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

Samoa: Country Report

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Country Report

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1.0 Country summary

According to figures reported by Samoa to SPC's HIV & STI surveillance unit, cumulative HIV cases (including AIDS) at the end of 2008 were nineteen—thirteen male and six female—of which eight are AIDS cases and AIDS related deaths. In Samoa's *Second Generation Surveillance Survey of HIV, other STIs and Risk Behaviours 2004–2005* it is stated that eight cases were acquired from overseas.

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

Samoa is currently drafting its *National HIV and AIDS Policy & Plan of Action 2009* but it was not available to the consultants for review for the mapping exercise. Instead the *Strategic Plan for Responding to the Impact of HIV/AIDS on Women 2001–2005* was reviewed. A detailed analysis of the strategy with reference to peer education appears as Appendix One and is summarised below.

Strengths include:

- The rights of all people—including young people—to information and education is identified.
- Peer education amongst young people is promoted within the guiding principles, as well as the centrality of women as leaders and partners in program development and delivery.
- The need to identify various subpopulations of women at risk as recipients of prevention strategies is identified.
- A range of interventions are described, and peer education strategies are highlighted.
- A number of participatory mechanisms for collaboration with women as partners are identified. Capacity building of women and representative organisations is identified.
- This women's strategy would make a good template for a wider strategy targeting other vulnerable groups.

Areas for improvement in peer education include:

- The limitation of this strategy is that it targets only women.
- Interestingly sex work, either commercial or transactional, is not identified.
- Training for peer education is implied though not specifically referred

2.2 Organisations involved in peer education

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

2.2.1 Red Cross

Two FTE staff and 20 volunteers are involved in the delivery of the HIV program. The main targets include marginalised young people, young people attending school, those who are transgender e.g. Fa'afafine, Fakaleiti (conducted by Red Cross educators, not peers), people living in rural/remote communities, and individuals living with HIV. Outreach to seafarers is only conducted informally by some educators through friendship networks. Main activities were identified as condom distribution and peer to peer counselling.

Schools, workplaces and technical colleges are targeted. The peer educators used by Red Cross provide a range of training e.g. first aid, climate change and therefore are not confined to HIV.

Pre and post session surveys are the main tool for measuring the success of interventions, in addition to general feedback received from the community, and records maintained by the peer educators (though these cannot be validated)

New peer educators are recruited during programs conducted in various communities. Whilst peer educators are involved in the planning and implementing of programs, the FTE staff make the final decision about which activities are undertaken. A couple of refresher training workshops have been conducted in the second half of 2008, covering topics such a life skills, first aid as well as HIV/AIDS. Other external sources of training on STI are offered to PE through the Ministry of Health and Ministry of Youth.

Strengths include:

1. There is strong support by the Red Cross organisation for peer education, and the government has relied on the program to assist with its Second Generation Testing.
2. The peer educators work closely with educators from the Samoan AIDS Foundation and Family Health Association.
3. Red Cross peer educators receive allowances of AD $6.00 for each program they deliver and a number of programs are delivered each week.
4. The organisation is referred to in national HIV strategic documents; is part of a national network, the National AIDS Committee; and is part of the informal network of NGO involved in peer education.
5. The organisation refers members of the target group to the Samoan AIDS Foundation, Family Health Association and local hospital for VCCT, though not many referrals are made.
6. Contact is made with young people at various sites where they frequent bus depots and market places etc for the purposes of condom distribution.

Opportunities for further development in peer education:

1. Monitoring and evaluation was identified as a significant deficiency. Peer educators maintain written records of their activities which are submitted to the volunteer coordinator but there is no way that the quality or accuracy of the content they deliver can be assessed.
2. It is difficult to measure the success of the project.

3. The majority of persons utilised as peer educators are Red Cross volunteers and though other young people are recruited from various youth groups, it is difficult to retain these after they have received training.
4. Very little work is conducted at night
5. There is no method for following up on referrals to other agencies.
6. There is a need for more refresher courses.
7. Gaps were identified in the capacity to outreach to Youth groups in villages, school drop outs and the general teenage population.

2.2.2 Samoa AIDS Foundation

The Samoa AIDS Foundation was formed in 2004 after the XV International AIDS Conference in Bangkok to raise awareness about the spread of HIV in the Pacific and the needs of those living with HIV in Samoa.

About 50% of all activities are devoted to peer education, utilising four paid staff as peer educators. The program targets the following populations: marginalized young people; young people attending school; youth in sport; personnel working in the hospitality industry; MSM (gay, bisexual and non-gay identified); people living in rural / remote communities and youth and general public.

The following activities are undertaken: direct one-on-one education, education sessions (e.g. in schools), condom and resource distribution, theatre / role play education, knowledge training (in HIV & sexual health) for peer education workers

One of the peer education projects undertaken is in the area of condom social marketing. The project has been operating for three-years, targeting businesses and young people with the aim of promoting the use and availability of condoms to the community through a social marketing approach. This project was introduced by Marie Stopes International based in Fiji. It’s a regional project conducted in Fiji, Samoa and Tuvalu and was favourably considered for Samoa as a capacity building project for local peer educators, developing their outreach skills and promoting one strategy for prevention of STIs and HIV in Samoa. This project is monitored with the most significant change stories as well as evaluations from the field (workshops/briefings).

