



## 中国青年农民工项目

China Young Migrant Workers Programme



# Training Manual on Peer Education for Youth Migrants



**China Young Migrant Workers Programme**

**TRAINING MANUAL  
ON  
PEER EDUCATION  
FOR YOUTH MIGRANTS**

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**Written by Population Services International**

**With UNFPA Support**

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# INTRODUCTION

## Background of the Project

*This is part of the Protecting and Promoting the Rights of China's Vulnerable Migrants (YEM) program, a 3-year (2009-2011) joint initiative of the United Nations (UN and the Chinese Government, coordinated by the Ministry of Human Resources and Social Security (MOHRSS) and the International Labor Organization (ILO), and funded by the UN-Spain MDG Achievement Fund. The Project was launched in February 2009, and its objectives are to support the Chinese Government to promote the protection of the rights and interests of internal migrant workers. The program is implemented in various migrants sending and receiving areas agreed upon between the Government and the UN.*

Under the YEM program, the Ministry of Health (MOH), the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) are implementing a Component entitled '*Design and testing of health promotion model to promote use of appropriate health services by migrant youth*' (Output 3.3 of the YEM). The project aims to increase young migrants' health knowledge and risks awareness and to improve their access to and utilization of health services. It is implemented in various intervention sites agreed upon between MOH, WHO and UNFPA: TEDA district in Tianjin, Xincheng district in Xi'an, Cang county in Cangzhou, and Zhashui county in Shaanxi Province.

Local health counterparts in Tianjin and Xi'an have been trained on social marketing approach in September 2009, and received training on peer education intervention approach in April 2010. The Project was implemented from the second quarter of 2010, including setting up 'youth-migrant friendly stations', mobilizing community-based health service station/centres to recruit peer educator from youth-migrants to conduct peer education and outreach activities. To date, the beneficiaries of TEDA district is 10,000 and that of Xincheng District is 15,000.

In another component of the program (Output 2.3), six UN agencies have developed jointly a life skills training (LST) package targeting youth migrants. UNFPA and the China Family Planning Association (CFPA) have chosen to test this package in Beichen district in Tianjin, through a peer education intervention. Tianjin Family Planning Association (TFPA) recruited 8 peer educators to offer peer education on life skills in 4 companies, reaching 600 migrant youth.

# **An Introduction of the Manual**

## **Development of the Manual**

The manual was developed based on the rich experiences in peer education that UNFPA has gained through implementing migrant youth intervention projects in Tianjin and Xi'an, in collaboration with Population Services International (PSI). The two projects bears out the strength of peer education approach. Being young and mobile, and exposed to opportunities and challenges in a new environment, migrant youth are easily influenced by their peers, who share similar background and experience, for the practice behaviors which could either promote/comprise their health. Peer education makes use of this peer influence to promote positive changes on behaviors among them. Peer educators are insiders and informants who can access target group in a non-judgmental manner and create a relaxing atmosphere to help their peers to open up to talk freely about certain topics including those related to sensitive health behaviors. Having had similar life experience and speaking the same language, peer educators are more sensitive to the needs of their peers and easily accepted by target group. Therefore, they are in a good position to delivery health information and knowledge as well as to share personal experiences

In order to share those experiences with counterpart in relevant departments and promote peer education programs more effectively, PSI was tasked to develop this Manual, taking advantage of its many years of experiences in implementing peer-led health education on the ground including the two targeted migrant youth intervention programs , as well as the first-hand program monitoring and evaluation data recently collected among program staff, peer educators, and target migrant youth in the two projects sites through using face-to-face in-depth interview approach.

## **Who the Manual is for?**

The Manual is a training tool to guide the development and implementation of health promotion program targeting migrant youth. The Manual covers the major concept and theoretical framework of peer education, theories of behavior change, issues related to the recruitment and management of peer educators (PEs), peer education methods, communication skills as well as the implementation and management of peer education projects etc. It is designed for use to conduct systematic training for program staff before launching peer education intervention projects.

## **How to Use this Manual:**

The Manual consists of three sections. Section I presents the training modules. Each module introduces knowledge on major program-related theories and procedure of

conducting training. Section II includes power point presentations for the trainings; Section III provides the annex for reference, including relevant tables for planning and conducting peer education and work plans.

Following the description in the Manual, trainers can prepare teaching materials and training plan, while adjusting the time required for each session training session, according to the number of the participants as well as their levels of knowledge on the trainings etc. Regularly mentoring and adjustment needs to be followed based on the progress of the specific project



# TRAINING PREPARAION

## Training Agenda

Training of Peer Education Intervention for Migrant Youth Agenda

### Day 1

|                        |   |
|------------------------|---|
| 9:00 a.m. – 9:40 a.m.  | Opening<br>Pre-training test  |
| 9:40 a.m. – 12:00 a.m. | Self-introduction, training expectations, ground rules<br>Peer education for migrant youth <ul style="list-style-type: none"> <li>- Definition</li> <li>- Theoretical framework</li> <li>- Behavior Change Communication( BCC)</li> <li>- Outreach</li> <li>- Application of peer education approach</li> </ul> |
| 12:00 a.m. – 1:00 p.m. | Lunch   |
| 1:00 –5:30 p.m.        | PEs for Migrant Youth <ul style="list-style-type: none"> <li>- How to select PE</li> <li>- Job responsibilities of PEs</li> <li>- Staffing continuity</li> <li>- Code of conduct of PEs</li> <li>- Capacity building for PEs</li> <li>- Managing PEs</li> </ul>   |

### Day 2

|                        |   |
|------------------------|---|
| 9:00 a.m. – 12:00 a.m. | Designing Youth Migrants Peer Education Project <ul style="list-style-type: none"> <li>- Mapping out locations of target group—drawing community map</li> <li>- Designing peer education program based on research findings</li> <li>- Develop intervention work plan</li> <li>- Implement the project</li> </ul> |
| 12:00 a.m. – 1:00 p.m. | Lunch   |
| 1:00 - 5:30 p.m.       | Forms of Peer Education <ul style="list-style-type: none"> <li>- Types of activities</li> <li>- Interpersonal Communication (IPC)</li> <li>- Edutainment activities</li> <li>- The use of IEC materials</li> </ul>  |

|  |  |
|--|--|
|  | Communication skills <ul style="list-style-type: none"> <li>- Definition of communication and common barriers</li> <li>- Communication skills</li> <li>- Effective communication</li> </ul> Post-training test |
|--|--|

## Training Preparation Process

### 1. Setting up training objectives:

The training objective for each session in the most recent training is described for reference in the manual the trainer.

### 2. Learning about the training participants

Once the trainings objectives are identified, trainers should learn about the training participants and need to understand the participants and organize training sessions according to their needs. Major information need to collect include:

- Number of participants
- Their familiarity with the training contents and methods
- Expectations, concerns and requirement of the participants
- Levels of understanding on the training contents delivered

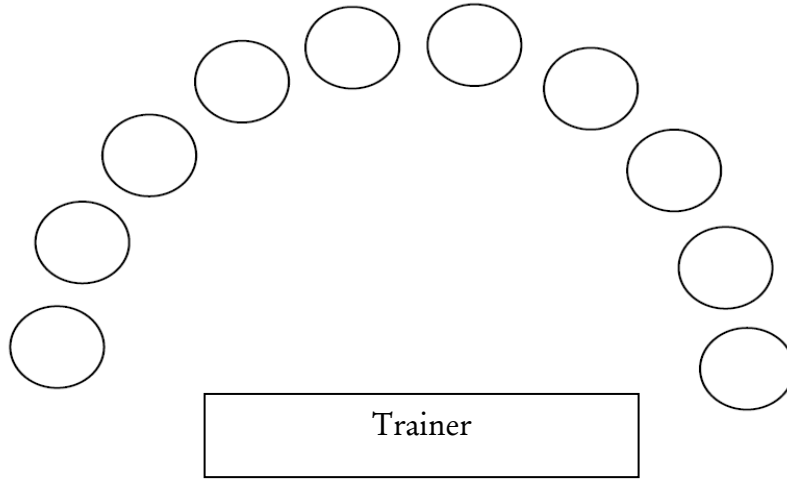
### 3. Training content and arrangement

Having identified training objectives, training duration and the participants, you can start to develop the training agenda and plan. Ideally, the agenda should be shared with the participants ahead of time before the training is delivered

### 4. Setting up training location

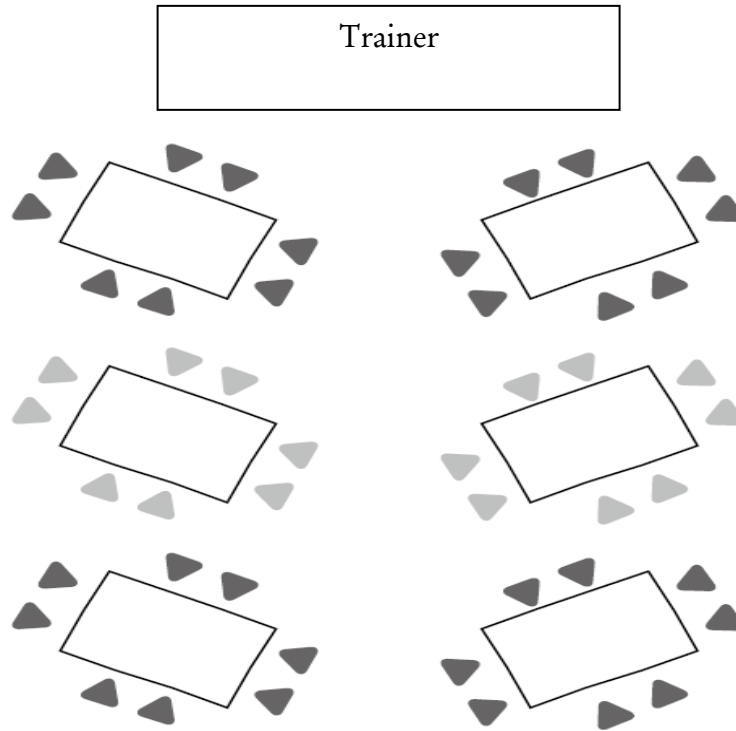
If possible, trainers should check if the training site meets the requirements of the trainings before the training starts, for example, the chairs can be rearranged into group, the light condition, noise outside, location for banner, whiteboard or flipchart. Is it spacious enough for playing training related games? In the condition when trainer has no control over choosing the training sites, he/she needs to consider how to maximize the available training channel.

If the number of the participants is no more than 20, the seats in the classroom can be arranged into the shape of a horseshoe:



**Chart 1: Horseshoe**

If the number of participants is over 20, the trainer can divide the participants into several groups as follows, with 4-8 individuals in one group:



**Chart 2: In groups**

## 5. Preparing training materials

It is always better for a trainer to prepare all the training materials needed at least one day before the training starts. Below is a list of training materials commonly used. The trainer can prepare the materials according to the training contents, classroom and needs of participants.

- Training materials, including
  - Flipchart or whiteboard
  - Colored whiteboard pens and makers
  - Clip (or other materials to fix flipchart) , masking tape, scissors
  - A4 paper (or colored paper), ball-point pen and notebooks
  - Name tags
- Tools
  - Peer education flipcharts r ( with relevant materials)
  - Power point slides
  - Others: materials for game, review or evaluation
- IEC materials: e.g. brochure flipcharts on reproductive health etc

- Handouts, materials for exercise or group activities
- Others( stationary, banner, snacks, and small gifts etc

## 6. Facilitator/Trainer

The training is generally conducted by a team instead of just one trainer. However, one trainer usually as the leading person facilitating the whole training ( hereinafter referred to as facilitator in this Manual), while other trainers function more as his/her supporter, such as participating in the group discussion, taking notes during brainstorm session etc. The trainers should work together to ensure the involvement of all training participants, e.g. circling around to monitor the group discussions to ensure that it stays on the right track and the participants take part in the discussions actively and equally.

