

Asking the Right Questions

Existing evidence and the research agenda for youth peer education in SRH programming

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October 2020

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ACKNOWLEDGEMENTS

The Torchlight Collective would like to acknowledge the contributions of several individuals and organizations who made this report possible. This report was strengthened by the knowledge and expertise of Heidy Araque, GUSO Programme Advisor, and Rosalijn Both, GUSO Operational Research Coordinator who provided input and comments at all stages of the project and report. Colleagues working with IPPF Africa Regional Office, Juliette Faide Nsensele and Angela Tatua, ensured that the research remained relevant and applicable to the work of service-providing organisations in that region. Gratitude is extended to all of those participating in interviews (see Annex 3) and all those who submitted grey literature detailing their experiences of peer education, including many IPPF Member Associations. The Torchlight Collective recognizes the work of members Marissa Billowitz and Katherine (Kat) Watson as well as our research partner in this study, Humphres Evelia.

INTRODUCTION

Peer education is an umbrella term used to refer to a multitude of interventions, some of which are standalone and others which are integrated into wider programming, including for sexual and reproductive health (SRH). It is not a new intervention but, rather, has been utilised for decades as a way of reaching under-served groups, including young people, with information on their health and rights.

Given the prolific use of peer education globally, the dearth of peer reviewed literature on its effectiveness is surprising, as is the tendency to focus primarily on public health outcomes relating to knowledge, attitudinal and behavioural change. In these regards, the peer reviewed literature on peer education presents mixed results; some studies indicate that it can effect statistically significant changes in knowledge, attitudes and behaviour, whilst others do not (see Tolli et al 2012 and Siddiqui et al 2020). Whilst mixed results are expected across diverse contexts, there is little complementary evidence on the conditions that have either facilitated or inhibited those results. At the same time, there is recognition in the literature that myriad variables have the potential to impact on the success of peer education programming, including: recruitment, quality of training, curriculum, resources, support, feedback, and compensation provided to peer educators as well as the frequency of sessions they provide for other young people.

The absence of clear guidance from the peer reviewed literature stands in contrast to the overwhelming consensus amongst young people, non-governmental organisations (NGOs) and funders that believe wholeheartedly in the merits of the approach and continue to integrate it into rights-based SRH programming for young people across the world. Implementing organisations and individuals tend to measure the effectiveness of peer education more broadly, going beyond health outcomes to positive youth development, empowerment and, in some instances, gender outcomes. Their experiences, expertise and evaluations remain untapped.

Amongst those who seek to promote the rights and health of young people, there is a growing commitment to generating further evidence and understanding about how peer education contributes to SRH programming, including in ways hitherto unmeasured. This study, funded by the Get Up, Speak Out for Youth Rights! (GUSO) programme, attempts to balance out the current narrative by centering the voices of those who have first-hand experience designing, managing and implementing peer education - including peer educators themselves. Tapping into the expertise of those who have lived experiences, this study examines the parameters of peer education; models of integration in SRH programming; the expected and achieved outcomes of peer education; the quality of design of peer education programmatic components, including training, support and compensation; and the research needs of organisations and activists across the globe. In addition to balancing out the narrative in these respects, the study draws out the research and evaluation needs that still exist within the SRH sector.

METHODOLOGY

The research project was split into two stages, with the first being desk-based and setting the foundations for a second stage in late 2020¹. The objective and agreed research questions for Stage 1 of the study are included in Table 1; in addition, sufficient data relating to the ‘parameters’ (definitions, terminology) of peer education and the quality of design were collected to include these as separate findings in this report. Literature review and in-depth interviews (IDIs) were the methods used to answer all research questions.

Table 1: Objectives and research questions

Stage 1 objective	To develop an understanding based on the perspectives of key actors in the SRH sector of the contributions that youth peer education makes to SRH programming and to develop a future research agenda
Stage 1 research questions	<p>1. How is peer education integrated into SRH programming approaches, including education, information, and health services?</p> <p>2. To which results does peer education contribute?</p> <p>a. What measurements are used to understand how peer education has contributed to these results?</p> <p>b. To which unmeasured results does peer education contribute?</p> <p>c. What role does gender play in achieving expected and unexpected results?</p>

LITERATURE REVIEW

The literature search focused primarily on grey literature published by NGOs, research institutions and UN agencies. The literature was sourced from IPPF, Rutgers, GUSO partners, and IPPF Member Associations (MAs), all of whom were asked to populate a Google folder with relevant reports and documents. In addition, the consultancy team conducted targeted online searches (e.g. UN websites, Google (Scholar)) using key terms (see box below). A ‘snowball’ approach was utilized to identify further research by reviewing the bibliographies, too. Online searches in Google Scholar and PubMed were conducted primarily in English, with additional primary terms searched in Spanish, French, and Portuguese at the end of the review to reveal any additional literature not published in English. In total, 66 grey literature documents and 25 academic articles were logged by the team (see Annex 1).

Key search terms: Peer education, peer educator, peer provider, youth educator, youth provider, youth leader, “multiplicador” (term used in Spanish), peer service provider, peer mentor, youth peer, Y-peer

After the searches were conducted, literature that met the inclusion criteria were reviewed - i.e. those focused on youth peer education in SRH programming published since 1 January 2010 that responded directly to the research questions. Exceptions were made for articles published before 1 January 2010 if they continue to be widely used and/or cited in the SRH literature. To analyse the literature, a spreadsheet was developed that included the following domains: citation, year of publication, hyperlink to drive or internet source, type of document, IPPF region, annotation/summary, definition of peer education used, intervention name/programme name, type of peer education intervention (e.g. SRH information, referrals, Comprehensive Sexuality Education [CSE] sessions), results expected and achieved, measurements/means of verification used, role of gender, lessons learnt and further research questions/interests identified.

1. Originally, this research project was conceptualized with the Kenyan Member Association (MA) of IPPF, Family Health Options Kenya (FHOK), as a qualitative, participatory study to be conducted at the community level in two sites in Kenya. However, shortly after project discussions began, the COVID19 pandemic disrupted plans. It became

apparent in March 2020 that face-to-face data collection would not be possible in Kenya - or anywhere else - for the medium term.

IN-DEPTH INTERVIEWS

Using the findings from the literature review and the agreed research questions as a foundation, an in-depth interview (IDI) guide for semi-structured interviews was developed (see Annex 2). The IDI guide included questions related to the overall research questions, asking key informants to draw upon specific examples from their own experiences. IPPF and Rutgers provided comments on the draft of the guide, after which it was finalized for use. At the same time, a key informants list was drawn up in consultation with IPPF and Rutgers; it included organisations that use peer education as part of their SRH programmatic portfolio - see Annex 3 for a full list of key informants. In total, 22 interviews were conducted, 3 of which were written interviews. During phone interviews, the team members took detailed notes, which were then analysed to pull out common themes. The IDI notes and analysis table were not shared with IPPF and Rutgers in order to protect the anonymity of the respondents. No information is included in this report that would allow readers to identify the source of each quote.

LIMITATIONS

There is a dearth of peer reviewed literature on the effectiveness of peer education in the context of SRH programming, and that which does exist, does not make direct comparisons between programmes of similar design and quality nor does it examine outcomes over long periods of time. It was for this reason that this study made a conscious effort to focus on grey literature written and published by those with direct experience implementing and managing peer education programmes. Even still, direct comparisons between organisations, programmes and approaches is difficult given the limitless ways in which peer education is conceptualized, designed, and integrated into youth SRH programming. Literature on peer education in HIV programming was not reviewed, though there are lessons to be drawn from that field of study that are relevant to SRH programming. Whilst the interviews focused on those with direct knowledge, the team cannot corroborate the outcomes they mention as measurable and/or achieved unless they referenced a publication that was then included in the literature review, which happened in rare cases.

PARAMETERS

Peer education is a term used in community health and health behavior change literature and programmes, most often to refer to education and information provided by a ‘non-professional’ who is of similar background, age and/or other characteristics to the population reached. This study focuses specifically on young peer educators (aged 10 to 24) working within the context of SRHR programmes globally. The peer education approach is based on the assumption that young people are more likely to accept and take action on health information provided by a peer; in other words: ‘The simplicity and commonsensical nature of its rationale—that young people can more easily reach their peers with education and can discuss sensitive issues with them more easily than adults can—may be behind its prolific use in SRH programming’ (Siddiqui, et. al., 2020). This assumption was one repeated by several interviewees, who echoed the following sentiment shared by a peer educator interviewee: *‘Young people are often looking at other young people for information...that non-judgmental space. Age is a factor in creating a safe space, to make mistakes, to ask something that they’re ‘not supposed to know.’ That’s where it comes from, peer education. That’s the soul of the program. It is young people leading and working with other young people.’*

‘Between young people it is easier to talk, we can understand each other’s language. Between an adult and a young person, there will be a sort of shyness, there will be a blockage, whereas between people of the same generation there won’t be any taboo.’ (Quoted from Chau et al 2017)

The findings of this study illustrate that there is great diversity in how the terms ‘peer education’ and ‘peer educator’ are defined and used within SRH programming for young people; as such, it is worthwhile as a first step to explore these parameters. Very few recent publications provide a concrete definition, though this may be due to an assumption that the term ‘peer education’ is widely understood given its use over several decades. Interviewees described peer educators as ‘people of the same standing’ or people in the ‘same situation’ or ‘same age group,’ and as people with ‘similar background and characteristics.’ UNFPA’s forthcoming technical comprehensive sexuality education (CSE) guidance for out-of-school young people uses a definition from UNAIDS guidance published in 1999: ‘A peer educator is a person of equal standing with another – someone who belongs to the same social group based on age, grade, status or other characteristics – who is trained and supported to effect positive change among other members of that same group.’ (UNFPA 2020)

More often than not, peer education is defined implicitly through a description of activities undertaken. For example, IPPF describes peer education in *Included, Involved, Inspired: A Framework for Youth Peer Education Programmes* (2012) as follows:

‘Peer education programmes are, for many of our Member Associations, a way to integrate young people into our sexual and reproductive health services and to increase their active participation. Worldwide, we use the peer education approach in many different ways, at different venues and involving a great diversity of young people. Most commonly our approach involves trained peer educators providing sexual and reproductive health (SRH) information, services and referrals, through youth centres and outreach activities, to young people in-school and out-of-school.’ (p 2)

Whilst the term ‘peer educator’ is still commonly used amongst organisations working in the field of youth SRH, there are a number of other terms with the same or overlapping meanings noted in the literature, including: facilitator, youth leader, youth buddy, peer provider, peer counselor, youth advisory council member, youth champion, youth advocate, youth organizer, expert client (in the context of HIV services), and youth focal point. One interviewee noted the effect of the lack of a common definition: *‘Part of the problem of peer education is lack of a standardized definition. Some are referred to as expert clients, community resource persons, youth advocates and yet perform the same functions.’* Though programme implementers have a range of reasons to differentiate among the young people engaged for different purposes or different activities in their programmes, it is worth considering whether

evaluations (e.g. Chandra-Mouli et. al. 2015) that have deemed peer education 'ineffective' in achieving SRH outcomes have had the unintended effect of avoidance of the term but not the use of peer education activities themselves.