Contact is made formally with the target population through workshops and informally through public outreach. Peer educators are recruited through a formal advertising, selection (interviewing) and recruitment process.

Strengths include:

1. Respondents believe that the project has made a difference to Samoa’s response to HIV by making condoms more available and visible in the community.
2. The project has demonstrated the importance of approaching target groups at times appropriate to their needs.
3. Condom distribution to all hotels and motels in the urban area was considered a particular success and in need of repeating at a regular basis.

4. The organisation is referred to in national HIV strategic documents; is part of a formal national network in HIV (NGO Health Alliance, National AIDS Council); and is part of a local peer education networks comprising the Samoa Family Health Association's Peer Education and Samoa Red Cross peer education programs. Peer education is conducted mainly in collaboration.
5. The project has the support of both the organisation and the Ministry of Heath.
6. There is confidence that SAF's peer educators have had ample training to carry out their work in the communities.
7. Peer educators have a general understanding of concepts as well as appropriate translation of these concepts to the Samoan setting.
8. SAF has already focussed on the Faafafine community, youth in sports and secondary and tertiary students in the past three-years.
9. It is anticipated that successful programs will continue for in and out of school youths, sex workers, prisons, seafarers and police men and women for the next three-years.

Opportunities for further development in peer education:

1. Cultural and religious taboos are a challenge in condom promotion.
2. Project activities are predominantly decided by the donors in consultation with the peer educators.
3. The response to peer education activities is varied among age groups and geographical locations but general feedback indicates a need to make the service more available to both urban and rural settings.
4. It was considered important to expand the service out into the rural communities to include the growing hospitality industry in the beach fales, resorts and bungalows.
5. The social marketing of condoms to the rural villages was not successful due to strong observance of cultural and religious codes of behaviour.
6. Referrals are made to other clinical services but no follow-up is made.
7. Currently there is a noticeable but not yet identifiable group of sex workers in the country whose hidden existence (not apparent yet) poses challenges for peer education in reaching them.
8. Gaps can be identified in funding opportunities for peer educators. Reaching vulnerable communities is a challenge without proper logistics.
9. Standardised data for peer education in Samoa is yet to be realised due organisational driven strategies. The different mandates of each organisations, target groups, organisational strengths, available resources etc do not allow for a comprehensive system to exist.
10. There is very little use for well trained peer educators without resources to facilitate much needed programs.

2.2.3 TALAVOU Program, Ministry of Women, Social & Community

The Division for Youth within the Ministry of Women, Community & Social Development employs 11 paid and two voluntary staff. Whilst the organisation was not started specifically to address HIV or sexual health issues, it plays a significant role in supporting other NGOs

providing peer education in this area, in accordance with the output of the HIV/AIDS & STI component defined in the TALAVOU Program. Twenty-two peer educators are involved; however program staff assist in the coordination and supervision of peer education activities rather than in their direct delivery. The TALAVOU Program strongly supports NGOs to conduct peer education with respect to capacity building, refresher training and networking.

The following populations are targets for the organisation's peer education initiatives: marginalized young people, young people attending school, people living in rural / remote communities and the general public e.g. during outreach activities and athletes during the SPG 07.

The Samoa national peer education program targets young people both in and out of school, unemployed, and employed persons aged 12–29-years of age. Commenced in 2006 it operates under Objective One of the TALAVOU Program "To improve the self worth of Samoan youth through education and training and other capacity building measures". Peer education aims at mobilizing young people through the dissemination of information and peer consultation. The peer education program was included under the TALAVOU Program as part of the National Framework of Action for Youth Development. It was further strengthened with the technical assistance of the HIV & STI Section of SPC.

Peer educators are recruited through open invitations extended to youth directors of different Church denominations and selected from amongst participants attending national events such as Youth Parliament.

Strengths include:

1. In 2008 a special sub-committee was endorsed by the Steering Committee of the TALAVOU Program to coordinate and monitor the implementation of peer education programs, hence a close partnership has developed in terms of implementation with the Samoa Family Health Association, Samoa AIDS Foundation and the Samoa Red Cross.
2. The TALAVOU Program placed three peer educators at the Samoa AIDS Foundation who are now paid staff of the organisation. The peer educators were trained at various capacity building trainings conducted under the TALAVOU Program to strengthen their work in peer education.
3. Paid staff are peers of the target population. Throughout 2008 it is estimated that 60% young people between the ages of 17–25 (1,314) and 23–25 age category (773) were reached by the program.
4. It was noted that there was much strength in working with NGOs through a partnership model rather than competition among peer education programs. This partnership also allows the pooling of resources to support peer education through the provision of training and minimal remuneration for peer educators. Each partner NGO is responsible for different locations around the country but all seek to achieve planned targets.
5. The organisation is referred to in national HIV strategic documents; is part of a formal national HIV network (National AIDS Coordinating Committee); and is a partner in the

peer education network comprising the Samoa Family Health, Samoa Red Cross and Samoa AIDS Foundation.

6. The TALAVOU Program within the National Framework of Action to Youth Development is currently coordinating training in support of the peer education program.

