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NuPITA Case Studies in Capacity Building

Building Capacity in Peer Education: *Giving Youth a Key Role in HIV Prevention Programs*

New
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Peer education is an often-used strategy to impact behavior change and provide education for HIV prevention. For organizations implementing HIV prevention programs in many African countries, peer education is the foundation of their approach, in large part because it has proven to be an effective means to prevent and mitigate the effects of HIV and AIDS to larger groups of people often difficult to access by NGO staff.

NuPITA provides technical assistance to strengthen approaches to addressing HIV prevention, including peer education. Technical assistance begins with a technical and organizational capacity assessment (TOCA) which is a facilitated self-assessment of an organization's abilities in critical areas of HIV service delivery and offers an opportunity for organizations to identify actions that will improve programming to meet the needs of clients.



*AMURT peer educators inform children about HIV and AIDS at Muyeye Polytechnic, Malindi, Kenya.
Photo Robin Hammond/Panos.*

AMURT, a nonprofit organization awarded an NPI cooperative agreement in 2008, wanted to strengthen aspects of its HIV prevention program, including peer education, across the nine centers it operates in Kenya.

AMURT's clients are primarily youth, and young people comprise the core of their

Peer education is a key component of a comprehensive HIV-prevention package. When they are well designed and well implemented, peer education programs can improve knowledge, attitudes, and skills, along with access to health services. Peer educators who model healthy behaviors are able to influence their peers and help them avoid risky behaviors. As peer education can be conducted in informal settings, effective peer educators are able to support and encourage their peers both within and outside structured sessions. The peer educators themselves learn valuable and marketable skills, make contacts, gain self-confidence, and take more pride in their lives and behaviors.

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peer educators. Prior to the NPI grant, AMURT relied on mass outreach and education to target a wide audience, but assessments revealed the absence of clear communication strategies and HIV prevention standards and guidelines. As a result, it was difficult to assess and track outcomes for its HIV prevention efforts in general and for the peer education program in particular.

“For example,” said Dr. Edward Kinyanjui, AMURT Medical Director and the HIV prevention project coordinator, “We were behind in all components of the prevention program, and needed help with systematizing and managing our peer education program—youth did not have a specific number of visits to do each week, they did not have specific responsibilities, and were not well motivated; their knowledge of the HIV prevention materials was also quite low.”

“Youth needed coaching in how to effectively serve as peer educators,” Jitendra Kumar, AMURT Director in Kenya. He also admitted, “We were not keen on keeping records, and we were not well organized.”

With NuPITA’s support, AMURT set out to make its ambitious HIV prevention program more suc-

cessful. Once an action plan with specific goals was in place, NuPITA worked with AMURT to identify what technical assistance would help them reach their goals. NuPITA uses a range of strategies—such as NPI advisors, technical trainings, technical assistance visits, and structured learning visits (SLVs)—but the intensity of application varies.

Each partner is provided with the option of an NPI advisor within their office to provide immediate, on-the-ground technical support and guidance. AMURT agreed to take on an advisor, and derived great benefit from the on-site support provided by NPI advisor Kennedy Ongeko. Because the NuPITA process is built on trust, on-site advisors are seen as an asset, not an intrusion. “Kennedy became one of the AMURT staff,” commented Dr. Edward. “His dedication to the work contributed greatly to our success.”

Jointly with the AMURT team, NuPITA helped develop strategies for HIV prevention, and from the start the focus was on the basics. Kennedy remembers, “The TOCA assessment identified that implementation of standards and guidelines was not uniform in the organization; AMURT needed standard operating procedures for HIV



Emmanuel, a member of the AMURT staff, and NPI advisor Kennedy Ongeko, at the AMURT offices.

In 2008, AMURT received a grant through the President’s Emergency Plan for AIDS Relief (PEPFAR) New Partners Initiative (NPI) to expand HIV prevention programming. The grant included organizational development and technical assistance from the New Partners Technical Assistance Project (NuPITA), implemented by John Snow, Inc.

Working from 9 centers throughout Kenya, AMURT’s mission is to respond to disasters affecting over 40 countries on both disaster relief and development. The US branch of AMURT was established in 1973, and that same year the organization initiated its long-term development approach.