In addition to the diversity of terms used, a breadth of programmatic activities fall under the umbrella of peer education. In both the literature and interview data, peer educators are described as undertaking one or many of the following: providing information and education in person or online; providing a limited range of health services (e.g. condoms or pills); providing referrals to counseling or other health services; conducting advocacy and social accountability initiatives; accompanying young people to access services at clinics; doing outreach in their communities (e.g. in schools); and/or participating in governance. In relation to information provision, there are differences in how these take place; some organisations mention peer education being a one-to-one session, whilst others consider educational workshops or small group discussions part of peer education; still others see it as part of peer educators' role to deliver CSE. For some organisations, the term used changes depending upon the mix of activities that peer educators undertake in any given programme. IPPF, for example, uses the term 'peer provider' to refer to peer educators who also provide health services; however, IPPF notes that 'peer providers' may be more akin to community health workers given the same standards of training, compensation, and potential for task shifting. (IPPF 2015)

Peer educators are also distinguished by the support they receive as compared to other cohorts of youth volunteers and the level of engagement that they have with each programme. Interviewees explained that peer educators need training in communications skills or public speaking, whilst some also mentioned the importance of leadership skills. Between organisations and programmes, recruitment strategies differed, with some selecting young people who already demonstrate desired leadership qualities and others building leadership skills within the training program, such as this interviewee: *'[Our program] trains leaders, they are not young people that arrived with competencies. They are youth that live the reality of these issues.'* Some peer educators are involved in the programme's design, implementation, budgeting, monitoring and evaluation, whilst others are involved solely with implementation; as one interviewee explained: *'I distinguish by degree of meaningful engagement in the program: only carrying out activities, or contributing to planning, driving solutions; I distinguish with peer providers if the young person has an explicit task of providing a set of SRH services; and with youth advocates.'*

Unfortunately, there is scant evidence of whether SRH programmes that include young people more 'meaningfully' in the full programmatic cycle are more effective in achieving their SRH outcomes, though several informants expressed that this is, indeed, the case. As will be explored later on, this may speak to the question of whether viewing peer educators themselves as 'beneficiaries' of programmes - as opposed to viewing them merely as vehicles to achieve broader health outcomes for young people within a given community - leads to longer-term impact.

In summary, the findings of this research show that there is breadth in how the term 'peer education' is conceptualized, utilised and measured between and within organisations across the SRH sector. Understandably, this causes confusion, including in interpreting the findings of evaluations of peer education's effectiveness; what constitutes 'peer education' for one organisation may not meet the standards of another.

INTEGRATION

According to the findings of this study, peer education is rarely implemented as a standalone intervention - and where it is, it is often connected through partnerships and referrals to services of some sort. As such, peer education is most often integrated with a range of other programmatic components, depending on the desired outcomes of the programme. As one interviewee noted, peer education is often ‘... *embedded in a larger approach, CSE or school-based sexuality education, always connected with health services, community awareness, almost always embedded in something else.*’ Unfortunately, very few, if any, organisations provide descriptions to explain the rationale for each programme’s use of peer education; as such, the findings for this research question are more ‘descriptive’ than explanatory and do not provide sufficient basis for recommending one model of integration over another.

The contents of Table 2 merely scratch the surface of the nearly infinite combinations and innovations that can be explored in the design of multi-component SRH programmes that include peer education. Literature and interviews reveal that peer educators and those in equivalent roles engage in many different activities, in combination with many other types of SRH health interventions. The findings suggest that ‘peer education’ is rarely executed in a vacuum, and the ground is fertile for creativity and innovation for future endeavors.

Table 2: Peer education model descriptions	
Programme/organisation	Peer education model
Blue Box Clinics, North Star Alliance (Southern Africa)	Sex workers are identified and trained as peer educators to reach out to other sex workers. Part of their role is to facilitate sex workers' access to and comfort with the blue box clinics at various border crossings. Peer educators are also a first point of contact for sex workers who experience abuse or sexual assault, which then triggers support from a Crisis Response Team.
Centro de Investigación, Educación y Servicios CIES (Bolivia)	Peer educators are recruited from marginalized communities, prioritizing adolescent girls and those living in difficult circumstances, then trained as part of a comprehensive “Youth Leaders” program that includes membership in a national youth network. Depending on their level of training, Youth Leaders provide SRH information and referrals to services one-on-one, replicate CSE modules, and engage in advocacy.
GUSO Programme, Family Health Options Kenya	Peer educators are trained as ‘CSE facilitators,’ and they use WhatsApp to provide SRH information to groups of young people through weekly sessions. Each WhatsApp group has a ‘peer provider’ who ensures linkages to services through referrals. FHOK and young facilitators plan the sessions and disseminate content from FHOK, such as infographics and respond to queries from young participants.
Integrated Family Health Programme (Ethiopia), Family Health International (now FHI 360)	Trained peer educators conducted demand-generation activities with their peers to encourage (Long-acting Reversible Contraception (LARCs) referrals. Peer educators dispelled misconceptions about LARCs among their peers; counselled on all contraceptive methods; and referred prospective family planning (FP) clients, including LARCs clients, to Youth Friendly Services units.
Engaging men and boys for gender equality and uptake of SRH services, Family Planning Association of India (FPAI)	Peer education is used in individual and group settings to reach adolescent boys and young men with messages concerning gender equality and SRH; some of the peer educators were trained barbers who reached men and boys with messages in their work-place.
GUSO Programme (Malawi)	The program involved peer educators, peer ‘buddies’ and Youth Advisory Committee members; peer educators from different alliance members conducted outreach, provided SRHR information and services. In addition, they acted as a linkpin between young people and clinical service provision.
U-Decide Programme, Family Planning Association of Malawi	Peer educators were a key part of this program for youth and credited with creating an enabling environment for young people to access information and services. Young ‘beneficiaries’ pinpointed peer educators as the reason for their increased access to condoms and other services and explained that the peer educators are seen as role models amongst young people in the communities where they work.
ASK Programme, Senegal Family Planning Association	Youth Focal Points were recruited in programme catchment areas to serve as part-time volunteer regional project coordinators, responsible for managing community-based activities, social media accounts, and partnerships with community youth associations.
ASK Programme, SRHR Alliance Uganda	Peer Education model involved recruitment of young people comprehensively trained in Behaviour Change Communication for SRHR and service delivery. They conducted regular demand generation activities for SRH/HIV services, dispensed reproductive health commodities including male/female condoms and oral contraceptive pills to peers, and offered referrals or linkages for both SRH/HIV and wraparound services to peers.

ASK Programme, SRHR Alliance Uganda	All the selected peer educators were trained in SRHR and in the delivery of information, commodity distribution and selected contraceptive method administration. Using a community based model of integrated information and services, they conducted SRHR education sessions, counseling for young people, commodity distribution of condoms, and contraceptives including administration of injectable and referrals.
Reproductive Health Uganda	Peer education was one of the intervention strategies aimed at providing: a) information and services to the adolescents and youth through outreach services, table talks and condom distribution, and open days at service points; b) introducing the adolescents and youth to SRH services youth friendly services - e.g. peer educators are stationed at clinics on regular days to welcome and guide young people through services; c) increase knowledge and awareness on where and how to obtain SRH services; d) mobilizing the young people and identify service providers e.g. peer educators and service providers work in pairs both in outreach and in-clinic activities; and train service providers in youth friendly services.
National Family Planning Council, Zimbabwe	Peer educators who underwent a 7-day standard training were paired (male and female) at community youth centres during operating hours, reached clients through both individual (one-on-one) and group counselling sessions and facilitated referrals to ASRH and voluntary medical male circumcision sites.
Sexuality Information and Education Council of the United States/ Florida Southern College, USA	Senior community health nursing students were trained to deliver SRH content in four areas: 1) female anatomy and sexual health 2) sexually transmitted infections 3) contraception 4) safety/sexual respect and awareness. A second purpose was to examine current sexual health knowledge and practices among the female undergraduate college students to better understand future sexual health educational needs.
Marie Stopes International, Vietnam	Peer educators conducted outreach activities, distributed informational materials, and, using a referral card system, referred youth to voluntary counselling and testing and SRH services at the project supported clinics in catchments areas.

There are differing opinions on the role that peer educators could and should play in SRH programming. These opinions exist along a spectrum, from those who believe that young people can and should provide SRH services to those who believe that peer educators' role is primarily facilitative. One interviewee expressed a belief that restricting peer educators' role to the sole provision of information is limiting the potential impact of their interaction with other young people: *'If peer educators do not have condoms - at the very least - it's a lost opportunity.'* Along these same lines, in the context of GUSO, the mid-term evaluation report states that *'community members were said to be fed-up at times with peer educators who "just talk", but never provide services.'* (GUSO, 2018) Other interviewees, however, disagreed with positioning peer educators as potential service providers: *'I like to think of peer educators as facilitating access to reliable sources of information and help (online/offline, counselling, advice, medical, juridical), and to SRH commodities. So I understand their task as facilitating access, not per se providing themselves. More like a linking pin in your program components.'*

Along these same lines, the forthcoming UN *International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education* also suggests that peer education *'may be more effective if integrated into a holistic programme and if the role of peer educators is focused on sensitization and referrals'* (p 19). Interviewees familiar with the development of that guidance document report that they also found that peer education was a key strategy for *'young people who are left behind [like] key populations, young people with disabilities, indigenous young people.'*

Regardless of where interviewees position themselves along the spectrum, there is consensus that peer educators should work together with a range of other stakeholders, including providers, teachers, school/clinic administrators and trainers, amongst others.

RESULTS

This section groups together the study's many findings related to the results of peer education in multi-component SRH programmes. 'Results' is used as a general term to encompass programmatic outputs (process results) and outcomes (impact results). As with most other aspects of peer education, there is great variety in the desired results of peer education and the methods used to measure them.

OUTPUT MEASUREMENTS

When part of a larger programme with many components, peer education tends to be measured solely or primarily in relation to its outputs - in other words, the numbers reached. Table 3 gives a sampling of the types of output indicators used in one programme with a peer education component (Kaleidos Research and International Centre for Reproductive Health 2016). In general, output indicators for peer education relate to the peer educators (numbers trained or capacitated), the activities that they implement (number of sessions, number of activities) and the young people that peer educators reach (number of participants, number of services provided).

Table 3: ASK Programme indicators

- No. of peer educators trained
- No. of young people reached with SRH information/education
- No. of educators capacitated through e-learning/e-support
- No. of contraceptives commodities by type provided to young people under the age of 25 years
- No. of clients that receive Antiretroviral Treatment in targeted clinics and through outreach (direct and indirect)
- No. of participants in SRHR groups for young people or internet- based SRHR forums for young people
- No. of people reached by campaigns on adolescents SRH and access to services
- No. of youth led community activities to gain SRHR support

As a generalisation, SRH programmes that only use output indicators to measure peer education's results also indicate that it is the intention that it also contributes to various outcome areas. However, typically no indicators are put in place to adequately assess the *intended* contribution of peer education to these outcome areas (unless a separate study is conducted). Whilst output measurements are important in monitoring processes, they do not provide insight into changes in knowledge, attitudes and behaviour - which are, more often than not, the desired outcomes of SRH programmes. As such, equipped with output measurements alone, organisations are left without concrete knowledge of *how* peer education is contributing to broader programmatic outcomes.

OUTCOME MEASUREMENTS

Smaller programmes with fewer components tend to articulate more outcome-level results directly linked to peer education. Table 4 provides an overview of the health and other outcomes included in various project documents reviewed for this study as well as those listed verbally by interviewees when asked. There are some that are much more commonly used than others in SRH programming - namely, outcomes relating to changes in SRH knowledge, attitudes and behaviours of young people reached by peer educators. Others related to, for example, empowerment of peer educators, improved relationships and creation of safe spaces are not commonly used. The Butterfly Project (see Table 5 below) is an example of a youth leadership programme with a peer education component that articulated results both in terms of outputs and outcomes, with a focus on empowerment and safe spaces for young women.