Opportunities for further development in peer education:

1. There is yet to be undertaken a thorough impact assessment of how much difference peer education has made to the lives of the target population.
2. Decisions concerning activities are made by the program's sub-committee which meets to discuss activities with the input and feedback from peer educators.
3. Many people have yet to understand the concept of peer education, though there is a gradual acknowledgement of its importance as an effective tool.
4. As yet a standard remuneration to compensate for time and commitment of peer educators is yet to be established.
5. Other vulnerable groups that are yet to be targeted include young offenders at rehabilitation centres and under probation and street vendors.
6. Education and training is currently regarded as ad-hoc given that training needs of peer educators are identified by each partner NGO. The intention is to expand the peer education program to other social skills.
7. Some partner NGOs expect peer educators to possess more technical knowledge concerning sexual and reproductive health. However the understanding that peer educators are trained not as technical experts but as channels of correct and relevant information is one that needs to be standardised.
8. There is yet to be formal recognition of the importance of peer education by various sectors.
9. There are challenges in securing adequate resources to support and coordinate peer education work.
10. The work of existing peer educators is voluntary and it is difficult to retain peer educators over time.

2.2.4 Family Health Association

It is understood that the Samoa Family Health Association is involved in peer education initiatives however no information about this organisation was obtained.

2.3 Regional organisations

The mapping exercise also included consultations with regional partners based in Fiji on peer education. The following organisations raised the Samoa in their discussions.

2.3.1 Marie Stopes International

Developed initially in Fiji, the condom social marketing (CSM) program of MSIP relies upon peer distribution of condoms. Persons with previous experience in peer education (often head hunted from existing agency networks) are trained in sales and marketing and are designated as peer leaders. The training workshop is a two-day program dealing with the

principles of CSM with refresher training on HIV and other STIs. The educators recruit teams of condom distributors from villages (or from vulnerable communities). This model was first developed in Fiji and is now being implemented in other countries, including Samoa, where MSIP has partnered with a local organisation and selected trained educators to become skilled in CSM. Though initially developed as a peer education program, CSM has become more of a community education and outreach project with less focus placed on engaging and developing peers as distributors and educators.

2.3.2 Pacific Sexual Diversity Network (PSDN)

The network is approximately two-years old and has representatives in up to eight Pacific countries. Samoa 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.

2.3.3 Secretariat of the Pacific Community 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 and others offer technical assistance to a range of NGOs. In Samoa while there are no peer education operations under the AHD there is a large youth program operating peer educators under the Department of Women and Social Development.

3.0 Discussion

The finalisation of a clear national strategy for HIV and other STIs is essential to address the needs of vulnerable groups, and to establish the methods through which these needs may be met. Including a peer education methodology in the national strategy is warranted.

It was noted from feedback from national and regional organisations that there is a strong collaborative network in HIV peer education in Samoa and this appears to be inclusive of all organisations that use the methodology. The coordinating and support role of the TALAVOU Program is significant in developing the capacity of NGOs and fostering a spirit of collaboration. This is particularly important in settings of limited resources.

The impact of religion and tradition on the effectiveness of outreach programs into rural areas appears to be one of the significant challenges. The need for additional resources to support a greater geographical spread of programs was highlighted.

One important need of the target population identified by the Red Cross was that of consistency in delivery rather than relying on one off programs. Emphasis was given to appropriate targeting of peers with peer educators that are well educated and trained to deliver information. The school programs were considered to have worked well, particularly with respect to the HIV ambassador being able to share their experiences re living with HIV. It is noted though, that this style of community education cannot be considered peer education.

One of the programs highlighted by the Samoa AIDS Foundation was the condom social marketing program developed by Marie Stopes International Pacific. The wide variety of target populations for this outreach makes it difficult to conceive this program as truly peer based. Interviews with Marie Stopes (refer to 2.3.1) have confirmed that the condom social marketing is considered more appropriately as community education rather than peer education. Nonetheless, the program performs an important health promoting service for the Samoan community and should be encouraged.

Finally, a significant weakness of peer education programs was the difficulty evaluating the quality of peer education interventions and the information being delivered. Many peer educators have not yet completed school or have dropped out so there may be gaps in education. It is also not possible to determine the full coverage of the peer education program. Consequently it was difficult to identify any other needs for peer education because of the absence of proper evaluation of activities.

4.0 Recommendations

1. As a priority the national HIV & STI strategy should be finalised with clear participation by vulnerable groups at all stages with clear utilisation of peer education methodologies.
2. Development of standardised, consistent and well targeted monitoring and evaluation mechanisms should be prioritised to ensure that the quality and relevance of peer education interventions can be assessed and knowledge, attitude and practices (KAP) outcomes measured.
3. Efforts to identify the needs of those within vulnerable groups should be undertaken. This includes an assessment of the levels of involvement capable of individuals within these populations.
4. Once identified, capacity development among vulnerable populations to be able to undertake peer education and, into the future, leadership roles within advocacy and support organisations is warranted.
5. 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.
6. Peer education initiatives do not operate in a vacuum. Efforts in Samoa indicate 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.