## 7. Selecting training methods

### i. Presentation

The presentation should in general not exceed 20 minutes; otherwise it would be difficult to consistently maintain all the participants' attention during the training. The trainer can ask open-ended questions during the presentation to facilitate thinking and maintain their energy. If it is noticed that some of the participants are worn out, the trainer can organize a warm-up exercise or have an early break.

### ii. Brainstorm

Brainstorm can help the participants to share their opinions and create new ideas. The facilitator should clearly describe the issues for discussion according to the educational background and language preference of the participants to avoid ambiguity and ensure the involvement of each individual. One person should be identified to work as the coordinator to record the inputs/ideas of the team member from brainstorming onto a flipchart or whiteboard. It is best to choose the participant who is relatively more familiar with this approach or who is good at summarizing opinions and writing notes quickly. If there is no appropriate person within the brainstorming team, one of the trainers could be asked to fulfill this role so as to better facilitate the training. .

### iii. Games

An icebreaker helps the participants to get to know each other and break the gaps/silence so as to promote their active participation in the training actively. The facilitator can choose appropriate icebreakers based on familiarity amongst the participants.

A warm-up exercise or an energizer is used between breaks and before the afternoon session starts, or when the participants are tired or sleepy. Energizer could help to

refresh the participants which will enable them to participate in the training more actively.

Learning games are specifically designed to teach the participants about a certain subject and enable them to grasp the knowledge/information through practice.

#### iv. Recap and Evaluation

Recap is done at the end of the day or the beginning of next day to check the comprehension of the participants, for example, through games, group discussion, Q&A, and to maintain their interest in the following training.

Evaluation aims at collecting the participant's feedbacks on contents, methods, logistic support for the training that have been completed as well as to identify their needs for future training. Evaluation form is commonly used to collect feedbacks from the participants. The trainer can use other participatory methods to conduct evaluation.

#### v. Group Discussion

Smaller group discussion enables the participants to fully participate in trainings. Group of 2-4 people (buzz group) can be used to solicit opinions or before the facilitator/trainer is to introduce a new concept. Such discussion does not take much time and it does not require a facilitator for each group. The participants can be grouped into 4 to 6 persons to further discuss an issue. The facilitator can ask each group to choose a leader to facilitate the discussion within the team, to choose a recorder to write down the outputs of the group discussion, and to choose a reporter to feedback to the plenary.

If several trainers conduct training together, the trainers should join each group or circle around to ensure that each participant understands the issue, and each discussion group follows the instructions and stays on the topic during the group discussion.

## **MODULE 1:**

# **PEER EDUCATION FOR MIGRANT YOUTH**

### **Training Objective:**

- Understand the concept of peer education
- Understand the theoretical framework of peer education
- Understand the concept of BCC
- Learn how to conduct outreach activities

- Understand the applicability of peer education

### **Training Activity:**

Topic 1: What is peer education?

Topic 2: Theoretical framework of peer education

Topic 3: What is BCC?

Topic 4: How to conduct outreach activities

Topic 5: When to use applicability of peer education

### **Materials:**

LCD Projector, laptop, power point slides, Flipchart, marker pens, A4 paper

# Background Information

## An Introduction of Peer Education

### I. What is peer education?

People tend to be more likely to seek advice and take suggestions from friends who are similar in age, educational background, and who share similar interest with them. Young people usually are willing to listen to their peers, particularly with regard to sensitive issues. Peer Education is an approach which utilizes this conformable psychology to educate the other individual, e.g. for health promotion. Youth team leaders, i.e., those who are respected or influential among the youth (peer educators), are recruited/trained to equip them with knowledge and skills to promote health-enhancing knowledge and skills among their peers, or even wider society.

In other words, peer education is the process of having individuals who share similar background and socioeconomic status together unofficially to learn and discuss issues of their common concern, and to promote positive behavior, and to guide the peers to share experience, exchange opinions and work out solutions. It is hoped that the process would lead to the right choice, which could lead to the practice of healthy and responsible behaviors.

**Peers:** individuals who share similar characteristics, including age, identity, sex, educational background, life experience and values.

**Education:** the process of improving one's capability, including knowledge, attitudes, skills, and habits of practicing certain behaviors.

### II. How to conduct peer education

- Maximize the peer-educators' initiatives in findings solutions themselves, e.g. through listening to their peers during peer education to gain insights and feedbacks. Actively.
- Promote equal communication among peers, avoiding setting up hierarchy or authorities of PEs over their peers.
- Provide practical support and health services to peers, including referral information.
- Answer questions raised by other peers.



- PEs should have a clear understand about the project, including objectives, contents of project activities, as well as their role and authority within the project.
- When it is time for the PEs to say no to their peers for their unreasonable request, PEs should possess the ability to do so. PEs should be aware of their own strength and weaknesses.

## Theoretical Framework for Peer Education

The use of peer education approach for health promotion among youth is supported by a range of established theories. It is important to learn about these theories so as to really understand the meaning of peer education and to be able to conduct peer education activities well. The major theories that will be discussed include:

### A. The Theory of Reasoned Action

The Theory of Reasoned Action states that the intention of a person to adopt a recommended behavior is determined by:

- An individual's subjective beliefs, i.e., his/her own attitudes towards this behavior and his/her beliefs about the consequences of the behavior. For example, a young woman who thinks that using contraception will have positive results for her will have a positive attitude towards contraceptive use.
- An individuals' behavioral beliefs/norms, which is shaped by d by the social norms/standards in his group or whether the other people which are important to him/her approve or disapprove of the behavior.

This theory is of particular relevant to peer education, since young people's attitude and behavior are usually easily influenced by their r peers.

### B. Social Cognitive Theory

Social cognitive theory, which is established by theorized by a Canadian psychologist named Alberto Bandura, stemmed out of the Social Learning Theory. It reflects a strong integration between behaviors, human thoughts and social environment. In the theory, Bandura emphasizes the process of learning and concludes that an individual's changes on certain behaviors is usually resulted from his observations on what others do as well as its consequences during the learning process..

The theory identifies several key factors to study whether the observing a role model

will lead to a change on an individual's behavior and recognition. These factors include personal traits and developmental stage, the authority and competence of the role model, the appropriateness of the role model's behaviors, objectives of the learner's goal, and personal self-efficacy.

He reckons the process of knowledge acquisition works :

- through an individual's direct personal experience
- through an indirect approach, e.g. observing or imitating behaviors which have been rewarded
- through trainings to build up one's confidence in practicing certain behavior. . This is also called self-efficacy, which refers to capability to conquer barriers to performing a particular behavior, for example, it is very helpful to improve one's confidence in discussing safe sex with peers through role-play activity to introduce condom use.

Participatory and experimental learning is critical process for peer education. The facilitator of peer education can be an influential trainer or a model figure.

Self-efficacy refers to a person's skill in performing a particular behavior effectively and successfully, for example, I believe I have the competence to persuade my sexual partner to use a condom during sex.

## **C. Learn Through Practice Theory**

### 1. Participatory training is based on practice

The best way to learn is to practice. As it says in English, "practice is the best teacher". And we have similar sayings in Chinese; for example, "Practice yields genuine knowledge", and "practice is the sole criterion for testing truth."

### 2. The steps of learning through practice

Everyone practices this theory in daily life. Let's use riding motor bike as an example to illustrate the steps of learning from practice:

**Experience:** The first step is an experience. For example, a man rode his motor bike to work every day, but he had an accident on the way to his office one day.

**Identify:** The second step is thinking: what had happened? He might have been absented minded while riding motorbike fast, then crashed into a tree on the road.

**Analyze:** This points to the need for an analysis. The man needed to analyze the

reasons for the accident, for example, he rode too fast in a hurry, or was absented-minded.

Summarize: Then it comes to the stage for a conclusion. The man learned a lesson or lessons from his experience and used it for his future practice. For example, he should concentrate only on riding motorbike if he is in a hurry, or leave earlier to avoid haste.

In peer education, many advocates think peers should participate in discussion and make decision upon the behavior, which is critical for measuring the success of peer education projects.

## **D. Health Belief Model**

The Health Belief Model is a health behavior change and psychological model developed by Godfrey Hochbaum, Stephen Kegels, and Irwin Rosen Stock. Originally, the model was designed to predict behavioral response to the treatment received by acutely or chronically ill patients. In more recent years, the model has been used to predict more general health behaviors.

The model indicates that if an individual would like to avoid disease or improve his/her health, and believes certain behavior can help to achieve the goal, he/she will more likely to undertake recommended health action.

PEs can reduce perceived barriers by comforting, correcting wrong beliefs, rewarding and supporting his peers in practicing certain behavior. For example, a young person doesn't want to receive health service at a local clinic or CHSS because his/her privacy is not respected. PEs can use youth-friendly approach to provide information or services, which could help target population to access appropriate health services.

## **E. Social Ecological Model for Health Promotion**

The model suggests that behaviors are determined by the following factors:

- Intrapersonal factors – characteristics of the individual such as knowledge, attitudes, behaviors, self-perception, and skills
- Interpersonal processes and primary groups – formal and informal social networks and social support systems, including families, colleagues, and friends.
- Institutional factors – social institutions with organizational characteristics and formal and informal rules and regulations for operation
- Community factors – relationships among organizations, institutions, and informal networks within defined boundaries

- Public policy – local, provincial and national laws and policies

The model indicates the importance of interaction between an individual and his surrounding environment as well as the various factors which influence the practice of certain unhealthy behaviors. The importance of an individual person is diluted during the process of behavior change process in this model.

The model also highlights that it is important of peer education in addressing this issue. Peer education can be used as an approach to influence and change one's behavior. In addition, it is important to ensure peer education activities fit well with the community environment and public policies to ensure its effectiveness.

## **F. Information, Motivation, Behavior Skills, Resources (IMBR) Model**

IMBR Model, Information (what), motivation (why), behavior skills (how), resources (where), can be applied to understanding many issues. For example, when a teenager knows using condoms can prevent HIV, he might have the willingness to use a condom and needs to learn how to use it. However, the practice of condom use could not be possible if he does not know where to get a condom. Therefore, it becomes important to provide him with “relevant resources”, i.e. access to condoms, in this situation.

In terms of peer education, each of the four IMBR Model components is equally important in promoting behavior change for a healthy and safe life. For example, we sometimes skip the detailed explanation about how to use of a specific contraceptive method, when we are conducting training to educate teenagers on the importance of contraception and the measures to take. It could happen that the teenagers who have participated in the training would know what contraceptive measure to take to avoid pregnancy; however, they do not know exactly how to practice it correctly and effectively. Let's have another example: it is similarly problematic if the teenagers are taught only about contraceptive methods and the exact practice, however, they are not informed why it is important to take effective contraceptive measures. Of course, 'resource' could be included in 'information'. The importance of resource is to keep the teenagers informed of where to access the type of support/services that they need and when they need it. The resources here include youth-friendly service station, where targeted counseling, health care services, and relevant life information are provided.

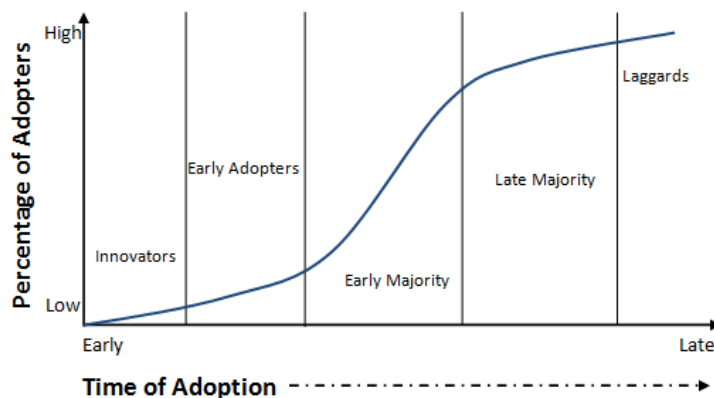
## **G. Diffusion of Innovations**

Diffusion of Innovations stemmed from a research conducted in 1940s in Central America. Some agricultural sociologists conducted research studies to understand why

many farmers in Iowa liked the newly developed hybrid corns rather than the regular corns. One of the sociologists, whose name is Everett Rogers, published several books to synthesize his research studies, in which a Diffusion of Innovations theory was formulated to demonstrate how individuals adopt an innovation.

