



# Peer Education Planning Guide

for HIV/AIDS Workplace Programmes



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## Abstract

The Peer Education approach is used successfully in most HIV/AIDS Workplace Programmes. However, problems do appear during planning and implementation of the programmes, as for example a decrease of motivation among peer educators (PEs) and co-ordination problems with the management.

This *Peer Education Planning Guide* addresses problems reported in the current literature, gives theoretical explanations and background information, and presents possible resolution methods.

The document is divided into the different stages of a Peer Education programme: It begins with the discussion of the *basic topics* of socio-cultural background, gender and sustainability. Then follows a discussion on the *preparation* of the programme, including setting, the tasks of the PEs and their selection, the organisational structure, incentives, support, and the integration into the overall strategy and the community. This section is followed by *PE training, starting the activities, refresher training, the selection of new PEs and monitoring and evaluation*. The document demonstrates important aspects, which should be considered at all stages. Moreover, it introduces alternative and supplementary approaches to traditional PE programmes. The appendices offer further background information and sources of information.

## Abbreviations

<b>ACCA</b>	AIDS Control in Companies in Africa, a regional project supported by GTZ
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>BCC</b>	Behaviour Change Communication
<b>FHI</b>	Family Health International
<b>GTZ</b>	Gesellschaft für Technische Zusammenarbeit / German Technical Cooperation
<b>HIV</b>	Human Immunodeficiency Virus
<b>IEC</b>	Information, Education, Communication
<b>NGO</b>	Non-Governmental Organisation
<b>PE</b>	Peer Education / Peer Educators
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>USAID</b>	United States Agency for International Development





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## 1. Introduction

In this guide the approach of “Peer Education” will be examined. Generally speaking of peer education one understands:

“Peer Education is a process of passing on information between people with similar characteristics - age group, social and economic status, education and cultural practices - to influence behaviour. Peers share a lot of information, bad and good. Peer Education empowers others by providing correct information with the goal of encouraging positive behaviours.

Peer educators can encourage an environment where peers can discuss their lifestyles and concerns freely. By being open with them and sharing information about HIV/AIDS, peer educators can help peers make informed choices about their behaviour.” (Gass, 2005).

The introductory chapter points out the purpose and the target group of the paper, describes the method and the structure of the document, and gives recommendations for its use (chapter 1,2).

### 1.1 Purpose of the paper and its target group

The peer education approach is usually included<sup>1</sup> in HIV/AIDS Workplace Programmes and there are positive experiences with the assignment of peer educators (PEs)<sup>2</sup>. However, again and again there are complaints about the high drop out rate<sup>4</sup> of PEs and a lack of motivation. In this context, motivation means whether a person sets himself action goals and how much this person motivates himself to achieve them. The motivation of being active as a PE can be shown by active involvement and can be stimulated by external incentives (e.g. the chance for a reward > extrinsic motivation) or an internal drive (e.g. as the work has a high importance for the person > intrinsic motivation)<sup>5</sup>.

Because of recurrent reports about (motivation) problems, the ACCA team decided during its<sup>6</sup> first evaluation workshop at the end of 2003 to follow up on the topic of PE. This guide is the product of these efforts.

One aim of the document is to take up the current discussion on positive and negative experiences with the PE approach and to point out possibilities for further development and improvement of the approach.

In addition, the text should serve as a guide to plan and implement PE programmes. In this context, possible problems are being demonstrated, solutions suggested and further ideas and background information

(e.g. about motivation theories) given. The recommendations should be taken seriously; otherwise there could be considerable disturbances during the implementation of the PE approach.

However, the guide is not designed as teaching material to be used by the PEs themselves. It neither contains concrete information, education and communication materials (IEC) nor other application-oriented materials. Target groups are rather the planners and administrators of the PE programme (usually the workplace programme advisors or co-ordinators). For them the guide should give assistance and serve as a reference book that provides suggestions and valuable background information.

### 1.2 Structure and recommendations for utilisation

The guide looks at the different stages of the PE approach, beginning with the discussion of the basic topics sociocultural background, gender and sustainability (chapter 2), continuing with the preparation of the programme including setting tasks for the PEs, PE selection, organisational structure, incentives, support and integration into the overall strategy and the community (chapter 3). The following section addresses PE training (chapter 4), starting the activities (chapter 5), refresher training (chapter 6), selection of new PEs (chapter 7) and monitoring & evaluation (chapter 8), pointing out important aspects, which should be considered during these stages. In addition, it introduces alternative and/or supplementing approaches (chapter 9). The appendices offer further background information and sources of information.

The individual segments are structured as follows<sup>7</sup>: First it is examined what has to be considered ... Here are given important aspects, which should not be forgotten, since there could be problems otherwise... These are examined in the second paragraph. The following aspect because... offers different logical or theoretical explanations for the problems, drawing from psychological motivation theories and behaviour research<sup>8</sup>. These will be mentioned only briefly but the interested reader can inform himself in a more in-depth discussion of the theories in the appendix and use them as background information and sources of idea. The consequence of the problems will be clarified in the fourth paragraph. Here it will be specified, what is recommended to... therefore undertake. Each chapter closes with a listing of points, which should be included to assure a successful PE approach: however at least... Each user of the manual is kindly asked to reflect his or her own experiences and ideas and, if possible, to send ACCA some feedback<sup>9</sup>. This way the guide can continuously be improved and re-examined for its praxis relevance.

1. See e.g. UNAIDS (1999), Horizons (2005).

2. With PEs always both, female and male are included.

3. See e.g. evaluation report HIV/AIDS Workplace Programmes (Fourie & Vogel, 2005).

4. Meant is the cessation from the team.

5. A more exact definition of “motivation” as well as an overview about different motivation theories is given in appendix 12.2.3.

6. See also the report of the project progress control AIDS Control in Companies in Africa (ACCA) – Namibia, Zambia, Tanzania in September/October 2003, observably at ACCA, Eschborn.

7. The text is developed thus as follows, whereby, in order to avoid repetitions, partial points are also summarized (e.g. otherwise problems, because...): consider...; otherwise problems...; because (theory)...; therefore...; however at least...;

8. It has to be mentioned, that it had to be fallen back on models developed in Europe or the USA, as unfortunately examined intercultural behaviour theories hardly exist.

9. The address can be found at <http://www.gtz.de/en/themen/soziale-entwicklung/hiv-aids/894.htm> under AIDS at the workplace.



## 2. Basic principles

The basic topics discussed in the following chapters 2.1 to 2.3 should be considered in all stages of the planning, implementation and evaluation of the PE approach.

### 2.1 Paying attention to the sociocultural context

\* *to be considered...:* At all stages of planning and implementing a Peer Education Programme it is important to consider the sociocultural background of the PEs, the target group and further parties involved, and to deal sensitively with it! Communication behaviour<sup>10</sup>, fundamental (health) attitudes, values and standards for instance, are connected with the culture and the social class or group, in which a person grows up.

\* *to be considered...:* One should further note the fact, that there are different possible “cultures”, which all do play a role and pose partly contradictory demands, possibly creating dilemmas. Examples are:

- the culture of a country (e.g. Kenyan);
- sociocultural background (ethnicity, social class, e.g. an academic person in the ethnic group Bete from the Ivory Coast);
- gender or group specific units or subpopulations (e.g. also religious background, age cohort...).
- company culture (important, can be changed e.g. also by the HIV/AIDS programme).

\* *Problems otherwise...:* If ethnical influences are ignored, the chance will decrease to affect behaviour in the long term<sup>11</sup>. There can be problems, if...

- one does not deal sensibly with taboos of the specific culture;
- cultural characteristics are not considered;
- examples could be:

#### **Example 1: Problem:**

- Peers are not accepted as reliable, one only listens to older persons, to men, to health experts.

#### **Possible solutions:**

- The PEs must be given the status of knowledge bearers, e.g. by publicly being awarded as HIV/AIDS knowledge carriers.

- The PEs take over “accepted” tasks (e.g. condom distribution, moderation, co-ordination, communication between HIV Task-force and colleagues) and do leave the more educative parts to respected educators, possibly moderating them.

#### **Example 2: problem:**

- In the culture exist convictions and attitudes that are contradictory to the messages of HIV/AIDS prevention (e.g. true men do not use condoms, unprotected sexual intercourse with a virgin protects against illness and heals, women have no right to insist on the use of condoms...)

#### **Possible solutions:**

- The convictions have to be noticed and have to be included in the programme. To ignore them will cause problems (if a woman e.g. cannot/ must not negotiate condom use, to only teach her how to use a condom will be useless<sup>12</sup>).
- Influential persons of the respective culture (e.g. also traditional healers, religious leader, sports stars, affected persons) can be won and invited for the programme to hold lectures and/or to discuss attitudes.
- In this case PEs could co-organize and moderate discussions with local authorities, uncover convictions contradictory to HIV prevention and identify the associated needs for further discussion.
- (Generational) dialogue areas can be opened and moderated by the PEs<sup>13</sup>.

\* *because...:* attitudes, standards, taboos, etc. of an ethnical group contribute to the behaviour and must, therefore, be also considered. For this see e.g.:

- The preventive behaviour model<sup>14</sup>. In this empirically funded model the context factors, including the congruence of the intended behaviour with cultural values, were found to be action-determining factors.
- Also according to the behaviour change model after Rosenstil,<sup>15</sup> the “social permit”, thus the agreement of the behaviour with social norms, is an important condition for the change of behaviour.
- The Cognitive Dissonance Theory<sup>16</sup> assumes likewise, that humans are anxious to bring actions in agreement with (culturally shaped) values and standards.

10. See e.g. Thomas, Kammhuber & Schroll-Machl (2003), Tyler, Boeckmann, Smith, & Huo (1997).

11. See also Mathauer & Imhoff (in print), p. 25.

12. This is also confirmed by a worldwide accomplished Meta analyse from Albarracin (2005).

13. For an explanation of the method see chapter 9.3.

14. See appendix 12.2.2.1, the Social Identity Theory (appendix 12.2.4.7).

15. See appendix 12.2.2.

16. See appendix 12.2.4.2, in the following for the sake of simplicity marked as “Dissonance Theory”.



\* *therefore however at least...*

**Minimum standards paying attention to the sociocultural background**

- Culturally dependent values, attitudes, taboos and behaviours must be considered when planning, implementing and solving problems (whether this happens, must also be examined in the PE trainings offered)!
- As members of their culture(s), the PEs are experts and their expert assessment in cultural questions has to be gathered and to be taken seriously!
- The following questions should be discussed and taken into account:
  - Which values/ convictions/ practices/ attitudes of the culture(s) represent a supportive potential for the programme? How can it be used<sup>17</sup>?
  - Which taboos are relevant and how can they be dealt with sensitively?
  - Where do cultural influences create barriers or inhibition thresholds for the PE Programme or HIV/AIDS prevention as a whole?

**2.2 Paying attention to the gender perspective**

Though it is demanded again and again to consider the gender perspective and gender roles when planning interventions, it is however too often forgotten or neglected.

\* *consider...*: as already mentioned in previous chapters, gender roles and differences should be considered during the entire planning and implementation of the PE programme<sup>18</sup>.

\* *problems otherwise...*:

- If taboos and standards, which regulate gender relations, contradict with the requirements of PEs, it comes to a stressful dilemma situation for them<sup>17</sup>. It will become more likely that the PE does not fulfil his/her task or that the PE will protect him-/herself in the future against such conflict-laden situations e.g. by non-participation (drop-out).
- Planned activities can fail if they are contradictory to the gender roles of the PEs or the target audience. There are for example many societies where women cannot talk with men about a sexual topic, which makes a planned group discussion about the topic impossible (see also examples in chapter 2.1).

\* *because...*

- The importance of including a gender perspective is reflected in

several project reports, e.g. from Brazil, Sri Lanka, the USA or Thailand (UNAIDS, 1999, Albarracin, 2005, AIDSCAP, 2005).

- A more active participation by women has been observed in discussions about topics such as sexuality, HIV etc., if these topics were first addressed in women-only groups. The women dared to voice their points of view more self-confidently<sup>20</sup>.
- After the integration of gender roles into the PE programmes, more communication of the participants with their partners about sexuality took place at home. According to participants in a Thai project, the discussions about gender roles were considered helpful<sup>20</sup> and informative<sup>21</sup>.



\* *therefore...* the gender perspective should always be considered in the selection of PEs and their training. Suggestions for this are e.g.

- Production of materials and exercises (e.g. in a role play) especially for women. These can contain topics such as “talk about sexuality and gender roles”, “to assert one’s own point of view”, “to address the issue of taboos”, etc.<sup>22</sup>.
- Conducting activities separated by gender<sup>23</sup>.
- The integration of gender roles as a topic into BCC/IEC materials<sup>24</sup> and PE activities, above all, however, into the PE training, as well as the discussion about gender roles, e.g. in save spaces for dialogue (chapter 9.3).



17. See also the Theory of the “value intersection zone”, which assumes, that one should look for divided values and that these will be included in the intervention planning for an effective change of behaviour. See also Robinson (2005).

18. See e.g. Albarracin (2005), Horizons (2005), Weiß & Gupta (1998), AIDSCAP (2005) or www.aidslaw.ca/Maincontent/otherdocs/Newsletter/vol5no42000/guptadurban.hat.

19. See Dissonance Theory, appendix 12.2.4.2.

20. See e.g. Silva et al. (1998, quoted after UNAIDS, 1999), Roenne v. (2005).

21. See also arguments in chapter 2.1.

22. See also chapter 9.3.

23. For this also a general discussion about health and wellness topics can be initiated – e.g. after a model of the health circles (chapter 9.2) and/or the dialogue areas (chapter 9.3).

24. B = Behaviour; C = Change, C = Communication, for a description see e.g. www.fhi.org/en/HIVAIDS/pub/fact/bchiv.htm (download 22.07.2005). IEC = Information, Education, Communication





\* *however at least...*

#### Minimum standards paying attention to the gender perspective

- One has to deal sensitively with gender role specific values, attitudes, taboos and behaviours!
- When selecting the PEs attention should be paid to the fact that the gender ratio within the enterprise is approximately reflected. At least one woman should be an HIV/AIDS contact person or a PE.
- Taboo-laden topics as for example sexuality should be first discussed in gender separated groups. In these also topics can be prepared, which the participants like to discuss later in mixed groups.
  - The following questions should be discussed and taken into account:
  - Which values/ convictions/ practices/ attitudes/ taboos of the gender role represent a support potential for the programme? How can these be used?
  - Where do gender roles create barriers or inhibition thresholds for the programme or HIV/AIDS prevention as a whole?

### 2.3 Sustainability

\* *to be considered...:* Since HIV/AIDS is a topic that will, unfortunately, remain of high importance during the coming years, the PE Programme must be sustained over a longer period of time. Because of this, continuing financial and personnel efforts are necessary to train and support the PEs. Right from the beginning it must be considered, how this need can be covered over for a long period.

\* *problems otherwise...:* If no attention is paid to sustainability and then it happens that there are no more resources available (also non

monetary, e.g. no management support), the probability is high that the programme will not continue any longer. A problem can also result, if PEs involuntarily have to fulfil their tasks for too long.

\* *because...:* If no more resources are made available, the work of the PEs is being hampered, discouraging the PEs.<sup>25</sup>

\* *therefore...:* Ways to guarantee continued human and financial resources must be found. Ideas for it can be

- New elections of PEs (see chapter 7)
- Condom sales
  - e.g. UNAIDS (1999) reports that condom sales by PEs can be a good source of income and a sustainable incentive<sup>26</sup>. However, it should be avoided in any case that the condoms are too expensive and therefore are not used anymore.
  - To anchor the programme firmly in the company's financial plan (e.g. ever x % of the personnel expenditure).
  - To search actively for donors (Global Fund, World Bank, solid partnerships with NGOs...<sup>27</sup>).
  - To involve the media continuously<sup>28</sup>.
  - To offer regular further education and supervision for the PEs, to offer them opportunities of advancement, e.g. as a supervisors or as PE trainers<sup>29</sup>.

\* *however at least...:*

#### Minimum standards for sustainability

- It has to be planned and specified, how resources and support<sup>30</sup> (e.g. refresher training<sup>31</sup>, regular supervision meetings, possible promotions) can be maintained over a long period of time.

25. See motivation theories (e.g. Objective Target Theory) in appendix 12.2.3.

26. See e.g. Horizons (2005).

27. However it must be considered that by this emerges a dependence on the givers and that the sustainability is not given with a cessation.

28. See also National Cancer Institute (2005), p. 95 ff.

29. See also chapter 6.

30. See chapter 3.5 et sqq.

31. See chapter 6.



### 3. Preparation

Careful planning of the PE approach is an absolute pre-condition for successful implementation. However, a number of interviews showed<sup>32</sup> that important aspects were not considered in advance. This can lead to the entire programme failing or to problems in implementation. The planning and implementation of PE programmes require resources. One should, therefore, not risk that these efforts are being wasted due to unsatisfactory planning. In the following some critical aspects during the planning process will be examined, and respective recommendations will be expressed.

#### 3.1 Setting

Programmes often do fail already due to the fact that external conditions such as place, timeframe and budget planning have not been considered sufficiently.

##### 3.1.1 Place

\* *to be considered...*: It should be considered, where PE activities can take place. This place should be specified clearly.

\* *Problems otherwise, because...*:

- Often it was criticised in project reports<sup>33</sup> that no area for unimpaired PE activities and meetings has been created. This can lead among other things to motivation loss for PEs<sup>34</sup>, confidence loss for colleagues (if no place exists to talk unimpaired) and a devaluation of the entire programme<sup>35</sup>.

\* *therefore ...*:

- One designated place will be needed for the meetings of the PEs and there should be one designated place for the PE activities (can be the same one).
- The place can be right at the workplace, in an extra room at the company or outside of the company. However, it must be guaranteed, that the room
  - Offers an undisturbed and semi-private environment for PE activities (this will be difficult at the workplace, therefore an extra room is advisable).
  - Is equipped with necessary materials e.g. a board, information and demonstration materials<sup>36</sup>, a Flip Chart...
  - Is large enough for the number of employees, for whom the activity is planned.
  - Is easily accessible (thus if a room is used outside the company, it never should be too far so that transport becomes a problem).

Additionally it must be also safely accessible for women and in the evening).

- If no place (also no small corner) can be found, this must be explained and communicated well<sup>37</sup>.