7. The issue of ongoing support and refresher training to be addressed, particularly with respect to high attrition rates. The concept of peer educators needs to be defined beyond those that are formal volunteers of an agency and include the broad membership of the target group and their informal social contacts.
8. Systems of following up referrals should be investigated. Models developed by other countries can provide guidance.
9. The impact of cultural and religious taboos on effectiveness of peer education and other HIV interventions, e.g. condom promotion needs to assessed and accounted for in program development.
10. The needs of rural communities, young offenders and the hospitality industry should be carefully assessed as a potential priority for interventions and appropriately resourced.
11. Outreach by relevant peers to sex workers should be prioritised.

12.

Appendix One

Analysis of peer education within *National Strategy for the impact of HIV / AIDS on Women*

Country: Samoa Strategy Document: A STRATEGIC PLAN FOR RESPONDING TO THE IMPACT OF HIV/AIDS ON WOMEN 2001–2005		
Does the Strategic Plan include Guiding Principles which highlight the importance of:	The rights of all people to access education & prevention services	• Page 10-11: All members of the community have the right to HIV/AIDS education and services. Women should have equal access to ALL forms of education (including formal and non formal). Principles of the CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) should be emphasized. Traditional Samoan methods of learning should be utilised for HIV/AIDS education targeting communities and community people.
	Partnership and engagement with the affected community (i.e. vulnerable groups)	Women should be regarded as responsible leaders and be encouraged to take the lead in responding to HIV/AIDS.
	Engagement of young people and their right to access education & prevention services.	All heirs (children) should be acknowledged and treasured by families and society. Laws passed to protect them should be enforced, and those who violate these laws should be prosecuted. (Abuse includes sending children out as street sellers during school hours). Children should be encouraged to express their views about things that affect them in order to communicate fairly with their parents and their views should be valued. HIV/AIDS prevention amongst children should be promoted in the context of the Convention on the Rights of the Child. Youth groups with special focus on female youth should be supported and encouraged to share the most accurate and up to

Country: Samoa Strategy Document: A STRATEGIC PLAN FOR RESPONDING TO THE IMPACT OF HIV/AIDS ON WOMEN 2001–2005		
		date information on HIV/AIDS.
Does the Strategy highlight the importance of Identifying and targeting vulnerable populations? Refs	**2.3.1** Encourage NGOs and DOH to investigate potential donors of condoms, to make them financially accessible to economically vulnerable women and their partners Page 16: 1.1.2 Identify any groups of women not covered by existing programs (gap analysis) Page 16: 1.1.3 Conduct awareness raising outreach programs utilizing women's religious groups, to ensure HIV/AIDS awareness programs cover all women and girls, particularly those especially vulnerable (e.g. young women, abused women)	
Does the Strategy highlight the importance of peer education as an intervention?	Page 12: Lack of peer support for WLWHA Page 13: Peer Support: 1.3.1 Identify peer support needs of WLWHA ▪ Conduct training for those WLWHA willing to act as peer counsellors ▪ Provide organized back up and support for peer counsellors ▪ Facilitate the development of a support group for WLWHA and their families ▪ Facilitate involvement of a support general practitioner for WLWHA Page 14: 2.5.2: Review and expand existing peer education programs, to ensure that there are peer educators specifically working with vulnerable women (e.g. young women, abused women) Page 17: 1.3.1 Identify existing peer education programs 1.3.2 In partnership, strengthen capacity of NGOs already involved in peer education (e.g. YMCA) to conduct peer education outreach specifically for vulnerable women and girls Page 17 2.1.6 Strengthen existing peer education programs reaching women, to ensure information on safer sexual behaviours includes many options (such as non penetrative sex), and includes instructions on condom use	

Country: Samoa Strategy Document: A STRATEGIC PLAN FOR RESPONDING TO THE IMPACT OF HIV/AIDS ON WOMEN 2001–2005					
	Page 21: 1.1.4 Conduct targeted workshops, seminars and public awareness raising campaigns for women				
Vulnerable Groups identified in Strategy and associated Prevention Strategies/Actions identified in Strategy	Population Intervention	Women	Young	Abused	
	Media Advocacy				
	Social events				
	Awareness raising and Advocacy				
	implementation of HIV/AIDS curriculum				
	peer education programs				
	training for village women who are community leaders				
	Conduct awareness raising outreach programs				
	Expand, develop and disseminate contemporary and Pacific focussed IEC materials				
	Develop appropriate IEC material on safer sexual behaviours including condoms				
	Accessible and affordable health services including condoms				
	“life skills” training for women in sexual health workshops				
	Targeted media promotions utilizing existing radio (etc.) spots for women				
Does the strategy highlight the importance of partnership/engagement with vulnerable groups? Refs .	Page 17: 2.1.5 Develop partnerships with women’s organizations to utilize their existing media activities to raise awareness of women about safer sexual behaviours Page 18: 3.1.4 Utilize village women’s committees to lobby village councils and business owners to police the sale and consumption of alcohol to young people				

Country: Samoa Strategy Document: A STRATEGIC PLAN FOR RESPONDING TO THE IMPACT OF HIV/AIDS ON WOMEN 2001–2005	
	Page 28 3.2.1 MOWA to devolve women focussed health promotion responsibilities and functions to Women's groups and Women's NGOs Page 28: 3.3.4 Develop women focussed input into World AIDS Day
Does the strategy highlight the importance of training for peer workers? Refs.	Page 14/17: 2.1.7 Strengthen capacity of village women's organizations to promote appropriate safer sexual behaviours to women Page 24: 1.3.1 Conduct training programs for influential leaders willing to act as advocates for WLWHA Page 28: 3.2.2 Conduct capacity building training of those NGOs to ensure their ability to fulfil women focussed health promotion responsibilities and functions

