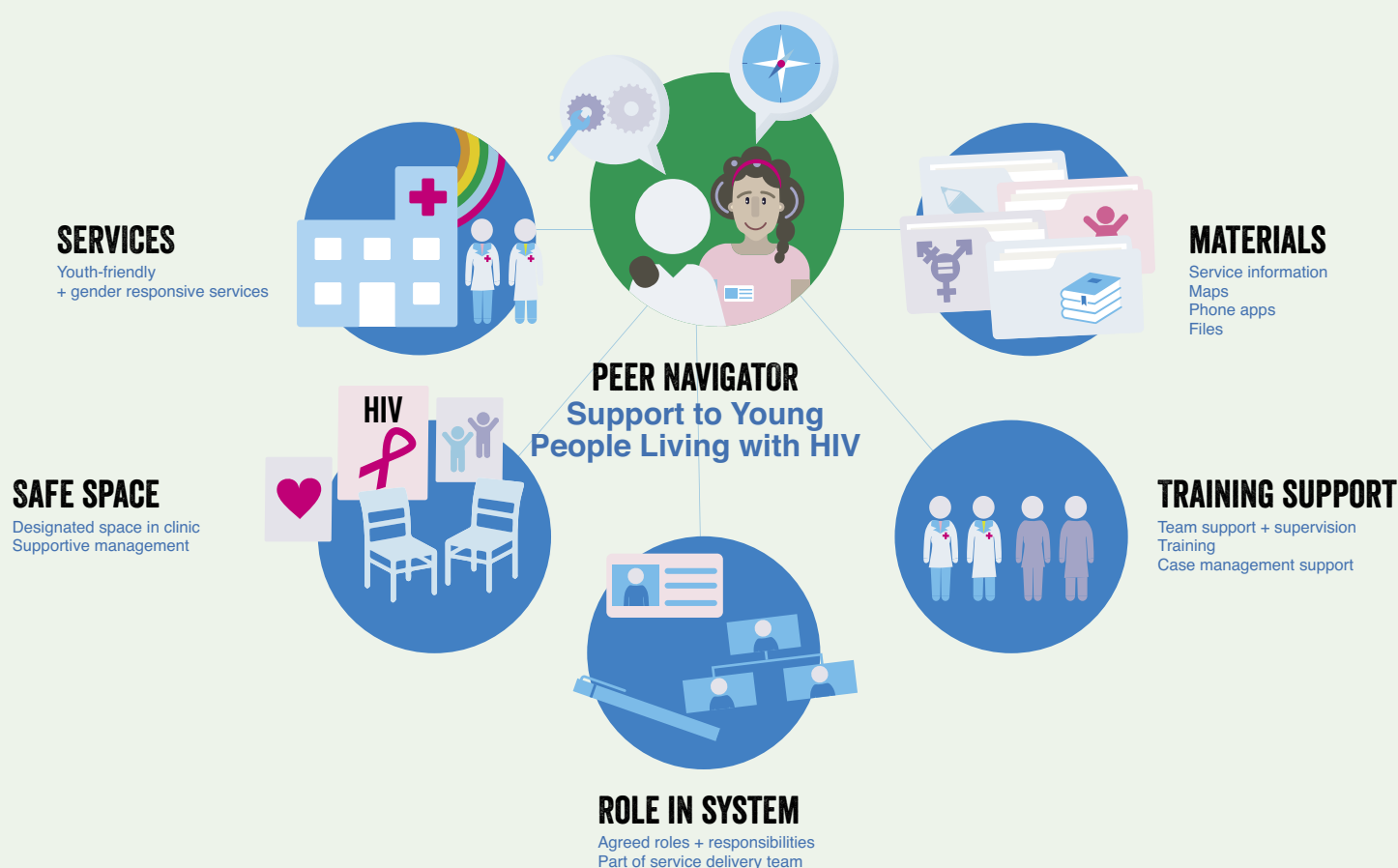 » support offered regularly (such as weekly) for three to six months

TOOLS AND RESOURCES:

- NESTA (2015). Peer support: What is it and how does it work? https://www.nationalvoices.org.uk/sites/default/files/public/publications/peer_support_-_what_is_it_and_does_it_work.pdf

- NESTA (2016): The power of peer support. https://media.nesta.org.uk/documents/cfsaif_power_of_peer_support.pdf