\* *however at least...*:

##### Minimum standards location

- There has to be a place for the PEs. If no room can be found, at least a PE corner, e.g. an information board has to be created.
- There has to be an ideally undisturbed place for PE team meetings and PE training. This room must be constituted in such a way, that all participants are able to hear and see the lecturer.
- There has to be an ideally undisturbed place for PE activities, which has to be constituted in such a way that all participants are able to hear and see the demonstrations/performance of the PE.

##### 3.1.2 Time

\* *To be considered...*: The time management of the programme must be planned accurately. Following questions have to be considered:

- How long shall the PE programme last (limited, unlimited)?
- How often will PE meetings or other meetings with the HIV team take part and how long are they supposed to take?
- How much time per week and per month will be expected of the PEs for the implementation and planning of the activities?
- When will the PE activities be accomplished? For this it has to be considered e.g. at what time a particularly large number of colleagues can profit from the activities (e.g. lunch break), at what time are the workers most alert, etc.
- How long and how often shall or are the colleagues allowed to take part in PE activities if these take place during work time.

\* *problems otherwise ...*:

- Unclear expectations of the PEs can create annoyance and frustration among the PEs and/or the management/superiors.
- Bad timing can lead to the activities' failure (e.g. info meeting for colleagues during work time and nobody does appear), which again might cause motivation loss.
- In reports (e.g. UNAIDS, 1999 and interviews) it is noted again and again that problems can occur, if the PEs have to do activities outside their work time. This can lead to motivation loss (however, it does not have to inevitably), especially if the PEs also carry a heavy workload outside their formal occupation (e.g. through

32. The author interviewed several GTZ employees, who advise companies about HIV/AIDS Workplace Programmes.

33. See e.g. UNAIDS (1999), Horizons (2005), interviews (see footnote 19).

34. The PEs and colleagues do not feel themselves be taken serious, there are situational barriers for their acting. See e.g. also Theory of behaviour after Rosenstil in appendix 12.2.2, Expectancy Theories of motivation (if one can not have the expectation, to accomplish its work, one rather finishes directly – see result expectation, see appendix 12.2.3.5.), Porter & Lawlers Theory of the motivation (appendix 12.2.3.7)

35. See in addition the Dissonance Theory in appendix 12.2.4.2: The thoughts "HIV prevention is important" and "there is done no effort to find a place for the activities" do not match. A "way out" would be a devaluation of the programme "it seems to be not important". Maybe this can be avoided by a good explanation, why no place could be found.

36. E.g. brochures, a wooden penis to demonstrate the use of condoms, boards, etc.

37. See in addition the Dissonance Theory in appendix 12.2.4.2: The thoughts "HIV prevention is important" and "there is done no effort to find a place for the activities" do not match. A "way out" would be a devaluation of the programme "it seems to be not important". Maybe this can be avoided by a good explanation, why no place could be found



caring for a sick family member). But also conducting PE activities during work time can become problematic, e.g. if

- (Direct) superiors do not agree with the fact that the PE is often missing at his/her actual job or when there occur problems which cannot be mastered in the absence of the PE (e.g. the whole working group must adjust the work during this time).
- The superiors are not clearly informed about the amount of the PE activities and get the impression that the PE takes time off from work unauthorised.
- The PE receives an incentive wage for his/her regular work and loses money by carrying out non-paid PE activities during regular work hours, especially if the PE experiences a strained financial situation.
- If the working group does experience disadvantages by the absence of the PEs (financial, additional work), e.g. as a common group target cannot be fulfilled any longer (particularly, if they were not asked, whether they accept this).

\* *because...*:

- Barriers, developed by wrong time planning can lead to a motivation loss (e.g. one has to accomplish PE activities and at the same time reach a certain production goal in one's unit). This can be explained e.g. with the Expectancy Theory<sup>38</sup>.
- If no concrete time-related targets are defined (e.g. the PE team meeting shall take place every week, an activity should be developed within one month), it weakens the motivation e.g. according to the Theory of Goal Setting<sup>39</sup>. According to this theory, concrete, exactly set goals, which are difficult to reach but appropriate, and to which, when reached feedback is given, increase motivation<sup>40</sup>.

\* *Therefore however at least...*:

#### Minimum standards of the time framework

- It must be balanced carefully, if the PE activities are to be accomplished during or outside the work time!
- Careful considerations and clear arrangements must be met concerning the duration and frequency
  - Of the PE team meetings as well as of meetings with the entire HIV Taskforce.
  - Of the PE training and the PE refresher trainings.
  - Of planning and implementation of PE activities.
- The (direct) supervisors have to be informed about the temporal load of the PEs, best their consent has to be acquired.
- It must be clarified whether the PEs have sufficient temporal re-

sources for their work. Therefore, the approximate time load should be already given before the choice of the PEs.

- It must be specified, for how long the PEs are selected or determined (e.g. for one year)<sup>41</sup>.

#### 3.1.3 Budget

\* *to be considered...*: It must be considered, how high the budget for the complete PE programme is or what other recourses are available. For this the management has to be included. It has to be explained to them, how much is exactly needed and how the resources are supposed to be used effectively.

\* *problems otherwise because...*: If the activities etc. are planned first and the available resources are only determined later (money and other resource such as Flip Charts and other teaching materials), it happens easily that complex plans cannot be accomplished. Also, sustainability<sup>42</sup> can be endangered, e.g. if in the very beginning expensive actions are accomplished and then there are insufficient resources for the following activities. In addition the motivation will suffer<sup>43</sup>.

\* *therefore, however at least...*:

#### Minimum standards budget planning

- A budget needs to be drawn up and documented for each individual activity planned.
- The budget planning must be co-ordinated with the management. It must be proven and documented that the resources are used meaningfully and effectively.
- To come up with a sustainable budget, ideas have to be generated and examined.

#### 3.2 Tasks of the PEs

A central question for the PE approach is which tasks the PEs shall take over. Therefore it should be also considered comprehensively and attentively during the planning.

Below, some questions are listed, which have to be considered during the tasks definition: how often?, where?, for how many?, for whom?, with whom?, by whom?, what? and how? the tasks shall be accomplished.

\* **How often?** (e.g. PE activities, PE team meetings, etc., see chapter 3.1.1)

38. For an explanation see e.g. footnote nr. 34 or appendix 12.2.3.

39. See appendix 12.2.4.6.

40. See also theories about procedural justice in appendix 12.2.4: If the impression develops that planning is inaccurate or opaque (the boss does not know anything about arrangements) etc., it can lead to annoyance. Or if the working group is annoyed e.g. by additional charge due to absence of the PE it can be demotivating (Social Identity Theory, see appendix 12.2.4.7).

41. See also chapter 7.

42. See also chapter 2.3.

43. See e.g. Expectancy Theory (VIE) of Motivation (Expectation: not feasible as there is no money) in appendix 12.2.3.5 or the motivation Theory of Porter & Lawler (appendix 12.2.3.7), Equity Theory (as the recourses are given to us we have to do something) in appendix 12.2.3.8 and others.



\* **Where?** (see chapter 3.1.1),

\* **For how many?**

- *consider*: The proportion of colleagues to PEs must be specified (e.g. 1/15 = PE/colleagues has proven to be a useful ratio in many programs)
- *problems otherwise, because...*: If one PE is responsible for too many colleagues it can lead to excessive demand and by this result in a loss of motivation.

\* **For whom?**

- *consider...*: It should be specified clearly, for whom the PEs are responsible (e.g. at least for ten colleagues, maybe perhaps also for their families). This can for instance be only employees of the company or certain subgroups, or also dependants or members of the community.
- *otherwise problems, because...*: Unclear competencies cause confusion, create friction and difficulties in the operation, can lead to responsibility diffusion<sup>44</sup> and altogether lower motivation and efficiency<sup>45</sup>.
- *consider...*: Tasks of the PEs shall be adapted further to the situation in the enterprise and the characteristics of the target group<sup>46</sup>.
- *otherwise problems...*: If the characteristics of the target group are not considered, it can happen that PE activities miss the real needs of the target group, meet with resistance, etc.<sup>47</sup> – which is discouraging for the PEs.
- *because...*: The PEs feel the need for social acknowledgment<sup>48</sup>. Social resistance and devaluation of their work is therefore motivation-reducing, just like the frequent emergence of obstacles in a person's work<sup>49</sup>.
- *therefore...*: An exact need and target group analysis has to be carried out<sup>50</sup> (e.g. Knowledge-Attitude-Practices-Behaviour study (KAPB study)), the measures have to be co-ordinated with the requirements, and the knowledge of the PEs about their peers has to be taken seriously.

\* **With whom?**

- *consider...*: It should be specified, how the co-operation with the wider HIV team and the management should look like (how often, competencies,... – see also chapter 3.3.2 and 3.6) and from whom support can be expected (see chapter 3.5).
- *otherwise problems...*: It can come to a diffusion of responsibility<sup>44</sup>, to an unclear role understanding and consequently stress and motivation loss, etc.

\* **By whom?**

- *consider...*: The characteristics<sup>51</sup> and abilities of the PEs have to be taken into account. It should be considered in any case that no more should be required from the PEs than they can master (time wise, abilities, etc.) or than can be supervised.
- *otherwise problems...*: If the characteristics of the PEs is not being considered, among other things the impression of “not taking it seriously” on the part of the management can arise, which can lead to annoyance. In this context two aspects have to be considered:
- If too much is asked from the PEs right from the start or if they are not clearly instructed, this can influence their motivation negatively<sup>52</sup>.
- It can also be discouraging if there is not enough challenge. According to UNAIDS (1999) it was demanded by some PEs, that they are included more strongly in task planning. This desire can be seen as positive, even if it possibly requires a higher planning expenditure, because
  - The PEs can be disappointed if their ideas and desires to participate in the programme design are not being taken up and might behave reactionary<sup>53</sup> or probably their motivation decreases<sup>54</sup>,
  - This way acknowledgement of their “insider knowledge” is shown, which has a positive affect according to the Social Identity Theory<sup>55</sup>,
  - The PEs might show a stronger commitment with self-developed measures<sup>56</sup>, leading to their empowerment (UNAIDS, 1999), etc.
- *therefore...*: The tasks have to be adapted to the abilities of the PEs and the PEs have to be selected according to the requirements

44. Hereby is meant the in the empirical social research well examined phenomenon (see e.g. Myers, 1999), that the individual sees less responsibility on oneself, if there are more potential responsible person present.

45. See e.g. also objective Theory in appendix 12.2.3.6 et al.

46. See in addition “target group characteristics of the PE activities” in appendix 12.1.1.

47. If for example knowledge transfer is accomplished, although there is already a very broad knowledge present.

48. See Social Identity Theory, appendix 12.2.4.7.

49. See result expectation in the VIE Theory in appendix 12.2.3.5.

50. Here it has to be mentioned, that the need and target group analysis is important for the design of the PE programme and moreover basic principle for monitoring and evaluation (see chapter 8).

51. See for this also the overview in appendix 12.1.1 and the additional fact of the trained status from PEs, e.g. by the PE training (see chapter 4).

52. See for this the theories in appendix 12.2.4.3 up to 12.2.4.6.

53. See appendix 12.2.4.4.

54. See the Motivation Theory by Oldham & Hackman, especially the aspect meaningfulness and responsibility, in appendix 12.2.3.4.

55. See for this for example the Social Identity Theory and justice theories, especially the criteria of “preciseness” by Leventhal (appendix 12.2.4.7).

56. See for this e.g. Dissonance Theory (appendix 12.2.4.2) as well as the theories of motivation (appendix 12.2.3).





**\* What?**

- *consider:* What are the concrete tasks<sup>57</sup>, which competencies, responsibilities, roles do the PEs have? This must be specified and communicated by considering the above mentioned aspects<sup>58</sup>. Frequently used examples of possible activities are specified in the idea pool (see appendix 12.1.3), further somewhat more alternative ideas in chapter 9.
- *otherwise problems, because...:* It can lead to misunderstandings, excessive demand (see above), insufficient challenge, unclear role understanding and thereby cause stress etc.

**\* How?**

- The methods used for the PE activities must be adapted precisely to the characteristics of the target audience and the PEs. They should be conveyed to the PEs in a good training (further see chapter 4).

\* *therefore, however at least...:*

**Minimum standards tasks of PEs**

- A requirement profile for PEs must be specified. In doing so one has to pay attention to the fact that the PEs should neither be overburdened nor under challenged by their tasks.
- The tasks must be specified clearly and communicated understandably, before someone commits him/herself to become a PE.
- The tasks must be transparent for the entire staff, the PEs must be introduced officially.

**3.3 Selection of the PEs**

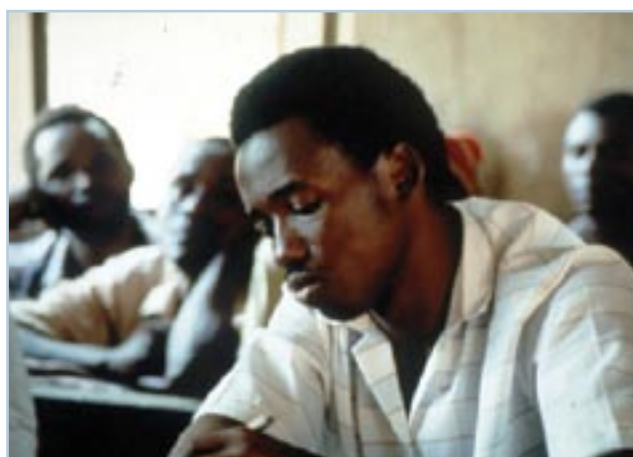
To arrange a motivated and capable PE team, several questions have to be answered and considered:

**\* How many PEs do we need?**

- *consider...:* Due to a high drop out it is recommendable, to train more PEs than needed<sup>59</sup>.

**\* Which characteristics and abilities should they bring along?**

- *consider...:* They should<sup>60</sup>
  - Have a socio-cultural background similar to that of the target audience (this may include age, sex and social class).
  - Show commitment to their colleagues (representative).
  - Have knowledge of the organisation and community.
  - Be respected and accepted by the target group.
  - Show a non-judgemental attitude, empathy, sympathy<sup>61</sup> and respect for the HIV/AIDS affected as well as be confidential<sup>62</sup>.
  - Be strongly motivated to work towards HIV risk reduction.
  - Be able, to pass, write and read a practical, knowledge-based exam at the end of the training (also in English or French).
  - Be self-confident and creative as well as show good interpersonal skills, including communication and conviction techniques.
  - Have technical competencies, organisational talent and show potential for leadership.
  - Have an interest in further personal education and advancement.
  - Have the time and energy to devote to this work.
  - Be also able to work irregular hours.
  - Be able to get to the locations where the PE activities shall take place.
  - Be a “safer sex” role model for their peers (AIDSCAP, 2005), have an exemplary lifestyle.
  - Employees affected by HIV can be good and empathetic PEs (advantage: plenty of understanding for the situation, probably high motivation).



57. Albararacin researched with a worldwide sample (thereof eleven African Countries) (2005), which measures are effective.

58. See e.g. appendix 12.1.2.

59. How many PEs are needed depends on the tasks, they shall take over. For more intensive tasks one needs more PEs. See also chapter 3.2.

60. Source: AIDSCAP (2005, p. 15-16), Flanagan, Williams & Mahler; (1996).

61. About sympathy see also <http://psydok.sulb.uni-saarland.de/volltexte/2003/78, 22.07.2005>.

62. About trust see also Thomas (2005).



\* **How** shall the PEs be **chosen**? – The following procedures could be considered<sup>63</sup>:

- The PEs voluntarily “run for office” during a PE election. During the election they will be selected...

\* By all vs. only by subgroups vs. only by the management

- Election by all/subgroups by the colleagues (acceptance of peers, really favoured colleagues will be chosen, know co-workers the best)
- Or management (will be accepted by management, can pay attention to gender balance, ethnic group, age etc., know which qualifications are needed and choose therefore rather suitable employees).
- *consider...*: it must be ensured in any case to elect competent employees (see above) that are also accepted by the management (see also chapter 3.5.2).

\* By majority decision, by consent, by two thirds majority...

\* Secretly or public

- *consider...*: A secret election increases the chance to elect true confidants; a public election (with consensus criteria) can have the advantage of an increased PE acceptance.

- Nomination technique

\* The peers determine the PEs (maybe also the management determines the PEs).

\* Here again: anonymous (+ = man of confidence) or discussion (+ = acceptance)

\* *consider...*: It can be an advantage for the PE to know that his/her “peers” are standing behind him/her (“You have said it yourselves that I shall do it”).

- Social network analysis

\* The structure of social networks will be analysed, e.g. by questioning, using cards that symbolise the person and arrange them according to closeness, observation etc.

\* This way “natural leaders” can be identified, who can be used as PEs.

\* *problems otherwise, because...*: If the “wrong” PEs are chosen the whole process is doomed to failure and a lot of money is lost *because...*: Motivation decreases if PEs feel overburdened or under-challenged (see chapter 3.2), without acceptance by the management there will be no support (see chapter 3.5), etc.

\* *therefore, however at least...*:

#### Minimum standards PE selection

- Advantages and disadvantages of each selection method should be considered and examined for feasibility.
- “Ideal PEs” should be selected. They should at least
  - Bring along a high motivation and have time for the tasks.

- Be non-judgemental and trustworthy.
- Bring along good communication skills.
- Be able, to understand and learn the (English/French/Portuguese etc.) content of the PE training.
- Be respected by colleagues and management.
- The selection of the PEs should take place equitably – which means the following criteria<sup>64</sup> should be considered:
  - **Suitability**: The PEs should be able to fulfil a role model function (exemplary way of life, model person).
  - **Acceptance**: The selected PEs should be accepted in their role by their peers as well as by the management.
  - **Transparency, consistency, accuracy**: The selection criteria shall be transparent and consistent, and the requirements for the PEs should be already outlined before the election.
  - **Voluntarism (ethicity)**: The chosen ones should become PE voluntarily and be highly motivated and willing to learn.
  - **Accuracy**: A true effort should be put into the selection of suitable PEs.
  - **Representativeness**: The PEs should resemble the employees (gender, ethnic group, status, age...) and be culturally respectable.<sup>65</sup>
  - **Option to correct**: The PEs should only be elected/selected for a certain period of time, in order to be able to correct wrong selections or decreasing motivation.

### 3.4 Organisational structure

Some thoughts must also be given to organisational structure, first about the role of the PE team leader and in the next chapter about the communication structures.