Diffusion of Innovations suggests that social influence is very important for the change on individuals' behaviors. In the community, the opinion leader, who usually serves as an agent to drive behavioral change, is a key element of the theory. Their influence upon the norms and habits of the team is perceived as the consequences of interpersonal communication and discussion. The use of peer education implicates that the selected leader peer educator should be someone who holds good ideas and who is well-respected by peers. The leader plays an important role in informal peer education. This type of informal peer education delivers messages and information through means the audience access information through daily social contact instead of formally planned activities.

The studies of innovations show that the diffusion of innovation follows the same law. As shown in the S-curve of diffusion below)



**Figure 1: S-curve of Diffusion**

One of the key findings about the diffusion of new behavior/idea is that the process by which an innovation is accepted by people follows a certain law, i.e. S-curve of diffusion. It usually happens that only a few people accept a new thing. The diffusion of innovations theory posits that people have different levels of readiness for adopting new innovations. The curve begins steady and slow, which indicates a slow change. The curve does not take off until the new innovation reaches a critical point, where 13-23% of people accept the new innovation. The curve then rises dramatically,

because many people accept the innovation in a short time. When the innovation is accepted by majority of people (close to 100%), the s-curve dropped again, because the rest of the people generally adopt new things slowly or don't accept it at all. Few innovations can be accepted by all the people. According to the researchers, the reason that the turning point of diffusion S-curve lies at the 20% is because individuals vary on their speed to adopt innovation. Rogers classified individuals into five groups according to this variation: innovators, early adopters, early majority, late majority, and laggards.

**Innovators:** They are the individuals who could adopt an innovation themselves; however, they do not necessarily have the power to influence the others to do so, largely because they are different from the majorities of the people due to many reasons. For example, they have more opportunities to travel, higher social status or financial resources. Therefore, it is hard for the others to really follow them.

**Early Adopters:** This is the group which has brought up the rapid rise on the innovation adoption S-curve. These individuals, who have the highest degree of opinion leadership among the others, are generally very open, however their behavioral pattern still follow the principles and social norms. Once they adopt an innovation, the other people tend to follow and accept their opinions as well as the innovation. Early adopters typically are from urban areas, have more advanced education, and are more open to new ideas. Findings from the research did not reveal any age and gender have no proven effect on diffusion.

**Early Majority:** there is a usually surge on individuals, who adopts a certain innovation once the early adopters accept it. We call this group the early majority, who adopt an innovation after a varying degree of time. Their time of adoption innovation is significantly longer than the innovators and early adopters. They are typically from urban area, have received good education and have access to more information, through public media or one-to-one communication).

**Late Majority:** Significant number of individuals in this category generally adopted an innovation after early majority.

**Laggards:** This category includes the last individuals who adopt an innovation. Some individuals in this category will never change their behaviors. The laggards of some behavior or opinion might become pioneers of other behavior or opinions, for example people don't smoke (laggards) may become pioneers of anti-smoking movement.

### **Factors affecting the Diffusion of an Innovation**

Diffusion of innovation follows the same principle, e.g. the innovation S-curve. The rise or fall of the curve varies, depending on the nature of the innovation, the social

economic background of the individuals, and the social context. Some of the innovations are more easily adopted by people, while others are not. Rogers defines several intrinsic characteristics of innovations that influence an individual's decision to adopt or reject an innovation.

- **Relative Advantage:** to what degree that an innovative product/service is superior to the others
- **Compatibility:** The level of compatibility of the innovative product/service with the popular social values or belief
- **Simplicity:** The level of difficulties that are involved for an individual to adopt the innovative product/service
- **Trialability:** The level of sophistication associated with experimenting or giving up the innovative product/service.
- **Observability:** the level of visibility of an innovative product/service as well as the consequences of adopting it

**For Example: The promotion of condom use among youth migrants by applying the above 5 factors**

- **Relative Advantage:** Condoms do not have relative advantage for the purpose of contraception, relative to the contraceptive methods (e.g. birth control pills, diaphragm). However, when it comes to the prevention of HIV infection, condoms become superior given its added value of preventing the transmission of HIV and STI, in addition to preventing unintended pregnancy.
- **Compatibility:** Generally condom is widely accepted by most of the societies, with the level of acceptance varied cross countries/cultures/region. For example, using condoms is a popular measure for contraception in Japan. Therefore it is not as challenging to promote condoms for HIV prevention in Japan, relative to the Catholic and Islamic countries, where much more cultural barriers are in place for programs targeting condom use promotion.
- **Simplicity:** Condom use scores low with regard to simplicity, as using condoms could be more complicated relative to other contraception measures (injecting and oral contraceptives). For example, one has to use a condom every time.
- **Trialability:** Condom can be easily experimented. If a user find it hard to keep using it once he tried it, this individual can just give it up. Trialability is the utmost strength of condom.
- **Observability:** Condom has low observability for two reasons: firstly, using condom is a private issue which could not be observed by other people directly.

Individuals are generally less likely to talk about condom use. Even when they do talk about it, they are less likely to tell the truth. Secondly, it takes a long time to see the effectiveness of condom use. For example, it takes several months to observe the outcome of condom use for contraception, and years to observe the effectiveness of condom use for preventing diseases.

### **Means to achieve expected outcomes**

The researchers of diffusion of innovation indicate that there are various factors which would affect the adoption of innovations and a wide range of channels which could be used to promote innovations. Public mass media is one of the ideal channels for promoting innovations and knowledge to public audiences. For individuals who have learned about the specific innovative product/service, communication becomes the key for their attitude to adopt it. One-on-one communication can achieve the best outcome since an individual's attitude is easily influenced by people around him, rather than external authorities or media.

### **Application**

#### 1. How to use the diffusion of innovation to develop communication plan

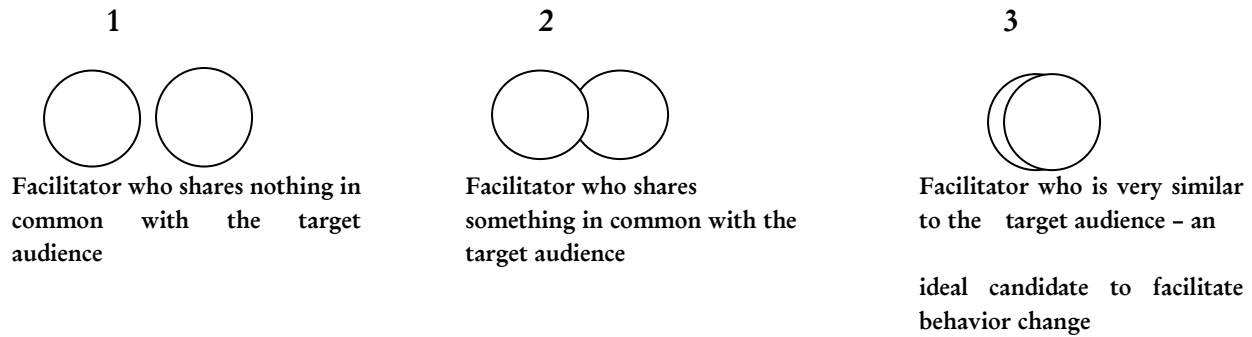
Diffusion of innovation generally describes how an innovation is communicated through certain channels, rather than indicating specific strategies for people to use to promote behavior change. However, the project manager can use the rationale of the theory to facilitate behavior change effectively.

The theory helps people who are involved in the project to understand that it takes time for an innovative product/service to be adopted by most of the people at one time. When it comes that the innovation is adopted only by a small fraction of people (e.g. 5-10%), don't be surprised why the innovation is not widely accepted. As long as the early majorities started to accept an innovative product or adopt a certain health behavior, you can expect more people will follow as things move on.

The project staff can use this theory to identify "opinion leaders" who can facilitate others to adopt the innovation. The opinion leaders will become early adopters who can promote the rising of S-curve. Usually, opinion leaders are popular and well-respected individuals within the community. Other people value, and tend to conform to, their opinions and thoughts.

#### 2. Three types of individuals to facilitate changes





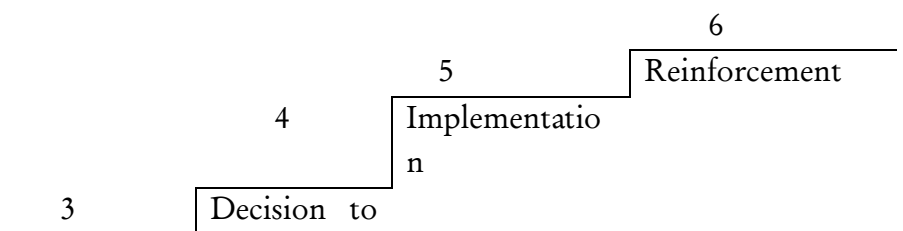
The diffusion of innovation theory again highlights the importance of using peers “as the candidates to facilitate changes”. Previous research indicates that whether someone will adopt a new behavior is decided by the perception of his/her close peers about this specific behavior, rather than her/his own knowledge on it.

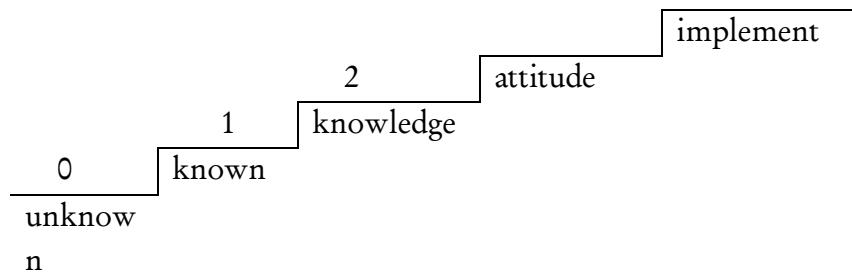
The theory also indicates we should recruit individuals who share similar background with target population and who have adopted an innovation to promote the adopting month others to facilitate changes. For example, in a program targeted migrant youths, we should recruit migrant youth who shared similar background (e.g. similar age) and who really understand the thoughts and frustration of target migrant youth with regard to their life in the cities, so that we could ensure the effectiveness of program interventions in facilitating positive behavior change.

**The Stages of Adoption Process**

The Diffusion of innovation theory suggests that behavior change occurs through a process. We discuss the details of the process in this section. Understating each stage of this process could help us to design targeted strategies to help them.