PEER NAVIGATION

SERVICES
Youth-friendly
+ gender responsive services

MATERIALS
Service information
Maps
Phone apps
Files

PEER NAVIGATOR
**Support to Young
People Living with HIV**

SAFE SPACE
Designated space in clinic
Supportive management

TRAINING SUPPORT
Team support + supervision
Training
Case management support

ROLE IN SYSTEM
Agreed roles + responsibilities
Part of service delivery team

EXAMPLE

Nadia is a peer navigator in a clinic that provides HIV treatment and care. She supports young people living with HIV and accompanies them within the clinic system. Nadia has a small room in the clinic where she meets young people who have been referred to her by the clinical team. She offers additional support to HIV counsellors in the clinic, talking through the issues relevant to young people, listening to their worries and giving them information about different stages of the HIV treatment cascade. She also shares information on the different services offered by the clinic..

Nadia is part of the team at the clinic and attends case management meetings for adolescent clients. She provides information based on her interactions, raises any concerns linked to anti-retroviral treatment (ART) adherence, family situation, mental health, etc. and contributes to medical records. Nadia also offers to accompany her clients to appointments with the doctor or nurse, helps them to pick up their medication and reminds them about any appointments. Sometimes Nadia also holds information meetings and support group sessions for young people in the clinic.

PURPOSE

- To guide people through a system (e.g. health care, legal) by supporting their understanding, accompanying them on their pathway, and advocating for them. Peer navigation is an extension of the peer support role, but is located within the health care system or facility. Peer navigators draw on their own experience to explain processes, highlight potential challenges and provide reassurance.

- To build programme participants' decisions making skills, confidence and understanding of a system, autonomy and rights.

- To strengthen relationships between programme participants and service providers.

CONTEXT/ SETTINGS

- Peer navigation is offered in health clinics and hospitals and is usually provided 1:1.

- Peer navigators are embedded within the health care system as part of the case management team. They may be based in the health facility or in the community, spending time within the facility.

BENEFITS:

- Peer navigators are para-professionals supporting the continuum of care. They can help to keep people in the system, providing accompaniment along the way, ensuring that key steps are followed and reducing loss to follow-up.
- Peer navigators help young people through a system where they are often excluded e.g. ethnic groups, LGBTIQ+ young people in health systems.
- Peer navigators can be a voice for young clients, advocating for them along their pathway.

CHALLENGES/ LIMITATIONS:

- Peer navigators require expert knowledge of all the relevant facility- and community-based services available for their clients and need in-depth understanding of the system's processes and protocols.
- Peer navigators need to be embedded within a team of service providers or case management team. They need to be trusted and valued by health care teams or they will have limited impact.
- Maintaining professional boundaries is important as peer navigators draw upon very personal experience and it is important that they know how much to share.

HOW TO DO IT:

- Select peer navigators who have direct experience of the specific health journey or referral pathway so that they can help to explain and navigate the system's processes and protocols.
- Ensure that peer navigators have clearly defined roles and responsibilities within the case management team and that other service providers understand the value of peer navigators' work in helping to keep people in the system and reduce loss to follow-up.
- Recruit peer navigators aged 18-24 years, to ensure that they have the confidence and ability to work effectively as part of the case management team, while also ensuring that young people are able to relate well to them.
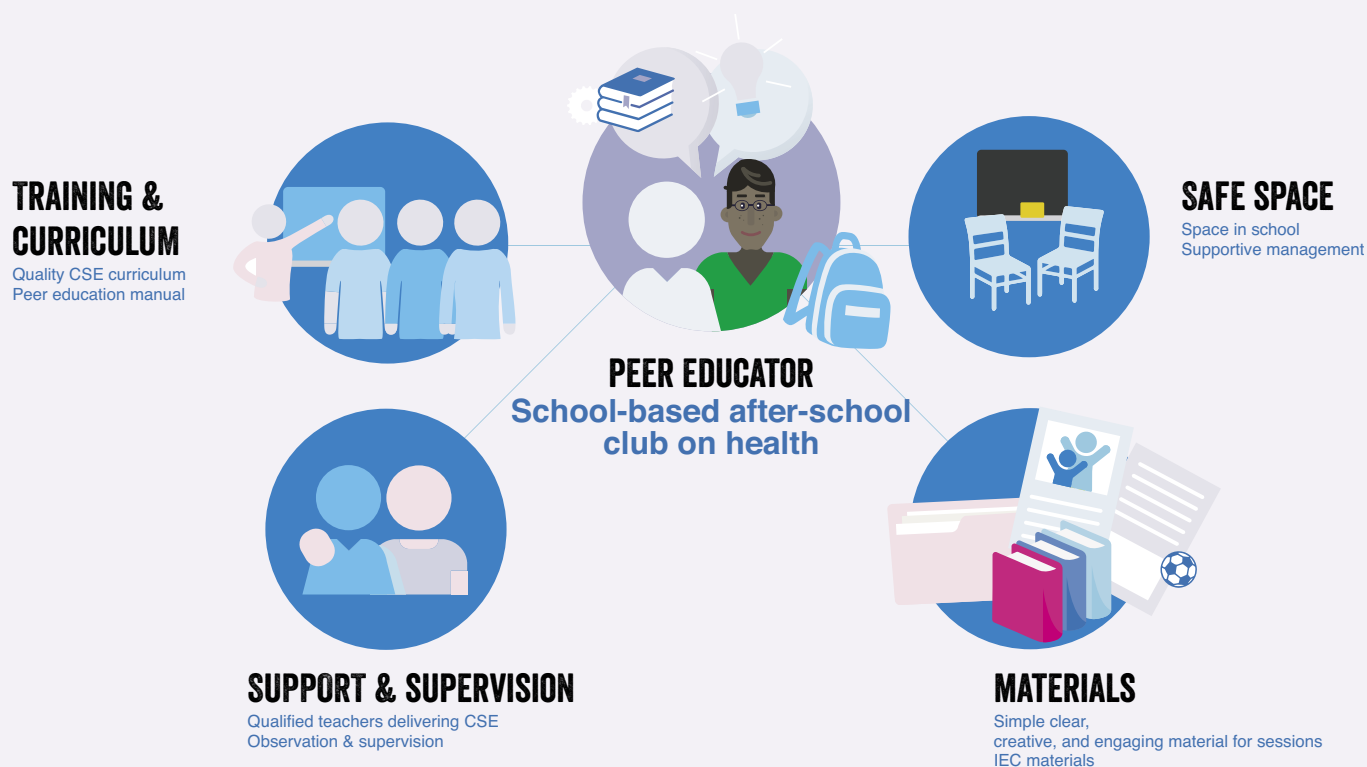
TOOLS AND RESOURCES:

- Peer Navigation Training Core Modules. FHI 360 (2017) https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-peer-navigation-facilitators-guide.pdf

- Practice Guidelines in Peer Navigation for People Living with HIV. Canadian AIDS Treatment Information Exchange [CATIE] (2018) https://www.catie.ca/ga-pdf.php?file=sites/default/files/practice-guidelines-peer-nav-en-02082018.pdf

- Practice Guidelines: Summary of Recommendations. Canadian AIDS Treatment Information Exchange [CATIE] (2018) https://www.catie.ca/sites/default/files/practice%20guidelines%20EN%20summary%202018%2002%2012.pdf

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[5] Plan International (2021) A Recommended Framework for Volunteerism and Compensation for Young People.
[6] NESTA, 2016. Peer Support: What is it and does it work? (see Tools & Resources)

PEER EDUCATION

TRAINING & CURRICULUM
Quality CSE curriculum
Peer education manual

SAFE SPACE
Space in school
Supportive management

PEER EDUCATOR
School-based after-school club on health

SUPPORT & SUPERVISION
Qualified teachers delivering CSE
Observation & supervision

MATERIALS
Simple clear,
creative, and engaging material for sessions
IEC materials

EXAMPLE

Amir has been selected as one of six peer educators at his school to support an after-school club that is focussed on health and life skills, including sessions on relationships and sexual health. Amir has had a 3-day training on how to facilitate group sessions with younger students and has learnt about managing discussions, designing interactive activities and dealing with challenging questions. He and the other peer educators are supported by the science teacher who also teaches the sexuality education curriculum in the school. The teacher helps Amir prepare sessions for the club and talks through the topics and information that will be shared. Amir has a pack of engaging materials and games to play in the group and a manual to help him deliver sessions. He knows that if he is unsure about any topics he can ask the teacher for help. After each session he gets feedback from the teacher and can ask about anything that may have come up. Amir builds good relationships and is available during school time if students have any questions.