#### 3.4.1 PE coordinators

When thinking about PE coordinators it can be helpful to consider the following questions:

- \* Is there a formal **leader**?
  - *consider...*: The advantage of a formal PE coordinator is to have a contact person for the PE team. This facilitates the adaptation and passing on of information with the HIV Taskforce.
- \* Is there only one team leader or are there several, including an alternate, a secretary, etc.?
- \* Which **competencies** and tasks has this person (e.g. contact person for the PE team or also authorized to give instructions)?
  - *consider...*: Tasks could be:
    - Coordination between PE Team and HIV Taskforce or management
    - Conducting PE team meetings

63. See also UNAIDS (1999).

64. Here after criteria of the procedure equity by Leventhal (1980). See for the meaning of justice in organisational contexts e.g. Greenberg, (1990, 2001), Folger & Cropanzano (1998).

65. See also chapter 2.1.



- Providing information and possibly guidance to the PEs
  - Interests protection for the PEs
- *otherwise problems, because...:* See here e.g. the Goal Setting Theory of Motivation (appendix 12.2.3.6) that says that tasks shall be clear and precise.



- \* Has he or she been **elected** or selected and if yes by whom?
  - *consider, otherwise problems because...:* An election of the coordinator by the team has the advantage that indeed a trusted person becomes PE coordinator and that all PEs will once have recognized the person. However, problems could arise, if the selected person is not recognized by the management (see below). Will the person however be chosen “from above”, the danger exists to assign a non-motivated person to the task. In addition the person is being a good excuse to not perform (“I did not want to do this in the first place”).
- \* With which abilities and characteristics has he/she to be equipped?
  - *consider...:* The PE coordinator should in any case be a very motivated person, who can inspire others.
  - *otherwise problems, because...:* Danger of increased drop out (if the person cannot inspire), the team leader should set a positive example since the PEs can become discouraged by an unmotivated team-leader<sup>66</sup>.
  - *consider...:* The PE coordinator should be up to the task. Characteristics, which should be favourably to lead the PE team, are e.g. assertiveness, enthusiasm, organisational ability, empathy, time resources, good education level inclusive good knowledge of English or French/Portuguese (many of the materials are in English though).
  - *otherwise problems, because...:* If the PE coordinator is not capable of the task, the team is not well represented and it might lead to

difficulties in organisation.

- *consider, otherwise problems, because...:* The PE coordinator should have good relations with the management and the HIV Taskforce, since otherwise it can come to coordination problems and a bad reputation for the PE approach. The PE coordinator functions as a liaison officer between the PE team and the HIV taskforce and the management and acts as a kind of ambassador for his team.

\* *therefore, however at least...:*

#### Minimum standards PE coordination

- To appoint and publicly introduce the PE coordinator and document...
- How the PE coordinator is appointed and for how long
- Who is the current PE coordinator.
- What are his/her tasks and competencies.

#### 3.4.2 Communication & documentation

- \* *consider...:* It was criticized in publications<sup>67</sup> and interviews that functioning documentation and communication structures are often missing. These have to be planned and developed.
- \* *Problems otherwise...:* Problems including chaotic operational sequences and loss of motivation can develop, if
  - Information is not passed on to all PEs.
    - If, for instance, there is no list of all current PEs, not everybody gets invited for meetings and the danger of drop outs and displeasure of the neglected ones increases.



- Communication is unregulated and unclear (e.g. if the tasks of the PEs are not clearly communicated).
  - The danger of misunderstandings and annoyance<sup>68</sup> increases and the impression can arise, e.g. for the superiors, that the work of

66. E.G. “die macht ja auch nichts”; See Modelllernen in Appendix 12.2.4.1.

67. See e.g. UNAIDS (1999), Horizons (2005), Haag (2004).

68. It has to be considered, that communication always is more than simple information transfer (see Iceberg-model of Communication, at [www.socialchange.net.au/peoples/les](http://www.socialchange.net.au/peoples/les), 22.07.05) or Schulz von Thun (1981).



the PEs is unimportant or dubious. In addition, a fixed communication system can help the PEs to assert their claim for passing on information e.g. from the HIV Taskforce.

- Competencies are not documented clearly.
  - If no one knows who is responsible for what and who has which special abilities (e.g. by an advanced training), the danger exists, that the responsibilities will not be taken seriously and a diffusion of responsibilities<sup>44</sup> can be developed (“the others will manage it...”).
- Nothing is being documented.
  - If education status<sup>69</sup>, special abilities, previous success etc. is not being documented, there is the danger that resources will not be used, learning chances get lost and ideas and experiences become forgotten. Quality control (see also chapter 8) will not be possible without documentation and communication.

\* Therefore at least...:

**Minimum standards communication & documentation**

- A communication and documentation system has to be developed, to which all parties involved have easy access<sup>70</sup>. This system must guarantee that the following questions can be answered:
  - Who will be informed when, by whom and about what?
  - Who is a contact person/ expert for what?
  - Who is a current PE?
  - Who did when what<sup>71</sup>?
  - Who was trained how?
- Which actions were accomplished, have they been successful and why so or not<sup>72</sup>?
- Which resources have been used and what did the budget planning look like?
- Who criticises what and has which ideas and improvement suggestions<sup>73</sup>?
- How have the improvement suggestions of the PEs been taken up, realized?

**3.5 Incentives consider...:**

- \* One does understand here by incentives allowances or “rewards” for the PEs. Whether incentives are given and if so which ones and why must already be discussed during the planning process. The role of incentives for keeping up motivation has again and again been emphasized in studies and interviews<sup>74</sup>.
- \* There can be different kinds of incentives (e.g. “goods”, benefits, advanced training, acknowledgment – see idea pool in appendix 12.1.6)

- Monetary
  - *advantage*: motivation, justice<sup>75</sup>, acknowledgment of the achievement, increase of self-worth, loyalty and effort...
  - *disadvantage*: creates distance to the peers, it is rather an extrinsic motivation, maybe not sustainable, causes additional costs for the company...
- Non monetary
  - *advantage*: not such a huge distance to the peers, cheaper, sustainable, rather intrinsic, acknowledgement of the achievement, increase of self esteem and loyalty...
  - *disadvantage*: danger of an insufficient motivation and the feeling to get a bad deal, feeling of being not taken seriously...



- During the planning it should also be considered to adapt the distribution of incentives to the reward system of the company (e.g. which behaviour will be normally rewarded, e.g. one receives additional free time for social engagement in the company).
- Incentives should be context specific (e.g. bag or hats with the print Peer Educator).
- Transparency and clarity should guide the distribution of incentives and the further components of procedural justice should be adhered to<sup>76</sup>.

*Problems otherwise, because...a feeling of injustice and an associated blockade attitude could develop.*

- When planning the reward system attention must be paid to sustainability, so that once given promises can be kept also over a longer period.
- \* *problems otherwise, because...:* incentives were demanded again and again e.g. on PE conferences (UNAIDS, 1999). To expect from persons a continued voluntary commitment, from which they cannot ex-

69. For an example of the documentation see appendix 12.1.4.  
 70. Eg. an information board for information that concerns the whole staff (e.g. who is PE), meeting protocols for the PE team, reports of the PE coordinators  
 71. Eg. according to minutes of PE teams meetings.  
 72. For this each PE should write weekly or monthly pre-structured minutes, in which e.g. one notes, how many single discussions one had, which topics have been addressed, etc. One can find examples for this kind of monitoring in the ACCA Toolbox (ACCA, 2004).  
 73. This should be noticed in the minutes of the PE meeting and/or entered in the (hopefully existing)

company's complaint management system. For the importance of the company's complaint management, see research about organisational justice, e.g. Blader & Tyler (2003), Greenberg (1900, 2001), Moormann (1991).  
 74. Mathauer & Imhoff (in print), UNAIDS (1999), AIDSCAP (2005), interview with an ACCA colleague. See also studies from other areas, e.g. organisational justice Research (Blader & Tyler; 2003, Greenberg 2001), payment systems etc. An example for the desires for incentives see appendix 12.1.4.  
 75. See e.g. Equity Theory in appendix 12.2.3.8.  
 76. See procedure justice after Leventhal in appendix 12.2.4.7.



pect any advantages (acknowledgement from the boss or promotion prospects can also be an advantage – see below), is not very realistic in the long term. This can be explained e.g. with Expectancy Theories of motivation<sup>77</sup>, which indicate that motivation can be maintained only if the action as such also contains a value. If promised incentives cannot be given, it can lead to feelings of unfairness and sabotage as well as a loss in confidence (see appendix 12.2.3.8. and 12.2.4.7.).

\* *therefore...*:

- It should be considered, whether incentives create lower costs than the greater drop out to be expected without incentives (AIDSCAP, 2005). It is therefore recommended to provide at least some kind of incentives.
- It is most favourable to give a mixture of monetary and non monetary incentives (Mathauer & Imhoff, in print).

\* *however at least...*:

#### Minimum standards incentives

- If no incentives can be given due resource constraints at least the barriers for actions should be removed (e.g. no circulation of information, no exemption from work<sup>78</sup>, no space).
- At least respect for the work of the PEs must be shown, particularly by the management. This must be demonstrated also publicly.
- Promises for incentives once given have to be kept. It is better to promise less than not to keep a promise. Therefore the sustainability of the incentive system must be considered.
- Incentives have to be distributed according to fair criteria (see appendix 12.2.4.7). They should be clearly communicated and justified (e.g. who gets what why or why not).

### 3.6 Support

By support, the support of the PEs for their work is meant. It turned out as very important for the success of the PE approach, that PEs are looked after and guided in their work<sup>79</sup>. For this it can be helpful, to think already during the planning about the following questions:

Support has to be given, but one must consider...for whom, by whom, how often and which kind of support has to be given. These points will be demonstrated in the following chapter:

#### 3.6.1 Support – general

Support is given

\* **For whom?**

- For the PEs as individuals, for the entire PE group at the same time, only for the supervisor of the PE team, only for PEs who voice a demand...

\* **By whom?**

- By the PE coordinator, by a member of the HIV/AIDS team, a management representative (better higher management or direct superiors?), by the work council, an external agent...?
  - *consider...*: It is very important, that clear competencies and contact person/s are defined and communicated, so that everyone knows who to turn to.
  - *Otherwise problems, because...*: Ambiguity, complicated work conditions, maybe motivation loss, drop out, little control convictions, learned helplessness etc. can emerge<sup>80</sup>.
  - *therefore ...*: At least one (or more) confidant should be chosen, who is competent, well trained for this task (e.g. also in advising methods, organisation management, participative methods), emphatic and motivated.
  - *further consider...*: It is advisable not to select a direct superior or somebody who is “responsible for the career”.
  - *otherwise problems...*: problems might be withheld or concealed because of fear of disadvantages in career planning.
  - *further consider...*: There should be a female contact person for female PEs
  - *otherwise problems...*: Gender specific problems are otherwise possibly kept secret because of shame.
  - *therefore ...*: Should it not be possible to find a woman for the support function, gender specific problems must be dealt with as sensibly as possible.

• **How often?**

- Are the support persons always accessible, only during a consulting hour...?
  - *consider...*: Both is fine, however, the regulation must be defined clearly and communicated. If no one looks after the PEs on a regular basis, the risk of drop out increases. This leads again to increased costs, since new PEs must be trained.
  - *otherwise problems...*: Continuous support signals a continuous interest in the programme. If this is missing, the impression can arise that HIV/AIDS prevention is not important. This can lead to a loss of motivation among the PEs.
  - *because...*: The continuous appreciation of the programme can be already motivating in itself<sup>81</sup>. Clear target definitions and time frames also increase motivation and achievement<sup>82</sup>.

77. See appendix 12.2.3.5. But also after Herzberg's Motivation Theory is the reward an important factor; see appendix 12.2.3.3.

78. About advantages and disadvantages see also chapter 3.2.

79. See e.g. UNAIDS (1999), Flanagan, Williams & Mahler (1996) et al.

80. See appendix 12.2.4.

81. See e.g. Social Identity Theory in appendix 12.2, ERG-Theory (appendix 12.2.3.2.) et al.

82. See Goal Setting Theory in appendix 12.2.3.6.



- *further consider, otherwise...*: How often and how much support is needed depends e.g. on the planned activities and training of the PEs. Socio-emotional support could be needed, for instance, if the PEs are frequently exposed to emotionally loaded situations, especially if the support and care for AIDS patients or their dependants belongs to their tasks.
- *therefore...*: No tasks should be demanded that require more support than can be given.
- *further consider...*: In-depth training in the beginning reduces the support demand later on and can be altogether more economical.

\* **Which kind?** (see also pool of ideas in appendix 12.1.7)

- Technical support
  - Support in technical questions, detailed PE manual as a reference book for questions related to contents and methods
  - Provide resources for activities (e.g. BCC or IEC materials, money...)
- Psychological/emotional support
  - Signalling acknowledgment and respect for the tasks of the PEs (decreases stigmatisation, is motivating<sup>83</sup>).
  - *consider...*: emotional support should be taken into account, since the situations are often burdening for the PEs. In this case it should also be discussed with the individual PE, if the role of the PE becomes overwhelming and is no longer bearable for the PE.
  - *Otherwise problems, because...*: A psychological overburden can lead to secondary trauma<sup>84</sup> and “burnout syndrome”<sup>85</sup> with possible health consequences<sup>86</sup>. To protect oneself against repeated

overload the PE can also give up the work as a PE. In order to justify this without admitting the overburden, the reasons might be searched in the programme. This increases the danger of sneering about the programme (“It is all rubbish”)<sup>87</sup>.

\* *however at least...*:

**Minimum standards support general**

- Contact persons for questions and problems must be specified and communicated.
- Good working conditions for the PE have to be created.
- The PEs must be trained sufficiently and continually supported (technical and emotional supervision).

**3.6.2 Support – management support**

\* *consider*:

- In project reports<sup>88</sup> and interviews a lack of sufficient support by the management for the PE programme was criticised, and identified as one of the factors leading to problems. This applies particularly to the middle and lower management, who are usually the direct superiors of the PEs. Management support is however central for the success of the PE approach.

\* *otherwise problems, because...*:

- The PEs are not being exempted from their work for the PE activities or prevented in another way from their PE work.
- The PEs receive no acknowledgement and no further support.
- The role models, as the management should be one, signalise by their lack of interest that HIV prevention is not a serious topic (see also learning by role models in appendix 12.2.4.1).
- Information is not passed on.
- Among the PEs, all this leads to frustration, uncertainty, lack of motivation and reduced loyalty towards the enterprise<sup>89</sup>.

\* *therefore ...*:

- Above all the middle management and the direct superiors have to be informed and included in the programme, and have to support the PEs actively (acknowledgment, maybe exemption from work) and passively (no devaluation and stigmatisation of the PEs)!
- To gain management support, the pro and cons of the PE approach should be demonstrated to them (see appendix 12.1.9).
- A training of the management, e.g. about how to support and supervise their personnel (e.g. how they can give non-monetary incentives) could be held. It also has to be guaranteed, that the

83. See Social Identity Theory in appendix 12.2.4.7.

84. With this is meant that a helper becomes traumatised himself by the care of a traumatised one. By trauma one understands simplified “an injury, usually resulting from an extremely stressful and life-threatening situation (psychological) or from a serious and often body-altering physical one (physical)”, source: <http://en.wikipedia.org/wiki/Trauma>, 13.10.2005.

85. “The term burnout-syndrome describes a special case of job-related, chronically exhaustion (...)”. Source: [www.wikipedia.org/wiki/Burnout-Syndrom](http://www.wikipedia.org/wiki/Burnout-Syndrom), 22.07.2005.

86. E.g. depression, sleeplessness, loss of appetite.

87. See Dissonance Theory in appendix 12.2.4.2.

88. E.g. UNAIDS (1999), Katzenstein et al. (1998, quoted after UNAIDS, 1999) in Zimbabwe, Haymann et al. (1996, quoted after UNAIDS, 1999), Haag (2004) in Namibia (ACCA-Project).

89. If this “organisational citizenship behaviour” is missing, aggravated thefts, sabotage etc. can happen. See also Moormann (1991).



management is reached by the HIV/AIDS prevention activities as well.

- The support can be shown e.g. by incentives (see chapter 3.5) and be awarded by the management.

\* *however at least...:*

#### Minimum standards management support

- The management must be well informed about goals and proceeding of the PE approach and agree with the proposed programme.
- The management has to support the process
- actively (e.g. communicate acknowledgment, give feedback<sup>90</sup>, exempt from work) and
- passively (no devaluation and stigmatisation of the PEs, to know and protect the rights and obligations of the PEs)
- Information about decisions of the management concerning the PE approach must be passed on to the PEs.

### 3.7 Integration in the overall concept

\* *consider...:* As already has been mentioned, the PE component of the HIV/AIDS workplace programme has to be integrated and co-ordinated very well with further components and participants. This requires also that organisational customs and the organisational culture have to be considered, as addressed already in chapter 2.1.

\* *problems if ...:*

- This coordination is not carried out (e.g. between PE team and Taskforce), coordination problems, misunderstandings etc. occur. As a result resources might not be used efficiently, the PEs do not feel taken seriously, their motivation decreases. It is for instance important to include the prior knowledge of the PEs into their training needs in order to not plan activities past the target group<sup>91</sup>.
- Problems can further occur if the programme is not coherent, for example if the PEs propagate condom use, however there is no distribution/sale of condoms in the company.

\* *Therefore, however at least...:*

#### Minimum standards integration in the overall concept

- The activities have to be coordinated well<sup>92</sup> between PEs, HIV/AIDS Taskforce, management, colleagues, community (e.g. local authorities, local health personnel)...

- Suggestions, abilities and ideas of the PEs or the PE coordinator must be integrated well into the strategy. PEs must be given the possibility to participate in the development and execution of the strategy and the activities (see e.g. UNAIDS, 1999).

### 3.8 Integration in the community

\* *consider...:*

- The PE Programme should also be co-ordinated with the community<sup>93</sup>, since their support is important and resources can possibly be combined (e.g. exchange of materials or PE trainer<sup>94</sup>).
- One should try to get to know and meet the influential social authorities. These can be e.g. from the field of religion, government, education, economy, sport, health, media, etc. It is recommended,
  - To discuss with them the PE programme (procedure, targets and competencies) as well as their integration into further HIV/AIDS activities.
  - To ask for their opinion and suggestions about the programme and about individual IEC and BCC materials and to include their views continuously.



- To invite them for official events.
- To ask them to write articles about the topic or to support the programme in another way, e.g. by conversations about it.
- To ask them, to support the PEs also morally.
- To ask them, to express their opinion about the needs of the target group and about ideas, how the PEs can fulfil them.

90. As a learning chance. To give feedback is very important; see in addition e.g. Mathauer & Imhoff (in print) or the job characteristics model (appendix 12.2.3.4).

