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How effective are street youth peer educators? Lessons learned from an HIV/AIDS prevention programme in urban Uganda

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Abstract

Purpose

This paper explores 'lessons learned' resulting from a process evaluation of a peer-led HIV/AIDS prevention programme targeting street children and youth in urban Uganda. The purpose was to explore aspects of implementation that either enhanced or hindered the effectiveness of the peer educator (PE) role.

Methods

The process data derive from three reviews conducted throughout the project lifespan. The reviews engaged participatory evaluation methods such as focus groups (4) and workshops (3), as well as drawing on monitoring data such as activity evaluations.

Findings

The street youth in this project made effective peer educators. We suggest that letting the target group choose their peers and focusing on street youth undergoing rehabilitation engendered ownership of PE's by the target group and accountability among PE's themselves. The role was highly coveted and the PE's became powerful role models. The most useful work of the PE's lay in helping their peers to leave the risky environment of the streets, hence reducing their vulnerability to HIV/AIDS. By defining the role broadly and situating peer education activities within a broader strategy of capacity building and advocacy, we were able to remain sensitive to the context in which street youth make 'choices' about their sexual behaviour.

Original value

This paper contributes significantly to our understanding of the effective implementation of the PE method in this setting. It will be particularly helpful to practitioners in the design stage of similar peer-led programmes.

KEY WORDS: peer education, HIV/AIDS Prevention, Street children, Uganda, process evaluation, Non-governmental organisation (NGO)

INTRODUCTION

Several million young people are currently living on the streets of urban centres worldwide (UNICEF, 2006) and their numbers are rising steadily. Street children and youth are particularly at risk of HIV/AIDS. There is often little protection against physical and sexual violence by adults operating on the street. In addition, despair, feelings of abandonment and extreme poverty engender risky sexual behaviour. Survival sex, prostitution and rape are not uncommon, and sex and drug taking are often linked (SwartKuger and Richter, 1997; GOAL Uganda, 2001)[1]. Inevitably, consequences of risky sexual behaviour, such as HIV infection, remain secondary to day-to-day concerns with survival (GOAL Uganda, 2001). Access to formal information and services is often limited and the informal networks in which young people find themselves may not be supportive of protective health behaviour (Chase and Aggleton, 2006).

Raising awareness about HIV/AIDS and protecting street children from adverse sexual outcomes is challenging. Often the most vulnerable children are those hardest to reach, trust takes time to establish, and continuity of support is difficult where children are transient. In order to overcome these challenges, HIV/AIDS interventions must situate the sexual health needs of street youth within a broader context of proximate needs, risk and vulnerability, recognising that children and young people have 'varying degrees of agency, resourcefulness and resilience to cope with adversity' (Chase and Aggleton, 2006; p95). Attention to context of young peoples' lives is widely recognised as crucial in the promotion of their sexual health (see Ingham, 2006), particularly where the environment itself presents significant barriers to protective behaviour. Principles of good practice for work with street children also include: putting them first; ensuring gender equity; promoting meaningful participation; and adopting a rights based approach (Aggleton *et al.*, 2004)

Defined as '*the teaching or sharing of health information, values and behaviours by members of similar age or status groups*' (Sciacca 1987), the central tenet of peer-to-peer communication has intuitive appeal as a way of working effectively with hard-to-reach young people. It certainly has potential to generate meaningful participation and to address risk and vulnerability in context. The pros and cons of the method have been discussed at length (see Milburn, 1995; Turner and Shepherd, 1999). Much has been documented about what makes an effective peer educator. Prominent attributes include: being a credible communicator; a positive role model; and an empathic peer (UNAIDS, 1999). Much less has been written about the extent to which at-risk adolescents in resource poor settings can successfully take on these attributes.

In 2001, GOAL Uganda[2] embarked on an HIV prevention programme targeting street children which used peer education as a central strategy. This was a highly innovative project with a difficult-to-reach target group in a resource-poor setting. We utilised project monitoring systems and regular reviews to systematically document the implementation process. Our broad aim was to identify challenges, good practice and lessons learned by the project[3].