'So the difficulty here is that we focus on program goals and outcomes and that peer education is a strategy that contributes to achieving these. So hardly ever do we 'measure' outcomes as directly related to peer education.' (Interviewee)

Table 4: Outcomes measured by SRH programmes with a peer education component			
Type of outcome	For the peer educator	For the young people reached by the peer educator	For the broader community (parents, providers, teachers, community leaders)
Knowledge	Sexual health Reproductive health HIV Puberty Menstrual hygiene Existence of SRH services Awareness of rights Legal age of marriage Navigating the local health system	Sexual health Reproductive health HIV Puberty Menstrual hygiene Existence of SRH services Awareness of rights Legal age of marriage	
Attitudes	Recognition of gender based discrimination	Condom use Toward people living with HIV Visiting a health facility Egalitarian notions of masculinity Recognition of gender based discrimination	Changes in attitudes about youth and adolescents Increased friendliness of SRH service providers
Behaviour	Reduced violence Improved relationships Condom and contraception use SRH service uptake Compliance with HIV treatment	Reporting SRH problems Health seeking at youth-friendly service centers Reduction in HIV/STI 'risk behaviours' Condom and contraception use Reduced violence Improved relationships	
Empowerment	Agency Self-esteem / self-worth Interpersonal skills Advocacy skills Leadership skills Community organizing		
Other	Impact on livelihood opportunities New friendships and social networks Feeling of being supported through personal challenges	Creation of safe spaces	

Table 5: The Butterfly Project (2015 - 2018)

This project implemented in marginalized communities in India, which had a peer education component combined with leadership skills building for young women, articulated the following expected results:

- At least 65 young women leaders (YWLs) have correct knowledge on SRH topics and understanding of their rights
- 65 Young Women Leaders have increased leadership skills indicated by their enhanced ability at home, with peers and in their community to advocate for their rights
- YWLs have created safe spaces for their peers to voice their concerns, clarify information, access skill-building opportunities and develop leadership.
- YWLS have developed and disseminated key messages (around gender, excess female child mortality, CSE) using Information and Communication Technology and advocated on these issues with decision makers / stakeholders.

The project found significant shifts in attitudes and knowledge amongst the YWLs engaged through the project and 'dramatic shifts' in leadership skills amongst YWLs, though the results in relation to shifts in attitudes and knowledge amongst the women reached were mixed. In particular, the project did not see shifts in gender norms amongst the girls reached by YWL. (YP Foundation 2018)

Amongst interviewees, there was a frustration with the lack of creativity in outcome measurements for peer education. Some saw this as stemming from a belief that peer educators exist within programmes primarily as a 'means to an end' - the end being increased knowledge and, ultimately, changes in attitudes and behaviours related to SRH. There is a clear call for innovation in this domain, with concrete suggestions from interviewees for new outcome measurements relating to the following:

- Quality of the design and implementation, and how these relate to outcomes of peer education
- Additional benefits and long term benefits for the peer educator herself (beyond leadership and empowerment)
- Effectiveness of peer educators in CSE delivery ‘Yes, peer educators can deliver CSE, but they have to be trained... with mentorship.’
- Outcomes at the level of youth in the community (often called “beneficiaries”) outside of health outcomes ‘We ask the peer educators to meet the participants’ parents and familiarize with them, to establish their trust factor. You’re not just with participants, but also in their lives. It’s not just sessions, but you’re part of what they’re going through. They approach peer educators with problems.’
- Political or civic engagement, or a sense of social justice among peer educators
- The factors that lead to service uptake when promoted by peer educators ‘Key is that peer educators help to create a safe and enabling environment for young people to access info and services. That is what we should measure.’
- How peer education contributes to the outcomes of multi-prong interventions ‘So measuring results on beneficiary level is good, but you need to evaluate how the various program strategies contributed to achievements.’
- Differentiated outcomes for girls/young women, boys/young men, LGBTIQ (lesbian, gay, bisexual, transgender, intersex, and questioning) young people. When asked, some interviewees cited reduced homophobia and transphobia as measured outcomes of programmes, but only one interviewee was familiar with measures of differentiated outcomes for participants (which were positive). Indeed, surprisingly few interviewees reported having openly LGBTIQ participants in their programs, and more than one other implied that they are only present in programmes for key populations.

“Why this microscopic accountability on peer education? Why are you experimenting on young people? It is to do with this ‘what’s the point of investing in young people, they don’t have the same skill set?’ Peer education is not business...they are not the means to the end. They have to be THE END.....When it comes to young people, you cannot look at numbers - any numbers - money, M&E numbers. It has to be more qualitative.”

EVALUATION METHODOLOGIES

Given the heavy use of output indicators for peer education, it is no surprise that quantitative measurements, such as uptake of services and comparisons of scores on pre-intervention and post-intervention tests, dominate the literature. Others, particularly IPPF and Rutgers, have utilised more qualitative methodologies, such as the rapid Participatory Ethnographic Evaluation and Research (PEER)² or game-based qualitative evaluations for younger adolescents to understand the impact of peer education on knowledge, attitudes, health seeking behaviour and/or youth empowerment. Promundo and FPAI have documented uses of the Gender-Equitable Men (GEM) scale in measuring changes in gender equitable attitudes amongst men and boys in the context of programmes with a peer education component. FPAI used the nine statements in Table 6, for example, to measure attitudinal change (FPAI, 2018).

Table 6: Gender-Equitable Men (GEM) scale statements used by FPAI to measure attitudinal change

1. Since girls have to get married, they should not be sent for higher education
2. For a man, there is no difference whether his boss is male or a female
3. Girls/women should not have access to internet/ mobile phones as they will get spoiled
4. Only men should work outside the home
5. A man should accompany his wife if she goes to the doctor for a medical check-up
6. Men need more care as they work harder than women
7. A woman should quit her job when she becomes a mother
8. Girls can’t do well in math and science
9. Contraception is women’s concern and a man should not have worry about it

2. See the Rutgers and IPPF Explore handbook for further details on this approach: https://www.rutgers.international/sites/rutgersorg/files/pdf/AW_Explore-PEER%20Handbook.pdf

RESULTS ACHIEVED

Whilst Table 4 presented outcomes included in project measurement frameworks, the question remains as to what changes peer education actually has achieved or contributed to achieving. Table 7 below presents the reported results (outputs and outcomes, where available) of various programmes that have documented their peer education component, either through project reports, evaluations or research initiatives. Some of these outcomes were not articulated at the start of projects but, rather, were unearthed through (mostly participatory) research with peer educators in a variety of contexts. In reviewing the literature for outputs and outcomes achieved by each programme, there was no assessment done of the quality of the evaluation or research design used. Further, the level of detail provided in Table 7 is reflective of the level of detail in the source documents themselves rather than a deliberate edit by the authors.

Table 7: Results achieved by programmes that have documented their peer education component		
Programme/organisation name	Outputs	Outcomes
Blue Box Clinics, North Star Alliance (Southern Africa)	Peer educators mobilized sex workers, who visited SRH services at the clinics over 47,000 times in two years; 500 sex workers received training on SRH, HIV and AIDS.	Crisis response teams addressed violence against sex workers rapidly and effectively through a collaborative and inclusive response. There were also gains in terms of safety for entire communities and success in combating stigma and discrimination. (AidsFond, no date)
GUSO, Family Health Options Kenya	Eighty peer educators were trained in 2019, and 7,351 young people were reached with SRH information through WhatsApp during the same year.	The programme reported in 2019 that training peer educators in schools is an effective way to ensure sustainability of in school programmes. (FHOK GUSO Annual Report 2019)
Comprehensive sexuality education, HERA Macedonia	Sixty-one peer educators were trained and conducted sessions in 26 different schools across Macedonia.	The evaluation notes that peer education affected changes in attitudes, including on pleasure and relationships, and increased the levels of SRH knowledge amongst all participants. (HERA 2020)
Integrated Family Health Programme, FHI (Ethiopia)	Over 13,138 trained peer educators (35% of them females) disseminated SRH information to over 5.2 million young people. More than 2.3 million young people, most of them (59%) women received services from over 243 YFS corners supported by IFHP.	Qualitative findings reported decreased incidence of unsafe abortion among young people in project sites. Peer educators also reported enhanced SRH knowledge and skills, leadership skills and respect from their peers. (Hinson 2020)
Engaging men and boys for gender equality and uptake of SRH services programme, FPAI (India)	Not reported	Peer educators reported an increase in their confidence to speak with community members about SRH. There was not a significant shift in the attitudes of community members from the beginning to the end of the project, which was thought to be due to the limited number of sessions that peer educators were able to hold. (CORT 2019)
Youth-led Collaborations in the GUSO Programme (Malawi SRHR Alliance)	Not reported	Youth participating in GUSO's implementation, including peer educators, were able to affect an increase in knowledge amongst young people in the areas where they worked, whilst they themselves gained public speaking and leadership skills. These Youth are also capable of identifying sexual and reproductive rights violations and to advocate for solutions (e.g. youth-friendlier services, youth corners). They also reported that participating in the programme gave them a 'sense of purpose' in their lives. (Singh et al 2019)

Programme/organisation name	Outputs	Outcomes
Youth-led Collaborations in the-GUSO Programme (Uganda SRHR Alliance)	Information and services provided to a greater number of young people in the regions with youth-led collaborations.	Youth implementing GUSO, including peer educators, reported gaining confidence and motivation through participation in the programme, as well as social worth and personal growth. The programme also documented an increased sense of solidarity amongst young people, given that there were more young people working toward the same goals together. The participation of young people in the programme in general led to the addition of youth to the boards of several partner organisations in the region. The report also documented an increase in the demand for services from young people due to referrals from peer educators and peer accompaniment at the clinic level. (Singh et al 2019)
U-Decide Programme, FPAM (Malawi)	Not reported	The study reported an increase in the knowledge and awareness of young people on where, when and how to obtain SRH services, and an increase and sustained uptake of SRH services among young people. The peer educators were also able to persuade young people to access SRH services at the clinics, rather than from traditional healers. Peer educators reported being seen as role models, which they said motivated other young people in their communities to work hard in school. (FPAM 2018)
Youth Focal Point Model, ASK Programme (Senegal)	Not reported	The use of the youth focal point model is documented as having contributed to the following outcomes: ease of communication with peers; capacity to attract other young people to programme activities; increase availability to other young people; increased access to information; increased knowledge of SRHR by beneficiaries; increased awareness of SRH services; increased use of SRH services; increased community support for SRHR; and perceived respect for youth focal points in the community. (Chau et al 2017)
Reaching the Hard to Reach, RHU (Uganda)	Not reported	The project reported that a creative integration of peer education and service delivery is highly efficient, especially when targeting a 'hard-to-reach' sub-population and when able to offer services at outreach activities as well as at a static clinic. The project also found that it was more effective due to peer educators' role in project management, which led to greater capacity amongst adults to work meaningfully with youth. The project also focused on and valued the impact on peer educators' lives; peer educators reported their life trajectories changing due to the skills and respect gained. (RHU, 2013)
Voluntary medical male circumcision - ASRH Linkages Project, National Family Planning Council (Zimbabwe)	Over 3,300 people were counselled (66% men) by 95 peer educators. Of these, 65% were referred for at least one service. 58% of men were referred for voluntary medical male circumcision (VMMC)	Receipt of services was high (64%–80%) except for STI referrals (39%). Counselling by men and rural location reduced risks of non-referral for VMMC, while age increased it. Group counselling, rural location and male peer educators reduced the risk of non-receipt of VMMC. Rural location increased the risk of non-receipt of contraception while marriage reduced it. (Mangombe et al 2020)
What's Up Down There, Florida Southern College (USA)	Sixty-nine students were involved in the study.	Female undergraduates benefitted from peer education, and their knowledge levels were enhanced significantly from pre- to post-test. (Skelley et al 2018)