Appendix Two

Transcript of interview with Red Cross, Samoa AIDS Foundation, and the Ministry of Women, Community & Social Development – Division for Youth (TALAVOU Program)

Samoan Red Cross

Volunteer Management Officer

The Samoan Red Cross have recruited approximately 25 peer educators into their youth program which targets secondary school students. The program has entered the second phase of peer-to-peer recruitment. However the organisation is looking at expanding the program to embrace different levels of youth across the country. The educators work voluntarily but this has created difficulties for retention. The organisation is seeking further funding to provide some remuneration for its workers. The program works closely with the Family Health Association and Samoan AIDS Foundation, in which all peer educators are trained through the same system. Despite this, each agency submits separate reports on its activities.

Health Coordinator

The Red Cross Centre employs eight FTE staff and 20 regular volunteers who provide a range of educations services including HIV/AIDS. Whilst the interviewee was unaware of any written documentation concerning peer education or the program itself, her personal definition of peer education was, “training people to go out and disseminate certain topics that pertain to peers”.

Two FTE staff and 20 volunteers are involved in the delivery of the HIV program. The main targets include: marginalised young people, young people attending school, those who are transgender e.g. Fa’afafine, Fakaleiti (conducted by Red Cross educators, not peers), people living in rural/remote communities, individuals living with HIV. Outreach to seafarers is only conducted informally by some educators through friendship networks.

Schools, workplaces and technical colleges are targeted. The peer educators used by Red Cross provide a range of training e.g. first aid, climate change and therefore are not confined to HIV. Activities undertaken by the workers include: direct one on one education, group based education, education sessions (e.g. in schools), social support activities, advocacy, condom distribution, resource distribution, theatre/role play education, knowledge training, skill training and training of trainers.

The target population are youth and the aim of the project is described as reducing the spread of HIV, STIs and unplanned pregnancies and to increase support for PLWHA. Main activities were identified as condom distribution and peer to peer counselling.

The peer educators work closely with educators from the Samoan AIDS Foundation and Family Health Association, and invite SAF educators to school activities. Red Cross PE receive allowances of AD $6.00 for each program they deliver and a number of programs are delivered each week.

Monitoring and evaluation was identified as a significant deficiency. Peer educators maintain written records of their activities which are submitted to the volunteer coordinator but there is no way that the quality or accuracy of the content they deliver can be assessed as it is not possible for senior staff to be at present at all sessions. Pre and post intervention surveys assessing knowledge are used with each session.

These pre and post session surveys are the main tool for measuring the success of interventions, in addition to general feedback received from the community, and records maintained by the peer educators (though these cannot be validated).

It is difficult to measure the success of the project. The majority of persons utilised as peer educators are Red Cross volunteers and though other young people are recruited from various youth groups, it is difficult to retain these after they have received training.

Contact is made with young people at various sites where they frequent—bus depots, market places—for the purposes of condom distribution. Very little work is conducted at night. Other programs delivered through villages are organised through church letters. Letters of introduction are often used to gain access.

New peer educators are recruited during programs conducted in various communities. Whilst they are involved in the planning and implementation of programs, the FTE staff make the final decisions about which activities are undertaken.

One important need of the target population identified by the interviewee was that of consistency in delivery rather than relying on one off programs. It was emphasized that it is important to ensure appropriate targeting of peers with peer educators who are well educated and trained to deliver information.

The school programs were considered to have worked well, particularly with respect to the HIV ambassador being able to share their experiences re living with HIV. The supervised environment was also considered an advantage.

Weakness of the program is the difficulty to evaluate the quality of peer education interventions and the information being delivered. Many peer educators have not yet completed school or have dropped out so there may be gaps in education. The need for more refresher courses was identified to address these potential gaps. It is also not possible to determine the full coverage of the peer education program.

The organisation is referred to in national HIV strategic documents; is part of a national network, the National AIDS Committee; and is part of the informal network of NGO involved in peer education.

The organisation refers members of the target group to the Samoan AIDS Foundation, Family Health Association and local hospital for VCCT, though not many referrals are made. There is no method for following up on these referrals.

There is strong support by the Red Cross organisation for peer education, and the government has relied on the program to assist with its Second Generation Testing.

A couple of refresher training workshops have been conducted in the second half of 2008, covering topics such a life skills, first aid as well as HIV/AIDS. Other external sources of training on STI are offered to peer educators through the Ministry of Health and Ministry of Youth.

The key training and education skills identified as part of an effective peer educator are:

- Passion for the area
- Good understanding of the topic
- Adherence to a code of conduct.

A number of vulnerable populations were identified as not currently targeted by PE:

- Youth groups in villages
- School drop outs
- Other schools and the general teenage population.

There was uncertainty as to whether sex workers were a significant issue.

The significant gap identified in training was the need for more frequent refresher training. It was difficult to identify any other needs because of the absence of proper evaluation of activities. There was a stated need for more funding to support an increase in peer education projects.

