CEDEP

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Lessons Learned

Peer Education Programme (Malawi)

SUMMARY

Centre for the Development of People (CEDEP) is one of the organizations implementing evidence based prevention project targeting men who have sex with men (MSM) who are also categorized as the most at risk populations. An evidenced based targeted intervention (EBT) programme was established in 5 districts of Malawi with the objective of promoting safer sex programmes through the use of peer education networks. CEDEP sought to garner lessons from the EBT programme that can be put to tangible use. For the organization to actualize these lesson learned and replicate them in other projects this report to CEDEP documents lessons learned from this work through the synthesis of lessons learnt in the period that the project has been in operation. The primary success was that the programme was able to successfully deliver the risk reduction message and effect behaviour change, in so doing working towards reducing the prevalence of HIV amongst MSM despite challenges such as homophobia and erratic supply of safe sex products. The Peer Educators were able to spread the safety message. Suggestions regarding the way forward are supplied.

THE CONTEXT

There are limited data characterizing the burden of HIV among men who have sex with men (MSM) in Malawi. Epidemiologic research and access to HIV prevention, treatment and care services have been traditionally limited by criminalization and stigmatization of same-sex practices.

To inform the development of a comprehensive HIV prevention intervention for Malawian MSM, an assessment of individual, sexual- network and structural factors and their relationship with prevalent HIV infections among MSM in Blantyre was conducted by a collaboration from the University of Malawi and Johns Hopkins University between 2011 and 2012 (Wirtz et al., 2013). 338 MSM were enrolled in a cross-sectional study. Crude HIV and syphilis prevalence estimates were 15.4% and 5.3% respectively. Ninety per cent of HIV infections were reported as being previously undiagnosed. Participants were predominantly gay-identified (60.8%) or bisexually identified (36.3%) with half the respondents reporting recent concurrent relationships. Approximately half reported consistent condom use (always or almost always) with casual male partners. Current age (averaging 25 years), single marital status and age of sex with a man before 16 years were independently associated with HIV infection. The study demonstrated that MSM represent an underserved, at-risk population for HIV services in Malawi and merit comprehensive HIV prevention services. The results of this study provide a number of priorities for research and prevention programmes for MSM, including providing access to and encouraging regular confidential HIV testing and counselling, and risk reduction counselling related to anal intercourse. Other targets include the provision of condoms and compatible lubricants, HIV prevention information, and HIV and sexually transmitted infection treatment and adherence support.

THE ACTIVITY

Peer education is a strategy whereby individuals from a target group provide information, training or resource to their peers (USAID,2010). Peer networks can increase the credibility and effectiveness of the message being presented as they convey information to often hard-to-reach populations. Peer education is based on the reality that many people make changes not only based on what they know, but on the opinions and actions of their close, trusted peers. Peer educators can communicate and understand in a way that the best-intentioned adults cannot, and can serve as role models for change. It often occurs in natural settings such as homes. In particular, it is documented that the peer education approach has led to increased HIV knowledge and increased condom usage where those who received peer education were twice more likely to use condoms (Medley et al., 2009).

Objectives of the Peer Education Program

Since late 2010 CEDEP has been greatly involved in Evidence Based Targeted Prevention (EBT) projects. The implementation of the EBT HIV Prevention targets the men having sex with men in 5 Districts of Malawi. The project engages peer education approach in order to achieve its goals and objectives. In 2011/2012, 50 Peer educators from the selected districts were recruited and trained on reaching out to the other peers with HIV/AIDS prevention messages.

In 2011, 550 MSM were reached with condoms and lubricants as well as prevention messages. The project worked with the trained peer educators to reach to their fellow peers using the new technology to share prevention messages and also to lobby for the friendly health services within the health facilities. The project also oriented health service providers on the specific needs of MSM with the aim of creating a friendly environment for the accessibility of the health services by MSM. The peer educators works with the service providers in ensuring that the referral systems are operation and are effectively being utilized.

The objectives of the EBT were:

Objective 1: To deliver interpersonal communication activities targeting men who have sex with men in order to promote the adoption of safer sex practices.

Activities to achieve this were: Peer Education and One to One Communication, Identification of MSM, Interpersonal communication training, Outreaches, Training comprised introduction to the concept of Peer Education, HIV/AIDS/STIs facts, condom use, ethics, communication, Multiple concurrent partners, monitoring and evaluation.