Programme/organisation name	Outputs	Outcomes
HIV-SRH Integration Project, Marie Stopes International (Vietnam)	One hundred peer educators were trained across five project sites.	Results show that there was a significant increase ($p < 0.05$) in the percentage of youth who wanted to obtain a HIV test (from 33% to 51%), who had ever had a test (from 7.5% to 15%), and who had a repeat test in the last 12 months (from 54.5% to 67.5%). The study also states that 'the increase in self-reported usage rates was also consistent with the increased proportion of youth who reported meeting a peer educator in the last 12 months', suggesting that peer support and referral through the use of referral cards would have been effective. (Ngo et al, 2013)
Butterfly Project, YP Foundation (India)	Sixty-five young women leaders (YWLs) were trained and supported through the project; they conducted 81 peer engagement sessions with 235 peers, held 12 community sabhas with 534 people; and conducted advocacy with 72 leaders.	The 65 YWLs have correct knowledge on SRH topics and understanding of their rights; 65 YWLs have increased leadership skills indicated by their enhanced ability at home, with peers and in their community to advocate for their rights; YWLs created safe spaces for their peers to voice their concerns, clarify information, access skill-building opportunities and develop leadership; and YWLs have developed and disseminated key messages (around gender, EFCM, CSE) using ICT and advocated on these issues with decision makers / stakeholders. (YP Foundation, 2018)
ASK Project, RHU (Uganda)	Not reported	Findings of the study show that there was a statistically significant difference between those exposed to peer educators and those unexposed in relation to visiting a health facility for SRH services. However, young people's confidence in managing their sexuality was not associated with whether one was exposed to peer educators or not. (RHU, 2015)

At an outcome level, results from a variety of components are often amalgamated to measure overall change effected by a multi-component programme. This can make it difficult to assess the contribution of one, lone component, such as peer education. However, the literature reviewed for this study indicates that where concerted efforts have been made to measure the contribution of peer education, the findings indicate that it does, indeed, contribute to a variety of SRH outcomes, including SRH service uptake and attitudinal change in young people. Some organisations measure this in the context of a programme (e.g. measuring the changes in knowledge affected by peer educators' WhatsApp sessions, as FHOK does in Kenya), whilst others have initiated specific research initiatives to better understand peer educators' contributions to programmes (e.g. ASK and GUSO programmes in the Africa region). In addition, a number of unexpected SRH outcomes have been measured and reported. At least one report found decreased incidence of unsafe abortion among young people in project sites (Hinson 2020), whilst Promundo, amongst others, found unexpected gender norm change at the level of the community (Tankink 2017).

Beyond SRH outcomes, there was unanimous consensus amongst interviewees and in the literature that peer education has an impact on the lives of peer educators themselves. There is an increasingly-outdated use of this fact as a shorthand for saying peer education 'doesn't work,' though most laud the benefits that accrue to peer educators at an individual level. The study revealed outcomes at the level of the peer educator such as SRHR leadership, professional skills, assumption of leadership positions in the community, and even an 'increased understanding of the world of programming which can be good for a career path.' Other reports also report young people having a newer and wider range of friends, greater ambitions in life and respect for their peers and broader community.

'Very measurable, critical skills are what the peer educators themselves are getting. They aren't getting that from anyone else, and these are future role models in their communities. That's the stuff we need to value. Everyone should have access to peer education training.'

Informants also reported unexpected negative outcomes of peer education, which merit further exploration. For example, one interviewee stated that *'peer education can reinforce negative gender norms; if you recruit peer educators who have negative beliefs about sexuality and gender, that is problematic. They can spread their biases.'* Other programmes also reported that gender norms were repeated within their peer educator cohorts, often to the detriment of girls. In addition, the team learned of instances of community backlash that make the work of peer educators challenging: *'[The programme team] realized it was unfair to ask them to go against the social norms of their world, when that whole world is against them.'* Related to this, young people are sometimes seen as 'overstepping their boundaries' or engaging in inappropriate behaviour given the taboos surrounding young people's sexuality in many communities; as a result, they get labeled as 'bad boys or girls.' Others reported that young people are 'over empowered' in some instances, which means that young people resent having to consult with adults on decisions. Along similar lines, one interviewee reported an instance when youth leaders used one organisation's content for their own personal and professional benefit with other actors.

One outcome area for which there is little evidence is gender. Unfortunately, most evaluations and project reports were 'gender blind,' so little is known about differentiated outcomes for different genders for peer educators or young people generally. Further discussion of the relationship between the gender and peer education outcomes is included under the 'Quality' section of this report.

CONTRADICTIONS

Clarifying what can and should be measured in relation to peer education would go a long way in calibrating expectations of what peer education can 'achieve' in SRH programming, given the contradictions that exist between available evidence and the beliefs and opinions of various stakeholders. There is evidence - though not all of it peer reviewed - that peer education does contribute to changes in SRH knowledge, attitudes (including gender equitable attitudes), behaviours, as well as empowerment and other outcomes. There is, however, a disbelief or an unwillingness to take such evidence into account, which may be in part because it stands in contradiction to the peer reviewed literature. For example, despite evidence from various sources (Aidsfonds (no date); Rutgers 2018; Chau et al 2011); SRHR Alliance Uganda 2016; IPPF 2015; RHU 2014) that peer educators can contribute to SRH and HIV service uptake, one interviewee expressed that it is *'too much to expect from peer educators if you think it will increase the footfall in adolescent-friendly health centers.'* This interviewee explained her belief that other factors - such as stigma attached to accessing services - lie outside the control of peer educators, making it 'unfair' to expect them to increase uptake. Two other interviewees concurred, warning against measuring *'knowledge and condom use at beneficiary level as direct result from peer education'* and that *'like CSE, education alone is not enough for behaviour change.'* Similarly, in relation to changes in gender equitable attitudes and behaviours, some informants expressed that it would be unreasonable to expect significant changes, despite some evidence that this is possible. And, though the literature illustrates the positive youth leadership outcomes resulting from programmes with peer education, one interviewee said it should not be expected for *'young people to have brilliant careers or be leaders, that won't be all of them. You cannot expect that. [It's enough that they are healthy and happy and happy and [able] to fulfill their lives.'*

'For norms, gender and sexuality, I don't recommend a peer education approach because that requires a small group really well facilitated to create normative change. It's really hard for young people to challenge each other on deep-held beliefs. Adolescent brains prioritize social acceptability above all else. If they have gender equitable attitudes they probably came in with them.'

QUALITY

Although there was not an agreed research question related to the quality of peer education interventions, the IDIs revealed a strong belief that, when programme outcomes have been poor, the cause is often poor programme design and/or execution. The addition of peer education as a component can be described as an ‘afterthought’ for some programmes, with many organisations believing that it is an inexpensive way of ticking the ‘youth participation box.’ One interviewee noted, *‘People are still proposing strategies without a clear focus on what they want to achieve.’* To remedy this, one interviewee suggested that researchers need to *‘go back and look at the studies on peer education and re-read them with the lens of what are the outcomes they wanted to achieve, which did they achieve, what was the program model, how were they trained, supervised, what other incentives were involved,’* in order to determine the linkages between design and implementation quality and outcomes. There are some organisations, however, such as YPEER, YP Foundation, Family Health International and UNFPA that offer rigorous standards for peer education that, whilst old, are still relevant. This section explores three key elements of quality peer education programme design and implementation: recruitment, training and compensation/support.

‘The problem is people think [peer educators] are free labor and not professionals who are doing a job, [a] low hanging fruit strategy that people don’t put effort or attention to.’

RECRUITMENT

Several interviewees expressed that peer education outcomes are dependent on good recruitment. This study revealed widely varying recruitment techniques, from peers being handpicked by community leaders and organisations based on personal relationships or past participation, to open recruitment calls for any and all young people who are interested. Some organisations set a profile for peer educators, whilst others do not. One interviewee warned of the dangers of adults selecting peer educators, who were picked by adults; these peer educators then *‘saw themselves as policing the community, and they were loyal to the adults, not the youth in the community. It could be a nepotistic relationship.’*

‘With no guidance and criteria, [peer educators will be] all 25 year old men..... The only people who benefit are the peer educators when there is bad recruitment.’

Some interviewees noted how the lack of a desired profile for peer educators that directly relates to the outcomes of the programme makes it challenging to recruit young people accordingly. One informant explained, however, that this is not always due to lack of planning but, rather, to a desire to be inclusive: *‘People get nervous around how you specify that so that you don’t exclude people.’* In terms of characteristics needed in peer educators, two interviewees shared that *‘candidates should strongly believe in the programmes’* and that *‘it’s important for candidates to be charismatic.’*

In relation to gender, interviewees noted challenges in recruiting girls. One interviewee noted that *‘there have been challenges in recruiting girls because boys have less scrutinizing of their movement, [girls] get harassed or teased. Boys would take over meetings.’* Another noted: *‘We try to balance boys and girls in recruitment and in training as well. Female peer educators tend to reach more girls in the community and male peer educators reach more boys in the community.’*

TRAINING

amount, quality and content of training for peer educators appears to vary considerably. Written reports and evaluations, and even academic literature, often do not provide any or sufficient details about the length or content of training that peer educators receive. Interviewees revealed that some programmes provide training for as few as three days and as much as two weeks, whilst other reports and evaluations did not make it clear what, if any, training the programme provided. In some programmes, young people have the opportunity to 'advance' through further levels of training, after which their roles and responsibilities change. Despite consensus amongst interviewees on the importance of 'continued capacity building' and not 'jamming everything into people's heads in two weeks,' not all programmes include refreshers. No data were available regarding the facilitators of peer education training, methodologies/pedagogies used in trainings and/or the quality of the training design and content. One interviewee noted that few programmes conduct a needs assessment prior to training, making it challenging to determine which information future peer educators need.

COMPENSATION

For the most part, there is an understanding amongst interviewees and in the literature that the support and compensation provided to peer educators is directly linked to the results achieved. With regards to compensation, however, there is great variance in what is provided to peer educators; some programmes provide peer educators with a salary or stipends and others provide reimbursements for transportation and communication costs only. Still others 'pay' peer educators with giveaways such as hats, t-shirts or field trips. Whilst some interviewees connected peer education to the strong volunteer culture to support an assertion that peer educators do not need to be paid, others noted that such a culture does not exist in their context.

Opinions about the extent to which young peer educators should be compensated varied amongst interviewees; however, overall, there is agreement that they deserve to be remunerated in some way beyond receiving 'in kind' giveaways. One interviewee noted that if peer educators are not compensated, it undermines their confidence levels: *'they are not seen as professionals. It's often voluntary! Somehow that undermines their confidence... in themselves as professionals.'* When no monetary compensation was offered or was not enough to cover their costs for doing the activities, interviewees cited this as *'an important reason for drop out.'* The same informant linked compensation to support, stating how important it is for support to go beyond the monetary: *'Good mentoring and appreciation of them and their work is an incredibly powerful compensation, especially if their good work is rewarded with increased responsibilities and room for personal growth.'*

'Peer educators should be seen as community health workers. There always is this bias that young people are irresponsible and will blow it on other things. If we're talking about meaningful youth engagement we have to value their contributions.'

'This is a professional role and needs to be reimbursed - it's a job like anyone else's... The change that we've seen is tremendous.... The reimbursement helps build their own agency with families. We saw a lot of people able to buy books for themselves. They are able to help their parents if there's an economic situation. Parents respect them more! The monetary aspect really boosts confidence and provides agency that they didn't have before.'