Samoa AIDS Foundation

The Samoa AIDS Foundation, founded in 2005 to specifically address HIV and sexual health issues, employs 10 FTE staff but no volunteers. It uses a peer based methodology.

A personal definition of peer education was "Peer education is a communication and capacity building tool where trained and motivated young people undertake formal and informal activities with their peers or other young people. The goal of which is to promote awareness, knowledge and develop attitudes and skills for young people to engage in healthy behaviour."

About 50% of all activities are devoted to peer education, utilising four paid staff work as peer educators. The program targets the following populations: marginalized young people; young people attending school; personnel working in the hospitality industry; MSM (gay, bisexual and non-gay identified); people living in rural / remote communities; youth; and general public.

The following activities are undertaken: direct one-on-one education, education sessions (e.g. in schools), condom and resource distribution, theatre / role play education, knowledge training (in HIV & sexual health) for peer education workers.

One of the peer education projects undertaken is in the area of condom social marketing. The project has been operating for 3 years, targeting businesses and young people with the aim of promoting the use and availability of condoms to the community through a social marketing approach.

The project involves a number of strategies:

- Peer educators are trained on peer education and social marketing skills
- Peer educators outreach to interested outlets to market "Try Time" condoms
- Peer educators conduct briefings with business outlets on social marketing strategies
- Peer educators conduct village, church, in and out of school youths workshops on HIV/AIDS prevention
- Develop and disseminate IECs on sexual and reproductive Health, protection against STIs including HIV
- Introduce to hotels, motels etc as part of their hospitality services.

This project was introduced by Marie Stopes International Pacific based in Fiji. It's a regional project conducted in Fiji, Samoa and Tuvalu and was favourably considered for Samoa as a capacity building project for local peer educators, developing their outreach skills and promoting one strategy of prevention of STIs, HIV and AIDS in Samoa.

This project is monitored with the most significant change stories as well as evaluations from the field (workshops/briefings). The following measures are used to demonstrate success for the project:

- Sale records of condoms
- Number of outreaches done
- Number of outlets selling condoms

- Number of workshops and trainings completed
- Stories of change.

Respondents believe that the project has made a difference to Samoa's response to the AIDS epidemic by making condoms more available and visible in the community. Although cultural and religious taboos are a challenge in condom promotion, such projects are reported to boost the availability, awareness and access of communities to these prevention tools.

Six paid staff—peers of the target population—are directly involved in the project. There are no volunteers. The project has accessed approximately 2,000 people. The project is funded by NZAID through Marie Stopes International at a cost of WST$30-40,000

Contact is made formally with the target population through workshops and informally through public outreach. Peer educators are recruited through a formal advertising, selection (interviewing) and recruitment process.

Project activities are predominantly decided by the donors in consultation with the peer educators. Members of the target population are involved in the design, implementation and evaluation of the project through monitoring and evaluation questionnaires and interviews requesting feedback on best approaches.

There is a reported demand for peer education services in the community especially among the urban population where the bulk of the population is located. The response to peer education activities is varied among age groups and geographical locations but general feedback indicates a need to make the service more available to both urban and rural settings.

The project has demonstrated the importance of approaching target groups at times appropriate to their needs, for example, approaching sex workers and out-of-school youths would be best conducted at night around nightclubs where they frequent.

Condom distribution to all hotels and motels in the urban area was considered a particular success and in need of repeating at a regular basis. It was considered important to expand the service out into the rural communities to include the growing hospitality industry in the beach fales, resorts, and bungalows.

However, the social marketing of condoms to the rural villages was not successful due to strong observance of cultural and religious codes of behaviour.

In the course of the project, it was learnt that peer education, especially in the field of HIV/AIDS, will come across cultural and religious challenges which can either hinder or greatly enhance the success of a project. Public discussions of HIV and modes of transmission will continue to be a sensitive issue but this should not be a barrier to effective outreaching. Proper training and good communications skills with target populations will contribute to a successful campaign against HIV and AIDS.

Pamphlets, posters and banners have been developed as part of this project.

The organisation is mentioned in national HIV strategic documents; is part of a formal national network in HIV (NGO Health Alliance, National AIDS Council); and is part of a local peer education networks comprising the Samoa Family Health Association's Peer Education and Samoa Red Cross Peer Education Programs. Peer education is conducted mainly in collaboration. Referrals are made to

other clinical services but no follow-up is made. The project has the support of both the organisation and the Ministry of Heath.

Training has been conducted over the last 12 months and peer educators attended re-fresher training conducted by the Ministry of Women, Community & Social Development through its Division for Youth in partnership with the Samoa Family Health Association.

Peer educators were selected during the recent Pacific Games held in Apia in 2007. These peer educators underwent intensive training by SPC just before the Games in 2007. Re-fresher trainings have been conducted bi-annually since then to upgrade skills and knowledge on engaging their communities and in monitoring and evaluating their own programs. Therefore, there is confidence that SAF's Peer Educators have had ample training to carry out their work in the communities.

The following characteristics were highlighted as important for effective peer education.