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prevention and awareness.” He detailed part of the process: “First we developed guidelines for the prevention team. We also worked with the peer educators to develop achievable outreach targets. We recommended reaching out to peer educators through monthly e-mails to track progress on our targets, and came up with outreach plans, including visits to institutions of learning, beaches, sports clubs, market centers, football tournaments, and music competitions.”



*AMURT IT vocational training being taught by a volunteer who benefited from the same class, Malindi, Kenya.
Photo Robin Hammond/Panos.*

“Then we decided on levels of supervision, so that everyone was responsible for supervision at their own level. Initially it was only the AMURT headquarters staff who conducted supervision visits. We advised that all implementers at various levels, in the field and at headquarters, be involved in supervision, so that supervision became part of the organization’s culture. All employees became supervisors at their own levels and ensured constant improvement in all areas—and not only when headquarters staff visited from Nairobi,” Kennedy explained.

An audit conducted with the support of NuPITA to determine how many people had been reached

by the project revealed a lack of supporting documentation for the numbers being reported. Often there was no documentation to show that work was actually done. Staff decided documentation could be in the form of photos and stamped reports by heads of institutions as well as attendance lists and written reports. “With all the NuPITA support, AMURT is now proud of having surpassed our outreach targets for small groups and mass outreach, and we have all the documentation and documents available to support our work,” explained Dr. Edward.

Throughout the process, NuPITA staff reviewed draft tools, commented on new systems, and provided specific support upon request. Peer educators are volunteers, and the management of volunteers presents a range of challenges for NGOs. Because high volunteer turnover had been identified as a major issue, NuPITA helped AMURT develop a volunteer retention strategy; set up a structured learning visit to another organization implementing a successful quality assurance system which included a focus on volunteer performance and retention, and then provided follow-up assistance to help AMURT operationalize what they had learned.

The TOCA also found gaps in support supervision, and in training and motivating youth. To create more time for supervision, workplanning periods were changed from one or two weeks to monthly. The new plans also specified dates and venues. Kennedy smiled when he said, “Once a month we even did spot checks, so the kids didn’t know when we would show up. Then we would see what’s really happening—or not! That made them more responsible.”

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Dr. Edward added, “One of our biggest gains with NuPITA was learning what HIV prevention is all about. We had only rudimentary knowledge of peer education in the beginning but we have learned a lot. Our peer education program really started as a result of PEPFAR and developed with NuPITA. Now we have 135 peer educators across all 9 centers. We didn’t know how to develop curricula but that has improved.”

“I don’t know how we would have done this without NuPITA,” Dr. Edward continued. “We didn’t have many systems in place but NuPITA helped us organize our programs. They helped build the capacity of everyone in the organization.”

An aspect of the NuPITA approach includes providing individual trainings at a partner’s request. When AMURT requested training for peer educators, NuPITA identified an expert to conduct a four-day training. “Peer education requires a lot of

support,” explained peer education trainer, Usha Vatsia. “And I understood there was a need for training. In surveys, youth expressed a desire to learn more about gender awareness, as well as be better presenters when they did education in the community.” As a result, trainings targeted gender awareness issues and how gender roles define peer educators’ work. Working in coed groups as well as smaller gender-specific groups, over 100 youth learned group facilitation skills, and were coached to be more effective presenters.

Looking ahead, AMURT is committed to expanding the peer educator training program. “We have realized that with systematic structures in place supporting our peer education approach,” described AMURT’s director, “we have been able to meet our targets effectively and have a foundation for looking for other resources to enable AMURT to do more good work in HIV prevention among Kenya’s marginalized and at-risk youth populations.”

The New Partners Technical Assistance Project (NuPITA) is a USAID-funded initiative to increase the quality of program implementation and strengthen the institutional capacity of 14 nongovernmental organizations that provide HIV prevention and care services in Sub-Saharan Africa. These 14 organizations are PEPFAR New Partners Initiative (NPI) Round 2 and Round 3 grantees.

Implemented by John Snow, Inc., and partner Initiatives Inc., with offices in Kampala, Uganda, and Nairobi, Kenya, the project provides technical assistance to the NPI grantees in HIV prevention and care services, financial management and compliance with US Government regulations, and organizational development.

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