91. E.g. there could be a PE, who knows particularly well the local system of HIV testing (e.g. because his wife works there). If he will not be included in a campaign about testing, his insider knowledge is wasted and maybe he feels ignored. Or there is a hobby illustrator among the PEs, however for the creation of the materials professional illustrators are hired or PEs are appointed who have no fun in doing it.

92. An example for the integration of the PEs can also be found in the ACCA Toolbox at "Prevention/Peer Education/Tools & References/GTZ/ACCA 2004: Terms of Reference for Peer Education Trainings", Toolbox see ACCA (2004).

93. E.g. with the health system, other organisations, who also carry out HIV preventions, with religious unions, associations, administration, traditional healer, schools... However it can be difficult to constitute a "natural" community, if the catchments area of the staff is very large (see Fourie & Vogel, 2005, p. 21).

94. See also chapter 9.9.1.



- It could be planned, to designate PEs for the company and extra PEs for the community<sup>95</sup>.
- Contacts with local health structures must be established in order to be able to refer employees to them, and to inform the workforce about all their services.



\* *otherwise problems, because...:*

- Resources will not be used ideally, e.g. training materials, but also the possibility of moral support by influential persons<sup>96</sup>.
- Local authorities might feel ignored and talk therefore badly about the programme.
- The HIV programme depends on a good co-operation with the local health system.

\* *therefore, however at least...:*

#### **Minimum standard integration in the community**

- Pass on information about PE programme goals and procedures to local authorities and health centres.
- Establish contact with health centres and be well informed about their services
- Invite local authorities to events (e.g. an introduction meeting of the PE Programme).

95. Tasks for PEs in the community are e.g. (according to ACCA Zambia) planning, organisation and realisation of PE events for company employee's families and community environment, monitoring of events (reporting to HIV/AIDS coordinator), communication link to (giving feedback to) HIV/AIDS coordinator and company employee's family and community environment, discussion with family/community members on one to one basis (passing on of information on individual and confidential basis).

96. This motivates, see e.g. Hygiene Theory of motivation (appendix 12.2.3.3.), Social Identity Theory (appendix 12.2.4.7).



## 4. PE training

No PE should start his tasks without being trained for the work as a PE<sup>97</sup>. Hence, the following points should be considered at the PE training.

\* *consider....* In order to implement a good training, resources are needed (trainer, materials, room, time, money...). This should be considered and taken into account. However, training is absolutely necessary.

\* *consider....* At the beginning of the training the roles and expectations of the PEs must be clarified, e.g. also the advantages and disadvantages of the PE role<sup>98</sup>. If participants recognise at this point that they do not want to become a PE, they should have the possibility to quit the programme without problems<sup>99</sup>.

\* *consider....* In general it should be paid attention to the fact that the participants are neither under-challenged nor overburdened. Several shorter units can be better for the taking in of difficult material. Meanwhile longer units by the piece support a group feeling.

\* *consider....* The gender perspective<sup>100</sup> must not be forgotten in the training.



\* *otherwise problems....* If PEs are sent to their work without the appropriate training, there is the danger that:

- Incorrect knowledge about HIV/AIDS will be passed on.
- They boycott their tasks because of excessive demands or irritation about missing support.
- The whole PE Programme does appear to be important for the company. This could irritate also outsiders (health service, sponsors...).

\* *because....* With a good training one should expect that

- Fewer drop-outs happen
- Quality and quantity of the PE arrangements increase
- Less supervision and refresher training is needed
- The entire PE programme functions better and gets cheaper.

\* *therefore....* A good training should be arranged<sup>101</sup>.

- The pre-knowledge of the PEs, their ethnical background, values, etc. should be clarified in the beginning.
- The participants should be given time to get to know each other. The formation of a group should be inspired.
- The role(s) and expectations of the PEs for the programme and training as well as of the trainers towards the PEs must be clarified.
- The training should also contain the use of practical methods, e.g. participative methods (community mapping, picture codes, role plays, interactive units, dialogue areas<sup>102</sup>...). PEs have demanded again and again not only to receive a pure knowledge transfer but a more practical training for presentation methods and motivation methods<sup>103</sup>.
- Opportunity to practice what has been learned is needed: Giving presentations (e.g. about HIV/AIDS, gender and sexuality, care and support for people infected with HIV/AIDS...) or concrete abilities (condom use, needle hygiene, methods of negotiation) must be practiced (e.g. in role plays or rehearsal presentations).



- The trainers should explain to the participants what competencies they have acquired in the training and that they are now indeed able to exert an influence on their peers. At this point it can be shown e.g. on the basis of health promotion theories, like the model of health referred behaviour<sup>104</sup>, how the PEs can take influence (for an illustration see appendix 12.2.1).

97. See e.g. AIDSCAP (2005), Horizons (2005), Flanagan, Williams & Mahler (1994) et al.

98. For an anthology see appendix 12.1.8 and 12.1.9 (advantages and disadvantages for PEs and enterprise).

99. It can come however to problems if one has no "reinforcements" – consider this aspect (see chapter 7)

100. UNAIDS (1999), Weiß & Gupta (1998). See also chapter 2.2.

101. Ajared at Flanagan, Williams & Mahler (1996); UNAIDS and Svenson (1989).

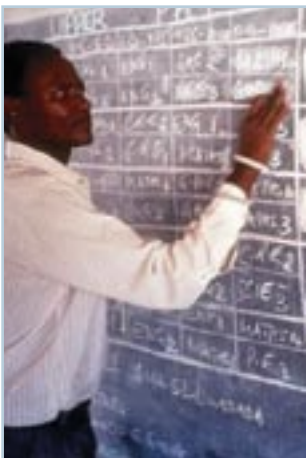
102. See also chapter 9.3.

103. See Horizons (2005).

104. After Schwarzer (1996).



- If necessary, the care of HIV/AIDS infected persons; stigma reduction or similar training units can also be included (depending upon need, also good during the refresher training).
- It should be given room for discussions, small group work, etc.
- During the training a trusting atmosphere should be created, that
  - fosters a group identity for the PE team,
  - promotes motivation (e.g. by “fun elements”, exercises),
  - permits to ask fearlessly and openly questions as well as to express doubts and suggestions (see e.g. empirical evidences, that a higher creativity is shown in a fear-free atmosphere) and
  - Can serve as a model situation for a confidential and open PE activity.
- With a sufficient amount of PEs one unit should be done separated by gender, in which the PE is given the possibility to ask gender specific questions and to learn and practice advising methods (e.g. discussing gender roles...). Also during the composition of the trainer team for the PE it should be paid attention to the fact that the gender ratio is balanced. It is helpful to prepare extra materials for women that treat topics like the negotiation of own needs, talking about taboos, gender roles, etc. At the end (and maybe at the beginning<sup>105</sup>) of the PE training a test should be accomplished. Only those, who show a clear understanding of the taught contents, should become certified as PEs. With the others confidential discussions should be led and additional training should be offered if sufficient motivation and resources exist (otherwise: danger, that they boycott the programme and spread a bad mood – to save their face, dissonance reduction, etc.). It is motivating<sup>106</sup>, to be honoured with a certificate (awarded by the management) for a successful attendance. It must be communicated clearly, how the programme continues after the training for the PEs (when is there further training, supervision, evaluation by the superiors, updated material, PE meetings, refresher training, when does the programme start?).



\* however at least...:

#### Minimum standards PE training

- The training should have the following characteristics: It should be
  - understandable<sup>107</sup> and informative
  - interesting and motivating
  - open and trustful.
- Thorough knowledge about HIV/AIDS and methods of health prevention (planning, communication...) has to be conveyed understandably and misunderstandings about HIV/AIDS or prejudices against those affected by the disease must be diminished.
- It has to be given time also to practice the learned.
- A fearless learning atmosphere must be created.
- The training must be adapted to company specific characteristics.
- The special meaning of gender roles and the ethnical background must be considered and brought up for discussions.
- The training must end with an assessment. Only those participants, who understood the contents of the training, may become PEs (particularly relevant with HIV knowledge).
- The tasks must be conveyed clearly and further support possibilities must be communicated.
- If the training is not developed by the company but conducted by a third party (NGO, training contractor...), it must be observed that they keep the minimum standards<sup>108</sup>.



105. See e.g. the pre- and post test questionnaire in the ACCA Toolbox (ACCA, 2004) at “Prevention/Peer Education/Tools & References/Volkswagen/GTZ 2002: Pre- And Post- Test Questionnaire For The Peer Educator Training Workshop” or “Prevention/Peer Education/Tools & References/GTZ Congo 2002: Education Par Les Pairs – Questionnaire”.

106. See here e.g. the job characteristics Model of motivation in appendix 12.2.3.4.

107. It should also not be taught too much at once.

108. It occurs frequently, that trainings are not developed newly but bought and adapted by external supplier; see e.g. Haag (2004).



## 5. Start of the PE activities

Once all preparatory steps have been taken and PEs have been chosen and trained, the actual programme can start – the PEs can take up their work. However, this does not mean that all pitfalls are eliminated and nothing can go wrong anymore.

\* *consider, because...*: It must be noted, that the Peer Education programme should begin only after careful planning.

\* *Otherwise problems, because...*: An unprepared and chaotic start of the programme is not good, since the PEs and colleagues do not feel taken seriously, they develop a bad first impressions (“halo effect”<sup>109</sup>, positive pattern) and the entire programme will be occupied negatively, also in the eyes of the staff.

\* *therefore...*:

- Management and local authorities (community representatives, religious leaders, etc.) have to be informed about the programme before its beginning (for this see also chapter 3.6).
- Support by the management as well as by the community and the precise planning of the sequences must be made clear right from the beginning, e.g. with the highest management presenting the introduction event (or even already the selection of the PEs) and honoured guests of the community are invited. A launch with a celebration is a good opportunity to evoke interest, goodwill, and support for a programme<sup>110</sup>.
- During or before the start of the PE activities, all colleagues should get an introduction and information about time, location and purpose of the PE programme. This way they already know what is waiting for them, which can help to avoid irritations in the future.

\* *however at least...*:

### Minimum standards start of PE measures

- The measures should be started only after good planning (training of the PEs, planning of individual activities) and coordination with all stakeholders (management, health authorities, NGOs, HIV task-force).
- An official programme announcement is a condition for the start. This can be combined with the launch of the workplace programme.

109. With this is meant the effect that the first impression often defines sustain which impression one has of a person/thing. It is difficult to correct the first impression. See also Myers (1999).

110. For this see also Robinson (2005) and appendix 12.4.1.



## 6. Refresher training

Meant are all measures for advanced training that happen later on in the programme. They can be done in different ways and some important points should be considered:

- \* *Consider...:* One of the most important aspects to maintain the motivation of the PEs is to give them repeatedly new suggestions and methods for their work.
- \* *otherwise...:* Experience shows that many PEs complain about running out of ideas for new activities after a while and that colleagues do not tolerate to hear the same again and again.
- \* *therefore...:* Ideally, refresher trainings or meetings should be scheduled several times a year. They can be short but they serve among other things
  - the uncovering of
    - further training needs and important questions.
    - criticism of the programme and detecting weak points.
    - general displeasure and boredom as well as unused potential and ideas.
  - the refreshment of
    - the learned, so that nothing incorrect is passed on.
    - the motivation e.g. by new input, personal advancement, reduction of barriers... the group feeling within the PE team. the acquisition of new knowledge and abilities
    - of new topic fields, e.g. advising, general health education<sup>111</sup>, care of people affected by HIV/AIDS, etc.
    - of new methods, e.g. the creation of safe spaces for dialogues<sup>112</sup>, development of new BCC/ IEC materials,...
- \* *however at least...:*

### Minimum standards refresher training

- If new methods and ideas are missing for the work of PEs, they have to be delivered, or the PEs have to be assisted in developing them (e.g. through PE team supervision).
- During refresher trainings, documented mistakes should be taken into account. The training has to be adapted even stronger to the company than the first training and relate to the experiences made by the PEs during their work.

<sup>111</sup>. E.g. also security at the workplace, drugs (also alcohol), nutrition etc. See also chapter 9.2.

<sup>112</sup>. See chapter 9.3





## 7. Choice of new PEs

\* *consider....*: It is important, that after a certain period a new selection or (re)election of PEs takes place. After a certain time, the PE coordinator should also be either re-elected or newly selected

\* *because...<sup>113</sup>*: Advantage of a new PE election can be:

- With the new appointment and consequently new training of PEs additional colleagues are reached directly with topics of HIV prevention. According to empiric reports by Family Health International (FHI)<sup>114</sup> PEs themselves do profit most from the prevention activities and change their behaviour sooner than other employees<sup>115</sup>.
- Unmotivated PEs can leave and retain their face by not running again for election. This can avoid that they justify their leave with the argument that the programme is bad.
- New PEs can be won, without having to admit that there was a rather high drop out.
- “Old” PEs can be honoured on this occasion and successes can be celebrated. This works as an incentive and increases their motivation.
- The entire PE programme can be launched once more and moves again in the focus (which can also be an advantage for the enterprise, e.g. for PR reasons).
- Local authorities can be invited and thus be included (again) in the programme (advantages fort his see 3.8).

\* *otherwise problems....*: Disadvantages associated with the new election or designation of PEs can be:

- New PEs have to be trained. This means a new PE training (see chapter 4) has to be organized and substantial additional costs arise.
- There is always work involved in the organisation of a new election.
- Up to then only moderately motivated and active PEs could be given a welcome cause to leave the programme.

\* *therefore....*: Consider well, if or rather when new elections shall be carried out.

\* *however at least...:*

### Minimum standards new election

- It has to be planned and specified for how long the PEs will be appointed.
- It has to be planned and specified, how and when new PEs will be determined. If old PEs leave the programme.
- One needs to learn from mistakes (e.g. why did the PEs leave) and the documentation (e.g. who is current PE, who was trained how) should not be neglected.

113. To avoid repetitions the structure is here other than before (first problems otherwise, than because).

114. See [www.fhi.org/en/HIVAIDS/pub/Archive/articles/AIDScaptions/volume3no3/HIVPeerEduc](http://www.fhi.org/en/HIVAIDS/pub/Archive/articles/AIDScaptions/volume3no3/HIVPeerEduc), 20.07.2005.

115. See e.g. also Dissonance Theory: “If I am very active and justify the contents, are either the contents good or I am stupid. As I am not stupid [most people have a – partly unrealistic – high self assessment, See individual psychology], the Programme has to be good.” There exist also results, that people who have been convinced to carry a pin of an organisation, to support them rather than before (see for this and similar research e.g. Myers (1999)).



## 8. Monitoring and Evaluation

In order to assess whether the desired effects of the PE programme are being obtained and to review the work of the PEs, a monitoring and evaluation system has to be build up.

### 8.1 Monitoring/supervision

Monitoring refers to a continuous process, which is divided in two types – process and impact monitoring. Monitoring allows judging the achievement of individual PEs and the PE team. Continuous monitoring creates a database for the final evaluation and can, therefore, not always clearly be separated from the evaluation system.

\* *consider...*: An easily understandable monitoring system has to be planned and developed

\* *otherwise problems...*: If no monitoring will be done, among other things the following problems can occur:

- Miscasts will not be disclosed, e.g. if a PE passes on wrong information, is not value neutral, is overburdened with the work (psychological).
- It is not discovered that PEs pass on wrong or undistorted knowledge about HIV/AIDS. There is no formal control about the activities of the PEs or the PE coordinator and the positive effects of the PE work cannot be proven.
- Adjustments and improvement of the programme cannot be made.



\* *therefore...*: A monitoring should be carried out that contains among others the following components<sup>116</sup>:

- It should be tried to follow up on the work of the PEs, e.g. via individual discussions, document evaluation, (monitoring sheets filled out by the PEs themselves, minutes of PE team meetings, minutes

of activities<sup>117</sup>), observation, questioning of colleagues, etc.

- One person should be mainly responsible for the monitoring of the PE programme. This person has to collect all data, coordinate the monitoring and coordinate it with the responsible monitoring person for the overall workplace programme.
- PEs, which are not sufficiently motivated should be invited for a talk, discussing their possible voluntary withdrawal from the programme (consider: danger with forced leave of influential peers). Discussions with less committed PEs should be also seen as an opportunity to find out something about problems and barriers within the programme (ask about it).
- It should be tried to discover (psychological) overburdening as this makes an early intervention possible. For this, regular supervisions with the group and individuals should be scheduled (ideally by an independent person of confidence who is well trained in discussion methods and counselling and is no direct supervisor).
- Results of the evaluation should be reported back to the PEs in a constructive manner, giving a chance for improvement. This might encourage the motivation<sup>118</sup>.

\* *however at least...*:

#### Minimum standards monitoring/supervision

A supervision and monitoring system has to be established, considering:

- Which **criteria** should be applied?
- **Who** should supervise (e.g. superior, Taskforce, independent person...)?
- **Who** should be supervised (PEs, PE coordinator...)?
- **How** should be supervised (questionnaire, interviews, observation, document insight, self vs. foreign evaluation)?
- **How often** should be supervised (e.g. once a month, every three months...)?
- Which **consequences** should the supervision/ monitoring have (e.g. incentive for a good performance, new occupation for a bad one, or similar)?
- How should the results of the monitoring be reported back to the PEs?
- How should be **documented**<sup>119</sup> and to whom should be given the results of the supervision/monitoring (as well: in which form)?

<sup>116</sup>. See also National Cancer Institute (2005), the interesting book about "Health Communication" <http://www.cancer.gov/pinkbook>, 22.05.2005.

<sup>117</sup>. See e.g. appendix 12.1.4.

<sup>118</sup>. See Motivation Theory after Oldham & Hackman, appendix 12.2.3.4.

<sup>119</sup>. An evaluation but also the process documentation to makes an evaluation possible. For this see also chapter 3.3.2.

<sup>120</sup>. It is important to think about problems and success factors already during the current programme to expose problems right away and to prevent an escalation. E.g. should the knowledge be measured before and after the PE training (for an example see e.g. the pre-post text questionnaire in the ACCA Toolbox at "Prevention/Peer Education/Tools & References/Volkswagen/GTZ 2002: Pre- And Post- Test Questionnaire For The Peer Educator Training Workshop" or "Prevention/Peer Education/Tools & References/ GTZ Congo 2002: Education Par Les Pairs – Questionnaire").



## 8.2 Evaluation

Apart from monitoring and supervision components, evaluation components have to be developed.