- Adequate knowledge of the subject
- Systematic upgrade of knowledge and skills
- Training and facilitation skills
- Building communication skills
- Engaging communities and target groups
- Monitoring & evaluation skills
- Supervision and support in the field
- Report writing.

Currently there is a noticeable but not yet identifiable group of sex workers in the country whose hidden existence (not apparent yet) poses challenges for peer education in reaching them. The public outreach currently underway in public places around urban Apia is intended to reach some of these young people.

HIV and AIDS are concepts not only relevant to peer education training but also in project components of the Foundation. Peer educators have a general understanding of concepts as well as appropriate translation of these concepts to the Samoan setting.

Gaps can be identified in funding opportunities for peer educators to continue the work that they do. Reaching often "hard to reach" communities is a challenge without proper logistics to achieve their set goals.

Peer education is designed specifically for the requirements of each project. All other aspects of peer education including monitoring and evaluation are designed with specific donor and organisational purposes in mind. As a result, standardised data for peer education in Samoa is yet to be realised due to this nature of project and organisational driven strategies.

There is a greater purpose served if there was standardised data collection and M&E tools used throughout service provision in the country. However, the different mandates of each organisations, target groups, organisational strengths, available resources etc do not allow for a comprehensive system to exist. As a result, gaps will always be present no matter how comprehensive the individual responses are.

One important aspect highlighted is the overlap in training and the lapse in relating funding to carry out the skills learned in these trainings. The underlying social, cultural, economic and demographic conditions do exist in Samoa, for an explosion of HIV/AIDS to occur, these conditions include a

youthful population, high teenage pregnancy and STI rates, increase movements of people in, through and out of the region, slow economic growth and the consequential lack of employment opportunity.

Peer education has a vital role to play in reaching these young people and engaging them in practices that improve their health and lifestyle conditions. SAF has already focussed on the Fa'afafine community, youth in sports and secondary and tertiary students in the past three-years.

It is anticipated that successful programs will continue for in and out of school youths, sex workers, prisons, seafarers and police men and women for the next three-years.

There is very little use for well trained peer educators if we don't provide the resources to facilitate the much needed programs and utilise these skills.

Ministry of Women, Community & Social Development, Division for Youth (TALAVOU Program)

The Division for Youth (Samoa) within the Ministry of Women, Community & Social Development employs 11 paid and two voluntary staff. Whilst the organisation was not started specifically to address HIV or sexual health issues, it plays a significant role in supporting other NGOs providing peer education in this area, in accordance with the output of the HIV/AIDS & STI component defined in the TALAVOU Program.

Twenty-two peer educators are involved; however program staff assist in the coordination and supervision of peer education activities rather than in their direct delivery.

The following populations are targets for the organisation's peer education initiatives: marginalized young people; young people attending school; people living in rural / remote communities; general public e.g. during outreach activities and athletes during the SPG 07.

The following peer education activities are conducted: direct one-on-one education in HIV and sexual health by peers; advocacy for peer education as an effective intervention measure; knowledge training (in HIV & sexual health) for peer education workers; skill training (e.g. in communication) for peer education workers; and training for trainers of peer educators.

The Samoa national peer education program targets young people both in and out of school, unemployed, and employed persons aged 12–29 years of age. Commenced in 2006, it operates under Objective One of the TALAVOU Program "To improve the self worth of Samoan youth through education and training and other capacity building measures". Peer education aims at mobilizing young people through dissemination of information and peer consultation.

The peer education component of the TALAVOU Program supports the implementation of activities under the following output:

- Output 1.5 Increased awareness of reproductive health information by young people and enhance their capacity for responsible decision making through life skills training:
    - Media campaign—radio talk shows
    - Support for the work of Samoa Red Cross in the promotion of peer education in schools.
    - Coordinate and facilitate capacity building training and refresher training for national peer educators in partnership with Samoa Red Cross, Samoa Family Health Association, Samoa AIDS Foundation.

- Responsible for the coordination of peer education outreach and safe campaign during the SPG 2007 i.e. conducted pre-campaign activities including HIV/AIDS & STIs outreach programs at vulnerable locations; organised and conducted peer education training with the technical assistance provided by SPC and refresher training on HIV/AIDS & STIs as preparation for the SPG 2007.
- Participation of peer educators in the implementation of the national youth events such as the International Youth Day, National Youth Week and National Youth Parliament.

The TALAVOU Program placed three peer educators at the Samoa AIDS Foundation who are now paid staff of the organisation. The peer educators were trained at various capacity building trainings conducted under the TALAVOU Program to strengthen their work in peer education.

The peer education program was included under the TALAVOU Program as part of the National Framework of Action for Youth Development. It was further strengthened with the technical assistance of the HIV section of SPC. Youth stakeholders have undertaken much of the work in HIV/AIDS & STIs; therefore the modality of peer education was included to mobilize young people in this work. This is now expanding to other social skills.

The program was initially monitored using questionnaires documenting feedback from peer educators. A plenary group reflection and evaluation was utilized at the end of the activities to reflect on achievements and map the way forward. This created a more supportive environment for peer educators. In 2008, a special sub-committee was endorsed by the Steering Committee of the TALAVOU Program to coordinate and monitor the implementation of peer education programs; hence a close partnership has developed in terms of implementation with the Samoa Family Health Association, Samoa AIDS Foundation and the Samoa Red Cross. As a result, national peer education refresher training was conducted where all existing peer educators participated with the understanding that each complimented the other's work.