According to the theory, an individual will go through the following stage in adopting new behavior





Let's use youth friendly service within the YEP as an example to illustrate the stage of behavior change:

**Step 1: Know**

Know the existence of an innovative product/service

Target audience know youth friendly service is available somewhere

**Step 2: Knowledge**

Further understand the innovative product/service, learn skills or knowledge

Target audience receive services provided at youth friendly health facilities

**Step 3: Attitude**

Interested in trying the innovation or new product

Target audience is willing to visit youth friendly facilities to receive service when feeling sick (thoughts)

**Step 4: Decision to implement**

Decide to visit youth friendly facilities to receive service

**Step 5: Implementation**

Translate decision into actions and receive service at youth friendly facilities

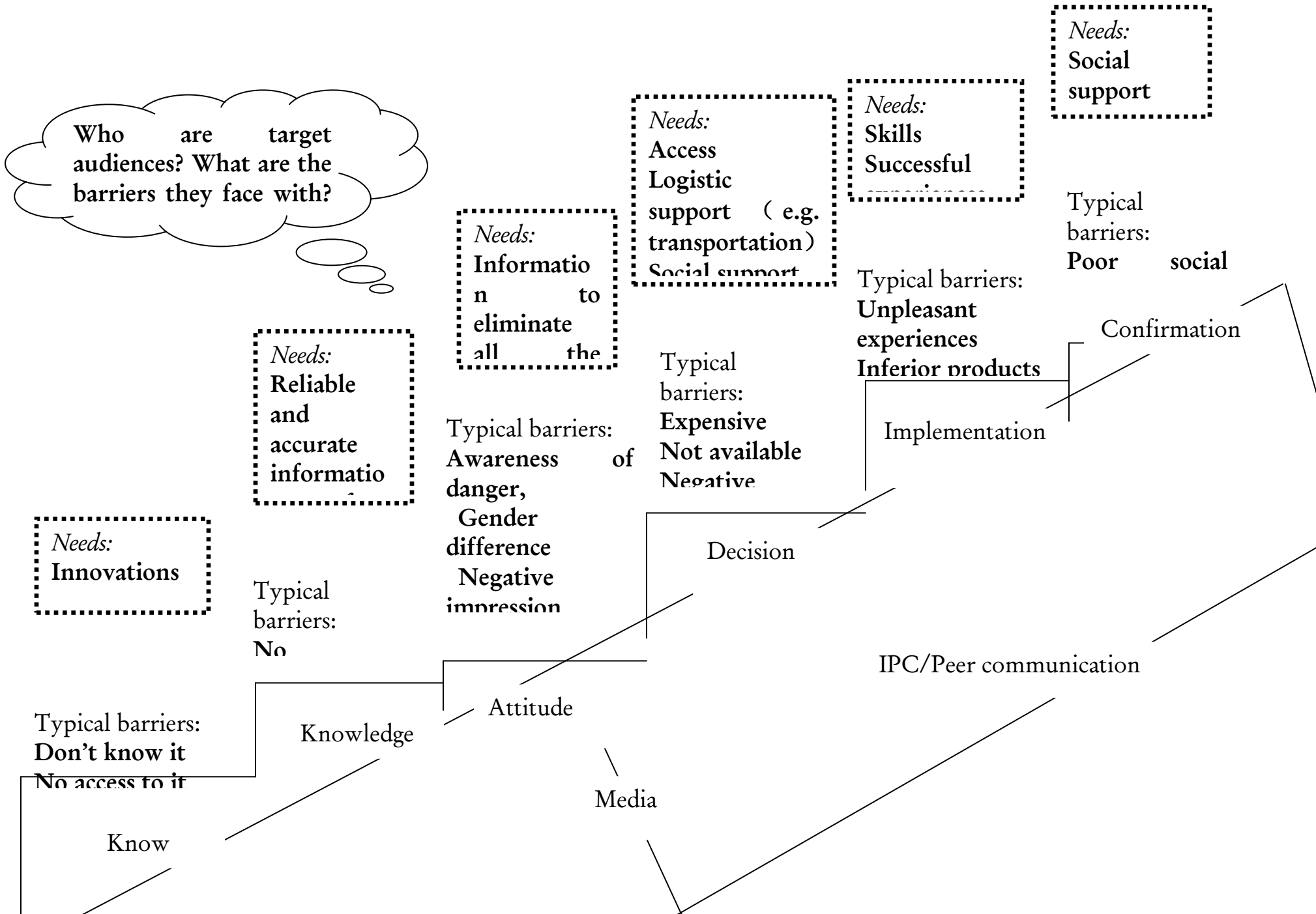
**Step 6: Reinforcement**

Satisfied with the service and will revisit or recommend to others

In reality, we might not have to go through each step to complete the whole cycle. For example, the cycle might break when a new innovative product/service came out while we are still undergoing the adoption of an existing one; or when we have unpleasant experience with a innovative product/service and decided to quit.

Remember behavior change move forward in a process like a spiral.

# STAGE OF ADOPTION PROCESS



## An Introduction of Outreach

### What is outreach?

Outreach is to visit target population at their residential/congregation areas or conduct activities to approach them so as to share information/knowledge and offer services to them.

Issues to be considered when conducting outreach: Take into considerations the following factors can help you to establish good relationship with your clients to facilitate your outreach activities.

### *Approach and get to know the door-keepers or other key persons*

Introduce yourself to the person in charge (e.g. a shop owner or the head waiter of a restaurant), which will be beneficial for your future visit. It is critical to obtain support from them for your work, brief them that your purpose of the visit is to provide health information to migrant youths. Give them your name card (or other ID certificate) and brochure of your organization, and introduce the activities conducted by your organization.

### *Be friendly and non-discriminatory*

When you are talking to your clients, if you subconsciously despise them or their work environment, it may hinder your communication with them. Once they feel discriminated, they will be ashamed or furious. It is hard for them to continue the conversation with you if they feel offended. Remember you need to respect the person that you are communicating with.

### *Do not lecture*

Communication is a two-way process. You need to understand what they have already known about the subject before you deliver any target information to your clients. Ask them some questions and do not judge their answers. If the clients feel that what they shared is not criticized by you, they will be more likely to continue to share their ideas/insights or queries with you.

### *Be genuine, don't cross the line*

Be genuine when you communicate with your clients. When you visit them for the

first time, don't try to act as their good friend. Just be genuine. If you act in a genuine way, they will feel natural and friendly, which will enhance the trust between you.

### *Be Honest*

Do not pretend that you know everything. Just concentrate on what you know. If someone asks a question that you can't answer, you can recommend some materials for them to read, and ensure you can help them to answer these questions when you revisit them.

### *Trust your intuition*

If the client looks hostile and refuses to listen to you, maybe it's not the best time to talk with them. Do not force them to talk with you and keep your virtue. They might want to talk to you frankly when they meet you again. You also need to pay attention to the words you use. If they are sensitive to or uncomfortable with some words, you should try to use some neutral words.

### *Keep trying*

It takes time to establish trust with your clients. You can understand why they are alerted to strangers. When some people trust you can talk with you, you will feel that they are open to you.

However, you need to be realistic because behavior change takes time. Do not expect people to change their behaviors immediately after listening to your advice. Don't be judgmental to their decisions. Behavior change takes several steps, and you are helping them to overcome the first barrier. Some situations are unavoidable or beyond their control.

### **Comparing outreach with peer education**

|                    | Outreach  | Peer education                          |
|--------------------|---|---|
| <b>Implementer</b> | PEs or other program staff, e.g. counselor, medical staff   | PEs                                     |
| <b>Services</b>    | Provide various services: education, information, health products, such as clean needles and condoms/lubricants etc | Deliver information and share knowledge |
| <b>Venues</b>      | Activities are conducted at locations where   | Anywhere                                |

|  |   |  |
|--|---|--|
|  | target population resides or congregate |  |
|--|---|--|

## **Applicability of Peer Education**

Peer education was originated in Australia, and has then become popular in Western countries. Peer education has become a commonly used training method in public health and social development fields, including reproductive health, prevention of HIV/AIDS, nutrition education, family planning, drug rehabilitation, anti-smoking, alcoholism, gender equality, capacity building for woman, anti domestic violence etc. Peer education focus on discussing attitude and skill training instead of sharing knowledge. The facilitator is not teacher/host, rather he/she guides people to discuss the topic and encourage people to put forward suggestions to the issues they concerned. The facilitators focus on delivering correct knowledge and core message, instead of teaching the knowledge itself.

### **Limitations of peer education**

- Hard to monitor, sometimes lack of support
- Lack of authorities, hard to be acknowledged by others, which might reduce the impact of peer education
- Lack of easily operated evaluation
- The unit cost is relatively higher since it is conducted in small groups or at one-on-one basis

# Training of Module 1

## Pre-training Test

Distribute Pre-training Assessment Form to the participants

Pre-training Assessment Form of peer education

(Month)      (Year)

---

- 1、 Please choose the criteria of PE for Tianjin Migrant Youth peer education Project ( multiple choice, mark the right answer with a tick)
  - A. Young people
  - B. Migrant population
  - C. A 25 year old man from Guizhou Province and studied in a university in Beijing, now work in a hospital in Tianjin
  - D. Articulate
  - E. Healthy and positive
  - F. Willing to help others
  - G. Confident
  
- 2、 Peer education includes: ( multiple choice, mark the right answer with a tick)
  - A. Men’s reproductive health
  - B. Woman’s reproductive health
  - C. Nutrition and hygiene
  - D. Antenatal care
  - E. Labor protection
  - F. Hypotension
  - G. Diabetes
  - H. How to deal with sexual harassment and domestic violence
  - I. Quit smoking and drinking
  - J. STI
  - K. HIV/AIDS
  
- 3、 The strength of peer education:
  
- 4、 The limitations of peer education:

- 5、 What kind of knowledge and skills should new PE have before they start working?

## **Ice-breaker**

### **Ball toss**

·Time: 10 Minutes

·Materials: A tennis ball (or other ball, or a paper ball, but not too big)

·Procedure:

1. Ask the participants to stand in a circle; the facilitator can join the circle (You can divide the participants into smaller groups if there are too many of them in the training)
2. The facilitator introduces him/herself first, then tosses the ball around the circle, until all the participants have introduced themselves.
3. Try to toss the ball to someone never receives the ball. If the same person receives the ball twice, she/he should repeat her/his name.

### **·Note:**

- At the beginning, the facilitator can tell the participant: You can throw the ball to the person you want to know. This can create friendly environment and enable them to participant the following activities actively.
- You can use other ice-breakers, such as The animal that can best represent me, or I want to be...in my next life.

## **Expectations and Ground Rules**

### **Group Discussion**

Objective: Eliminate the worries of participants, create friendly, comfortable and safe environment, ensure the effectiveness of the group

Time: 5 Minutes

Materials: Flipchart,marker pens

Procedure:

The Facilitator ask the participants to think of ground rules for the workshop

Write all the rules put forward by the participants on flipchart

The facilitator and the participants select the most important rules

### **Note: Important Principles**

- Open-minded: Everyone should be open-minded and listen to other people's



opinions

- Equal participation: Everyone should fully participate all the activities
- Cooperation: The participants and organizer jointly create a comfortable and free environment for people to express their minds
- Respect: Everyone's opinion should be equally valued and respected
- Non-judgmental: Welcome different opinions, do not judge or criticize other people's opinions
- Confidentiality: In terms of private information, what is said in this room stays in this room.
- Speak out your opinion: Encourage the participants to express their values and likes
- Sharing: Learn from others through conducting activities, and share with other peers after the workshop

The participants can make their own ground rules. The facilitators emphasize that all the participants should abide by the rules made by themselves, and create a relaxing, happy, respectful and trustworthy environment.

### **Topic 1: The Concept of Peer Education?**

#### **Objective:**

- Understand what peer education is

**Time:** 20 Minutes

**Training method:** Brainstorm, presentation

**Training materials:** LCD Projector, power point slides

#### **Procedure:**

- Brainstorm: How do you understand peer education? The facilitator should reiterate that no answer is wrong
- Ask someone to write the key points on whiteboard or flipchart
- Summarize all the answers
- Present power point slides, comment on similarities and differences

### **Topic 2: Theoretical Background of Peer Education**

#### **Objective:**

- Understand the theories behind peer education

**Time:** 40 Minutes

**Training method:** presentation, plenary discussion, and group work

**Training Materials:** LCD Projector, power point slides, Flipchart, marker pens

**Procedure:**

- Present power point slides
- Focus on teaching S-curve of diffusion, analyze whom we should influence in order to conduct activities effectively, and factors influencing diffusion of innovations

**Note:** This session is theoretical and dry. The facilitator should have more interactions with the participants

**Topic 3: The Concept of Behavior Change Communication (BCC)**

**Objective:**

- Understand what BCC is
- Stage of adoption process
- How to apply stage of change

**Time:** 40 Minutes

**Training method:** presentation, Plenary discussion, and Group work

**Training Materials:** LCD Projector, power point slides, Flipchart, marker pens, printed BCC handouts

**Procedure:**

- Present the steps of behavior change and give examples, such as plenary discussion on quit smoking
- Ask some participants to tell their behavior change examples, analyze which stage they are in and how to deal with it.

**Topic 4: Outreach**

**Objective:**

- Understand what outreach is
- Issues to be considered in conducting outreach
- The difference between outreach and peer education

**Time:** 20 Minutes

**Training method:** Presentation, Plenary discussion, and Group work

**Training Materials:** LCD Projector, Power point slides, Flipchart, and Markers

**Procedure:**

- Brainstorm: What an outreach is?
- Present power point slides

- Plenary discussion: What are the differences between outreach and peer education? Identify a participant to take notes to write down record their ideas on whiteboard or flipchart for the facilitators to review.