- *consider...:* The evaluation system has to
  - Be process-accompanying (formative, according to a project phase, e.g. all 2-3 years)<sup>120</sup> and to judge the overall process and progress. Since the programme probably is planned open-ended, an overall evaluation should be accomplished in regular intervals (e.g. one or several years, before each new selection of the PE...).
  - Be adapted to the special conditions of the enterprise.
  - Be easily understandable, simple in its execution, working with clear defined criteria<sup>121</sup>.
  - Include all important aspects.

\* *otherwise problems, because...:*

- Weak points, problems, miscasts, inefficient use of resources etc. are not exposed.
- No learning from problems is possible
- Successes cannot be discovered and also not be celebrated (which would increase the motivation).

\* *therefore, however at least...:*

### Minimum standards evaluation

An evaluation system has to be established, considering:

- Which **criteria** should be used (see goals and indicators of the PE programme, prevention/ education component)?
- **Who** should evaluate (e.g. superior, AIDS Taskforce, independent...)?
- **Who** should be evaluated (PEs, PE coordinator,...)?
- **How** should be evaluated (questionnaire, interviews, observation, document insight, self vs. external evaluation)?
- **How often** should be evaluated (e.g. once a month, every three months, once a year...)?
- Which consequences should the evaluation have (e.g. incentive for a good performance, new occupation for a bad one, or similar)?
- How should be **documented**<sup>122</sup> and who should receive the results of the evaluation (also: in which form)?

121. See e.g. USAID (2002).

122. The evaluation itself but also the process documentation that makes an evaluation possible. For this see also chapter 3.3.2.





## 9. Alternative and supplemental ideas

It is often reported<sup>123</sup>, how meaningful and good a PE programme can be. It is, however; legitimate, to think about alternative or supplemental concepts that can enrich the workplace programme. In the following some short examples are listed:

### 9.1 External “Peer” Educators

Since training and support of PEs is quite expensive, especially for smaller companies, (they have to provide planning capacities, finance the PE training etc.), one can also think about hiring external (peer) educators (if this is more economical and effective). As an example, several companies together, a community or even a whole region could train a pool of PEs, which then becomes active in several enterprises or establishments. They could be recruited from members of the enterprise or from independent volunteers. One has to bear in mind though that the selected educators should be similar to the staff, e.g. in ethnical origin, language, etc. and that the same training conditions and standards should apply to the external PEs. Selection and training of the PEs could also be accomplished by local business coalitions or NGOs. Which advantages and disadvantages could have such an “outsourcing” for the PE approach?



\* Possible advantages...:

- External PEs could be more economical<sup>124</sup>, since costs of training, refresher training, support, selection, planning etc. are omitted or can be shared with other enterprises.
- “Professional” PEs could have a higher motivation and be better trained, as the task of HIV/AIDS prevention constitutes a/the main part of their work, and due to this methods are used frequently. One could also bundle all resources for a very thorough education of the PEs.

- Problems caused by the double role of PEs as co-workers and PEs could be avoided, such as problems associated with carrying a double workload, the loss of manpower/working time by PEs, co-operation problems with direct superiors etc.
- External PEs could be awarded more trust, as they are not directly involved in the company and therefore less likely to accidentally pass on sensitive information within the company (e.g. about the HIV status of a co-worker).

\* Possible disadvantages...:

- External PEs could not be informed sufficiently about procedures in the company. Above all it might be more difficult for them to find out about the respective current (training) needs of the colleagues, e.g. their level of knowledge about HIV, etc. Therefore, it could be more difficult, to co-ordinate the measures with the needs of the employees.
- External PEs could have more difficulty in gaining the confidence of colleagues and management (or more easily, see above), since they are not seen as members of the work community.
- When employing external PEs, one could miss out on having a permanent contact person who the employees can turn to at any time.

A further possibility is to work with external PEs but to also designate one or more employees of the enterprise as HIV contact persons (e.g. also from the HIV taskforce). Thus, only one or a few persons have to be trained, who could also be made responsible for condom distribution/sales. This would be economical and would have the advantage that at least one permanent contact person for HIV/AIDS can be found in the enterprise.

### 9.2 Health circle

\* What can be understood by health circles? Health circles are operational working groups (small groups) in which employees talk about health related topics at the workplace. During the meetings, health risks or work pressure are uncovered and alternative suggestions developed, which should make the work environment healthier and safer (e.g. by using breathing apparatus, see picture). The concept is in so far special as workers, together with other stakeholders within the company, deal with their own health situation. The positive effects of health circles are frequently reported. Including an increase in health promoting behaviour, as well as an increase in the satisfaction with the work in general and with the team and management in particular. An increased work satisfaction leads again to a better output and thus to a higher profit. Summarized one can say that health circles

123. Siehe z.B. auch Europeer ([www.europeer.lu.se](http://www.europeer.lu.se)) und andere. Dort findet man auch Literaturhinweise.

124. Dies muss im Einzelfall überprüft werden

125. Siehe z.B. Ulich (2001), Westermayer & Bähr (1994), Sochert (2005).





- Are co-worker discussion rounds about health promotion.
- Have the goal to
  - Inspire a discussion about health in the enterprise.
  - Improve the health and the work motivation.
  - Reduce attitudes and behaviours that pose a health risk.
  - Improve the communication and cooperation between staff.
- Recognise health potentials and stress at work.
- Work out suggestions for the improvement of a health promoting work situation.

\* *How can health circles be used in operational HIV/AIDS workplace programmes?* Health circles can be established as a fixed part of operational sequences. Within the health circles, next to HIV/AIDS, further topics can be taken up as well, e.g. work safety, water hygiene, drug and alcohol problems etc. This could also help to avoid an over saturation with the HIV topic. Since the employees identify health relevant topics themselves, the work remains close to the demands of the employers. In this context, the PEs can take the role of moderators or instructors. If one does not use the PEs for this task, other well-trained persons have to be identified to provide the knowledge transfer. In doing so one has to pay attention to inspire the colleagues to actively participate and to develop their own solutions.

\* *Advantages of health circles can be:*

- The participation of the employees and thus the security, to remain close to their demands. This participation has been also frequently demanded<sup>126</sup>.
- The creation of a discussion forum in a “protected context”. The inclusion of all employees, many will be reached. In evaluation studies in Germany<sup>125</sup> and other countries, an increased work motiva-

tion and a higher “organizational citizenship behaviour<sup>127</sup>” of colleagues has been observed. Local knowledge of the employees is being used; a creative pool of idea is created.

- The sense of group and company affiliation can be strengthened. Increased solidarity is important in difficult circumstances (e.g. by HIV).
- If a PE is assigned, his role, that of a moderator, is very clear.
- The self-value feeling, the control convictions<sup>128</sup>, the coherency feeling<sup>129</sup> and thus the health protecting behaviour<sup>130</sup> should increase through the self-contribution.
- The exchange of experiences and the occupation of all with the HIV topic probably reduce the stigmatisation of the infected.
- An organisation culture, shaped by values such as openness, confidence and solidarity can be promoted.

\* *Disadvantages of health circles can be:*

- Time and place has to be created to conduct the health circles.
- Developed improvement suggestions need to be implemented since otherwise frustration and irritation will be developed. This requires time and resources.
- In free discussions among the employees also topics that criticise the management and that promote the self-determination of the staff can be discussed. This could be regarded badly by the management and lead to problems. No sufficient space might be given for the HIV/AIDS topic. One person, e.g. the PE, should monitor this.

### 9.3 Spaces for Dialogue

The creation of safe spaces for dialogue, in which co-workers can discuss topics related to HIV/AIDS prevention and treatment, but also personal values, fears, gender roles etc. can be another method to engage employees.



126. Siehe UNAIDS (1999).

127. Loyalität der Firma gegenüber etc., siehe Fußnote 88.

128. Siehe Anhang 12.2.4.3.

129. Siehe Anhang 12.2.4.6.

130. Siehe Anhänge 12.2.1 bis 12.2.2.1



The intergenerational dialogue (generation dialogue), which has already been successfully used by GTZ in HIV prevention,<sup>131</sup> can serve as an example for this method. The approach was developed because even when sufficient information (for example about HIV) is given, behaviour change does not occur. This can often be traced back to a conflict of interest between groups or their missing communication<sup>132</sup>. Through this method, different groups of people, e.g. young and old women or women and men, are encouraged to engage in an open and respectful discussion with each other, getting to know each others' attitudes, uncover misunderstandings, and establishing an altogether positive discussion culture.

First, the groups meet only among themselves (e.g. only women) and discuss relevant topics, values, fears, dilemmas etc. Dialogue rules<sup>133</sup> are passed on to the participants, to enable a protected space for dialogue. The HIV mediators (here PEs) do not have a position of knowledge transfer but ask for relevant problems, moderate and listen. After this first internal discussion, the groups meet and exchange their points of view with the help of different exercises. After a "community phase" during which the dialogue methods are tried out in additional settings, the groups work out common behaviour intentions, which will be announced in public<sup>134</sup>. A better understanding of the different interests, a new communication form, and, in the long-term, behaviour change<sup>135</sup> should be achieved. Experiences show that this dialogue method is being accepted enthusiastically by the participants and carries also further into other settings.



Dialogues of this kind can represent an alternative form of HIV prevention and PE work besides the usual knowledge transfer approaches. PEs can moderate and lead the dialogues<sup>136</sup>, e.g. by asking for particular topics such as the perspective about gender roles. To take over the role of the respectful inquirer can also help to avoid the acceptance problems that many PEs face<sup>137</sup>. This method also ensures that planned activities are in line with the needs of the target audience.

131. More can be read about it at Roenne, v. (2005)

132. Like: "I want to use condoms to protect me, but I do not want to assume of my husband, that he slept with somebody else." Or: "I want to use condoms, but do not have the right, to communicate this."

133. Eg. to listen first, not to judge right away, to let speak out, be curious etc.

134. Eg. „We oblige ourselves, to use condoms and to deal respectful with the needs of our partners”.

135. According to first evaluations of the GTZ projects, this can be achieved. See Roenne, v. (2005).

136. Of course they have to be trained therein!

137. Eg.: „What does this person want to tell me about my sex life?!“ „What does it help me that the PEs tell it to me, my husband makes the rules and we do not talk about sex”.



## 10 Summary

Peer education can be a very effective method of HIV/AIDS prevention in workplace programmes, but there can also be a number of problems associated with this approach. In this section, the most important points are summarised once more:

\* *consider...:* PE programmes have to be planned carefully and supervised continuously during their implementation. Planning and implementation requires resources – financial, personal, time, space, etc.. Whether a PE approach should be introduced and can be supported over a long period of time has to be considered carefully at management level. If one decides for it, one should in any case consider the following aspects<sup>138</sup>:

- Community involvement and ownership.
- Continuous capacity building (constant supervision, feedback and follow-up).
- Capitalising on and using the knowledge, creativity, and energy of the PEs in programme planning.
- Extension of the reach of peer education by conducting more training of trainers and PE trainings in other geographical areas.
- Provision of both non-monetary and financial incentives.
- Integration of reproductive health and other topical areas, as identified by communities, into the scope of PEs.

\* *otherwise problems, because...:* In the case of failure to comply with the above mentioned aspects, the programme will in all likelihood not run without problems and, therefore, resources might be wasted.

\* *therefore, however at least...:*

### Minimum standards summarised

- Weigh carefully, whether the PE approach is at all appropriate
- Plan carefully and in a participatory manner
- Include management, convey **respect**
- Guarantee **voluntary** participation
- Provide good training
- Provide in kind, idealistic of financial incentives
- Provide continuous **support!**

138. Hooks et al. (1998, quoted after UNAIDS, 1999).



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## I2 Appendices

### I2.1 Appendix A – Miscellaneous

#### I2.1.1 Characteristics of the target group of PE activities

In order to co-ordinate the prevention measures well, attention has to be paid to the different characteristics of the target group.

- \* Gender (see chapter 2.2)
- \* Ethnical affiliation and related values, taboos, etc. (see chapter 2.1 )
- \* Age (see for example also chapter 9.3)
- \* Education level, particularly also knowledge about HIV/AIDS. If activities have already been conducted and if the level of knowledge is really high, mere knowledge transfer should not be the main emphasis of the programme.
  - *otherwise problems, because...*: The colleagues could feel not to be taken seriously, develop a negative attitude against the programme, and reject the PEs.
- \* Temporal availability
  - *otherwise problems, because...*: If joining activities for an hour after work means to miss the last bus or other important activities, the planned activities will fail due to a lack of participation. According to empiric reports the temporal component has been frequently neglected.



- \* Being affected by HIV/AIDS: If for example a high percentage of colleagues is infected or affected, they should be informed about care and support<sup>139</sup> of HIV/AIDS patients or ART<sup>140</sup>. In this context it should be considered to what extent the employees have access to health centres, counselling services and testing facilities, as well as to ART.

- *otherwise problems, because...*: If e.g. testing is promoted but there are no testing facilities close by.
- \* Influence of local authorities (community representatives, religious authorities, traditional healers...)

#### I2.1.2 Example work profile/ task description by ACCA

The following example shows what the task description (terms of reference) of a PE could look like. It is taken from the ACCA Toolbox<sup>141</sup>.

##### \* Job Profile

- Good knowledge of the company
- High acceptance among the workforce
- Responsible and acceptable lifestyle as a positive example for the workforce
- Basic skills in written and spoken English/French/Portuguese
- Reliable character
- Commitment in the fight against HIV/AIDS

##### Terms of Reference

- To promote HIV/AIDS education projects, in in the company, among partner organizations and in the communities of the target group
- To prepare and organize videos or any other information materials. Giving formal talks during meetings and during brake times, assisting in answering questions
- Networking with other divisions/departments and institutions such as business and government, organizations and communities
- To manage the supply of educational materials and condoms
- To identify training needs of peer educators (themselves) as well as for the target group
- To ensure effective flow of information between Task Force and workforce on a daily basis
- To organize and facilitate regular meetings for the workforce to disseminate defined and approved information
- Returning reports according to defined specifications and schedules set by the Task Force/HIV/AIDS Coordinator
- Reporting adequate and comprehensive feedback from the workforce to the Task Force/HIV/AIDS coordinator and vice versa.

#### I2.1.3 Idea pool – tasks

The following tasks<sup>142</sup> should be seen as a pool of ideas and not all of them have to be used.

- \* Activities to increase awareness of HIV and STDs among peers
  - Conduct informal small group discussions about HIV/AIDS, answering questions

<sup>139</sup>. Examples for the extension of PE tasks to include counselling and care have been documented by Flanagan, Williams & Mahler (1996).

<sup>140</sup>. Anti-Retroviral Treatment.

<sup>141</sup>. See Toolbox (ACCA, 2004) at Prevention/Peer Education/Tools&Examples/GTZ/ACCA 2003 Terms Of Reference for Peer Educators.

<sup>142</sup>. Mainly gathered from, AIDSCAP (2005).



- Organize and conduct formal group discussions about HIV/AIDS during meetings and during break times, assisting in answering questions
  - Teach peers about reproductive health and STD detection and treatment
  - Organize meetings and educational sessions (to be taught by someone else)
  - Participate in World AIDS Day and other public events
  - Hold regular meetings
  - Display posters and other educational materials
  - Present video screenings
  - Design/develop educational materials
  - Perform dramas
  - Organize sports events
- \* Activities to motivate and support behaviour change
- Talk to peers one-on-one
  - Teach peers how to do a personal risk assessment
  - Teach peers how to negotiate safer sex (including condom use)
  - Provide individual counselling
  - Recommend or refer peers for HIV testing
- \* Condom promotion, distribution and education activities
- Distribute free condoms or sell condoms
  - Give condom demonstrations
  - Teach condom use (buying, storing, opening, using, disposing) skills
- \* Activities that are specially designed to address gender issues
- Organize discussions and dialogue rooms only for women

- Include gender roles in the education materials
- Discuss gender roles and their contribution to the spread of HIV in formal or informal discussions
- Encourage women to build or join self-help groups and provide women with referrals to women help facilities
- Discuss and talk about pregnancy and HIV/AIDS in women or mixed groups, e.g. about mother to child transmission of HIV, ...

- \* Activities related to care and support of people living with AIDS
- Support people affected by HIV/AIDS
  - Teach peers about home care
  - Make visits to hospitals or homes of AIDS patients
- \* Networking
- With other departments and institutions such as partner organizations and communities
  - To identify training needs of peer educators (themselves) as well as for the company employees and community
  - To ensure effective flow of information between the HIV/AIDS coordinator and the company employees on a daily basis
  - Returning reports according defined specifications and schedules set by the HIV/AIDS Coordinator
  - Monitoring of events (reporting to HIV/AIDS coordinator)
  - Communication link to (giving feedback to) HIV/AIDS coordinator and company employees
- \* Other activities
- Provide referrals to health care facilities
  - Take part in income-generating activities

#### 12.1.4 Documentation examples

- \* Monthly PE programme report (quoted from ACCA documents<sup>143</sup>)

January 2005		
I PE Training		
I,1	Number of peer educators:	4
I,2	PE trained until end of last month	4
I,3	Total PE trained until end of month:	4
I,4	Peer educators trained this month:	0
I,5	PE re-trained until end of last month	1
I,6	Total PE re-trained until end of month:	1
I,7	Peer educators re-trained this month:	0
I,8	Training in last 12 months (% of all):	100%

<sup>143</sup>. See also ACCA Toolbox (ACCA, 2004) for further monitoring examples.



2 PE Activities		
2,1	Total contacts of all peer educators:	67
2,2	Average number of contacts per peer educator:	17
2,3	Number of information sessions:	10
2,4	Average time of information session (minutes):	28
2,5	Reached by information sessions: Women	17
2,6	Reached by information sessions: Men	13
2,7	Number of individual discussions:	37
2,8	Discussions of peer educators with Women	19
2,9	Discussions of peer educators with Men	18
2,10	Average time of individual discussion (minutes):	6

**12.1.5 Incentives – Wishes of the PEs According to a study<sup>144</sup>  
PEs desire:**

- Financial incentives (59%)
- Official acceptance, acknowledgement and respect by the community
- T-shirts, hats or pins, which designate them as trained PEs
- Sufficient supply of training materials and condoms
- Additional training and information

**12.1.6 Idea pool – Incentives**

There are different kinds of incentives including:

- \* “goods”
  - Bicycles, caps, bags, pins, clothes, pens, stickers, posters, medications, condoms, brochures, BCC/ IEC materials, presents for the children,...
- \* Benefits
  - Access to ART for the family, psychological support/counselling, other health services, protection against dismissal, special holidays, micro credits.
- \* Advanced training
  - PE training, refresher training, training in counselling methods, patient care, team management, communication, health training, exchange with other PEs, BCC/IEC materials for reference, PE handbook...
- \* Acknowledgement
  - Awards and praise by superiors, respect from local authorities, public commendation, chances for advancement opportunities, honorary memberships, articles or radio transmissions about PE activities in the local media, right of co-determination at the development of BCC/IEC materials and activities (frequently demanded, see e.g. UNAIDS, 1999)...