The TALAVOU Program, under outputs 1.5 and 1.6 directly linked with the Peer education component, uses the following indicators to measure the success of the partnership with NGOs:

- **Indicator:** % of population aged 12–29 years with comprehensive correct knowledge of HIV/AIDS significantly increased from the baseline.
- **Baseline:** 14.3% of population aged 15–25 years with comprehensive correct knowledge of HIV/AIDS-STIs. (HIV Second-Generation Surveillance Report, 2005).
- **Target:** Focus districts & villages identified where there is a greatest concentration of vulnerable young people and existing youth services available.
- **Target:** Undertake analysis of existing services and support offered and published directory of services for young people.
- **Target:** At least one HIV/AIDS-STIs awareness campaign conducted in Samoa by end 2011.

In terms of information coverage and mobilizing young people, peer education was noted to be making a difference. This should be seen in the context of a lack of paid staff to conduct outreach and inaccessible services for some populations. However there is yet to be undertaken a thorough impact assessment of how much difference peer education has made to the lives of the target population.

There are no direct program staff specifically designated for the peer education program, however under the Ministry's structure, Objective One of the program, which includes the peer education, is the responsibility of the Social Services unit (3 staff members).

Paid staff are peers of the target population. Throughout 2008, it is estimated that 60% young people between the ages of 17–25 (1,314) and 23–25 age category (773) were reached by the program.

Contact is made with the target population through direct face-to-face consultations. Peer educators are recruited through open invitations extended to youth directors of different Church denominations and selected from amongst participants attending national events e.g. Youth Parliament.

Decisions concerning activities are made by the program's sub-committee which meets to discuss activities with the input and feedback from peer educators. Members of the target population are involved in the project through feedback or evaluation sheets.

Despite the work of this program, it was acknowledged that more work was needed in the community with more innovative approaches. It was stressed that it was also important to utilize the existing opportunities and networks to disseminate information through leaders and decision makers.

It was noted that there was much strength in working with NGOs through a partnership model rather than competition among peer education programs. This partnership also allows the pooling of resources to support peer education through the provision of training and minimal remuneration for peer educators. Each partner NGO is responsible for different locations around the country but all seek to achieve planned targets. The TALAVOU Program strongly supports NGOs to conduct peer education with respect to capacity building, refresher training and networking. As yet a standard remuneration to compensate for time and commitment of peer educators is yet to be established.

However, many people have yet to understand the concept of peer education, though there is a gradual acknowledgement of its importance as an effective tool.

Important lessons learnt in the course of this program include:

- Working in partnership with NGOs and key government ministries to create supportive environments for peer educators.
- Inclusion of peer educators in the design, planning, implementation, monitoring and evaluation process.
- Ongoing capacity building in areas needed.
- Continuing the peer education work at the level of youth group, village and affiliated organisations.

The organisation is mentioned in national HIV/sexual health strategic documents; is part of a formal national HIV network (National AIDS Coordinating Committee); and is a partner in the peer education network comprising the Samoa Family Health, Samoa Red Cross and Samoa AIDS Foundation.

The program is a collaborative effort of a number of NGOs i.e. Samoa Red Cross, Samoa Family Health Association, Samoa AIDS Foundation and Young Women Christian Association (YWCA), Adolescent Health Development Program (Samoa).

The program refers clients to the Ministry of Health for technical assistance and available social services e.g. contraceptives and condoms but there is no capacity for follow up of these referrals. There is strong support for peer education by both the organisation and Ministry of Health.

Training for staff and volunteers has been conducted in the last 12 months re HIV/AIDS & STIs and life skills training. One staff member attended the Regional Peer Education Manual consultation.

The following education and training skills were identified as significant for an effective peer educator:

- Introduction to peer education—roles/responsibilities, procedures, processes, accountability
- Life skills training—leadership skills, communication skills
- Facilitation skills training
- Basic information on sexual and reproductive health training
- Time management
- Simple report writing

Other vulnerable groups that are yet to be targeted include young offenders at rehabilitation centres and under probation and street vendors.

Education and training is currently regarded as ad-hoc given that training needs of peer educators are identified by each partner NGO. The focus of training for peer educators is in the area of HIV/AIDS, STIs, sexual and reproductive health and life skills. The intention is to expand the peer education program to other social skills.

With reference to the partnership of existing peer education programs, there was a misunderstanding re expectation of roles and responsibilities of peer educators and what peer education programs can offer. Some partner NGOs expected peer educators to possess more technical knowledge concerning sexual and reproductive health. However the understanding that peer educators are trained not as technical experts but as channels of correct and relevant information is one that needs to be standardised.

There is yet to be formal recognition of the importance of peer education by various sectors. There are challenges in securing adequate resources to support and coordinate peer education work. The work of existing peer educators is voluntary and it is difficult to retain peer educators over time. There needs to be a collaborative effort in terms of implementation to avoid competition and duplication of activities and coverage in the community. In this respect, the TALAVOU Program within the National Framework of Action to Youth Development is currently coordinating training in support of the peer education program. However a more coordinated peer education program is imperative.