## **Topic 5: Application of Peer Education**

### **Objective:**

- Learning about the application of peer education
- Understand the limitations of peer education

**Time:** 10 Minutes

**Training method:** Presentation, Plenary, and Discussion

**Training Materials:** LCD Projector, Power point slides, Flipchart, and Marker pens

### **Procedure:**

- Ask the participants whether they have heard of peer education before participating in the workshop? What areas can peer education apply to? Record the answers on flipchart
- Present power point slides on how peer education can be applied,
- Brainstorm: What are the limitations of peer education?
- Record, feedback and present power point slides. Emphasize the strength of peer education and the reasons that we use it for youth migrant intervention project. On the other hand, we should also understand the limitations of peer education and try to avoid or overcome it.

### **Key Learning Points**

1. What is peer education?
2. Why do we conduct peer education?
3. The concept of BCC and the stages of adoption process
4. Issues to be considered in conducting peer education and outreach activities



# **MODULE 2:**

## **PEER EDUCATORS FOR MIGRANT POPULATION**

### **Training Objective:**

- Learn how to select PEs, develop criteria for selecting PEs
- Develop roles and responsibilities for PEs
- Maintain staffing continuity
- Understand code of conduct of PEs
- Understand capacity building for PEs
- Management of PEs

### **Training Activity:**

- Topic 1: How to select PEs
- Topic 2: Roles and responsibilities for PEs
- Topic 3: Maintain staffing continuity
- Topic 4: Code of conduct of PEs
- Topic 5: Capacity building for PEs
- Topic 6: Managing PEs

### **Materials need for conducting the training:**

LCD Projector, Laptop, Power point slides, Flipchart, Marker pens, and Big white paper

## Background Information

### Recruiting PEs

The role of PEs is to help group members to work out solutions to the issues of their concern, through sharing information and experience with them. She/he is the best person for sharing the updated knowledge, and set a good example for others. Being close in age, they can understand the, emotions, thoughts, feeling and language of other participants and get on well with them.

PEs can teach their peers about harm reduction, and practice what they advocate to help the peers in the network to be safe. PE can motivate their peers to practice safely, because they have things in common, such as weakness, strength and experiences.

#### Selection Criterion:

- A. Share similar cultural background with the peers
- B. Willing to help other and promote health
- C. Capable of exerting impact and having charisma among target population
- D. Have health knowledge, preferably received behavior intervention
- E. Understand usual practice and needs of target population
- F. Have good skills in communicating, listening and expressing opinions (clearly and gently)
- G. Willing to accept supervision and feedback, and improve their practice accordingly
- H. Non-judgmental
- I. Having lived in the program area for a relatively long time

#### How to Recruit PEs

- 1) Identify PEs by observing their performance during intervention activities
- 2) Recommended by target population
- 3) Self nomination
- 4) Recommended by the authorities or key staff within the program

Usually, the project will select PEs within the communities that the program is implemented. You can recruit PEs at the venues where target population assemble, such as youth organization, churches, social organizations, factories, restaurants, and bars. You can advertize for PEs through mass media or words of the mouth, and select

appropriate individuals to be PEs through face-to-face interviews.

Below are the issues to be considered before you start recruiting PEs:

1. How and where do you identify PEs from?
2. If you recruit youth, do you need the approval from their parents?
3. How many PEs do you want to recruit and train?
4. What kind of skills, experience and personalities do you expect from the PEs?
5. How do you ensure that PEs have these skills, experience and personalities?

**Notes:**

(1) If other organizations conduct community development project or peer education project in the community, you can select a PE from these projects. Those who have been involved in other community-based work can usually be a good PE.

(2) You need to be mindful that Some PE could potentially drop out, so you need to recruit more PEs than you expect and observe who has the potential to become a key PE. If the PEs who receives adequate training at the initial stage, and less PEs drop out, the cost for implementing peer education project will be reduced. And the workload for program staff to train and guide PEs will also be reduced

(3) Once you have worked out tasks for the PEs and they are equipped with relevant background and skills, you can start preparing for the PE training and developing schedule. The training can be scheduled in various ways, such as half-a-day trainings scattered within an extended period of time, or a one-week (or even longer.) training or No matter how you schedule the training, it should include job description and guidance.

(4) It is important to ensure that the PEs who have received training have some time to practice. Meanwhile you should give them positive feedback and help them to improve communication skills and provide information to and help the peers to change behavior.

(5): You should organize written test or interviews for the candidates of PEs after the workshop. Only those who have understood the trainings are eligible for the position.

## Developing Job Descriptions for PEs

The purpose for project manager to develop job descriptions (JDs) is to define the tasks, quantity and quality of the intervention work conducted, in other words, the requirement for their job performance. JD should be recorded and agreed before signing the contract. The JD should have clear objectives for evaluating the performance, including:

**Quality:** Did the PE's performance meet the requirement/standard?

**Quantity:** How many PE activities have been conducted? What was the frequency?

**Time:** When were the PE activities organized? Is there a requirement for submitting weekly/monthly/quarterly reports?

**Funding:** What's the budget for every activity conducted, including detailed activities and expenditure, such as taxi, per diem etc.

Attachment 1 in Annexes: JDs for PEs

## Maintain Staff Continuity

### 1. Clear Job Description

Inform the PEs about their work/responsibilities at recruitment to help them understand their roles, and to reach mutual agreement on it (sign agreement, contract or volunteer contract), update staff turnover.

### 2. Continuous and Regular Communication and Feedbacks

Open, interactive, transparent and efficient communication mechanism should be established between PEs and the program manager, such as through regular meeting (either private or group meeting), annual outing or team building activities. The interactive communication is two-way around, through which PEs can express their opinions/feedback openly, while receiving suggestions and feedbacks from others to improve their performance.

### 3. Establish Incentive Mechanism

Incentive mechanism includes commercial award and non-commercial award. Commercial award includes rewards assigned according to job performance, namely



frequency of activities, population covered, and duration of activities conducted. Annual performance review can be linked to year-end bonus: self-evaluation, evaluation of supervisors and target group. Recommended non-commercial award: Supervisor acknowledge their performance in public, enable them to involve in decision-making, promotion, participate in training or study tour, provide TA to other organizations as short-term consultants.

Things need to be considered before implementing incentive mechanism: Will the budget or donors permit such mechanism? Will the organization receive continuous funding to ensure it? The most difficult issues are equality and transparency.

## **5. Establish Monitoring and Guidance Mechanism**

Provide training for staff responsible for monitoring PEs, and ensure that each PE is qualified for his job assignment before he starts working. Encourage PEs to take initiative to conduct activities, cooperate and maintain positive attitude. The supervisors and/or management staff should assume job responsibilities jointly with PEs.

## **6. Promote PEs' Participation, Ownership and Sense of Responsibility**

Improve the participation of PEs, for example the more experienced PEs can facilitate or support pre-service training for new PEs, interview new PEs, support the management to do the work. The PEs can independently organize large-scale events, which can improve their ownership and implement the program activities effectively, while brings back good feedbacks and recommendations for future program implementation.

## **PEs' Code of Conduct**

A code of conduct (COC) is a set of rules outlining the responsibilities of or proper practices for an individual to ensure his/her taking initiative to develop. COC for PEs outlines the principles for PEs to follow.

It is important for an organization to improve its management mechanism, including through the use of a COC, outline the responsibilities of or proper practices for PEs, manage, supervise and evaluate the performance of PEs.

### **Three Principles for Developing COC:**

**1. Sociality:** COC should be in consistent with the current social norms/standards and

the status quo of the group to which it is applied. And it should be updated according to the changing environment as the society evolves.

**2. Be pragmatic:** The COC is a pragmatic guideline, which should not be too meticulous, so that individuals keep their space to make decision with regard to details.

**3. Validity:** The COC should be valid and applied to everyone to follow.

## Capacity Building of PEs

Training is critical for PEs to keep updating their knowledge (e. g. reproductive health, HIV/AIDS, communication skills) to answer questions and provide information for their peers. It does not mean that PEs should become experts on everything. You can recommend ways for the participants to access more information, such as website and reading materials.

It is necessary to train more PEs to promote the development of the project. Training is a continuous process. Once the recruitment of PEs is completed, lists of things need to be followed to help prepare for the trainings for the PEs, including:

- Needs assessment through questionnaire or focus group discussion (FGD)
- Assess the knowledge level and attitude of PE s
- Develop training plan according to needs assessment
- Identify the number of PEs receive training. The quality of training is relevant to the number of participants, in other words, a training for 20 participants will be more effective than that for 100 participants.

It is not uncommon for a program to provide trainings for the PEs when they conducted their work, however, without providing them with follow-up refresher training, support and mentoring as it should be after the initial training. It is critical to provide continuous training for PE to update their knowledge and redefine their roles. The subsequent trainings should be based on M&E, annual peer education plan, health education priority of each month or each quarter. The training should be conducted one month before launching health education activities. If it is provided too early, the PEs will forget some of the contents when the program activities are lunched. In addition to knowledge, PEs should receive training on peer education and outreach skills, and have opportunities to keep practicing during the workshop.

### Factors to be Considered When Developing Training Plan

- Barriers to peer education raised by PE and beneficiaries
- Things need to be consolidated from previous training
- Identify information and skills gap

## **Routine Management of PEs: Monitoring and Evaluation**

Monitoring and Evaluation (M&E) aims at identifying successful experiences, collecting data from all project sites, understanding long term impact upon key project sites for allocating resources effectively in the work plan, and avoiding different components of the project collecting data repetitively. M&E information include tables, reports, on-the-site supervision and independent M&E conducted by specialists. M&E is necessary for us to ensure that activities are implemented according to the plan, and to identify successful experience and problems during program implementation.

Both quantitative and qualitative information should be collected for M&E. Quantitative information can be collected from key indicators in progress reports; qualitative information is collected from case studies which reflect the progress and achievement of overall objective.

### **To monitor PE, we need to:**

- Identify the number of M&E officers needed
- Identify the individuals who conduct M&E
- Select method of monitoring: private, individual, or in group
- Determine the frequency of monitoring
- Develop monitoring protocol
- Train supervisor or M&E officer

### **The Criteria of Effective Monitoring**

- The supervisor should understand peer education program, and should maintain close contact with the PEs
- Ensuring a two-way communication between PEs and the supervisor
- PEs should understand that the supervisor will support them and will be objective, using their experiences to help PEs understand the operation of the project
- Ideally, the same supervisor should contact PEs once a week
- The supervisor should meet all the individuals who have received training once a month to evaluate the outcome of project

- When necessary, the supervisor can identify and recruit new PEs, particularly when it is identified that the current PE activities is not effectiveness
- The supervisor can encourage the PEs by helping them to acknowledge the value of their work and their contribution to the project
- The reports that the supervisor summated should be reviewed and analyzed at least at a quarterly basis. The results should be used to support the next step to improve the next step of program implementation.

**M&E methods include:**

- Check project progress records
- Review project documentation
- Interview staff of government partners
- Interview beneficiaries
- On-site Observation

## Training of Module 2

### Topic 1: How to select PEs

#### Objective:

- Identify the criteria for selecting PEs
- Understand how to select PEs

Time: 10 Minutes

Training method: Presentation, Brainstorm, Plenary discussion

Training Materials: LCD Projector, power point slides, Flipchart, marker pens, post-it note or small paper

#### Procedure:

- Give the participants post-it and think: What's your expectation for PEs? What are the criteria for recruiting PEs? Write it on post-it and put on white board.
- The facilitator group together similar feedback raised by the participants
- Share the criteria listed on power point slides with the participants
- Compare, summarize the criteria, and give feedback

### Topic 2: Developing JDs for PEs

#### Objective:

- Understand how to develop JDs for PEs

Time: 20 Minutes

Training method: presentation, Plenary discussion

Training Materials: LCD Projector, Power point slides, Flipchart, Markers

#### Procedure:

- Present power point slides
- Distribute JD of PEs for the participants
- Group the participants according to project sites to develop JDs for PEs
- Facilitator give comment and organize plenary discussion, integrate the JDs of different groups into one

### Topic 3: Maintain Staff continuity

#### Objective:

- Understand how to maintain staffing continuity

Time: 20 Minutes

Training method: Presentation and Discussion

Training Materials: LCD Projector, Power point slides, Flipchart, Marker

#### Procedure:

- Turnover of PEs is a serious issue for many organizations or projects. Ask each participant to list at least two reasons of turnover.