- \* Fun
  - PE group activities, “excursions”...

**12.1.7 Idea pool – Support**

The following possibilities for support shall serve as suggestions. The following chapter is quoted from AIDSCAP (2005).

- \* Regular, in-service meetings for all peer-educators
- \* Additional educational materials for PEs’ own use (e.g. a PEs’ handbook)
- \* IEC materials and condoms for distribution to peers
- \* Certificates, badges, t-shirts, bags or hats to identify them as trained PEs and acknowledge their contribution to the projects
- \* Supervisor availability to help PEs deal with discouraging or difficult experiences
- \* AIDS information booklets that give answers to commonly asked questions
- \* Special activities just for fun
- \* Linkage with other community groups
- \* Referral books that allows educators to send peers to other available resources
- \* Opportunities for established PEs to teach and mentor new PEs

**12.1.8 Possible advantages and disadvantages for PEs**

There are advantages and disadvantages to take over the function of a PE. These do not have to apply to all participants.

- \* Advantages
  - The function of a PE is respected (hopefully). This can for example lead to opportunities for advancement in the enterprise.
  - They are taken seriously and heard (by the management and hopefully by peers).
  - They can do something for their peers.
  - They will be trained, acquire additional abilities and knowledge (methodical, HIV, teamwork, etc.).
  - They might receive incentives.
- \* Disadvantages
  - The PEs have to talk about taboos that might be contradictory to the belief of peers or community. Under particular circumstances this work might be emotionally difficult.
  - The PEs have maybe no clear role, are employees, educators, subordinates. This can lead to role confusion and by this to stress.
  - PE work requires time and energy, which is then maybe missing in other areas.
  - With an insufficient training (should not happen) PEs are maybe poorly trained, especially methodologically, and are ill prepared for their tasks.

<sup>144</sup>. See Flanagan et al. (1996).





- The PEs have to uphold the HIV strategy, and should be role models. Ignoring the topic is not possible and to have a deviating life style (see for example cognitive dissonance) can also cause problems (therefore: good selection, see chapter 3.3).

### 12.1.9 Possible advantages and disadvantages for the enterprise

In this section, some possible advantages and disadvantages of the PE approach are listed:

#### \* Advantages

- The company has its own HIV/AIDS experts who can conduct all kinds of prevention activities (no additional costs, the PEs know colleagues and the company, greater acceptance by the colleagues).
- The PEs function as multipliers, which can be more economical. The management will be relieved.
- The training of the PEs functions at the same time as a personal development programme (maybe as a management trainee programme, PEs learn relevant skills).
- After the training, the PEs can show a greater commitment for the organisation, and more “organizational citizenship behaviour”<sup>145</sup>.
- The fairness perception of PEs and colleagues might increase with a well-implemented programme (“they do not only earn, but also care for us”, “everything went transparent and well”). This again might have a positive effect on the organisation (e.g. fewer thefts, a greater sense of affiliation, less sabotage<sup>146</sup>).
- Image and corporate identity of the company might improve (“caring management”).

#### \* Disadvantages

- Time and money is needed for training and communication of and with PEs.
- The management itself has to become a role model and commit itself to the HIV strategy (in general with HIV programme).
- The PE approach most likely leads to the empowerment of the employees, for example they learn to plan and act independently. This could provoke claims to increase their participation in decision making, which might not be desired by management.

### 12.1.10 Idea pool – Training

In this chapter, some ideas for possible components in the PE training are listed. The list is quoted from the manual of AIDSCAP (2005). It is not recommended to do everything, as it would cost too much time and money. With less time and money, the focus should lie on the above listed activities (section 12.1.3). However, the collection can suggest interesting ideas.

#### \* Training PEs to increase awareness of STDs/HIV

- The role of a PE

- Human sexuality (include male and female body parts and functions)
- Basic facts about STDs/HIV/AIDS (including difference between HIV and AIDS)
- Attitudes and values people have about illness and sexuality
- How to respond to myths and misconceptions about HIV/AIDS
- How to prevent transmission (including condom use)
- What puts their peers at risk of exposure to HIV (risk factors)
- Facts about HIV antibody testing
- Information about STDs (including symptoms, complications, treatment locations, partner notification and prevention)
- Issues important to women
- Effective communication, including:
  - Overcoming communication barriers
  - Approaching a peer and beginning a dialogue
  - Active listening
  - Presenting clear information and getting feedback
  - Talking to groups
  - Using visual aids and audiovisual equipment
  - Discussing sexuality
  - Maintaining confidentiality
  - Establishing a climate of mutual respect and empathy
- Planning and record keeping skills
- Using local resources for referrals, care, treatment, support and information

#### \* Training PEs in condom promotion, distribution, and education

- Basic facts about condoms
- How to distribute or sell condoms
- How to use and dispose of condoms
- How to conduct condom demonstrations
- How to store condoms

#### \* Training PEs to motivate and support behaviour change

- How to motivate others
- Risk assessment techniques
- Understanding social norms and peer pressure and their roles in behaviour change
- The process of behaviour change
- Condom and sex-related negotiation and refusal skills
- Sexual decision making
- Communication for safer sex (including assertiveness skills)
- Personal and community values about sexuality and HIV/AIDS
- The role of alcohol and drugs in HIV transmission

<sup>145</sup> With this is meant that the PEs identify themselves more with the enterprise and show rather a behaviour that is useful to the company (opposite would be sabotage, theft, etc.). See for example Moormann (1991), Greenberg (1990, 2001).

<sup>146</sup> See for example. Greenberg (1990, 2001), Leventhal (1980).



- How to support behaviour change (including follow-up activities)
- Counselling techniques (including listening, language, confidentiality, rapport, referrals and record keeping)
- Living with HIV infection
- Psychological, social and ethical issues involved in educating and counselling peers about sexuality and STDs, including HIV infection

- \* Training PEs in to deal with care and support issues
- Techniques for working with families and communities
  - Empathy toward those infected with HIV
  - Human right issues
  - Basic home-based care techniques
  - Moral support and counselling of people affected by HIV

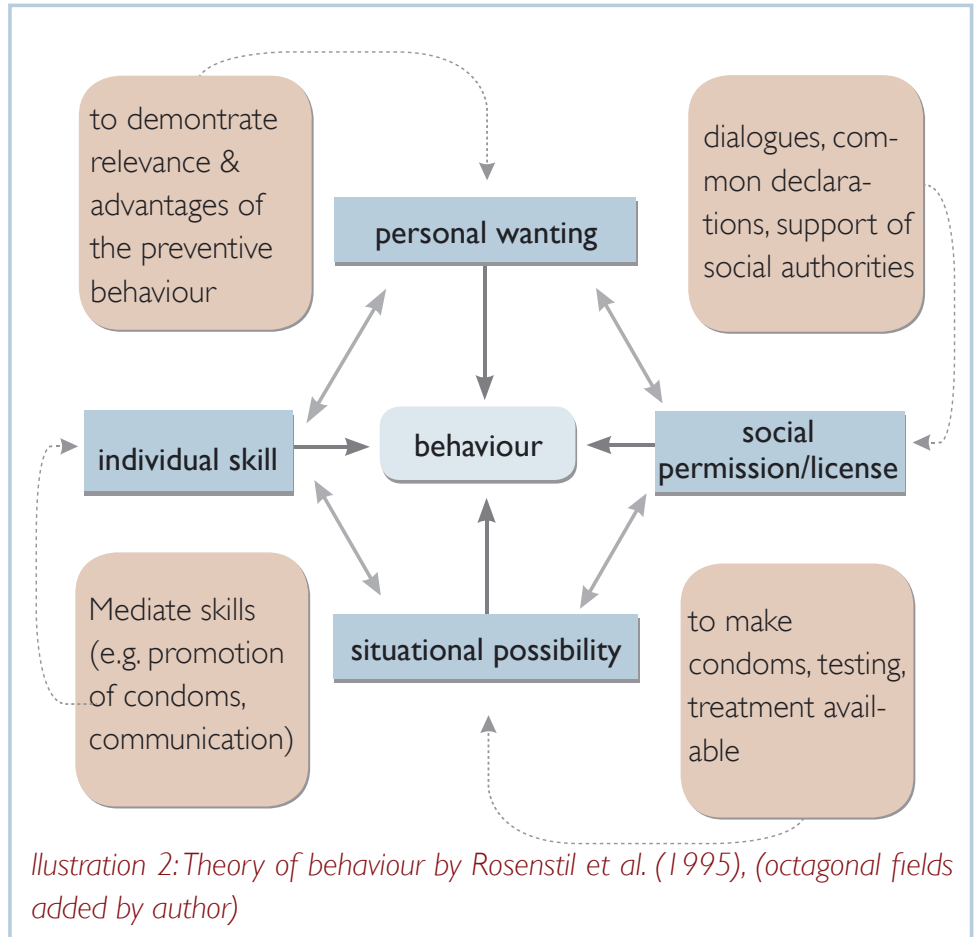
## 12.2 Appendix B – Theories

### 12.2.1 Appendix B.1.: Theories of health promotion

A short introduction on health promotion concepts can be given to the PEs for pointing out their influence possibilities. These concepts can be divided into two broad categories.

The concepts of health promotion can be roughly divided into concepts influenced by local conditions<sup>147</sup> and concepts influenced by the individual<sup>148</sup>. This subdivision can be for example presented to the PEs and their influence possibilities can be pointed out - e.g. how to change external conditions by making condoms available. An example for a personal concept can be found in Illustration 1, depicting the process model of health seeking behaviour according to Schwarzer (1996).

Schwarzer assumes that behaviour takes place after the behaviour intention was formed, thus after one decides to act. This intention formation again is affected by the perceived vulnerability and the severity of the health threat. But these ways of influence depend on further factors (perception as threat, result and ability expectation<sup>148</sup>, situational barriers and resources – see circles in Illustration). If one intends to influence behaviour; one must consider all influence possibilities (see octagons for examples).



147. An example for this are the work and safety conditions in the enterprise, group standards, organisation, operating culture (e.g. "in our enterprise HIV positive are accepted").

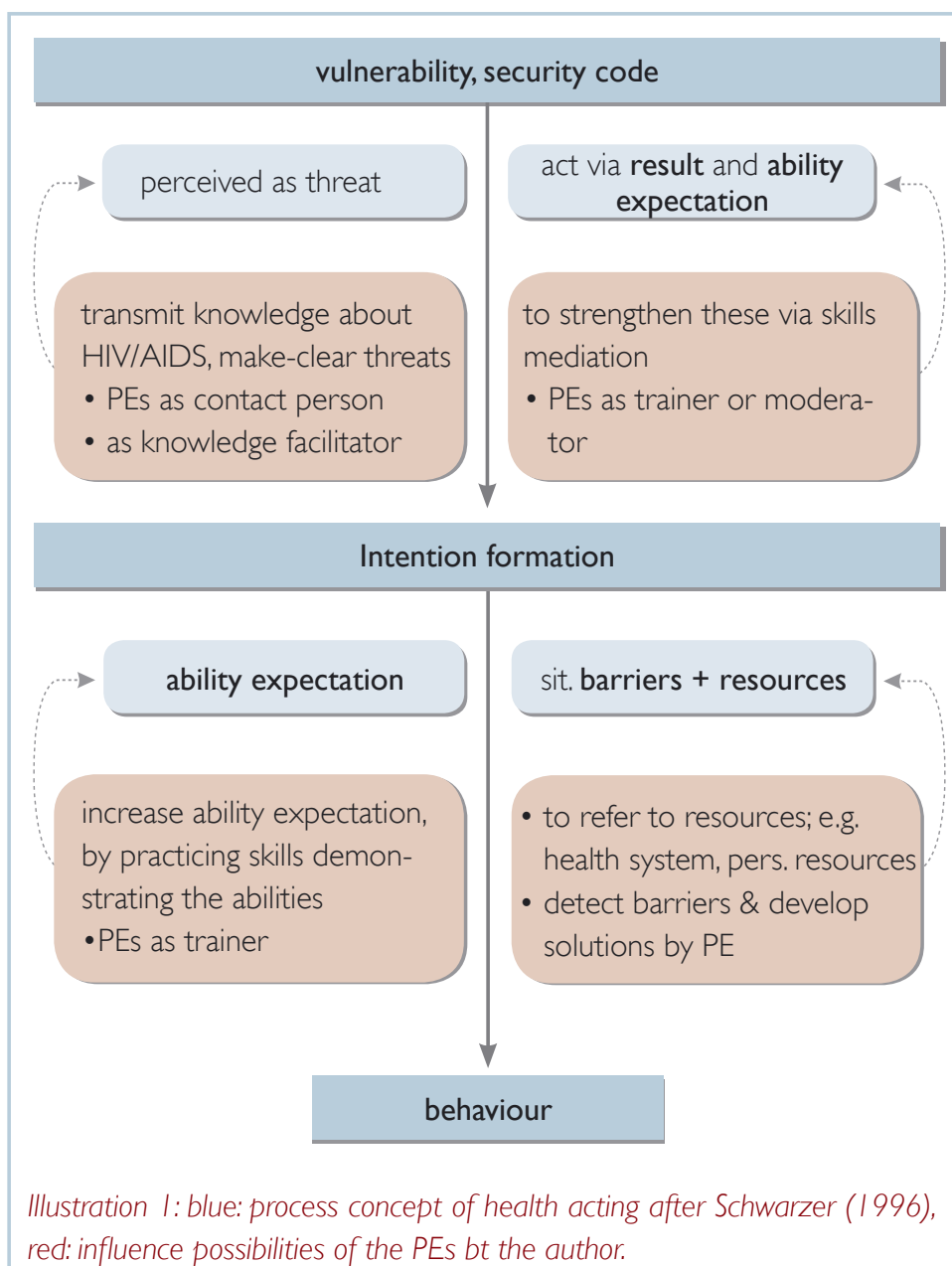
148. One starts with the individual. See as an example Schwarzer's model.

149. Equivalent to control convictions, see appendix 12.2.4.3



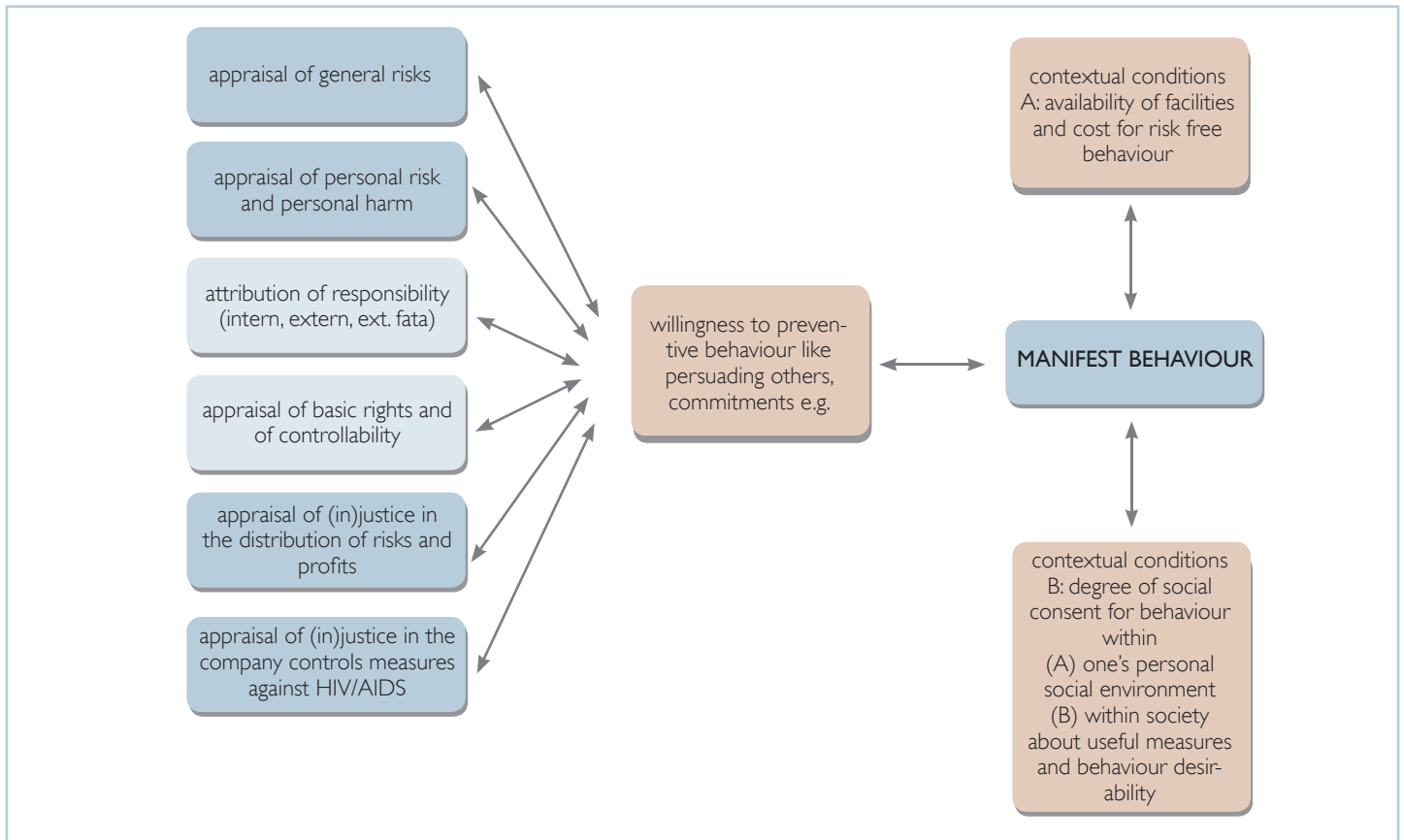
**12.2.2 Appendix B.II: Theories of behaviour control**

Just as discussed in the previous chapter, the theories of behaviour control can be shown to the PEs, to demonstrate their influence possibilities.





12.2.2.1 Model of the preventive behaviour by Montada and Kals



Montada and Kals's (2000) empirically proven model of environment-friendly behaviour can also be used in the context of preventive behaviour. Core statements of the model are that manifest behaviour is affected both by the action intention, this again is affected by several factors, as well as by context factors<sup>150</sup>. These are on the one hand the costs for preventive behaviour and the actual possibility for acting, and on the other hand the extent to which the behaviour corresponds with personal and social norms. According to this model, a person should show less preventive behaviour (e.g. insist less on condom use), if the behaviour conflicts with social norms (e.g. if the use of condoms is only accepted for unmarried couples).