PURPOSE

- To share knowledge and information on SRHR amongst peers in a participatory way through group discussions and activities.

- To reflect upon values and attitudes that underpin SRHR, for example in relation to gender, sex, sexuality, relationships, consent and promote respect, equality.

- To build young people's skills in decision making, communication, assertiveness and negotiation in relation to SRHR.

CONTEXT/ SETTINGS

- Peer education can be implemented in any setting, most often schools, colleges, youth clubs, churches, nightclubs, clinics, and/or through community theatre.

- Peer education is implemented with groups and is frequently school-based, e.g. lunch time or after-school clubs.

BENEFITS:

- Peer educators can help young people to reflect upon and transform attitudes in relation to SRHR based upon discussions of 'real life' scenarios.
- Peer educators can build skills that support SRHR, for example self-efficacy, decision making, communication, assertiveness and health seeking behavioural skills.
- Peer educators can support referrals to SRHR and other relevant services by providing information and signposting young people to local support services.
- Peer educators can reach many young people, by working with relatively large groups for a set amount of time.
- Peer education interventions have proven benefits for peer educators with increased commitment to positive behaviour around SRHR and increased self-esteem, confidence and positive feelings[7].

CHALLENGES/ LIMITATIONS:

- Peer education is often not implemented well; it may be delivered with insufficient analysis on whether it is the most effective peer-based intervention to meet the desired objectives.
- Peer educators may be expected to deliver content that is inappropriate and highly technical; with insufficient training, support and supervision; and with inadequate resources (e.g. stipends, curriculum, IEC materials).
- Peer educators may be expected to fulfil the role of teachers to deliver lots of technical SRHR content which is not appropriate and they have not been fully prepared to deliver, and may lead to inaccurate messages being disseminated.
- Peer educators often work with large groups, which makes it difficult to get to know individuals and track their learning/ progress.
- Peer education has limited impact on SRHR outcomes e.g. reducing adolescent pregnancy, or reducing transmission or STIs, including HIV when delivered in isolation and should be delivered with other interventions as part of a programme.

HOW TO DO IT:

- Peers can deliver education that is curriculum-based, IEC-based, or theatre-based.
- Peer educators can work in pairs, ideally supported by an adult co-facilitator, with groups of 15–20 young people; larger groups are difficult to manage.
- Peer educators should deliver activities that support young people to think about their attitudes and beliefs around sex and relationships, assess risk and develop skills that support self-esteem, confidence and decision making. Issues such as consent and young people's rights are more appropriate than technical content.
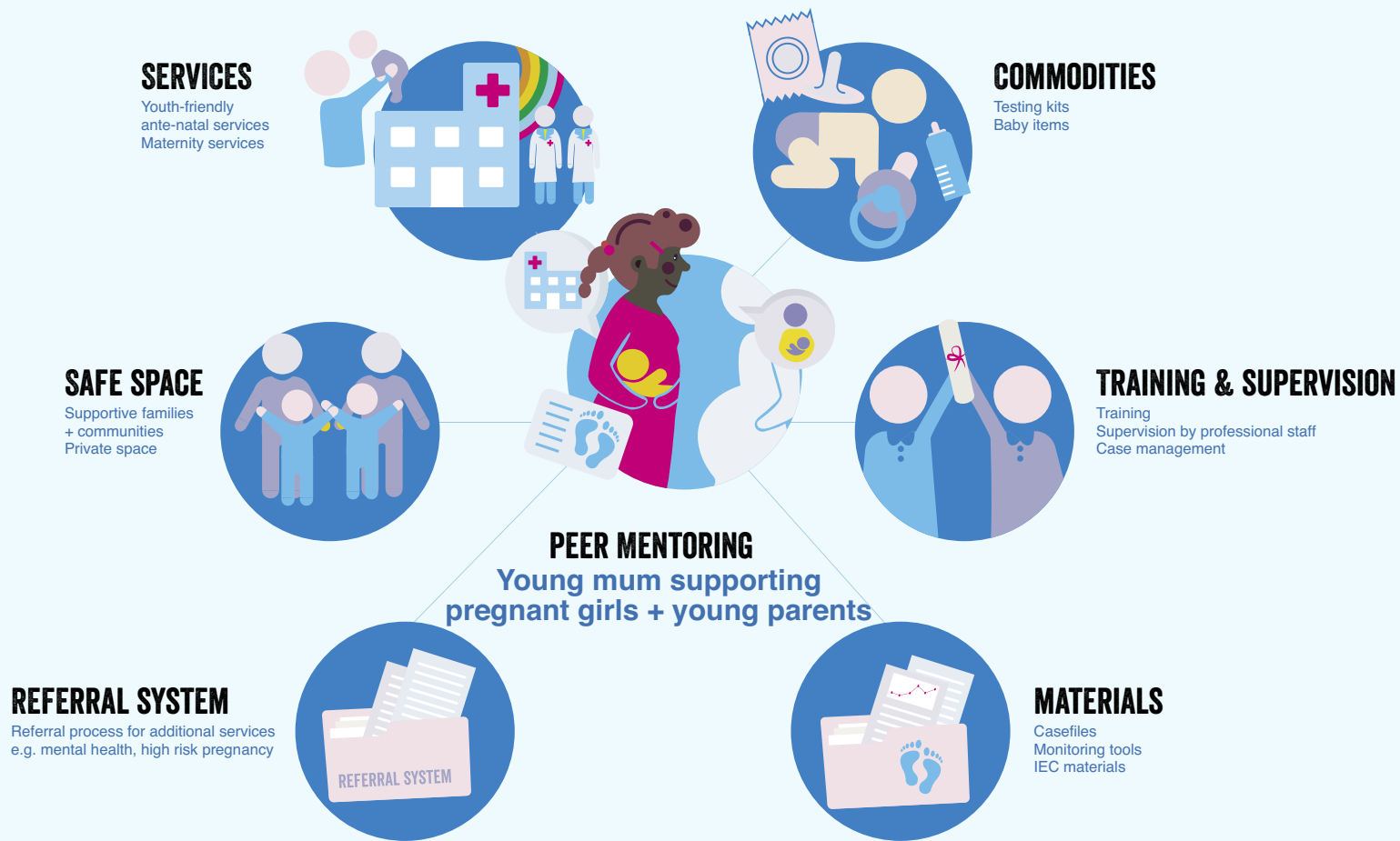
TOOLS AND RESOURCES:

- Gender Roles, Equality and Transformation (GREAT) Project (Institute for Reproductive Health, Georgetown University, Save the Children, Pathfinder International) has a range of useful resources:

  » GREAT Activity Cards for very young adolescents https://www.thecompassforsbc.org/project-examples/great-activity-cards-very-young-adolescents

  » GREAT Activity Cards for older adolescents https://www.thecompassforsbc.org/project-examples/great-activity-cards-older-adolescents

  » GREAT Activity Cards for married/parenting adolescents https://www.thecompassforsbc.org/project-examples/great-activity-cards-marriedparenting-adolescents

- Included Involved Inspired A Framework for Youth Peer Education Programmes – IPPF (2007). https://www.ippf.org/sites/default/files/peer_education_framework.pdf
- Sexuality and Lifeskills Toolkit – Frontline AIDS (2019). https://frontlineaids.org/wp-content/uploads/2019/06/Sexuality-and-Life-skills-Toolkit.pdf
- Evidence-Based Guidelines for Youth Peer Education – FHI 360 (2010). https://www.fhi360.org/resource/evidence-based-guidelines-youth-peer-education
- Sexual, Reproductive Health and Life Skills for Youth Peer Education: a guide for trainers of facilitators – IFRC (2009). https://www.ifrc.org/Global/Publications/Health/youth_peer_education_EN.pdf
- Peer Education: Trainers Manual: Increasing the Knowledge and Skills of HIV-Positive Adolescents and Young Adults to Live Emotionally, Physically, and Sexually Healthy Lives – IAPAC (2014). https://www.iapac.org/support/peer-education/increasing-the-knowledge-and-skills-of-hiv-positive-adolescents-and-young-adults-to-live-emotionally-physically-and-sexually-healthy-lives/

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[5] Plan International (2021) A Recommended Framework for Volunteerism and Compensation for Young People.
[6] NESTA, (2015). Peer Support: What is it and does it work? (see Tools & Resources)