- The facilitator group together similar feedback raised by the participants
- Summarize the reason for turnover and ask the participants to work our solutions
- Present power point slides
- Plenary discussion and reach agreement

#### **Topic 4: PEs' COC**

##### **Objective:**

- Understand how to develop COC

**Time:** 20 Minutes

**Training method:** Presentation and Plenary discussion

**Training Materials:** LCD Projector, Power point slides, Flipchart, Marker

##### **Procedure:**

- Present power point slides
- Group work for the participants to think of COC for PE
  - List the key points of COC (e.g. manner and conduct, appearance, attendance regulation, skills, outreach requirement, confidentiality, forbidden behaviors etc )
  - Go through the key points and ask the participants questions::
    - What does it mean?
    - How does this relate to health promotion, disease prevention (if t is relevant to health promotion or disease prevention) ?
    - Should it be included in COC?
    - Develop COC for PEs after discussion

#### **Topic 5: Capacity Building of PEs**

##### **Objective:**

- Understand how to provide Capacity building for PEs continuously

**Time:** 20 Minutes

**Training method:** Presentation,Plenary discussion

**Training Materials:** LCD Projector, Power point slides, Flipchart, Markers

##### **Procedure:**

- Present power point slides
- Distribute Capacity building Plan for PEs to the participants
- Group the participants according to project sites to develop CB plan for PEs
- The facilitator give comments and summarize
- Note: Capacity building plan should include health information based on research findings, peer education skills, including communication skills

#### **Topic 6: Managing PEs**

**Objective:**

- Understand how to monitor the performance of PEs
- Understand the feature of effective M&E

**Time:** 20 Minutes

**Training method:** Presentation, Plenary discussion

**Training Materials:** LCD Projector, power point slides, Flipchart, marker pens

**Procedure:**

- 1、 Present power point slides
- 2、 Distribute handout: outreach Form
- 3、 Group work: Develop outreach Form for each project site by referring to others
- 4、 Present power point slides
- 5、 Divide the participants into small group to develop ME list
- 6、 Feedback to plenary

**Key learning points:**

1. The criteria for selecting PEs
2. JDs of PEs
3. Continuous capacity building for PEs
4. How to maintain staffing continuity
5. How to monitor peer education activities

# **MODULE 3:**

## **DESIGN OF PEER EDUCATION INTERVENTION**

### **FOR MIGRANT YOUTH**

#### **Training Objective:**

- Understand how to map out the locations of target population
- Develop the focus of outreach according to research findings
- Develop work plan
- Implement peer education and outreach

#### **Training Activity:**

**Topic 1: Map out the location of target population**

**Topic 2: Determine the theme of activity**

**Topic 3: Develop plan for peer education and outreach**

**Topic 4: Implement peer education and outreach**

#### **Materials:**

**Flipchart, and colored pen**



## Background Information

### Mapping Out Locations of Target Population: Community Map

Before design and implement peer education and outreach, you should know the places for target population to gather and then conduct activities at these locations. Community map visualizes the distribution of the target population in the communities. You can choose either simple or complicated method to develop the map.

#### Steps of developing community map

1. Ready-made map of the community: Ideally you can get a latest electronic map from local government, and then color print it out. Its size should not be smaller than 781\*1086mm, which is the size of flip chart sold in stationeries. The size of the printed map should be adjusted according target population's distribution density in this area. Important information may be missed if the map is too small; but if it is too big, it is not convenient to hang on the wall for people to use. Where the electronic map not available, you can use a piece of blank flip chart to draw it.
2. Locate the sites that your target population gather, and mark it with certain label or logo
3. Mark relevant sites on the map:
  - Hospitals and/or clinics with youth friendly services.
  - Community health service station
  - Hospital
  - Women's Federation
  - .....

#### Why conducting community mapping?

Community map visualizes the target population's locations in the communities. You can identify where the target population gather from the community map, the locations of government departments, organizations and services involved in the project, and distance from target population. It is important to note that project staff should constantly collect information and keep the map updated regularly, so that

when any changes happened in this community which will cause negative or positive impact on the project, the project staffs can respond to it timely.

## Determine Themes of Program Activities

A comprehensive plan should be developed for peer education and outreach in the project cycle based on the goal of project and survey conducted among target population. We need to analyze the knowledge and skills gaps of target population, and design relevant health education and BCC activities for them.

### 1. Identify Gaps between Conditions of the Target Population and Program Objectives

Baseline survey is an important approach to collect information about target group. For example, the objective of health promotion project for youth migrants is to improve their health awareness and use youth friendly service. The findings of baseline survey are as follows:

Table 1: Health awareness of jobholders from different industries in X district of Tianjin Municipality

| Health Awareness  | Technical worker |      | Service Industry |      | Construction Industry |      | Total |      |
|---|------------------|------|------------------|------|-----------------------|------|-------|------|
|   | n                | %    | n                | %    | n                     | %    | n     | %    |
| Chemical poisoning symptom *  | 46               | 11.6 | 37               | 12.9 | 67                    | 24.2 | 151   | 15.5 |
| In general, how long is ovulation period after menstruation?  | 78               | 19.6 | 52               | 18.2 | 30                    | 10.8 | 163   | 16.7 |
| What kind of food can help to prevent anemia?   | 132              | 33.2 | 78               | 27.3 | 87                    | 31.4 | 302   | 30.9 |
| What kind of disease salty food might lead to?  | 149              | 37.4 | 93               | 32.5 | 79                    | 28.5 | 326   | 33.4 |
| If someone coughs for over 2 weeks or has blood-stained sputum, what might be his/her health problem? | 147              | 36.9 | 104              | 36.4 | 116                   | 41.9 | 371   | 38.0 |
| Explosive signs   | 185              | 46.5 | 131              | 45.8 | 116                   | 41.9 | 436   | 44.7 |

|   |     |      |     |      |     |      |     |      |
|---|-----|------|-----|------|-----|------|-----|------|
| Is there any policy on free treatment for TB?                   | 179 | 45.0 | 113 | 39.5 | 157 | 56.7 | 458 | 46.9 |
| Most effective method for contraception and preventing HIV      | 211 | 53.0 | 161 | 56.3 | 222 | 80.1 | 606 | 62.1 |
| Organs that excessive drinking will damage                      | 228 | 57.3 | 174 | 60.8 | 197 | 71.1 | 610 | 62.5 |
| What kind of disease obesity is susceptible to?                 | 282 | 70.9 | 186 | 65.0 | 185 | 66.8 | 664 | 68.0 |
| What kind of disease drinking un-boiled water susceptible to?   | 284 | 71.4 | 197 | 68.9 | 192 | 69.3 | 674 | 69.1 |
| Does smoking affect fertility?                                  | 282 | 70.9 | 204 | 71.3 | 199 | 71.8 | 698 | 71.5 |
| Can people suffering from hepatitis work in the service sector? | 313 | 78.6 | 224 | 78.3 | 189 | 68.2 | 737 | 75.5 |
| Route for transmitting HIV                                      | 311 | 79.3 | 210 | 73.4 | 227 | 81.9 | 762 | 78.6 |
| The diseases that vaccination can prevent                       | 331 | 83.2 | 239 | 83.6 | 220 | 79.4 | 797 | 81.7 |

Table 1 indicates that the respondent have low awareness on reproductive health, HIV/AIDS and TB, occupational safety, nutrition and hygiene. Their awareness on symptom of chemical poisoning, ovulation is under 50%, which can be improved through peer education and outreach activities.

However, sometimes baseline survey data are not always available. Under this circumstance, if other organizations have conducted similar project or research in the area, you can refer to the data collected by them, or organized FGD to collect information or consult with local program staff.

## 2. Determine the Theme of Activities

The health theme should be divided into specific topics, for example reproductive health can be the topic for one peer education since it consists of too many issues that can't be completed in one peer education activity. Moreover, just pass the relevant and most important information to the participants rather than all the information. Let's take Tianjin Motorola Project as an example:

| Theme               | Topic                                  |
|---------------------|--|
| Reproductive health | Menstrual cycle<br>Calculate ovulation |

|                       |   |
|-----------------------|---|
|                       | Contraception method<br>Use condom  |
| Occupation safety     | Dust and Aspiration pneumonia<br>Prevent toxic chemical harm<br>Operation requirement for explosive materials   |
| HIV/AIDS              | HIV test<br>Harm and prevention of HIV/AIDS<br>Free treatment policy for HIV/AIDS   |
| TB                    | Route of HIV transmission<br>Symptom of TB<br>Treatment policy for TB<br>Prevent TB   |
| Nutrition and hygiene | Diet to prevent anemia<br>Harm of drinking un-boiled water<br>Danger of obesity<br>Harm of drinking and smoking   |
| Communicable disease  | Prevention and treatment of Hepatitis A and Hepatitis E<br>Prevention and treatment of Hepatitis B and Hepatitis C<br>Prevention and treatment of pinkeye<br>Prevention and treatment of trachoma |

|                          |
|--------------------------|
| <b>Develop Work Plan</b> |
|--------------------------|

You have recruited PEs, selected venue for peer education and determined the theme of peer education, now you can develop work plan. The duration of work plan is based on project cycle and funding. You can develop annual quarterly, six month or annual work plan, and develop new plan according to ME or outcome of studies.

**Issues to be Considered when Developing a Work Plan:**

1. The overall project activities should be based on the schedule of target population and environment of the project and/ or implementing organizations. If CHSS has classroom or activity center, you can identify it in the work plan as venue to organize activities. Where such places are not available, the work plan should focus on outreach and list the venues in the plan.
2. PEs should group together in two to ensure collaboration and safety

3. Coverage and frequency. You need to identify the number of target population need to be covered and frequency of peer education for the same project sites according the goal, HR and funding of the project before develop the work plan.

Usually you can run training on the same topic for the same target population repeatedly, because most of the migrants have not received adequate education and need several training to improve their awareness. On the other hand, target population who attend the second training, might be new since some of them have moved to other places.

It's best to use different participatory method to deliver information. For example, you can use presentation for the first training, and role play in the second training. Don't use the same method repeatedly; otherwise the audience might be bored.

| n   | 1 <sup>st</sup> Quarter |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|---|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|   | May                     |                      |                      |                      | June                 |                      |                      |                      | July                 |                      |                      |                      |
|   | 1 <sup>st</sup> Week    | 2 <sup>nd</sup> Week | 3 <sup>rd</sup> Week | 4 <sup>th</sup> Week | 1 <sup>st</sup> Week | 2 <sup>nd</sup> Week | 3 <sup>rd</sup> Week | 4 <sup>th</sup> Week | 1 <sup>st</sup> Week | 2 <sup>nd</sup> Week | 3 <sup>rd</sup> Week | 4 <sup>th</sup> Week |
| Peer Education Activities                       |                         |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Dust and Aspiration pneumonia                   | Venue1 or Group1        | Venue2 or Group2     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Prevent toxic chemical harm                     |                         | Venue1 or Group1     | Venue2 or Group2     |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Operational requirement for explosive materials |                         |                      | Venue1 or Group1     | Venue2 or Group2     |                      |                      |                      |                      |                      |                      |                      |                      |
| Route of HIV transmission                       |                         |                      |                      | Venue1 or Group1     | Venue2 or Group2     |                      |                      |                      |                      |                      |                      |                      |
| HIV test  |                         |                      |                      |                      | Venue1 or Group1     | Venue2 or Group2     |                      |                      |                      |                      |                      |                      |
| Harm and prevention of HIV/AIDS                 |                         |                      |                      |                      |                      | Venue1 or Group1     | Venue2 or Group2     |                      |                      |                      |                      |                      |
| Free treatment policy for HIV/AIDS              |                         |                      |                      |                      |                      |                      | Venue1 or Group1     | Venue2 or Group2     |                      |                      |                      |                      |

## Implementing Peer Education and Outreach

A work shift schedule should be developed for all PEs to conduct peer education and outreach activities.