**12.2.3 Appendix B.III: Motivation theories**

What can be understood by motivation – here is one of many possible definitions.

*“In psychology motivation is the driving force (desire) behind all actions of an organism. Many textbooks define it as an internal state or condition that activates behaviour and gives it direction, desire or want that energizes and directs goal-oriented behaviour, or an influence of needs and desires on the intensity and direction of behaviour. Motivation is important because it is involved in the performance of all learned responses.”<sup>151</sup>*

A person is motivated by incentives. Here one generally distinguishes between extrinsic motivation by incentives (this might be in an operational context incentives and payment, outside work conditions, guidance techniques perhaps of the PE coordinator, good working atmosphere, friendly colleagues, good social structure, pressure, etc.) and intrinsic<sup>152</sup> motivation by the way of work (e.g. interesting tasks, holistic work, variety, interaction possibility, learn possibility, social acknowledgement etc.) It is ideal to create a mixture of incentives, in order to maintain the motivation of the PEs. In the following section some theories of motivation and their link to Peer Education are discussed.

12.2.3.1 Overview – Content-oriented vs. process oriented theories

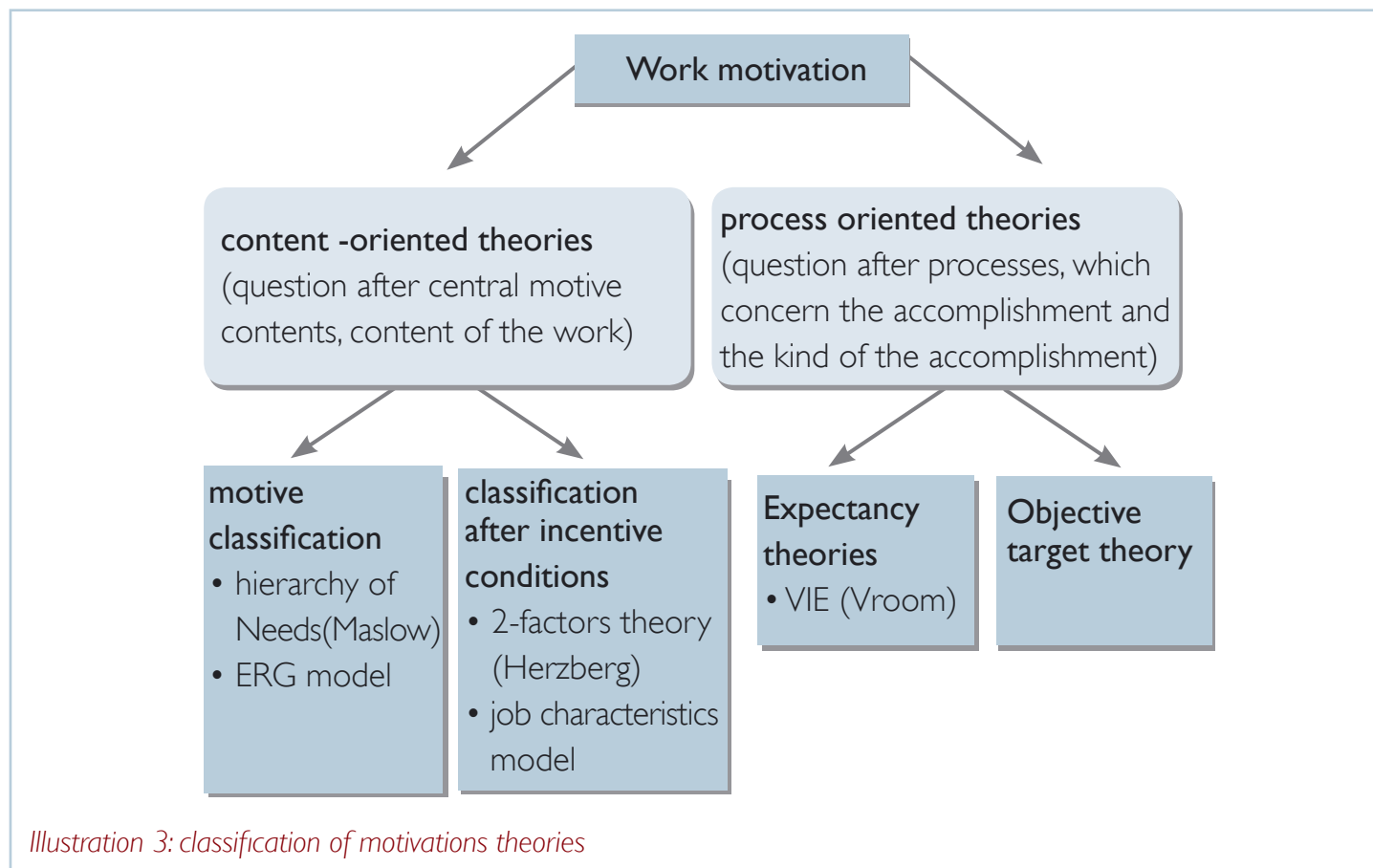
Motivation theories are often divided into *content-oriented theories*, which ask for characteristics of the work that are motivating (“How can we create the work conditions of the PEs in such a way, that motivation will maintained?”), and *process oriented theories*, which examine the process within the individuals (“which characteristics do the PEs have to bring along or which have to be promoted?”) in order to get to the bottom of the question about motivation (see Illustration 3).

<sup>150</sup>. Here it is not assumed that the behaviour is affected only by rational calculations, as still presumed in Ajzen's and Fishbein's (1980) "Theory of reasoned action".

<sup>151</sup>. See <http://en.wikipedia.org/wiki/Motivation>, download 13.10.2005.

<sup>152</sup>. The extrinsic motivation is also called secondary motivation, the intrinsic motivation also primary motivation.

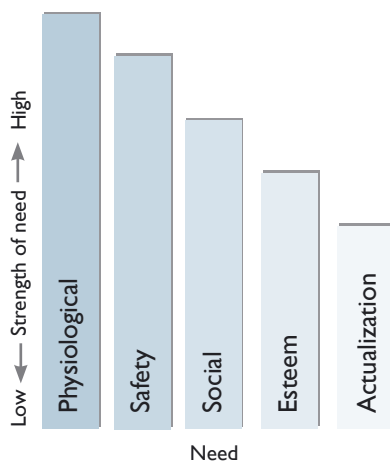




1.2.2.3.2 Content theories of motivation – Motive classifications

**Maslow's theory**

Maslow assumes a hierarchy of needs. Therefore, a person only cares about a need if the ones ranking lower in the hierarchy have been fulfilled. Thus e.g. the need for social acknowledgement, e.g. by the successful work as a PE, is only important, if the physiological needs are fulfilled, e.g. if money for food is provided by reaching the group goal. For the planning of the PE programme this means that it must be guaranteed that the basic needs of the PEs are not endangered by their work, that e.g. a safe way home is guaranteed after long PE meetings.



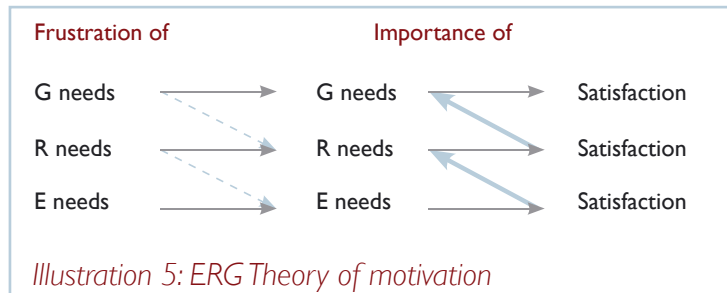
*Illustration 4: Hierarchy of the needs by Maslow*



**ERG-Theory**

This theory also asks which human needs are incentives for action, and thus a source of motivation. It identifies the existence need (existential needs, e.g. food, etc.) the relatedness need (need for social relations) and the growth need (need for personal growth and advancement)<sup>153</sup>.

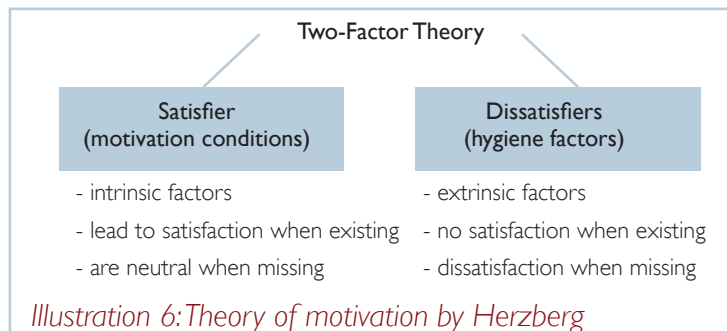
With regard to the PE approach one has to think about how these needs can be satisfied by the PE work, thus e.g. the need for personal growth through regular advanced training.



**12.2.3.3 Content theories of motivation – Herzberg’s Hygiene Theory**

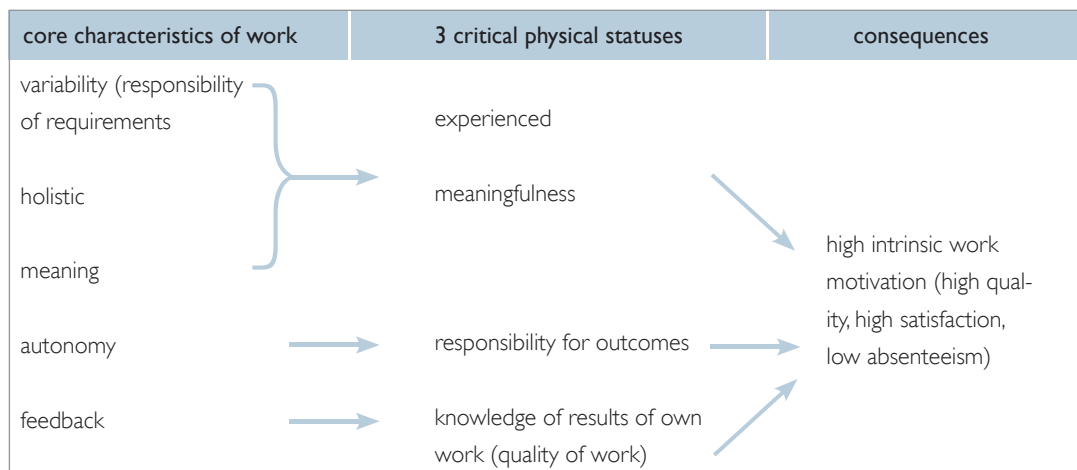
Herzberg proceeds in his “Hygiene Theory” from the assumption of two kinds of motivating factors (see also Illustration 6).

- \* The *hygiene factors* or *demotivation factors*: These factors demotivate if they are missing, have however no huge influence if they are present. Level and quality of leadership, remuneration, working conditions, interpersonal relations etc fall into this category.
- \* The *motivation factors*: They motivate, if they are present, however do not demotivate if they do not exist. Recognition, responsibility, personal growth and advancement etc fall into this category.



**2.2.3.4 Content Theory of motivation – Job characteristics model**

This theory looks into work contents, which make a work particularly motivating or demotivating. These can be found in Illustration 7.



<sup>153</sup>. See also Illustration 5.



\* Related to the PE approach following aspects can be mentioned:

- The experienced *success* of the work should be increased, e.g. by reporting back successes from own or other projects, the importance of the work is featured (e.g. by the management or other authorities) etc.
- The experienced *responsibility* can be increased, e.g. by the, often by PEs demanded (see UNAIDS; 1999), participation of PEs in programme development, e.g. of activities, materials etc.
- *Feedback* can and should be given to the PEs by the management, the colleagues and the community. The PEs could for example receive an official certificate or testimonial about their performance (e.g. final test of the PE training).

#### 12.2.3.5 Process theories of motivation – Expectancy theories

As an example for an expectancy theory of motivation is specified here the VIE Theory by Vroom (1964), (see Illustration 8).

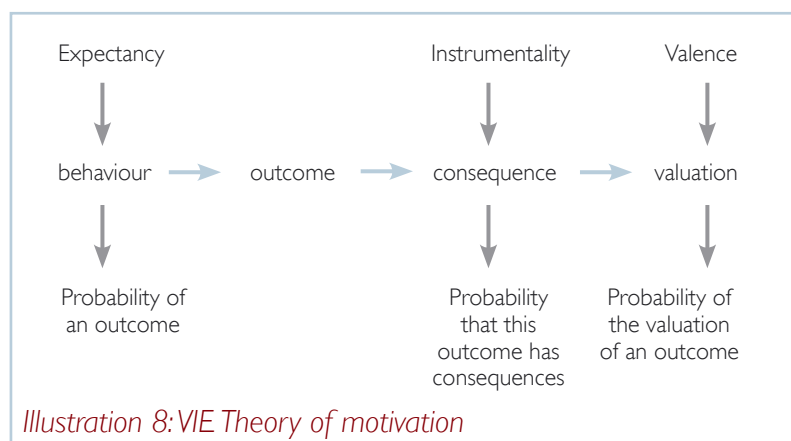


Illustration 8: VIE Theory of motivation

The Expectancy Theory assumes that a person develops a motivation to act only if she/he believes that his or her action will lead to the desired results (expectation) and this result can, as a consequence, be evaluated positively (value) by the person. Thus, according to Vroom, motivation is a combination of

\* *Valence*: The value of the perceived outcome

- Thus the value of the work should be featured (e.g. reaching one of ten colleagues with prevention means to save one life and maybe further lives of the dependents = the work is important and acknowledged as a value) and the values of the PEs should be discussed and taken serious.

\* *Instrumentality*: The belief, that if one accomplishes certain actions, they will lead to a certain outcome.

- There has to be a clear way, e.g. it has to be clear what is expected by the PE and how the work should look like (to be accomplished through good training).

\* *Expectancy*: The expectation that one is also able to perform the actions.

- This can be promoted e.g. by training and feedback (especially to point out the strengths), by reporting success stories from other programmes (“this really makes sense”), by pointing out support sources etc.

#### 12.2.3.6 Process theories of motivation– Goal setting Theory

The goal setting theory assumes that achievement depends on the set goals.<sup>154</sup> It was found that ambitious and exactly specified goals do have the highest potential of motivation and animate humans to more effort, endurance and attention. From this it follows that a work is most motivating if

\* *the goals are clear and specific, and are accepted by the individual (to determine and discuss these in the PE training).*

\* *the goals should be agreed on mutually, challenging but realistic and fair (consider the characteristics of the PEs)*

\* *feedback is given for the achievement of objectives (e.g. all three months a feedback about the work of the PEs by the superiors).*

#### 12.2.3.7 Process theories of motivation – Circulation model

The *circulation model* by Porter and Lawler (1968) examines the connection between motivation, achievement and satisfaction. It states different factors: to switch from motivation to action, *abilities* have to be present and the behaviour has to be regarded as suitable to the *role*, which the actor

<sup>154</sup>. See Locke (1968), Locke & Latham (1990). The Theory is empirically good verified.



has. After all it is the actor who evaluates the effects of his behaviour (see Illustration 9). Learn effects control the reward expectation. A reward is called thereby as *intrinsic* if the execution of the action is already experienced as satisfying. It is on the contrary *extrinsic*, if a reward takes place by a third party. The satisfaction of the protagonist, however, does not only depend on the obtained rewards, but also on how fair one perceives the own reward compared to other protagonists. The effects of the action enter as experience in the future behaviour of the protagonist, which explains the name circulation model.

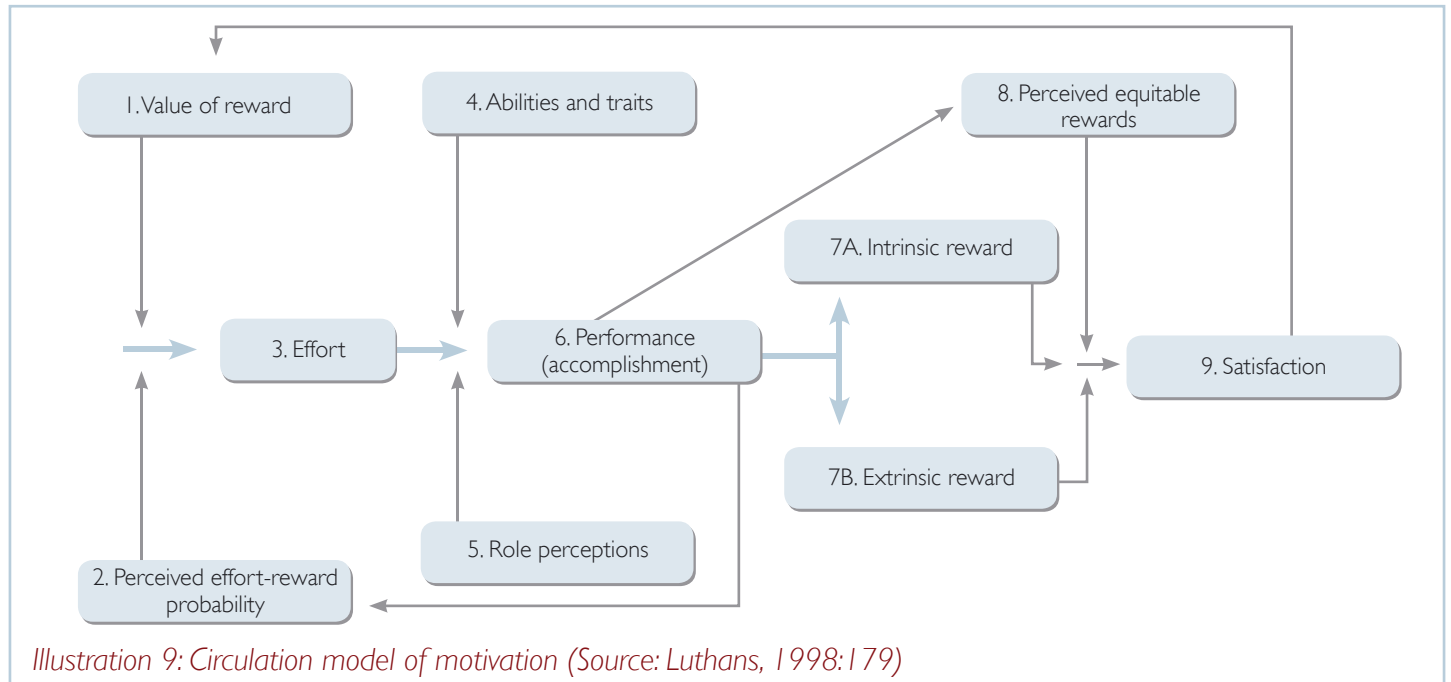


Illustration 9: Circulation model of motivation (Source: Luthans, 1998:179)

Considering the PE approach one can derive the following recommendations from this model<sup>155</sup>:

- \* To offer respect and praise as incentives (e.g. by manager)
- \* Strengthen the perception that effort will lead to success (e.g. show how).
- \* Design jobs the way that effort leads to high performance and success.
- \* Hire qualified employees.
- \* Train them well for their tasks.
- \* Design jobs so that performance is measurable, define criteria for success.
- \* Design reward systems so that rewards are tied to performance and are viewed as fair<sup>156</sup>.