In this paper we focus on the role of street children and youth as peer educators. We use our process data to explore aspects of project implementation that either enhanced or hindered the effectiveness of their role. Due to resource constraints typical of a project of this nature, we were not able to measure effectiveness in terms of behavioural outcomes or STD/HIV incidence. Rather our focus is on effectiveness in terms of communication - the extent to which peer educators were able to reach their target audience with clear and positive messages about HIV prevention that were understood and internalised by recipients. We measure this qualitatively, through the reports of those involved in the project.

METHODS

The evidence presented in this paper comes from project process monitoring and evaluation data, comprising mainly of three project reviews: a participatory project review in 2002; an independent review of peer education activities in 2004; and a project review of peer education activities in 2005 (GOAL Uganda, 2003; GOAL Uganda, 2005).

The 2002 project review was based on minutes from regular stakeholder review meetings; ongoing project monitoring data; evaluation reports from training sessions and workshops; and four focus groups with young people involved in the project (two with peer educators and two with the project target group). Focus group participants (n=14) also completed anonymous feedback questionnaires.

In 2004, an independent consultant was hired to review the peer education activities of the project (Kelly, 2004). Two workshops were held with 13 peer educators (known as Baabas, meaning 'respected elder sibling' in local dialect) from 6 partner NGOs, in which the Baabas developed an evaluation questionnaire and were trained in its administration. The questionnaires combined open and closed questions and were developed in English and local language Luganda. Each Baaba agreed to administer 4 questionnaires; 2 to young people from their NGO and 2 to young people living on the street. Forty-seven complete questionnaires were received. During a final workshop, the same Baabas analysed the questionnaire results and generated key lessons from their experiences. A key output of this review was a 'Six-monthly Review Framework' which formed the basis for a follow-up internal review in 2005. Conducted by project staff, the 2005 review used the framework tools to review a series of project activities. Direct observation of each activity was followed by focused discussion with those attending the activity.

The results presented here represent a summary of the findings of the above project reviews. We also draw on key project materials such as the Baaba Manual, the end of project report, and an independent survey of HIV/AIDS knowledge among street children (Baliesima, 2001), for background information.

BACKGROUND TO THE PROJECT

Established in 2001, the Baaba project developed partnerships with 12 NGOs (non-

government organisations) catering for the immediate and longer-term needs of street children and youth. It worked to mainstream HIV/AIDS prevention into on-going street children interventions and into the activities of other agencies that impacted on the health and welfare of street children and youth (e.g. police, local councillors). The project revolved around a group of 170 trained peer educators, or Baabas within each NGO who planned and implemented HIV/AIDS prevention activities (see box 1). A life skills approach was adopted in tackling not only HIV/AIDS prevention but also issues central to street life, such as drug abuse and rape. The project objectives were as follows:

- To reduce the sexual and physical risks associated with the environments in which street children and street youth live (advocacy).
- To increase the capacity of member NGOs to effectively promote life-skills, and sexual and reproductive health amongst staff and child beneficiaries and to advocate on behalf of those infected and affected by HIV/AIDS (capacity building).
- To empower street children and youth with the knowledge, skills, motivation and support to sustain existing safe sexual behaviour and change unsafe behaviour (behaviour change)

Key project activities are summarised in Box 1.

- . **Peer education:** Baabas plan and implement a programme of activities within their NGO including regular HIV/AIDS prevention clubs, individual counselling, and seminars with surrounding communities.
- . **Outreach:** Baabas from different NGOs accompany project staff to the street, to talk informally about HIV/AIDS and give condoms to sexually active young people. Sport, drama and puppetry are also regularly used to attract community and street children to talks about HIV/AIDS.
- . **Capacity building:** Regular (6 monthly) refresher training for Baabas. Internally and externally run training for link staff and NGO staff teams.
- . **Advocacy:** Participating in national events such as World AIDS day. Inter-NGO events such as a drama festival and fun day with an HIV/AIDS theme. Awareness raising and training workshops with key local leaders, security personnel and child rights advocates in the sexual health rights of street children.
- . **Service provision:** Improving access to 'street friendly' sexual and reproductive health clinics. Baabas refer other children to service providers who have been trained by the project in counselling out of school youth

BOX 1

Project Stakeholders

There were a number of different actors and stakeholders within the project and their titles and roles can quickly become confusing. We briefly outline the key actors and terms (Box 2), as a reference for what follows.