For example: Work shift schedule of PEs in X community in July 2011

| Date                  | Time   | Venue                     | Group   | Topic                        |
|-----------------------|--------|---------------------------|---------|------------------------------|
| July 2 <sup>nd</sup>  | 2-4 pm | Garment market            | Group 1 | Anemia                       |
|                       | 2-4 pm | Farm product market       | Group 2 |                              |
|                       | 5-7pm  | Airport construction site | Group 3 |                              |
| July 6 <sup>th</sup>  | 2-4 pm | Yin He Hotel              | Group 1 | Anemia                       |
|                       | 6-8 pm | Yu Cheng Sauna            | Group 2 |                              |
|                       | 7-9 pm | Bo Jin KTV                | Group 3 |                              |
| July 9 <sup>th</sup>  | 2-4 pm | Garment market            | Group 1 | Recommended hygiene practice |
|                       | 2-4 pm | Farmer's market           | Group 2 |                              |
|                       | 5-7pm  | Airport construction site | Group 3 |                              |
| July 13 <sup>th</sup> | 2-4 pm | Yin He Hotel              | Group 1 | Recommended hygiene practice |
|                       | 6-8 pm | Yu Cheng Sauna            | Group 2 |                              |
|                       | 7-9 pm | Bo Jin KTV                | Group 3 |                              |
| July 16 <sup>th</sup> | 2-4 pm | Garment market            | Group 1 | Harm of drinking and smoking |
|                       | 2-4 pm | Farmer's market           | Group 2 |                              |
|                       | 5-7pm  | Airport construction site | Group 3 |                              |
| July 20 <sup>th</sup> | 2-4 pm | Yin He Hotel              | Group 1 | Harm of drinking and smoking |
|                       | 6-8 pm | Yu Cheng Sauna            | Group 2 |                              |
|                       | 7-9 pm | Bo Jin KTV                | Group 3 |                              |
| July 23 <sup>rd</sup> | 2-4 pm | Garment market            | Group 1 | Obesity and losing weight    |
|                       | 2-4 pm | Farmer's market           | Group 2 |                              |
|                       | 5-7pm  | Airport construction site | Group 3 |                              |
| July 30 <sup>th</sup> | 2-4 pm | Yin He Hotel              | Group 1 | Obesity and losing weight    |
|                       | 6-8 pm | Yu Cheng Sauna            | Group 2 |                              |
|                       | 7-9 pm | Bo Jin KTV                | Group 3 |                              |

## M&E for Peer Education Activities

Systematic M&E is critical to check whether peer education activities are implemented according to the plan, identify good practices and problems.

### 1. M&E will collect the following information:

- Whether the activities are conducted according to the plan: time, venue, topics and methods
- The effectiveness of activities, facilitator's skills, interaction and feedback of target group
- The involvement of target population and participation in activities, comprehensive of knowledge and skills

### 2. M&E tools

- (1) M&E forms: please refer to the attachment: M&E Form  
Most of the records of peer education are filled in by the PE and collected by the management staff
- (2) On-site M&E  
Besides documentation completed by PEs, the management staff should use various methods to monitor the progress of peer education. Particularly at the beginning stage, the staff should monitor the performance of new PEs after they receive relevant training. When the PE's capacities have been improved significantly, the management staff can reduce the frequency of monitoring. Some experienced PE can undertake the role of monitoring, even management.

On-site monitoring can be done according to a outreach monitoring list, which is attached in this manual (Please refer to the 3<sup>rd</sup> attachment).



## Trainings of Module

3

### Topic 1: Map out the locations of target group

#### Objective:

- Understand the importance of mapping out the locations of target population in project areas
- Map out the locations of target population in each project area

Time: 40 Minutes

Training method: Presentation, Plenary discussion, and Group Work

#### Procedure:

- Present power point slides page 1-8
- Ask the participants to tell the differences in these pictures
- Present power point slides page 9-12
- Divide the participants to group according to project site, and map out the locations of target population in their communities

### Topic 2: Determine the Themes of Activities

Objective: Understand how to determine the topic of peer education through research

Time: 60 Minutes

Training method: Presentation, group discussion, plenary discussion

#### Procedure:

- Present power point slides page 1-5
- Distribute handout: Research Findings
- Group discussion: Determine the topic of health education based on research finding and the goal of the project
- Feedback, plenary discussion, agree on the topics

### Topic 3: Develop plan for peer education and outreach

#### Objective:

Develop peer education plan based on the locations of target population and education topics

Time: 50 Minutes

Training Method: presentation, group discussion

**Procedure:**

- Present power point slides
- Distribute handouts: Plan for peer education and outreach
- Divide the participants to group according to project site to develop plan for peer education and outreach

**Topic 4: Implement Peer Education and Outreach**

**Objective:** Develop work shift schedule

**Time:** 20Minutes

**Training Method:** Presentation and group work

**Procedure:**

- Presentation, present the examples of work schedule
- Divide the participants to group according to project site to develop work schedule

**Key Learning Points:**

- Map out locations of target population in the project areas
- Finalize the map based on research findings
- Develop work plan
- Implement the plan

## MODULE 4: FORMS OF PEER EDUCATION

### **Training Objective:**

- Understand the forms of peer education
- Understand what is IPC
- Design IPC and Edutainment
- Learn how to use IEC materials

### **Training Activity:**

Topic 1: The forms of peer education

Topic 2: IPC and Edutainment

Topic 3: Design IPC and Edutainment

Topic 4: How to use IEC materials

### **Training Materials:**

Flipchart, colored pens, and IEC materials

## Background Information

### Forms of Peer Education

Peer education can be organized in the form of either group activities or private one-on-one communication at different locations, such as in universities, bars, workplace, streets, or any other location where migrant youth gather. Peer education can be categorized into:

➤ Formal peer education

Peer education training which has a clear objective and is organized around certain topic through group work. With each group, a PE functions as an educator. For example, for pre-arranged systematic trainings conducted at work place, PEs can use interactional communicational activities, e.g. games, contest, role play or story telling etc.

➤ Informal peer education

Informal peer education is conducted through the networks of friends and social groups. A PE shares the information and issues that he/she has learnt from the trainings with their peers in a casual way. Without prearranging the activities, a PE can initiate the communication or discussion on a specific topic at lunch time, during breaks, or friends gathering in a dormitory, home or any other convenient place. For example, a peer of a youth intervention program could convey messages through casual conversation with teenagers at bars or disco. Under that circumstance, they could discuss issues of their concern or behaviors which threaten their health, with more information and support delivered during the session.

### Interpersonal Communication and Edutainment Activities

#### 1. Define Interpersonal Communication (IPC)

IPC is a type of face-to-face communication with the target audience; which is used to deliver and disseminate information related to a specific topic, using effective, interactive, appropriate audio and visible tools or approaches to help target audiences understand key information, so as to promote their motivation to adopt and practice healthy behavior.

**Key words:**

Message delivery (Education)  
Develop Motivation  
Behavior Change  
Tools and Approaches

**2. How to Deliver Targeted Message?**

We should provide the target audience with unprejudiced and accurate information and facts, and promote their willingness/motivation of seeking health information.

Expected outcomes from message delivery:

- Health awareness raised among the receivers
- Behaviors Changed among the receivers

**3. How to Motivate the Audience?**

- Provide essential information for a desired behavior, such as what AIDS is, how to protect myself from being infected
- Explain how to practice the behavior: how to use a condom
- Correct misconception: Only sex workers and their clients need to use condoms
- Inform the target audience about the availability of products or service: where the condoms are available

**4. Facilitate Behavior Change**

Examples:

(1) Some young people do not use condoms when they have sex, why?

- Not aware that they might contract HIV, other STIs, or HCV (Knowledge)
- Don't think they have the chance to be infected (Attitude)
- It is only available at a shop far away (Resource/Availability)
- It's embarrassing if people see a condom in my pocket. (Social awareness, peer support)

(2) Some people who have STIs prefer to go to small (or even illegal) health clinics for treatment instead of qualified public health facilities, why?

- Referred by friends (peers attitude and behavior)
- Close to their residency (Resources/Availability)
- Doctors in small clinics are nice and friendly but those doctors in public hospitals are otherwise (Resource, quality and friendliness of health providers)
- Do not know that the service quality of small clinics might be inadequate (Knowledge)

### **Factors Related to Behavior Change:**

- (1) Predisposing factors: knowledge, attitude, value, and perception
- (2) Enabling factors: resource, skills, social norms;
- (3) Reinforcing factors: Attitude and behavior of peers, parents, leaders, health provider staffs.

### **5. Approaches/Channels and Tools:**

Common channels for IPC include one-on-one counseling, group discussion, peer education, home visit and workshop etc. Relative to mass media, the strengths of IPC include:

- Assist and help target population to learn the skills through demonstration and practice;
- A relaxed and safe location for IPC enables discussion on sensitive and personal issues;
- Meaningful participation of target audience, timely feedback on ideas, information and skills;
- Design tailored topics and approaches to help them overcome the barriers, and lead to decision making and behavior change.
- Provide support in certain area, to reinforce the desired behavior and related products and attitude.

**Note: using edutainment activities is critical no matter what tools and approaches that you choose to pursue.**

### **Tools**

- Booklet and brochures
- Image of human body structure
- Cards



## Design IPC and Edutainment Activities

The IPC and edutainment should be centered around the target populations. Activities conducted, knowledge delivered and skills transferred should be based on the needs of them.

In peer education intervention targeted migrant youth, it is important to design a variety of activities which are of their interest so as to promote their active participation. The design of IPC and edutainment activities should be based on their life and experiences. The program should delivery information or knowledge to address the problems or issues that they encounter, rather than the general information that is delivered to the general population.

**Role Play:** Xiao Li's Story of being a migrant worker in the urban city

**Background:** Xiao Li is 19 years old. He works in a House Keeping Services Company and it is his first time to work in the cities. Three months later, he decided to resign, but his boss refused to pay his wages on the excuse of expense resulted from uniform and service facilities cost. Xiao Li left the company....

**Role Players:** Xiao Li and Xiao Gu (Xiao Li's fellow villager, 24 years old, migrated to the city for employment many years ago. He is now a peer educator in a young migrants legal services aid centre.)

**Key Message to Deliver:** The rights of employees (including stipend) are protected by the in Labor's Law

## IEC Materials

IEC is Information, Education and Communication, including brochures, booklets, posters, flipcharts, training manuals, billboards, calendars etc.

IEC material is helpful for us to conduct peer education. Different types of IEC are used for different purposes. Effective application of IEC materials will maximize the outcomes of IPC activities.

- **Brochures and Booklets with Knowledge and Information:** usually peer educators distribute these IECs when conducting activities. Distribution without explanation will cause a waste of material. We should explain or



highlight some of the information listed in the materials, in this way the target audience will read it instead of putting it aside.

- **Training Manuals and Brochures:** These types of IECs are helpful for capacity building and peer education. Training manual can be used for preparing workshops and reference materials for project implementation. Brochures are used during peer education sessions to help target audience understand the knowledge and skills.
- **Posters and Billboard:** these types of IECs are used to draw people's attention and to raise health awareness, which should be posted at locations where target population congregates.