#### 1.2.2.3.8 Process theories of motivation – Equity Theory

The Equity Theory<sup>157</sup> assumes that humans compare themselves always with their social environment (there is empirical evidence for this), particularly regarding the contributions (e.g. effort, knowledge) they make<sup>158</sup> and receive<sup>159</sup> in return. Humans strive for equilibrium between taking and giving (equity). An experienced imbalance produces an unpleasant tension and efforts are undertaken, to adjust the imbalance (e.g. by more or less engagement) and by this to reduce the tension (see Illustration 10).

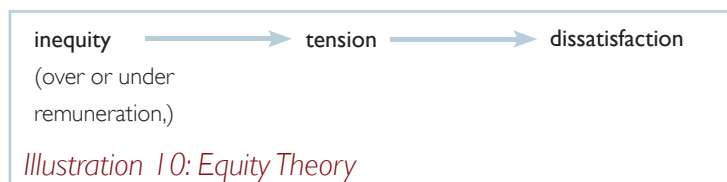


Illustration 10: Equity Theory

This would mean for example, that a PE who thinks that he invests a lot in the PE programme but only receives little for his efforts (e.g. no acknowledgement), becomes dissatisfied and invests therefore less in order to adjust the tension.

155. These are quoted from the source <http://www.hrm.strath.ac.uk/teaching/classes/41402/documents/EmployeeInvolvementandWorkIntensification.pdf> (until footnote 15156).

156. For this see also appendix 12.2.4.7.

157. See in addition Adams (1956).

158. Input: e.g. effort, loyalty, hard work, abilities, flexibility, tolerance, "heart and soul".

159. Output: e.g. salary, incentives, respect, privileges, accolade, thanks, interest, responsibility, etc.



### 12.2.4 Appendix B.IV: Further theories

#### 12.2.4.1 Model learning

What can be understood by social learning or role model learning?  
According to the following definition:

“Model learning is the adoption of new or the change of existing behaviours as result of the observation of the behaviour of another organism.”  
(Bauer, 1979, p. 15)

Whether the examples, which the model gives, are really learned or adopted, depends on the characteristics of the role model (high status, similarity, etc.) and the frequency of the contact with the model. Model learning is observed often in empiric social research and has in many contexts relevance, as it explains phenomena and allows forecasts.

Model learning has an effect at different points of the PE approach (e.g. selection: the PE should be able to be also a role model, the manager should be a model for the PEs, etc.) and is being discussed in the appropriate chapters.

#### 12.2.4.2 Cognitive Dissonance Theory

The *Dissonance Theory*<sup>160</sup> tries to explain human behaviour, while considering human attitudes. The theory assumes that humans try generally to endeavour cognitive consonance, thus to behave attitude-conformal, to deny information contradictory to the attitude and not to let clash differing attitudes. However, if this is not possible, they develop a psychological state of tension (cognitive dissonance), which is unpleasant for the individual<sup>161</sup>. To minimise the tension the individual has two possibilities. He or she can

- \* Deny the attitude incongruent information; do not implement the behaviour, etc.<sup>162</sup>.
- \* Change the attitude<sup>163</sup> (but as attitudes generally do not change so quickly, it is the more unlikely possibility. However, it also has to be considered that there exist more or less central attitudes and values, which can be changed more or less easily).

An example for a cognitive dissonance could be e.g.: “I do not want to infect my wife (and girlfriends) with HIV” and “I refuse the use of condoms”. The tension could be solved e.g. by denying that the use of condoms protects against HIV infection.

#### 12.2.4.3 Control convictions

The concept of the (internal) *control convictions*<sup>163</sup> (ccs) has been thor-

oughly examined empirically<sup>165</sup> and is important for the understanding of human experiences and behaviour. It describes the feeling of a human, to act in a generally controllable environment and to be able to control one’s own action results. It has been shown in several studies that the feeling of controllability of events is very important for the psychological health of humans, e.g. for one’s self value feeling, the motivation to act<sup>166</sup>, etc.

#### 12.2.4.4 Theory of learned helplessness and “Reactance Theory”

If a person is convinced of too little control and experiences again and again that targeting or avoiding a result is completely independent of ones own influence, he or she gets into the condition of *learned helplessness*<sup>167</sup>. This feeling to be helpless and at the mercy of events leads to passivity, little self assurance, little self initiative and represents a risk factor for depression.

A further reaction possibility on uncontrollable events or the withdrawal of the liberty or control<sup>168</sup> is *reactance*. Reactant behaviour means that the person reacts aggressively, hostile and altogether defeating, refuses the requested or devaluates it and tries by this, to maintain control.

The theories of the learned helplessness and reactance by Wortmann und Brehm (1975) have been *integrated in an integrative model of reactance and helplessness*. The model explains that humans are reactant (in order to get more control), as long as they believe that they still have a minimum of control. However, they fall into learned helplessness, if they have no more hope to gain back control.

#### 12.2.4.5 Fair world believe

A further concept closely related to the *control convictions concept*<sup>169</sup> is the *fair world belief concept* introduced by Lerner (1980), which has been confirmed in different contexts. It refers to the belief that the world is generally fair (people adhere to this belief in differing intensity). If nonetheless something negative happens, e.g. a person gets HIV/AIDS it must be therefore a fair punishment for failure. If a human believes this, there is the calming feeling of control, as one only has to behave “correctly” (what this means depends on the culture) to avoid the mischief. This conviction is quite frequently propagated<sup>170</sup> and relevant for the explanation of stigma<sup>171</sup>.

#### 12.2.4.6 Coherence feeling

Antonowski examines the conditions that allow an individual to feel well and to be psychological stable despite possible physical illness. In

160. See e.g. Festinger (1957). There are many evidences, even recent ones (see also Myers, 1999).

161. It can for example happen that a PE has actually the attitude, that the use of condoms is not worthwhile (desire-killing, annoying, unnecessary or the like), however within the frame of the PE activities he is “forced” to promote the use of condoms.

162. The PE can refuse to propagate the use of condoms; can circumvent the programme, etc.

163. Using condoms is great, e.g. as one has only to know, how, as this brand is very good, as... - people are usually very creative when finding dissonance-reducing reasons.

164. See Rotter (1966). It is distinguished between internal ccs (person regards it within his control) and external ccs (person sees the possibility of control as outside of his control). When speaking in this document of ccs, internal ccs are meant. See also Bennecke (2004) for an evidence of ccs influence on behaviour.

165. See e.g. Kramen (1982).

166. See also appendix 12.2.3.5 (here named instrumentality expectation), 12.2.3.12.2.3.7, etc.

167. See Seligmann (1980).

168. E.g. if somebody gets something prescribed without a possibility of co-determination and after the person’s feeling without authorisation for it (not experienced as legitimate demands), such as one determines PEs without them agreeing.

169. See also Maes (1999).

170. However it has to be noted here that the studies about the fair-world-believe have been accomplished exclusively in western industrial nations.

171. Nothing bad can befall a good human, therefore the human has to be guilty and behaved “badly”.



his research he found out that difficult tasks or diseases are mastered well by those, who have a high coherence feeling. This consists of three components:

- \* *Understanding*: The extent to which impulses are understandable.
  - *Coping*: The extent, to which one regards requirements as manageable with the resources at hand.
  - *Meaningfulness*: The extent to which demands are experienced as worth committing to.

Here one sees that the concept partly intersects with concepts of the control convictions etc. Another factor is the aspect of meaningfulness. A starting point that arises out of the model could be to try to increase the meaningfulness of the work, the ability to cope (good training) and understand (information, why PE approach and why HIV prevention), e.g. for instance by alluding to successes of other projects or ethical or religious values. The model can also be used during training to show the PEs how they can help HIV affected persons through counselling (e.g. by strengthening their coherence feeling).

#### 12.2.4.7 Social Identity Theory and theories of justice

\* The representatives of the *Social Identity Theory*<sup>172</sup> assume that the social environment is very important for humans. Human self-perception is influenced by the social roles we have, which can differ in different contexts. Humans need their peers as a source of self-validation. If a human is part of a social group, he or she perceives the reaction of the others quasi as a mirror for his status in the group and whether his or her actions and values are appropriate (Tyler, 1989). This perception determines again the self-value feeling of the person and the way he or she treats himself/herself and others.

\* These assumptions are also applied by the representatives of the *relational*<sup>173</sup> and *interactional*<sup>174</sup> justice theories. According to their research, a fair (here neutral, respectful) treatment leads to a positive picture and support of those that treat them fairly. With regard to the PE approach this can be important in different ways: on the one hand it can affect the self-image and the control conviction (see appendix 12.2.4.3) of the PEs, if they are not treated respectfully by the PE trainer or the management, but also by the other colleagues. Disrespectful treatment might also lead to resistance against the messages and their mediators. This shows again the importance of management support. On the other hand it becomes clear, how important it is, to select PEs with a non-judgemental, attitude towards humans in general and HIV/AIDS infected persons in particular. Through their behaviour they give their colleagues and those affected by the disease the feeling, to be valuable members of the community.

\* The *Theory of Procedural Justice*<sup>175</sup> by Leventhal (1980) also has rel-

evance for the work with the PEs. Leventhal presumes six criteria of procedural justice: consistency, accuracy, neutrality, representativeness, correction ability, and ethical principles (e.g. not to lie, *attention, this value depends on the culture*). Procedures that hurt these criteria are judged as unfair; this again demotivates and can evoke acts of sabotage etc. For that reason it has to be considered to deal sensibly with the (in-) equitable perception of the PEs and to try to adhere to the justice criteria when organising and implementing the PE processes (e.g. neutrality with the selection and evaluation of the PEs, mediation of a high status as a PE,...).

### 12.3 Appendix C: Relevant empirical results

#### 12.3.1 Appendix C.I: Influence of minorities

Empirical social research<sup>176</sup> found out, that the influence of minorities is particularly huge, if

- The influence is consistent over the time (the PEs represent the same attitude, e.g. "HIV positive people are a valuable part of our community" or "the usage of condoms is necessary". This opinion is also not abandoned with pressure of the majority).
- The members of the minority are flexible in the argumentation (the PEs can adjust to different explanations of why not to use condoms and address them with different arguments. Also the use of several methods should to be mentioned here). Further, it has been observed, that behaviour change is less superficial and constant when influenced by minorities rather than majorities<sup>177</sup>. However it takes also much longer. This shows that it is possible for small groups to influence a majority.

#### 12.3.2 Appendix C.II: Persuasion

Empirical social research<sup>178</sup> shows that people can convince others particularly well, if

- \* The transmitted message is congruent, however flexible in the argumentation
- \* The transmitter of the message is similar to the receiver (with PEs this is the case)
- \* The message corresponds with the attitude and basic motivation of the receiver
- \* There exists a positive relation between transmitter and receiver of the message<sup>179</sup>
- \* The transmitter has a certain reputation and expertise and is regarded as trustworthy (good intention and honesty)<sup>180</sup>

172. See Tajfels & Turners (1986), see also the Acquired Need Theory of motivation by McClelland. He identified three "basic topics", which motivate humans for action: the need for acknowledgment, for a better reaching of goals (e.g. to solve problems better) and for power or influence possibilities (see e.g. Myers, 1999).

173. See Tyler (1994, 1998)

174. See Bies & Moag (1986)

175. It can be noticed, that justice perceptions in organisation generally

confirmed direct action and affect motivation (see e.g. Greenberg (1900, 2001), Skarlinki & Folger (1997), Bennecke (2004).

176. See for this Maas, West & Clark (1985), Moskoviki (1976), also Imhoff at <http://psydok.sulb.uni-saarland.de/volltexte/2005/492/>, 22.05.2005.

177. See for this Moskoviki (1980).

178. See e.g. Myers (1999) for an overview.

179. It is not acted only after rational calculation, but also much because

of social motives. See also Eagly & Chaiken (1993), Social Identity Theory. This disproves the often stated "Theory of reasoned action" (Ajzen & Fishbein, 1980). For the relation with third parties see Koerner (2001).

180. See also "Diffusions of Innovations Theory", e.g. at [www.ciadvertising.org/studies/98\\_fall/theory/honor/paper1.html](http://www.ciadvertising.org/studies/98_fall/theory/honor/paper1.html), (22.07.2005).

\* The message does not get the receiver of the message in conflict with third parties.

#### 12.4 Appendix D: Planning of interventions

When planning interventions, e.g. activities of PEs, it can be helpful to use action schemes. These can be given to the PEs as a planning help in the training. An example for this is the “Seven-doors approach” by Robinson that will be introduced in the following chapter.

##### 12.4.1 Appendix D.1: 7-doors approach

Les Robinson developed an approach for intervention planning in the non-profit area, which proceeds in seven steps. These are mentioned here only briefly<sup>181</sup>. The connection with the PE approach is given additionally.

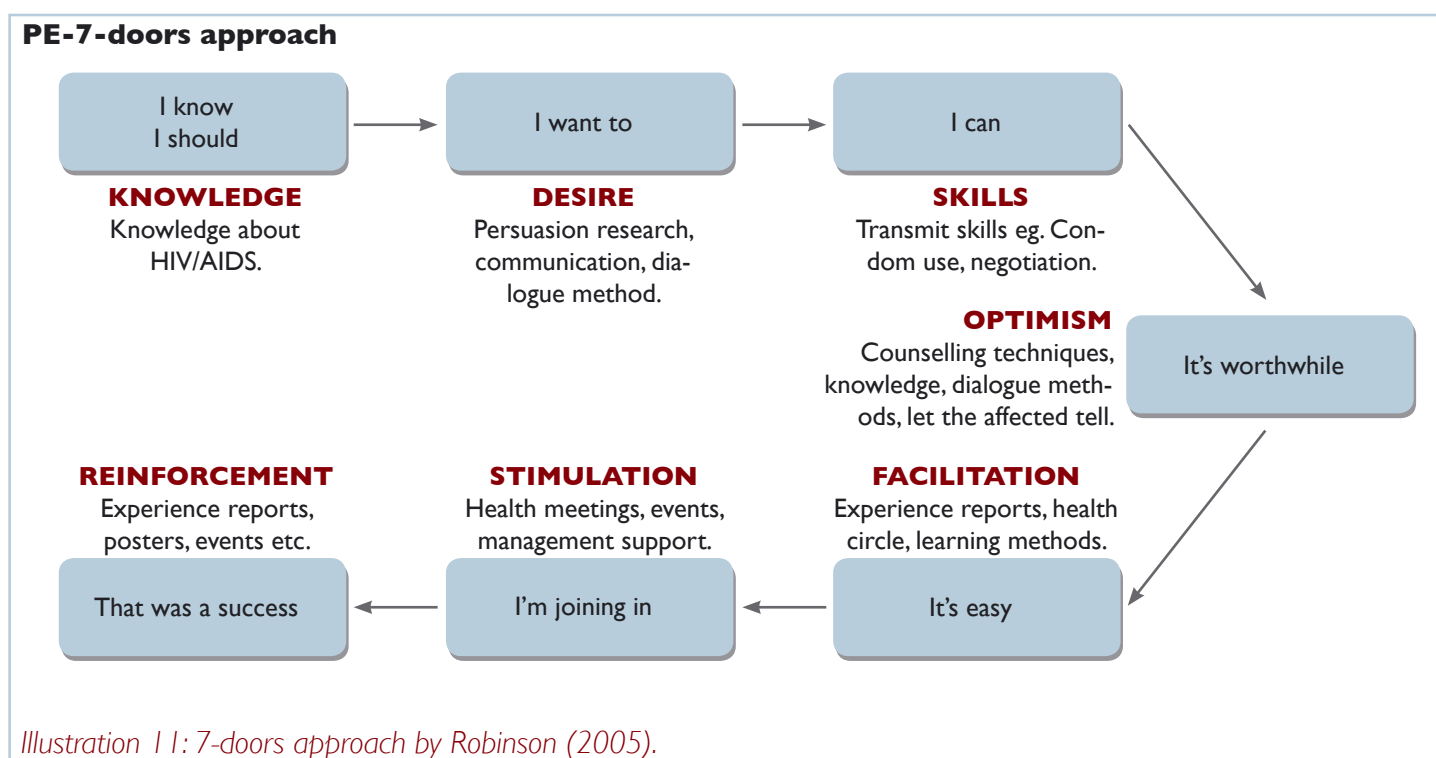


Illustration 11: 7-doors approach by Robinson (2005).

\* Knowledge

- Knowledge, that there is a problem
- Knowledge about practical solutions, real alternatives, which are clear and simple
- To know personal expenses and benefitKnowledge transfer, information about HIV in the respective country, effect of HIV
  - See e.g. chapter 3.2 and 4

\* Desire

- To imagine oneself in another future
- To visualise another, desirable future for oneself
  - PE instructs: improvisation theatre, role play, to let others tellSee e.g. also dialogue method, chapter 9.3Skills acquirements
- To know what has to be done
  - To transmit skills and let the PEs also practice them
  - To transmit methods
  - Not only HIV, but also care etc.See e.g. chapter 4 Optimism

<sup>181</sup>. For further information see Robinson (2005).



- Success is possible!
  - To let tell examples, maybe by those affected or infected
  - Theatre, films etc.
  - To invite presenters from other companies
  
- \* Facilitation
  - To get support from outside
    - To point out sources of support (see e.g. chapter 4, 3.6, 3.7)
    - PE as support or PE coordinator
    - Training for the removal of obstacles (negotiation techniques)
    - For PEs: to give time and framework
  
- \* Stimulation
  - To do a “kick-start”
    - See chapter 5
    - To start with an event, e.g. to do the PE election on a large scale (transmit respect)
    - Also event for the whole HIV programmeReinforcement
  - Continuous support
    - Plan support (see chapter 3.6)







## NOTES

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