Objective 2: To distribute and promote condom use by the target group

Activities involved distribution of condoms and lubricants.

Objective 3: To enhance the network of existing service providers for accessibility and service to Most at Risk populations.

Objective 4: To improve data quality for efficient and effective implementation of activities (Programme Management and Support).

Methodology of this Lessons Learned Exercise

CEDEP sought to garner lessons from the EBT programme that can be put to tangible use. For the organization to actualize these lesson learned and replicate them in other projects this report to CEDEP documents lessons learned from this work through the synthesis of lessons learnt in the period that the project has been in operation.

Data was collected through field visits to four EBT districts: Mzuzu, Nkhata Bay, Lilongwe and Mangochi. Focus group discussions were held with the peer educators and their peers on lessons learned, in line with the objectives of Peer Education programme. The FGD explored questions pertaining to their experience as peer educators, the challenges encountered (and why they think they encountered these challenges), the successes and what they think led to the successes. The FGD also solicited stories of the clients or peers themselves who benefited from the programme. From the peers we sought to obtain views from peers on their experience of the Peer Education, health service providers and the intervention and extract some personal experiences of interest.

In Mangochi I met with 5 Peer Educators

In Nkhata Bay I met with 10 respondents . Of these 7 were clients and 3 were peer educators. This afforded the evaluation the opportunity to hear from the peers, the beneficiaries of the programme.

In Mzuzu the FGD comprised 8 participants, 5 of whom were Peer Educators and the rest were clients

In Lilongwe a focus group was held with 10 persons, 5 who were Peer educators and 5 clients.

Interviews and Focus group discussions were also held with health service providers and the sponsors of the programme (PACT Malawi & PSI). The purpose of the interviews was to obtain their views on the lessons learned and whether the programme had obtained its objectives. Health service providers had been trained on the specific needs of MSM with the aim of creating a friendly environment for the accessibility of the health services by MSM. The idea was that the peer educators works with the service providers in ensuring that the referral systems are operational and are effectively being utilized.

The theoretical approach used in the analysis of this Lessons Learned exercise is the Narrative approach. Narratives are about the stories we tell ourselves which create our realities. From the stories of the people we can gather realities about their world view and experience with regard to the peer education programme. "Our personal and social identity is shaped around the stories we tell ourselves and tell each other about our lives" (Murray, 2003, p. 110).

People bring order and meaning to their realities and actively construct the world through narrative. It restores agency to the narrator or in this case MSM peer educator and client respondents.

IMPLEMENTATION OF THE ACTIVITY

Training

Once identified the peer educators underwent a series of trainings covering topics such as: how to contact others, communication, monitoring and evaluation, how to conduct FGDs, HIV, STIs , drug and substance abuse, human rights, condom use, Multiple Concurrent Partnerships (MCP) and Communication Strategies.

Usefulness

Peer Educators found the training to become peer educators to be most useful. The most useful things Peer Educators listed about the training were:

- Information on condom use.

"The knowledge gained was personal for me, I leanrt so much about condom use to apply in my own life before I could even go out to teach my clients" - Nkhata Bay Peer Educator.

- Increased knowledge of HIV and reducing HIV

- Corrected risk perception that MSM were not the safest as most believed given that the HIV messages are predominantly heterosexual. Gaining insight that in fact MSM were the most at risk for HIV and STIs.

"I knew very little about everything, especially learning that sleeping with other men was actually a greater risk than sleeping with women" - Mangochi Peer Educator

"I had no idea that sleeping with my fellow man could give me a disease. I now learnt the facts and was also told what exactly I could do, how I could use condoms and lubricants. The training opened my eyes" - Mzuzu Peer Educator

It was clear that the peer educators themselves had a knowledge gap and the training to make them peer educators helped to address this. This is consistent with findings elsewhere that one of the benefits of the peer education system is that the peer educators themselves benefit as well.