## Training of Module 4

### Topic 1: The forms of peer education

Objective: Understand the forms of peer education

Time: 20Minutes

Training method: Presentation

Procedure:

- Present power point slides

### Topic 2: IPC and Edutainment

Objective:

- Understand IPC and Edutainment
- Design IPC and Edutainment

Time: 50Minutes

Training method: Presentation, Group discussion, and Plenary discussion

Procedure:

1. Present power point slides
2. Group discussion on the characteristics and outcome of IPC and Edutainment
3. Group discussion on how to design IPC and Edutainment
4. Plenary discussion on activities designed and reach agreement

### Topic 3: Design IPC and Edutainment

Objective:

- Understand IPC and edutainment
- Design IPC and edutainment

Time: 50 Minutes

Training method: presentation, group discussion, and Plenary discussion

Procedure:

1. Present power point slides
2. group discussion on the characteristics and outcome of IPC and Edutainment
3. group discussion how to design IPC and Edutainment
4. Each group present the activities designed
5. Plenary discussion on activities designed and agreement reached

### Topic 4: Use IEC materials

**Objective:**

- Understand IEC materials
- Use IEC materials effectively

**Time:** 50 Minutes

**Training method:** Presentation, and group discussion

**Procedure:**

- Present power point slides
- The facilitator demonstrates how to use IEC materials
- Divide the participants into groups to practice how to use IEC materials

Note: Choose some participants to observe the exercise and give feedback

**Key Learning Points:**

1. Different forms of peer education
2. How to design IPC and Edutainment

## **MODULE 5: COMMUNICATION SKILLS**

### **Training Objective:**

- Definition and barriers to communication
- Understand communication skills
- Communicate effectively

### **Training Activity:**

Topic 1: Definition and barriers to communication

Topic 2: Communication skills

Topic 3: Effective communication

### **Materials:**

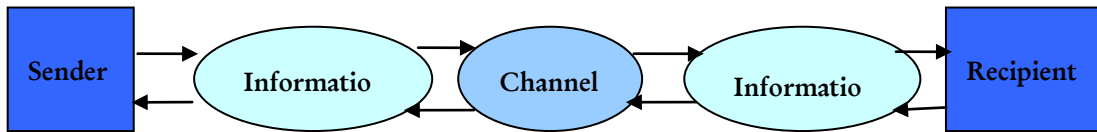
Flipchart, and colored pens

# Background Information

## Communication and Key Barriers

### 1. Definition of Communication

Communication is the activity of a sender conveying meaningful information to an intended recipient via certain channels.

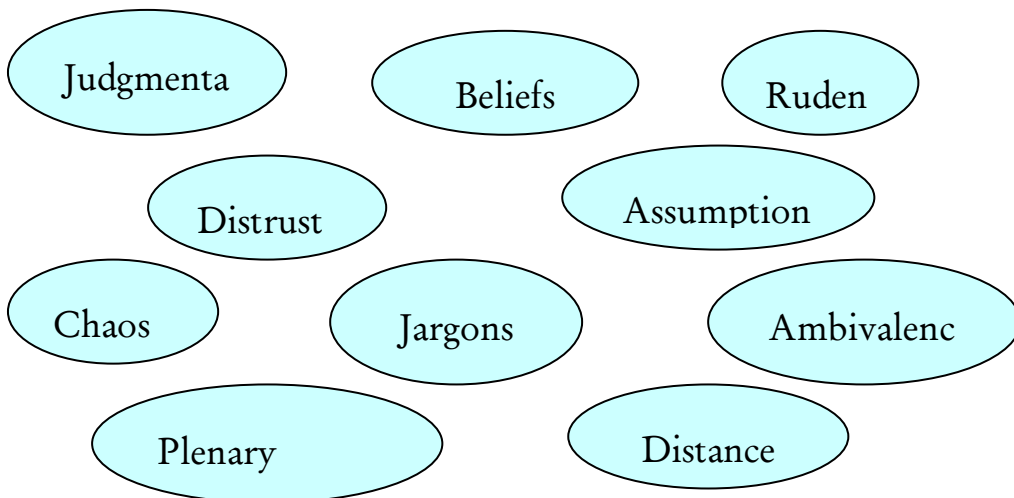


Communication requires that the communicating parties share an area of communicative commonality. The communication process is complete once the receiver has understood the message of the sender.

Communication can be done in various ways. IPC is frequently used in peer education to effectively exchange information and build relations with target population by using communication skills to achieve expected outcome.

### 2. Barriers to communication

Not all communication is smooth and effective. A variety of barriers will hinder our communication, including:



These factors will influence the effectiveness of communication and we should try to avoid these barriers and deliver accurate messages to the target population

## Communication Skills

### 1. Communication skills include:

- Verbal
- Non-verbal

#### A. Verbal communication skills

##### *Active listening*

Verbal communication is straightforward. You need to listen to the target audience if you want to understand them. And active listening can help you concentrate on the opinion, insights and feeling of your target audience and ensure two-way communication. To be a good listener, you should:

- Concentrate and do not interrupt others
- Maintain eye contact
- Give feedback and share your thoughts with others
- Rely other people's questions
- Smile means you enjoy the conversation
- Ask questions to clarify things

##### *Effective questioning*

Questioning is an important skill to help people think and promote communication. Questioning can be classified into 3 types:

- Open-ended question: *What have you learnt from the training? How do you understand this issue?*
- Closed question: *You are a student, right?*
- Exploring question: *How do you think about...? Can you talk more about...?*

Issues for considerations in questioning:

- Give the participants time to think
- Don't use closed questions frequently
- Use different tone for the issues you are interested in

### *Encouragement and compliment*

Encouragement and complement are very effective in communication. They show your respect for and care about them, which could help facilitate the communication.

### **B. Non-verbal communication skills**

Research shows that the majority of our communication is non-verbal, hence many people attach importance to non-verbal communication. Some of non verbal communication includes:

Common non-verbal communication includes:

- Body language: deliver message by using gesture and facial expressions
- Appearance and image: clothing and hairstyle
- Voice: different tones
- Distance: distance maintained for conversation

### **2. Strategies to achieve effective communication:**

- Feedback: Two-way communication will enable sender and recipient can understand each other and correct misunderstanding in the communication
- Use clear, simple, correct and appropriate language
- Adequate repetition will help people to learn
- Empathy: To show empathy is to identify with another's feelings. It is to emotionally put yourself in the place of another.
- Understand and accept other's opinion
- Select appropriate time to talk
- Positive skills are more effective than negative ones:

| <b>Positive non-verbal skills</b>  | <b>Negative non-verbal skills</b>  |
|--|--|
| <ul style="list-style-type: none"><li>• Smile</li><li>• Using facial expressions or tones to show respect, interests and care</li><li>• Eye contact</li><li>• Motivational body language, e.g. nodding</li></ul> | <ul style="list-style-type: none"><li>• Staring</li><li>• Look at watch Frequently</li><li>• Frowning, irritability</li><li>• Closed gesture, e.g. folding arms</li><li>• Main long distance during the conversation</li></ul> |

## Training of Module 5

Topic 1: Communication and Barriers

Objective: Understand the definition of communication and the barriers to effective communication

Time: 30Minutes

Training method: presentation,group discussion

Procedure:

Paper Tearing Game

Instructions:

- Explanation to the participants: Please pick up a sheet of paper and hold it in front of you. Now, close your eyes and follow the directions I will give you—and no peeking! Participants cannot ask questions.
- Give the following directions, carrying them out yourself with your own sheet of paper and pausing after each instruction to give the group time to comply:
  - Fold your sheet of paper in half. Now tear off the upper right-hand corner.
  - Fold it in half again and tear off the upper left hand corner of the sheet.
- Now open your eyes and observe the differences
- Then give each participant another piece of paper, repeat the above steps, but this time the participants can ask questions. For example, cross fold or vertical fold, the direction of opening etc. Open the paper and we can see there are fewer differences this time.
- Guide the participants to discuss the reason of causing differences. You can ask the following questions:
  - After finished the first round, ask participants why the results are so different?
  - Possible answers: We are not allowed to ask questions. All the information is delivered from the facilitator to us, so this is a one way communication. One way communication will lead to insufficient information delivery and misinterpretation. Though the facilitator speaks clearly, the participants might not hear it well; even they hear, they might not catch 100% message and fully understand. Each participant interprets the instruction differently which causes the different results.
  - After completion of second round, ask the participants why there are still differences



- Possible answers: This time the participants are allowed to ask questions and we have two-way communication. But some participants did not catch the key points of the message, eg, the direction of the opening; which means during a communication, both the sender and the recipient should focus on the key message. Effective communication relies on mutual understanding, and is influenced by external environment. Communication itself is a conversation process and interpretation of message.
- Demonstrate PPT, summarize the barriers of effective communication.

## **Topic 2: Communication skills**

**Objective:** Learn communication skills

**Time:** 50 Minutes

**Training method:** presentation, group discussion, role play

**Procedure:**

- Listening game:
  - Divide the participants into 3 to play the role of speaker, listener and observer
  - Your assistant gather all the speakers together and tell them to prepare for a three minutes speech on anything they are interested, such as favorite movie or scenic spot
  - Another assistant gather all the listeners together and ask them to do following thing while the speaker is talking: compliment on his/her hairstyle, look at other places, being impatient, interrupt the speaker, interrupt the speaker, ask irrelevant questions
  - You tell the observers to focus on the interaction and feedback of speaker and the listener, including emotions, eye contact and actions.
  - Ask all the participants to start the game in their groups
  - Three minutes later, ask the listeners, speakers and observers to share their feeling respectively, and record what they say on whiteboard
  - The facilitator summarize and present power point slides
- Present power point slides and link with what the participants have said to empathize important skills for speaking and listening

## **Topic 3: Effective communication**

**Objective:** Considerations in effective communication

**Time:** 50 Minutes

**Training method:** presentation, role play, plenary discussion

**Procedure:**

- Brainstorm: What are verbal skills? What are non-verbal skills? Ask the participants to demonstrate
- Present power point slides
- Role play: peer education on Route of HBV transmission and Prevention
- The facilitator emphasize it is important to learn whether target population know about HBV, their attitude, verbal and non-verbal skills demonstrated.

**Key learning points:**

- Barriers to communication and how to overcome them
- Speaking and listening skills
- Effective communication

# TRAINING EVALUATION

## Post-training Test

(Month)      (Year)

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1. Please choose the criteria of PEs for Tianjin Migrant Youths peer education Project (multiple choice, mark the right answer with a tick)

- A. Young people
- B. Migrant population
- C. A 25 year old man originally from Guizhou Province and studied in a university in Beijing, now work in a hospital in Tianjin
- D. Articulate
- E. Healthy and positive
- F. Willing to help others
- G. Confident

2. Peer education include: (multiple choice, mark the right answer with a tick)

- A. Man's reproductive health
- B. Woman's reproductive health
- C. Nutrition and hygiene
- D. Antenatal care
- E. Labor protection
- F. Hypotension
- G. Diabetes
- H. How to deal with sexual harassment and domestic violence
- I. Quit smoking and drinking
- J. STI
- K. HIV/AIDS

3. The strengths of peer education:

4. The limitations of peer education:

5. What kind of knowledge and skills should new PEs have before they start working?

## **Migrant Youth Peer Education Training**

### **Evaluation Form**

Please fill out the form below to let us know how you like the workshop that you have just attended today. The questionnaire is anonymous. Please do not hesitate to give us your true thoughts about what you like and dislike about our trainings, for example with regards to its format and the content of the trainings. Your inputs and suggestions are extremely for us to improve our work in the future.

1. Please list 3 most helpful things that you have learnt from the workshop
2. Please list what you like least or what you think the least useful in the workshop?
3. What has impressed you most in the workshop? Please list all that you have in mind.
4. What are the things that need to be improved in this workshop? Please list them.
5. If we would offer trainings in future, what areas would you like us to focus on to meet your needs?
6. Do you like or dislike participatory training? Please list the reasons.
7. Do you have any suggestions and advice with regard to the accommodation, logistic support or arrangement of the workshop?

## **ANNEXES: M&E FORMS**

**Attachments: including five Power point files and 15 documents for M&E or other purposes under Part Three File Folder(see annexes in the disc).**





UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity.

UNFPA – Because Everyone Counts.

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