FUTURE RESEARCH PRIORITIES

In this section, we present future research priorities that emerged from the findings of Stage 1. These are ideas and suggested questions, rather than fully fleshed out proposals, that are meant to provide inspiration for those seeking to integrate research on peer education into existing or future programmes. The methodologies for each one have not been spelled out, though it is envisioned that all of them would employ participatory approaches that center on the lives and realities of young people, including peer educators themselves.

'The gold standard would be to actually do it the best way we know how to do it, [with the] best training, address stigma and inequitable [norms], incentivize, evaluate it alone and in the context of a larger program, then we could really evaluate it. Is it that we aren't investing sufficient rigor in our work?'

SOCIO-ECOLOGICAL PERSPECTIVES

Many 'skeptics' of peer education are prone to citing findings that peer education has more of an impact on the peer educator her/himself than on the intended 'beneficiaries' - i.e. other young people. This is often because peer education's success is measured solely by sexual and reproductive health outcomes, such as changes in knowledge, attitudes and behaviours, rather than the changes it affects in the lives of peer educators or their communities. This is, it seems, a difference in the way that the intended outcomes of peer education are defined at the outset of a programme.

Many interviewees agreed that peer education has an impact on the lives of peer educators; rather than using this as a shorthand way of saying that peer educator 'doesn't work,' however, most laud the benefits that accrue to peer educators at an individual level, including self esteem, leadership skills, work preparedness, and more equitable gender attitudes: *'Very measurable, critical skills are what the peer educators themselves are getting.... Everyone should have access to peer education training.'* In addition to interviewees' consensus around the positive impact on peer educators' lives, there also seems to be consensus that peer education has the potential to impact many other 'layers' or 'spheres' of life beyond the individual level (see socio-ecological model example below). Interviewees cited many examples of changes they observed in parents, providers and others within communities where peer education programs took place; these outcomes were often unexpected.

'From peer ed, the donors or organisations can get many unexpected outcomes. The main thing is the contributions made in their communities. We have participants from rural areas - there is no information there, but the trained person is able to share it there. The quality of life can be changed. ... When I got the SRHR training, the way I think about people has changed. Once you go deeply, the perspective is totally different.'

'[Us peer educators] motivate their parents and leaders. It's all about our achievement ...and [raising] demand. Young people feel shy, but they can reduce shy feelness through proper education. There is open space to talk freely about SRHR. It's a matter of taboos. We can start to open a space wherein they can talk, seek services, and can work through stigmas.'



Figure: Socio-ecological model from Research Gate

Research questions:

1. How does being a peer educator affect a young person's relationships and engagement at different levels of the socio-ecological model?
2. What are the 'ripple effects' of peer education at the individual, interpersonal, organizational and community levels?
3. Are there differences between the way that peer educators of different genders experience the effects of their involvement in peer education?
4. Can peer education contribute to norms changes in relation to gender? If so, how?

POLITICIZATION OF YOUNG PEOPLE

Across several interviews with peer educators and those managing peer education programmes, one finding that emerged is that being a peer educator has the potential to 'politicize' young people. In other words, through the training, support, mentorship and experience of being a peer educator, young people's world views and understanding of rights, accountability and their own power are transformed. Another way to say this is that being a peer educator increases the propensity to engage actively as a citizen and hold duty-bearers to account for young people's rights. Amongst the illustrative quotes were:

'[Peer education is] about creating a bottom-up movement and advocacy to bring CSE as a right for young people.'

'Big emphasis on the confidence of Peer Educators, who have a sense of social justice and are seen as change makers of today, for whom we're able to make space in policy advocacy, who are professionals. Young people as politicized beings.'

'Joining [organisation] was one of the best decisions of my life. You don't get lots of mentorship for young people. When I was very young, there was no one to guide me or which sector was good for me. Since joining, I got to make my own decisions. The way I look upon people has changed. I want to share that information to others.'

'I have one quote that I always bring with me - from a 17-year old. I did a screening and he said 'I thought young people of the same age cannot do anything, that we're just beneficiaries.' ...He never thought that, like me, young people could deliver services. Peer Educators are not just beneficiaries - we are implementers. '

'Peer Educators or youth organizers are creating themselves as 'fighters' against unequal status - they advocate for LGBTIQ people, women's rights, transgender rights, they represent themselves at all levels. [We] have youth volunteers that have opportunities to represent themselves in different spaces on human rights. It's a total taboo, so it's our achievement.'

Interviewees talked about political engagement even when it was not an expected outcome of the peer education program; one cited young people from very poor marginalized communities becoming engaged in regional advocacy despite linguistic limitations and not having had opportunities of that kind before. In this sense, peer education has a 'catalyzing' effect on young people's lives and, possibly, one that stays with them -and their communities- regardless of which career path they choose thereafter.

Research questions:

1. How has being a peer educator changed young people's understanding of their role in the world?
2. How has being a peer educator changed young people's life intentions and aspirations?
3. Are there any unintended or negative consequences that result from being a peer educator and/or a politicized, active citizen?
4. How do trained peer educators engage with political processes and social movements? What linkages exist between peer education programmes and those processes/movements?
5. What role could/does peer education play in the context of advocacy and accountability for young people's SRHR?

CONTRIBUTION TO MULTI-COMPONENT PROGRAMMES

More often than not, peer education forms part of a multi-component SRH programme together with components such as service provision, CSE and advocacy. Peer education's 'effectiveness' is often measured with quantitative, process indicators relating to the number of referrals to services from peer educators; number of young people reached by peer educators; number of condoms provided by peer educators; and/or number of other services (e.g. HIV testing, contraception) provided by peer educators. When the numbers reported are deemed 'too low' or do not reach the defined targets, peer education is often seen as failing. Conversely, if a multi-component program is deemed successful, the peer education component rarely gets the credit. Interviewees commented on the high expectations placed on peer education, without considering its place within a larger programme and the extent to which it can, realistically, contribute to the defined outcomes.

'It's a big ask to have young people improve...outcomes. We can't say if it's the peer or it's not the peer, or if it's the provider.'

'When they are good you can't say it was peer education because it was a multi-prong program.'

In addition to believing that the expectations placed on peer education are disproportionately high, interviewees also spoke of how important its contribution is to broader SRH programming. Referring specifically to peer education for HIV treatment outcomes, one interviewee said: *'When I compare [programs with a peer component and ones without] it's hard to see how they will be successful without peers; it's not natural in a developing country to go through something alone.'*

Research questions:

1. What contribution - beyond numbers of services provided - does peer education make multi-component SRH programming?
2. How does peer education act as a link pin or 'enabling force' within a programme?
3. Practically, what are the linkages between peer education and other programmatic components such as services?
4. What other factors, beyond peer education, impact on the 'success' of the other components to which peer education is supposed to contribute?
5. How does the meaningful engagement of young people as peer educators affect an overall programme?
6. How is the role that peer education will play within multi-component programming decided? And by whom

LEVEL OF INVESTMENT AND DESIGN QUALITY

A major flaw in the way that peer education has been documented and evaluated to date is the lack of information on how programmes are designed, including the way that peer educators are recruited, remunerated and trained/supported. Programmes included in various published systematic reviews are judged on their outcomes/effectiveness without always considering the uneven levels of investment in training, retention, support, mentoring, resources/materials, and compensation for peer educators in each programme. These elements are rarely described in detail in the literature. In other words, peer education has been questioned without understanding the extent to which design has set a programme up for success or failure. The team surmises from the available data that the reasons behind a lack of focus on quality of peer education interventions relate to: 1) the belief that peer education is a low-cost intervention, and 2) not conceiving peer education as a youth development intervention, rather than a vehicle to SRH outcomes. Whilst standards have been set by various NGOs - IPPF included - the extent to which these best practices are followed and adapted to context is not well understood. A number of interviewees expressed frustration with this:

'Many researchers themselves don't understand the concept of peer education, some programs [in the published literature] didn't meet the standards of what peer education was... This could affect the results. We need more research in this area to assess health outcomes. It's not like the last word was said.'

'[Evaluation is] not systematic. That would be an admirable goal to work toward. When an organization has money they can't wait to get out and implement and are less concerned about the quality of the intervention.'

'The gold standard would be to actually do it the best way we know how to do it, [with] the best training, address stigma and inequitable norms, incentives, evaluate it [alone] and in the context of a larger program, then we could really evaluate it. Is it that we aren't investing sufficient rigor in our work?'

One interviewee suggested writing a new article entitled 'How it works' to address the misconceptions about peer education that abound in the SRH community globally; she explained: *'We are being stupid if we say it just doesn't work. Let's bring nuance to the narrative.'* Others object outright to the idea that 'end beneficiaries' do not experience enough positive outcomes to justify the model, stating that when it is well-designed and implemented it can affect meaningful outcomes: *'The only people who benefit are the peer educators when there is bad recruitment....the problem is people think they are free labor and not professionals who are doing a job, low hanging fruit strategy that people don't put effort or attention to.'*

Furthermore, the gender-blind nature of most of the programmes reviewed and mentioned by interviewees is surprising given movement in the SRHR field toward gender-transformative approaches. It may be that the training curricula for peer educators in these programmes employ such a perspective, questioning harmful root gender norms, but that the design of the programmes and their measurement frameworks fails to do so.

Connecting the quality of design and level of investment in peer education with the outcomes achieved (both measured and unmeasured) provides a better indication of peer education's 'effectiveness' in any given context. This research trajectory would, therefore, seek to understand the level of investment and how this correlates with outcomes.

Research questions:

1. How do the levels of investment in peer education (as either a standalone intervention or as part of a multicomponent programme) correlate with observed outcomes?
2. How is the 'optimal' model designed for each context where peer education is implemented? What contextual factors need to be taken into account?
3. How does a gender transformative approach to the programme design affect its outcomes? And what are good ways of defining monitoring and evaluation frameworks that capture sufficient/appropriate evidence of root gender norm change or other successes of a gender-transformative approach?
4. How do peer educators' confidence levels, training, compensation and support impact on their ability to carry out their work effectively?

RESISTANCE AND BACKLASH TO PEER EDUCATION

Whilst there is evidence to suggest that peer educators are seen as role models for their fellow young people and contribute to changing attitudes about young people's capacities to lead amongst adults, there is also evidence that some experience backlash and resistance to their work. There is backlash in some communities amongst those who believe that young people should not learn or speak about issues regarding sexuality. In addition, there is resistance even amongst peer educators to some of the concepts - such as gender equality and human rights - that underpin SRH programming and peer education content.

What is not clear from the evidence is the extent to which backlash and resistance affect the work of peer educators, and the support that they need in order to continue in the face of such resistance. This research trajectory would also look at the strategies employed to ensure that gendered and other inequalities are not replicated inadvertently through the content or operation of peer education.

Research questions:

1. What risks are young(er) peer educators exposed to in their SRHR work? How are they mitigated? What is needed to develop strategies that safeguard their wellbeing and standing in their community as well as maintaining an enabling environment for SRHR?
2. What are good strategies to double check that SRHR peer education interventions challenge harmful gender norms, instead of replicating them (recruitment, training, planning, shadowing and other support models, monitoring, evaluation and linking up with other programme components)?
3. What is the key guidance that should be shared with young peer educators in responding to attacks from anti-rights groups (suggest measures both on and offline)?
4. What alternative and additional strategies are used or desired to build the confidence and leadership of female peer educators in SRHR (without triggering backlash)?
5. What are the accompanying interventions that help prevent and mitigate backlash (e.g. work with SRH providers, community leaders, intergenerational dialogues)?