Peer Educators Stories

"It helped us understand more about ourselves, know our sexuality, say 'This is me' and practice safe measures in sex with another man"

"A client was asked, 'Why are you MSM?' he responded that was his sexuality and he was proud of it, but is proud of what he does not know because he had the wrong assumption that men don't transmit infection to men. Now with peer education that ignorance is resolved" - *Mangochi Peer Educator*

Client's Story

"Before the peer education I was having sex with another man and we were not using any lubricants or condoms. I injured my shaft and sex was very painful. I required treatment and was walking in a funny way. One of the Peer educators asked me what was wrong and he kept pressuring me. I kept lying to him and eventually told him I had injured my shaft. It was then he told me that there are lubricants and condoms available and he taught me that sex does not have to be painful in anyway. The peer education opened my eyes and helped improve my sex life" - Nkhata Bay Client.

Health Care Provider's Story

"We treat everyone equally, not discriminating. Primacy is sensitivity of individual. Initially MSMs coming here were not so free but over time as we established relationships with them they became friends". - Mzuzu Health Care Service Provider

DIFFICULTIES FACED BY PEER EDUCATORS

Homophobia

The Peer education work happens in an environment of social prejudice and discrimination. This social sanction has given some of the clients the opportunity to blackmail or demand cash from the peer educators threatening to expose them. Furthermore there were challenges in getting some peer educators to sign the attendance sheet at the end of the meeting. Peers who are well known public fears are also very afraid of being identified with the project and thus reaching them is difficult.

Another challenge would be when one client links a peer educator to a friend or someone whom they know to be MSM, when the PE arrives to meet the new client, they deny any knowledge and threaten to expose them. Perhaps they grow cold feet.

The homophobia is not confined to the public. Even when they work with other stakeholders on a specific project, the colleagues they are working with end up discussing CEDEP in a very negative way, condemning it and what it does whenever there are meetings to disseminate findings. It therefore becomes *"awkward to work with other NGOs whose staff carry their prejudices with them in the field. We are labelled and called all kinds of names"* - Mangochi Peer Educator

Self Acceptance

Getting people to accept their own sexuality due to fear of exposure is a huge challenge. It's a network, negative ideas of CEDEP exposing one as a gay person if seen or associated with CEDEP is common.

Scarcity of Materials

Another huge challenge of working as a Peer Educator is the scarcity of IC materials. The erratic supply of these materials has compromised the work that is done. Occasionally there are no condoms, Mangochi for example went a whole year without condoms although lubricants are available. *"What is the purpose of the lube if we don't have condoms?"* a respondent in Mangochi asked.

Financial compensation

Some of the Peer educators *"work but don't get the money in time, we are reliant on the financial allowance we get for the work. We felt like dying"*, This is more pronounced with transport costs to travel and see clients, In Nkhata Bay, clients are spread out. Hence there is the use of their own money.

Message underload

Delay in giving out effective new messages. Peer Educators are supposed to go out quarterly and at times would have the same message

The same message, no new messages and *"clients keep asking us, don't you guys have something new to tell me, I've heard this before"* Other clients are more blunt: *"Come back when you have a new message"* - Lilongwe respondent.

DIFFICULTIES FACED BY HEALTH CARE SERVICE PROVIDERS

The primary challenge was the issue of trust. In order to build trust *"MSM need to interact with health care providers, assured one another. Training should incorporate techniques of handling situation"* said a Mzuzu Health care Provider.

When and MSM client come to the hospital for an STI treatment we cannot probe and verify if the partner has been treated if the partner is very far.

Some of the MSMs do not return for review. This makes treatment follow up challenging.

Some MSMs are not comfortable to tell a lady nurse that they have an STI

Another challenge health care service providers who attend to MSM face is that they are discriminated against by their colleagues.

ANALYSIS AND LESSONS LEARNT

The primary success mentioned was that the programme was able to successfully deliver the risk reduction message and effect behaviour change, in so doing working towards reducing the prevalence of HIV amongst MSM. The Peer Educators were able to spread the safety message but this went beyond them, even clients were able to educate and encourage their friends to engage in risk reduction sexual activities. There was thus a ripple effect in educating and encouraging MSM.

As a result most MSM now know how to use condoms, have incorporated lubrication as part of their sexual activity and have greater knowledge of HIV and risk reduction strategies they can employ.

The ability to register new clients despite the challenges of homophobia was another huge success of the programme.