PEER MENTORING

SERVICES
Youth-friendly
ante-natal services
Maternity services

COMMODITIES
Testing kits
Baby items

SAFE SPACE
Supportive families
+ communities
Private space

TRAINING & SUPERVISION
Training
Supervision by professional staff
Case management

PEER MENTORING
**Young mum supporting
pregnant girls + young parents**

REFERRAL SYSTEM
Referral process for additional services
e.g. mental health, high risk pregnancy

MATERIALS
Casefiles
Monitoring tools
IEC materials

EXAMPLE

Gracie is a peer mentor for a group of young women who are pregnant or who have new born babies. Gracie is also a mum and has a 2-year old child. Gracie works mostly in her community and meets the young people at home and provides support with pregnancy, preparing for the birth, breastfeeding and weaning. She can offer baby items that might be needed, such as creams, blankets and bottles as well as condoms. Gracie also offers support on other issues such as family relationships, intimate partner violence and mental health. She can also support discussions with family members.

Gracie is trained and supported by professionals who provide clinical support to the young people. She provides feedback on clients and can ask for support. Gracie refers young people for services they may need, e.g. family planning advice, mental health support, GBV services, STI and HIV testing and treatment and, also supports them to attend appointments. She also runs a weekly community support group where the mums, young parents and babies meet, have tea and talk about how things are going. Gracie keeps records and collects data about the young people she works with, the babies and their progress.

PURPOSE

- To mentor and coach individuals or small groups, providing information based upon their own experiences.

- To provide motivation, encouragement and act as role models. Peer mentors also provide information and access to support and services and advice on decisions.

- Peer mentoring builds on the role of peer support but mentors have usually completed a process or journey through a health system and have more information and experience in a specific health condition.

CONTEXT/ SETTINGS

- Peer mentoring takes place in community spaces, youth clubs, social spaces, prisons.

- Mentorship can either be formal (generally designed for a predetermined length of time) or informal (based on good rapport which tends to develop slowly). Mentoring is an interactive, facilitative process meant to promote learning and development.

BENEFITS:

- Peer mentors can provide informed and confident advice and guidance, drawing from their own – and programme participants – experience. They are often seen as having a more advanced level of knowledge of understanding than peer supporters, and are able to provide in-depth guidance and promote problem-solving.

- Peer mentors act as role models and can raise aspirations amongst programme participants.

- Peer mentoring can be implemented in a time bound way, for example for the duration of a specific programme or process.

- Peer mentoring programmes can have a positive impact on self-esteem, self-efficacy and social networks.

CHALLENGES/ LIMITATIONS:

- Peer mentors often rely on intensive 1:1 relationships with regular contact that can result in a heavy load. However, unlike peer supporters, their role is usually for a defined time period – e.g. to mentor someone through a specific event like pregnancy.

- Peer mentoring may create a power imbalance in the relationship, for example if the mentor is perceived as already having done everything. Peer mentors need to encourage programme participants to take their own decisions after considering the advice and guidance provided.

- Peer mentors needs to be embedded within a system and have back up from other support services.

- Peer mentors need to be able to maintain professional boundaries as their work draws upon their personal experience.

HOW TO DO IT:

- Select peer mentors who are confident and can act as positive role model to others. Peer mentors are more experienced and are further ahead in their own personal journey than peer supporters. Mentors need to be able to offer more practical advice and guidance and have the ability to question and probe appropriately, whereas peer supporters may provide more emotional support, empathy and counselling.

- Peer mentoring can be delivered 1:1 or with small groups. Group-based mentoring programmes for improving adolescent girls and young women's SRHR knowledge and behaviour and reducing HIV risk have shown more impact than 1:1 programmes. Group mentoring has also demonstrated improvements in academic, achievement, financial behaviour and decreases in the experience of violence.

TOOLS AND RESOURCES:

- Peer Mentoring for Health Behavior Change: A Systematic Review, R. L. Petosa & Dr Laureen H. Smith Pages 351-357. American Journal of Health Education (2014).
https://eric.ed.gov/?id=EJ1044066

[5] Plan International (2021) A Recommended Framework for Volunteerism and Compensation for Young People.
[6] NESTA, 2016. Peer Support: What is it and does it work? (see Tools & Resources)

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