OTHER RESEARCH PRIORITIES

Several other priorities were mentioned by interviewees who participated in the research for this; however, there was not as much consensus around each one. This does not necessarily reflect the importance of these research areas. The following questions summarize these priorities:

- What is the added value of peer education as a pedagogical approach?
- How can and should young people be part of the entire cycle of peer education programming - from design and budgeting to implementation and monitoring? What impact does this have on effectiveness if young people are involved at all stages?
- How can and should SRHR organisations integrate youth development into their core mission, values and work?
- How effective is peer education as an approach for marginalized young people? What considerations need to be included in peer education programming for marginalized young people?
- What role can and should peer educators play in providing services? How are outcomes affected when peer educators provide services as compared with health professionals?
- Peer educators often play several roles - e.g. as service providers, advocates, mobilizers. What combination of roles for peer educators works best in each context? How is this decided?
- How can digital technology be harnessed by peer educators?
- What role do peer educators play as role models in their communities for other young people?
- What does it mean to adopt an 'intersectional' approach to peer education? A gender transformative approach?
- How can peer educators help their peers 'navigate' the myriad of facilitative/obstructive factors that impact on their SRHR decision making?
- Ten years on, what impact does being a peer educator have on a person's life? What lasting effects do peer education programs have in the communities where they take place?

CONCLUSION

This study took as a starting point the experiences and perspectives of those organisations that work with peer educators across the globe, in an attempt to balance the narrative that currently exists in peer reviewed literature about the approaches to and effectiveness of peer education. Findings were drawn out in relation to the parameters of peer education, such as approaches, terminology and definitions; programmatic integration; measurements and outcomes; and quality of programmatic design. In addition, the study intentionally sought to draw out the research and evidence gaps that still exist.

In relation to parameters, there is great diversity in the terminology and definitions used to describe peer education, as well as the roles that it plays within individual programmes. There is, however, a common understanding across most working in youth SRH programming that peer educators should share similar characteristics with those they are trying to reach. Similarly, no two youth SRH programmes look exactly alike, with peer education being integrated and utilised alongside components such as service provision, CSE, community mobilization, referrals, counseling and much more; very few are truly standalone. In line with this, there is consensus that peer educators should work in partnership with a variety of other actors, including educators, service providers and community health workers. In relation to measurements and outcomes, this study illustrates that most programmes measure outputs (numbers of young people reached by peer educators). Those organisations that measure outcomes in relation to health, empowerment and other topics, are not necessarily able to attribute such outcomes directly to peer education, though it is clear that they believe in the contribution of peer education across all result areas. Gender outcomes, however, are notably missing from the grey literature. Finally, the findings in relation to quality reveal that where peer education programming ‘under performs,’ there are usually quality and design problems at the root of the problem. These quality issues cut across recruitment, training and compensation for peer educators, amongst other areas.

Several contradictions have emerged through this study that reflect the tension at the heart of the oft-asked question: ‘does peer education work?’ On the one hand, there is significant evidence to suggest that peer education contributes to a broad spectrum of sexual and reproductive health outcomes, but - on the other - there remains resistance to recognising those contributions as a sufficient reason to invest in peer education. Further, there is ample evidence to suggest that peer education contributes to a broad range of youth empowerment and development outcomes, but for many SRH organisations, these are not priority outcome areas for investment. Finally, there is evidence that the quality of design of peer education programmes is often poor or an ‘afterthought,’ but this is rarely cited as the reason that peer education does not work and there is scant investment in understanding why what does not work, does not work.

As with youth SRH programming generally, there is tremendous potential for creativity when partnering with young people. Allowing their demands to emerge organically in each context, community and country will not only embolden their movements for change but, also, ensure that programming is grounded in an understanding of the root causes of poor health and rights outcomes, such as adultism, patriarchy and social hierarchy. Young people, by default, often bring intersectional lenses that reflect an understanding of the determinants of their own and their peers’ sexual and reproductive health and rights. ‘Walking the talk’ of human rights programming means ceding power, listening intentionally to young people and committing to responsive programming.

A tendency within the SRH sector globally to focus on findings articulated in the peer reviewed literature has meant that what is ‘common sense’ for organisations that work with and for young people is not widely accepted as rigorous evidence. Whilst for some nothing short of a randomized control trial will hold sway, this study illustrates just how much there is to learn from young people themselves as well as from organisations that have spent decades cultivating partnerships with them through peer education. So, rather than questioning whether and how peer education can contribute to the outcomes designed and set by funding organisations, why not position young people’s demands at the front and center of programmes and accompanying results frameworks? Rather than spending time convincing

organisations that peer education can and does contribute to SRH outcomes, why not support SRH organisations to incorporate positive youth development and empowerment outcomes into their existing programmes? And, rather than questioning the very premise of youth participation in SRH and demanding it prove its worth, why not accept youth participation and leadership as integral to rights-based programming and channel energy into determining the models that are most supportive of young people? Indeed, listening to young people may mean that, in the end, we start asking the right questions.

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ANNEX 1: LITERATURE

GREY LITERATURE

Citation	Year	Link	Type	IPPF region	Details
Aidsfonds (no date) Creating communities of emergency responders	ND	Not available	Project report	ARO	This is a briefing on the use of peer educators as part of North Star Alliance's Blue Box clinics for sex workers and truckers.
Stop AIDS Now (no date) Volunteer management	ND	https://aidsfonds.org/resource/factsheets-volunteer-management	Guide-lines or standards	Global	These are general guidelines for volunteer management; they are not specific to peer education. Several of the 'good practices' identified herein are relevant for managing and supporting peer educators.
IPPF Peer Education Case studies	ND	https://www.ippf.org/search?s=peer+education	Other	Multi-region	There is a series of 'testimonials' from IPPF peer educators in Cameroon, Palestine, Ghana, Burundi, Lesotho, Zambia, Malawi, Uganda, Bangladesh and more. Their first-hand testimonials provide an insight into the work they do, and the impact they're having in their respective communities.
HERA Macedonia (2020) The effects of PE on CSE	2020	Not available	Research report	ENRO	This is a report of HERA's implementation of peer education between 2017 and 2019 as part of the IPPF Strategic Framework work on CSE.
GUSO (2020) Using WhatsApp to Deliver CSE & SRHR Information webinar	2020	https://register.gotowebinar.com/recording/8301418750010994947	Other	ARO	This is a webinar hosted by the GUSO programme to share FHOK'S experience using WhatsApp to deliver SRH information to young people.
UNFPA (2020). Out of School CSE Guidance. (forthcoming)	2020	Not available	Guide-lines or standards	Global	These guidelines complement the ITGSE published in 2018 and focus on CSE for out-of-school and marginalized young people. There is one, short section in chapter 2 focused on the use of peer education in delivering CSE.
Laura Hinson (2020) Peer Educators as Agents of Change: Experience of the Integrated Family Health Program (IFHP)	2020	https://www.youthpower.org/resources/peer-educators-agents-change-experience-integrated-family-health-program	Research report	ESEAOR	The brief describes the experience of the USAID-funded Integrated Family Health Program (IFHP) in engaging peer educators in the planning, execution, monitoring and evaluation of adolescent and youth SRH programs in Ethiopia.
YP Foundation (2020) School based CSE evaluation	2020	Not available	Evaluation report	SARO	
YP Foundation (2018) Know your body, know your rights evaluation	2020	Not available	Evaluation report	SARO	
CORT India (2019) Engaging men and boys in promotion of gender equality and SRH serviceuptake - second appraisal	2019	Not available	Research report	SARO	This is the report of research undertaken in India in the context of a programme designed to engage men and boys for gender equality and access to SRH services in slum areas of Hyderabad. It is the second rapid appraisal done, following a first one two years previously for the same project.
GUSO (2019) Operational Research on youth-led collaborations in Malawi	2019	https://srhrallianceug.org/wp-content/uploads/2020/03/Youth-led-collabs-Malawi-report_Final.pdf	Research report	ARO	This operational research report is focused on the youth movement building strategy -later redefined as 'youth-led collaborations' (YLC)- implemented by GUSO country alliances under outcome area "Empower young people to voice their rights". Malawi was selected because they are implementing different kinds of YLC, including working with existing government structures, thus providing an opportunity to learn about sustainability.
GUSO (2019) Operational Research on Youth-Led Collaborations in Uganda	2019	https://www.rutgers.international/sites/rutgersorg/files/PDF/OR%20-%20youth%20led%20collabs%20Uganda%20report%20FINAL.pdf	Research report	ARO	This is parallel to the Operational research track described above for Malawi. Uganda was selected because many countries were already learning from the Youth Advisory Committee established by the Uganda Alliance.

Citation	Year	Link	Type	IPPF region	Details
GUSO (2019) Operational Research on GUSO Flex in Uganda	2019	Not available	Research report	ARO	Presents findings from a qualitative study using the Qualitative Impact Protocol (QulP) conducted to evaluate the health and income impacts of the additional GUSO Flexibility Project in Uganda (2018-2019) on youth between the ages of 18 and 24 who became Community Health Entrepreneurs (CHEs). The CHEs were trained in health and entrepreneurship; supplied with a basket of over-the-counter health products (including SRH items like condoms and sanitary pads), as well as a phone or tablet loaded with health information (e.g. videos on health topics); and equipped to make referrals to local medical centres (for health issues that were beyond their competencies). The CHEs could earn an income by selling health products in their communities.
GUSO (2018) Mid-term Report	2018	https://www.choiceforyouth.org/assets/Docs/d03e5e44a5/GUSO-Midterm-Evaluation-report_FINAL_24July2018.pdf	Evaluation report	Multi-region	Midterm report of the overall Get Up Speak Out program
HERA (2018) Sexuality Education in Georgia Policy Brief	2018	http://hera-youth.ge/wp-content/uploads/2018/06/Policy-Brief-final.pdf	Research report	ENRO	This is a policy brief on the status of comprehensive sexuality education in Georgia, and it makes passing mention of the IPPF MA's (HERA) use of peer education to deliver CSE. It is not particularly relevant to this study.
CORT India (2018) Engaging men and boys in promotion of gender equality and SRH service uptake - first appraisal	2018	Not available	Research report	SARO	This is the report of research undertaken in India in the context of a programme designed to engage men and boys for gender equality and access to SRH services in slum areas of Hyderabad. This is a baseline study, referred to as the 'first rapid appraisal' of the programme - the second was conducted one year later.
Rutgers (2018) An Operational Research to assess how peer educators contribute to Youth Friendly Sexual and Reproductive Health (SRH) Service Delivery	2018	Not available	Research report	ARO	Report of the operational research assessing the role of peer educators as part of the U-DECIDE project in Malawi.
UNESCO (2018) International Technical Guidance on Sexuality Education: An Evidence-informed approach	2018	https://unesdoc.unesco.org/ark:/48223/pf0000260770	Guidelines or standards		Developed to assist education, health and other relevant authorities in the development and implementation of school-based and out-of-school comprehensive sexuality education programmes and materials. It is immediately relevant for government education ministers and their professional staff, including curriculum developers, school principals and teachers. Non-governmental organizations (NGOs), youth workers and young people can also use the document as an advocacy or accountability tool, for example by sharing it with decision-makers as a guide to best practices and/or for its integration within broader agendas, such as the SDGs. The Guidance is also useful for anyone involved in the design, delivery and evaluation of sexuality education programmes both in and out of school, including stakeholders working on quality education, sexual and reproductive health (SRH), adolescent health and/or gender equality, among other issues.
The Royal Society for Public Health, 2018. Key findings of the report on the use and effectiveness of health peer education with young people in European countries	2018	https://network.streetgames.org/european-youth-health-champions-research	Research report	SARO	The report is based on a series of research activities to identify the existing evidence for, and outcomes of peer education with a particular emphasis on young people. A mix of documentary and primary research was used to achieve a wider view. The report provides the theoretical background, evidence of activity effectiveness, current good practice and the views of young people around peer education.
YP Foundation (2018) Butterfly Project evaluation	2018	http://www.theypfoundation.org/the-butterfly-project	Evaluation report	SARO	Project evaluation report of the Butterfly Project, implemented in India between 2015 - 2018.