In Mangochi where public homophobia was rife, there was a sense of togetherness: *"We could stand together and feel strong when in town despite the threats we receive"* a Mangochi respondent said.

Condoms and lubricants were in adequate supply in Mzuzu.

The peer educator concept was very well received by the MSM clients and was very helpful, having an impact on the lives of clients and the peer educators themselves. Many who lived in isolation felt a sense of connection and were afforded an opportunity to open up one to one with another MSM. It helped reduce the fear many live with in a homophobic society, a fear which perpetuate the ignorance of safe sex practices.

The clients themselves. In the meetings with their peer educators (each lasting about 20 minutes), they have learnt the dangers of spread of HIV through multiple concurrent partners and the risk of unprotected sexual behaviour. They all report being appreciative of such meetings.

LESSONS LEARNED

The key lessons learned by peer educators ranged from personal development such as developing interpersonal communication skills with the ability to educate.

"It helped us understand more about ourselves, know our sexuality, say 'This is me' and practice safe measures in sex with another man"

"A client was asked, 'Why are you MSM?' he responded that was his sexuality and he was proud of it, but is proud of what he does not know because he had the wrong assumption that men don't transmit infection to men. Now with peer education that ignorance is resolved" - Mangochi Peer Educator

The key lessons learned by health care service providers

"Keep it up there is a relationship between peer education and health outcome, thanks to the donors, the programme is doing a lot. "For something to grow, it has to grow with steadiness, it is a gradual progression".

Train more health care providers, and empower more MSMs not to be afraid to come for treatment.

MSMs need privacy and confidentiality.

Key lessons from working with partners

Recruitment of MSM peer educators should not focus only on sexual orientation but rather sexual reproductive, HIVAIDS/STIs knowledge and some level of education (at least those that are able to read and write)

Need to have consistent supply of condoms and lubricants in order to reinforce safer sexual behaviours

Self stigma among MSM is also a barrier to adoption of safer sexual behaviour

STI screening and treatment remains a challenge among MSM

HIV Counselling and Testing remains a challenge among MSM

Peer education among the key populations remains a powerful behaviour change tool if PE guidelines are followed accordingly

WHAT SHOULD BE DONE DIFFERENTLY IN THE DEVELOPMENT AND IMPLEMENTATION OF THE ACTIVITY?

Training: Depending on the availability of resources, the Peer educators were asked what additional information they would want in future training.

Self stigma discrimination: It appears that apart from supplying education, Peer educators at times unwittingly found themselves in a counselling role. Hence personal identity issues should be included such as:

"Self assertiveness, self esteem issues, we still fear. Many people are still confused about themselves, they need to accept themselves. They need to know how to come out, what to say." - Mzuzu Peer Educator

The issues pertaining to human rights and legal protection was information that was also sought after…

"Human rights violations and what to do was not not taught to the level we would want to know. We would want to know systems, where to go to deal with any violations" - Mzuzu Peer Educator

The respondents indicated that they would benefit through learning experiences from MSM in other places or districts. The trainings should go beyond being localised and confined to their districts of residence. In all the four districts there was indication to have wanted to interact or hear from colleagues in other districts so as to share experiences and learn from each other during the training.

How to cope with the harassment of homophobia would also be necessary future training.

Technical facilitation skills would also be useful, for example how to run a focus group discussion so that peer educators and clients would ensure the message is consistent between them.

This was more in recognition that some of the clients do act as unofficial peer educators when they engage with their friends or share what they have learned informally in social settings.

Working with Partners: Incentives should only be given to those that are working and are not shunning the sessions during supervision. Hence, where need be do a reshuffle of the peer educators team and re-recruit those that are competent and committed to the project

Regular supervision

WAY FORWARD

- Find stable funding for condoms in order to ensure consistent supply of the product to the target audience
- Double the number of peer educators from 10 to 20 per district to increase the annual targets
- Introduce monthly meeting and supervisions to motivate the PEs
- Recruit project officers that are committed to the project and not those that are just there for money and not results oriented.
- Empower the project officers to manage the PEs at a district level
- Improve partnerships with other organisations at district and national level
- Lobby for more support from the service providers in order to create a conducive environment for easy access of treatment and care by our target audience.

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2. Coffee afternoons: Prevention Project aimed at young gay men from Tegucigalpa (Honduras)
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