Citation	Year	Link	Type	IPPF region	Details
RHU (2017) Youth Encourage Project Final Report	2017	https://www.youthpower.org/resources/final-report-youthpower-learning-project-advancing-positive-youth-development	Project report	ARO	Project evaluation report of the YEP project in Uganda, a precursor to GUSO, which had a large peer education component that was meant to increase uptake of services, mobilize youth in the community and increase the quality of services provided.
GUSO (2017) Baseline Report	2017	Not available	Research report	Multi-region	This report presents the baseline situation with regard to the five outcome areas of GUSO in the seven countries where the GUSO programme is implemented. It reflects on the starting point of the in-country SRHR alliances of all GUSO countries, on the way these alliances will foster meaningful youth participation in SRHR programming and on how these alliances promote and push for a gender sensitive and youth friendly SRHR environment. In five countries (Ethiopia, Ghana, Indonesia, Malawi and Pakistan) the baseline performance study was carried out. Results of this performance study are presented by country (excluding Malawi, since the performance study was delayed). For the other two countries (Kenya and Uganda) a comparative study is rolled out, shared separately.
Rutgers (2017) Planning and support tool for empowering SRH approaches	2017	https://www.rutgers.international/sites/rutgersorg/files/PDF/French_material/Planning-and-Support-Tool.pdf	Global	Guidelines or standards	This tool is designed to assist organisations that want to promote young people's sexual and reproductive health and rights (SRHR) and to empower them to enjoy their (sexual) development, relationships, attain their rights and have a greater sense of wellbeing. It focuses mainly on the strategy of SRHR education, also known as (comprehensive) sexuality education.
Chau et al (2017) Perceptions and results of youth participation: The youth focal point	2017	Not available	Research report	ARO	Operational research on the Youth Focal Point model in Senegal under the ASK program.
UBR Bangladesh (2017) Project completion report	2017	Not available	Evaluation report	SARO	Final report of the Unite for Body Rights project in Bangladesh.
IMAP IPPF (2016) Youth Peer Provision	2016	https://www.ippf.org/resource/imap-statement-youth-peer-provision-models-deliver-sexual-and-reproductive-health-services	Other	Global	This is a statement made by IPPF's International Medical Advisory Panel on youth peer provision as a strategy for task shifting that respects young people's right to participation.
SRHR Alliance (2016) Perceptions and results of youth participation: The youth focal point model in SRH programme in Senegal	2016	Not available	Evaluation report	ARO	A longer report that the one published in 2017 about the same project, also reviewed here.
SRHR Alliance (2016) Opportunities and Barriers for Increasing Uptake of SRH Services amongst Under-Served Young People in Indonesia	2016	Not available	Evaluation report	ESARO	Operational research final report for the ASK program in Indonesia
SRHR Alliance (2016) Health seeking behaviour and increasing access to	2016	Not available	Evaluation report	SARO	Operations research final report for the ASK program in Pakistan
IPPF (2016) ASK end evaluation	2016	http://kaleidosresearch.nl/publication/ask-evaluation/	Evaluation report	SARO	Report presents an assessment of the ASK program, its achievements and the lessons learned. The evaluation explored the programme's relevance, sustainability, impact, effectiveness and efficiency in specific dimensions.
SRHR Alliance (2016) Effectiveness of community based strategies / models in increasing the uptake of SRH service among young people in Uganda	2016	Not available	Research report	ARO	The operational research was conducted to assess the effectiveness of the peer education and village health teams (VHTs) models in increasing the uptake of Sexual and Reproductive Health (SRHR) services among young people in Uganda.

Citation	Year	Link	Type	IPPF region	Details
IPPF (2015) Assessment of Peer Provider Models	2015	Not available	Research report	Global	A report mapping out existing peer provision models within the IPPF federation
RHU (2015) Operational Research on Community Models Uganda Final Report	2015	Not available	Research report	ARO	
Albania Center of Population and Development (ACPD) (2014) PEER Review report	2014	Not available	Research report	ENRO	This is a PEER review report of the Choices project as a whole, rather than a report on peer education specifically. The project included elements of peer education, as well as SRH service provision and CSE with several groups of marginalized young people. The results of the peer education component were not separated out from the general findings of the PEER review.
RHU (2014) Assessment of young people's SRH needs and choices	2014	Not available	Research report	ARO	This report presents the findings of a study on the assessment of adolescents and youths (10-24 years) Sexual and Reproductive Health needs and choices in Iganga District. The study assessed SRH needs and choices of adolescents and youth and their health seeking behavior including barriers and facilitating factors in accessing SRH services.
FHI (2014) Evidence-based Guidelines for Peer Education	2014	https://www.advancingpartners.org/sites/default/files/sites/default/files/resources/peer_education_guidelines_for_usaid_aug_2014_final.pdf	Guidelines or standards	Global	Updated version of 2010 guidelines (see below) to include gender content.
Youth Rise (2014) Delivering Youth-led Peer education: A guide to facilitate youth-led workshops on sexual health and drug-related harm reduction	2014	https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/21619_peer_education_guide_2014.pdf	Guidelines or standards	Global	A guide to facilitate youth-led workshops on sexual health and drug-related harm reduction (training of trainers manual)
Restless Development (2013). Peer Education Programme	2013	https://restlessdevelopment.org/file/sa-impact-brief-peer-education-programme-pdf#:~:text=Peer%20educators%20or%20trained%20Restless,and%20sexual%20and%20reproductive%20health.	Project report	Global	This is an impact brief based upon an evaluation that Restless Development did of its peer education programming in South Africa.
IPPF (2013) Love, Sexual Rights and Young people: Learning from our peer educators how to be a youth centered organisation	2013	https://www.ippf.org/sites/default/files/ippf_lsr-yp_full_020813.pdf	Evaluation report	Multi-region	This is an assessment report of the 'Adolescent and Advocacy Programme' (A+ 2010-13) in 16 countries across Sub-Saharan Africa, South Asia and Central America. Peer education was an integral part of the program. Its overriding goal was to increase access to sexual and reproductive health services and comprehensive sexuality education for young people, and to promote their sexual and reproductive health and rights. The participatory design of this wide-reaching assessment has produced a rich analysis of what works and what does not, along with innovative examples of youth-led and youth-centred initiatives. It gives clear evidence of how putting young people firmly at the centre of youth programmes can improve communication, participation,
RHU(2013) Reaching the hard to reach: Strengthening Prevention of HIV among Vulnerable Youth in Mbarara	2013	Not available	Research report	ARO	
IPPF Inside and Out: Comprehensive Sexuality Education (CSE) Assessment Tool	2013	https://www.ippf.org/resource/inside-and-out-comprehensive-sexuality-education-cse-assessment-tool	Guidelines or standards	Global	The tool enables Civil Society Organisations to assess the quality and comprehensiveness of their CSE programmes so that they can deliver high-quality rights-based CSE to adolescents and young people, especially in non-formal education settings. It includes analysis of language and messaging, programme development, educator training, interventions and national level health, demographic and social data, with a strong gender focus.

Citation	Year	Link	Type	IPPF region	Details
FPAN (2011) FPAN Youth Centers Study	2011	Not available	Research report	SARO	Uses terms “youth volunteer” and “peer member” to describe youth that fulfill activities that might be described as peer education (in some cases they call it “counselling”)
APPF (2011) Compasso programme for young women	2011	Not available	Project report	ENRO	There is not much in this document at all about peer education. ‘Peer mediators’ are mentioned but no explanation of their role in the project is provided.
RHU (2011) Cost effectiveness of peer education	2011	Not available	Research report	ARO	
FHI (2010) Evidence-based Guidelines for Peer Education	2010	https://www.fhi360.org/resource/evidence-based-guidelines-youth-peer-education	Guidelines or standards	GLOBAL	These guidelines provide guidance for those wanting to implement a peer education programme, from planning and designing to monitoring and evaluation. Evidence is offered for each stage of programming, as well as examples primarily from the African context. The guidelines are focused on the role of peer education in SRH programmes.
Red Cross (2010) Standards for HIV Peer Education Programmes	2010	https://www.ifrc.org/Global/Publications/Health/hiv_peer_education-en.pdf	Guidelines or standards	Global	These are comprehensive guidelines and standards for designing and implementing a peer education HIV programme.
Sida (2010) Measuring Empowerment? Ask Them - Quantifying qualitative outcomes from people's own analysis			Guidelines or standards		Not reviewed - not explicitly about peer education but, rather, about measuring empowerment; may be relevant later on, for those interested in alternative measurements for peer education.
USAID (2010) Peer Education Rigorous Evidence – Usable Results	2010	https://www.jhsph.edu/research/centers-and-institutes/research-to-prevention/publications/peereducation.pdf	Guidelines or standards	Global	
IPPF Framework For Comprehensive Sexuality Education	2010	http://web.archive.org/web/20160521042823/http://www.ippf.org/resource/IPPF-Framework-Comprehensive-Sexuality-Education	Guidelines or standards	Global	IPPF's Framework for Comprehensive Sexuality Education includes the principles of good practice, complements existing CSE programmes and guidelines, focuses on the rights and needs of young people, describes seven priority areas to cover in CSE and provides the basis of a new CSE curriculum
It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education	2009	http://web.archive.org/web/20160504050723/http://www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to-	Guidelines or standards	Global	(not reviewed - not within time period agreed)
Klepp et al (2008) Peer Education for Adolescent Reproductive Health (page 185)	2008	http://www.diva-portal.org/smash/get/diva2:275838/FULLTEXT01.pdf#page=185	Other	Global	(not reviewed - not within time period agreed)
Included Involved Inspired: A Framework for Youth Peer Education Programmes	2007	https://www.ippf.org/sites/default/files/peer_education_framework.pdf	Guidelines or standards	Global	(not reviewed - not within time period agreed)
UNFPA (2006) Peer education Toolkit	2006	https://www.unfpa.org/resources/peer-education-toolkit	Guidelines or standards	Global	(not reviewed - not within time period agreed)

Citation	Year	Link	Type	IPPF region	Details
Y-Peer (2005) Youth Peer Education Toolkit: Training of Trainers Manual	2005	https://www.fhi360.org/sites/default/files/media/documents/Youth%20Peer%20Education%20Toolkit%20-%20The%20Training%20of%20Trainers%20Manual.pdf	Guide-lines or standards	Global	The Training of Trainers Manual provides a comprehensive training programme that can be used by 'master' level peer educators and trainers. Activities were developed based on experience in the field during sub regional workshops, on evidence from the literature, and from successful Y-PEER peer education programmes. The manual uses participatory techniques based on a variety of theoretical frameworks to ensure that future trainers of peer educators are skilled and confident in their abilities to train peer educators and serve as informed resources for their peers. It also explains how the work of peer educators fits within a systematic approach to behaviour change on individual and societal levels. Special attention is given to gender and cultural sensitivity and to youth participation in health education.

PEER REVIEWED LITERATURE

Full Citation	Year	Hyperlink	Type of document	IPPF region
Gezahegn (ND) Peer communication on sex and sexual health among youths: a qualitative study in Debre Berhan University, Ethiopia	ND		Research report	ARO
Siddiqui et al (2020) A systematic review of the evidence on peer education programmes for promoting the sexual and reproductive health of young people in India	2020	https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1741494	Research report	SARO
Mangombe A, Owiti P, Madzima B, et al (2020). Does peer education go beyond giving reproductive health information? Cohort study in Bulawayo and Mount Darwin, Zimbabwe	2020	https://bmjopen.bmj.com/content/10/3/e034436	Research report	ARO
Implementation and effectiveness of adolescent life skills programs in low and middle-income countries: A critical review and meta-analysis	2019	https://www.sciencedirect.com/science/article/abs/pii/S0005796719300749	Research report	Global
Skelly et al (2018) Peer-to-Peer Education of College Females on Sexual Health	2018	https://files.eric.ed.gov/fulltext/EJ1177801.pdf	Research report	WHR
Martin (2018) L'éducation par les pairs des jeunes en santé sexuelle : entre apprentissage, échange d'expériences et autonomisation	2018	https://www.ined.fr/fr/publications/editions/document-travail/education-par-les-pairs-des-jeunes-en-sante-sexuelle/		
Fikree et al 2018 The Effect of Peer Education in Dispelling Myths and Misconceptions About Long-Acting Reversible Contraception Among Ethiopian Youth	2018	https://www.ajol.info/index.php/ajrh/article/view/178897	Research report	ARO
Kenig et al (2018) Gender Differences in the Effects of Comprehensive Sexuality Education	2018	https://jrtdd.com/online-first-gender-differences-in-the-effects-of-comprehensive-sexuality-education/	Research report	Global
Mary Maley (2017) Research, Facts and Findings: Peer Education for Adolescent Reproductive and Sexual Health. ACT for Youth Center of Excellence	2017	www.actforyouth.net › resources › rf_peer-ed_0317	Research report	Global
Chandra-Mouli et al (2015) What does not work in adolescent sexual and reproductive health: a review of evidence on interventions commonly accepted as best practices	2015	http://dx.doi.org/10.9745/GHSP-D-15-00126	Research report	Global
Layzer, et.al. (2013) A Peer Education Program: Delivering Highly Reliable Sexual Health Promotion Messages in Schools. Journal of Adolescent Health 54 (2014) S70eS77	2013	https://www.jahonline.org/article/S1054-139X(13)00851-3/pdf	Research report	
Ngo AD, Ha TH, Rule J, Dang CV (2013) Peer-based Education and the Integration of HIV and Sexual and Reproductive Health Services for Young People in Vietnam: Evidence from a Project Evaluation.	2013	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0080951	Research report	SARO
Simbar, M. and Abdi, F. (2013) The Peer Education Approach in Adolescents- Narrative Review Article. Iran J Public Health. Nov; 42(11): 1200–1206.	2013	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4499060/	Research report	other

Full Citation	Year	Hyperlink	Type of document	IPPF region
Tolli (2012) Effectiveness of peer education interventions for HIV prevention, adolescent pregnancy prevention and sexual health promotion for young people: a systematic review of European studies	2012	https://academic.oup.com/her/article/27/5/904/579723	Research report	ENRO
Michielson (2012) Effectiveness of a peer-led HIV prevention intervention in secondary schools in Rwanda: results from a non-randomized controlled trial	2012	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3504526/	Research report	ARO
Selda Polat, et al. 2012 Peer Training Increases the Level of Knowledge on Sexual and Reproductive Health in Adolescents	2012	https://academic.oup.com/tropej/article/58/2/96/1635615	Research report	ENRO
Wolf et al (2011) Peer Promotion Programs and Social Networks in Ghana	2011	https://www.tandfonline.com/doi/abs/10.1080/10810730050019564	Research report	ARO

ANNEX 2: INTERVIEW GUIDE

Date:	
Interviewer:	
Interviewee name:	
Organisation:	
Position/job:	
Location:	
End time:	

Thank you for participating in this interview. As you know, peer education is an umbrella term used to refer to a multitude of interventions, some of which are standalone and others which are integrated into wider SRH programming. It is not a new intervention but, rather, has been utilised for decades as a way of reaching under-served groups, including young people, with information on their health and rights. Despite its prolific use, the research on peer education's effectiveness in achieving various results on SRH knowledge, attitudes and behaviours (the most commonly-used metrics) is mixed. IPPF and Rutgers initiated this research project to understand better from the grey literature and practitioners across the world how peer education is being designed, implemented and measured currently in the context of SRH programming. Looking to the future, they are also seeking to identify new research questions and opportunities that might lead to a more unified understanding of how peer education contributes to youth development, human rights and SRH.

Your participation in this interview is entirely voluntary. Anonymized data from this evaluation will be analyzed by us, as the external consultants, and reported to IPPF and Rutgers. No individual will be identified or linked to the results, unless they specifically request to be identified. If the results of this research are published or presented at meetings, your identity will not be disclosed. The interview will likely take up to 60 minutes, if being conducted by Skype or another online platform. If you are completing this as a written interview, we estimate it will take up 45 minutes to fill in completely. Please indicate whether you consent to participate:

Yes	
No	

Introduction	
Before beginning the formal lines of questioning, can you please tell me a bit about your role and the organisation with which you work?	
Background	
In what ways have you been involved with peer education in your current or past work? (Ensure work of current organisation is covered)	
How do you define peer education for the purposes of your work? Does your current organisation have a formal definition? If not, has there been a definition of peer education that you particularly like/ has inspired you?	
Do you distinguish between 'peer educators' and other roles that young people play within your organisation and/or programming? If yes, how?	
Are there any studies or publications on peer education (grey literature such as programme reports or evaluations or peer reviewed) that have been particularly helpful for your work?	
Implementation of Peer Education	
How have you seen peer education integrated into SRH programming, including but not limited to, education, information/sign-posting, and health service provision? [Describe all 'models' with which the interviewee is familiar and ask more for more in-depth description of the one considered to be most useful/ effective.]	
How were peer educators recruited in your current/past work? What considerations were taken into account in recruitment/selection of peer educators in your current or past work? [Socioeconomic background, gender, age] [For this and subsequent questions, interviewee may wish to focus in on 1-2 programmes with which they are familiar]	
How did these recruitment considerations relate to the desired outcomes for the programme?	
How were peer educators trained? [Describe training before and during programme and use of curriculum for training peer educators] Did you evaluate the training? If so, what were the results?	
How were peer educators supported or mentored in their work? [materials, supervision/ management, feedback sessions]	
How were peer educators compensated for their work? [Monetarily, or otherwise] What are the lessons learnt from this?	

What roles and responsibilities did peer educators have in the programme? (Did PEs have a role in co-designing content or materials? selecting sites? planning activities or budgeting?)	
How have any of the programmes mentioned retained peer educators? What are some of the challenges and successes in retention that you would like to highlight?	
Measuring Outcomes Of Peer Education	
In your current or past work, what outcomes did you hope to achieve or contribute to with peer education?	
For the end beneficiaries?	
For the community?	
For the peer educators themselves?	
In relation to knowledge?	
In relation to attitudes?	
In relation to behaviours?	
In relation to leadership or empowerment?	
What outcomes were you able to achieve? Not achieve? And how did you know you achieved them?	
For the end beneficiaries?	
For the community?	
For the peer educators themselves?	
In relation to knowledge?	
In relation to attitudes?	
In relation to behaviours?	
In relation to gender?	
In relation to leadership or empowerment?	
How, if at all, did you measure the quality of peer education interventions? Which indicators, if any, did you use? What types of tool or methodologies did you use? [Ensure the focus is on peer education, not CSE]	
What unexpected outcomes for the program did you measure or observe in relation to peer education? Positive and negative?	
What outcomes of peer education do you believe are important, either expected or unexpected, that are not being measured?	
Did you measure or observe differing outcomes for adolescent boys and adolescent girls/young men and young women/people of diverse gender identities? Beneficiaries? Educators? Please elaborate on the factors you believe led to differing outcomes.	

Did you measure or observe differing outcomes based on any other characteristic of beneficiaries? Educators? Please elaborate	
In your opinion, are there any unrealistic expectations of peer education?	
Future of Peer Education	
Based on your experience, what do you consider to be good practices for peer education?	
How would you like to see the effectiveness of peer education assessed in the future? (Do you have any ideas for assessing cost effectiveness specifically?)	
Are there any ineffective approaches to assessing effectiveness that you would like to see changed?	
What further evidence/research does the sector need in order to improve its approach to peer education in SRH programming?	

Thank you again for participating in this interview. Before ending, we would like to gauge interest in continuing the conversation on the future of peer education. If you are interested, we will share your name and contact details with IPPF and Rutgers. Specifically, would you be interested in:

Receiving the findings of this research?	Y/N
Participating in a webinar during which the findings of this research will be presented and discussed?	Y/N
Forming a community of practice on the topic of peer education going forward?	Y/N

ANNEX 3: INTERVIEWEE LIST

Organisation	Location	Name	Job title
Aidsfonds	Netherlands	Naroesha Jagessar	Senior Policy Advisor
Centro de Investigación, Educación y Servicios - CIES (Bolivia)	Bolivia	Pahola Peñaranda	IPPF Member Association Youth Focal Point
Dance4Life	Netherlands	Marina Todesco	Research Specialist
Elizabeth Glaser Pediatric AIDS Foundation	USA	Maryanne Ombija	Associate Director, on Technical Leadership & Program Optimization Team
FP2020	USA	Cate Lane	Director, Adolescents and Youth
Family Planning Association of Bangladesh (FPAB) IPPF SARO	Bangladesh	Mahmuda Nasrin Bhuiyan	IPPF Member AssociationMA Youth Focal Point
Family Planning Organization of the Philippines (FPOP) IPPF ESEAOR	Philippines	Louria Joy Paragon	Peer educator
Lebanese Association for Family Health (SALAMA) IPPF AWR	Lebanon	Lina Sabra	Executive Director and former Peer EducatorMA Youth Focal Point
Mary Stopes International	Uganda	Diana Amanyire	Youth Advisor
Planned Parenthood Association of Ghana (PPAG)	Ghana	Ishmael Selassie	Youth Programmes CoordinatorMA Youth Focal Point
Promundo	USA	Abigail Fried	Program Officer
Reach A Hand Uganda (RAHU)	Uganda	Maureen and Gilbert	Strategy and Business Development Manager (Maureen) ; Chief of Staff (Gilbert)
The Reproductive Health Alliance Kyrgyzstan (RHAK) IPPF ENRO	Kyrgyzstan	Aida Maatkazieva	MA Youth Focal Point (Program manager, PU "Reproductive Health Alliance of Kyrgyzstan"
Reproductive Health Uganda (RHU)	Uganda	James Tumusiime	Gender and Youth CoordinatorMA Youth Focal Point
Rutgers	Netherlands	Miranda van Reewijk	Senior Researcher
Save the Children		Callie Simon	Adolescent SRH Team Leader
UNFPA	NYC	Ilya Zhukov and Peter Mladenov	Youth Advisor and Technical Specialist, CSE
WHO	Geneva	Venkatraman Chandra-Mouli	Scientist, Adolescent SRH
YouAct	Bulgaria	Sophie Beria	Chairperson
Youth LEAD	Bangkok	Gaj Gurung	Executive Director
YP Foundation	India	Pallavi Agrawal	Know your body, Know your rights Programme Lead
YPEER	Nepal	Fura Sherpa	YPEER Country Coordinator