Baabas: The peer educators. In local dialect Luganda, a Baaba refers to a respected elder sibling.

Partner NGO: Ugandan Non-government organisation catering for the long and short

term needs of street children. Each partner NGO had a group of Baabas who ran activities within the organisation. Also referred to as 'street children NGOs'

Peers or target children: Children targeted by the Baabas to receive counselling and information; 'NGO children' refers to children affiliated with one of the partner NGOs, and 'street children' refers to children living on the street, not directly involved with a partner NGO.

NGO staff: Staff belonging to partner NGOs. A 'link staff' in each partner NGO was trained by the project to act as the main point of contact and support for the Baabas (a voluntary role, undertaken in addition to their usual responsibilities within the NGO).

GOAL staff: Also referred to as project staff. Their role was to co-ordinate joint activities, support Baabas in each NGO to plan and implement activities, organise advocacy events, and undertake capacity building work with each of the partner NGOs.

The project was implemented by GOAL Uganda. The project team comprised a team manager and three project officers. The project was funded by Irish Aid, the Elton John AIDS Foundation, Tobermore, the British Council, and the Bank of Ireland.

RESULTS

Our process data suggest that the Baabas were effective in the sense that they were generally respected; generally regarded as knowledgeable and responsible; and were able to empathise with the target group. During focus group discussions, the Baabas spoke of their perceived 'added value': *'children are more close to us. They look at us as their helpers in case of health problems and other personal issues.'*; *'some people change their bad ways'*; *'young people listen to us as we are the same age group'*. However, they were also aware of limits to their effectiveness: *'some children ask us questions that we do not know how to answer'*; *'some children do not want to listen to our messages'*; *'some children think that only elder people can advise them'*.

Critically, the Baabas were effective at actually reaching the target group (children living on the street). In addition to our own monitoring data, an external study conducted during the project lifespan confirmed that Baabas were the primary source of information about HIV/AIDS among children living on the street [4].

Our process data highlighted several factors that appeared to have an impact on Baaba effectiveness: there was close affinity to the target group; the role was broadly defined; the position was coveted by other street children; messages were usually targeted and generally used lively channels; there was ongoing contact with the target group; and peer activities were augmented with other approaches. We discuss each of these factors in turn.

Affinity to the target group

We opted to let children and youth within partner NGOs vote for their Baabas. Young people tended to select Baabas who staff rated as responsible and of 'good character';

indeed it is likely that the same young people would have been selected had the staff made the decision. However, by handing over the selection process, we sought to engender a sense of accountability among Baabas towards their peers. Conversely, we sought to engender a sense of 'ownership' of Baabas by the target group.

The elected Baabas were all street youth cared for by street children NGOs and undergoing some form of rehabilitation. With their shared experience of street life and common language, they were adept at relating to young people still living on the street and were able to empathise with the harsh realities. For instance, during night outreach, they were faced with children who were hungry and asking, *'how do you expect us to live under coldness and not take drugs?'.* Baabas were able to offer alternative solutions to street life from their own personal experience. They also acted as intermediaries, introducing young people to project staff and playing an instrumental role in breaking down initial mistrust. We also found that meeting with children in their own environment, engendered positive dialogue because it demonstrated a high level of interest and concern.

We sought to reflect the diverse age range of the target group by ensuring that younger (10 to 13) as well as older (14 to 22) Baabas were selected. We assumed that younger Baabas would be better able to relate to the younger street children. However, in general younger Baabas had to work harder to be as effective as their older colleagues. They sometimes found it difficult to talk to older children, who would often interrupt and express doubt over the message, causing the younger Baaba to lose confidence and resolve. In addition, during joint planning and implementing of activities such as prevention clubs, younger Baabas tended to be overlooked by their older colleagues.

Unsurprisingly, gender emerged as an important factor affecting the degree of affinity felt between Baabas and their peers. During outreach, young girls on the street were sometimes concerned about being approached by male Baabas, while female Baabas sometimes feared ridicule from street girls. In general, it appeared easier for boys to talk to other boys about behaviour change, than for girls to talk with other girls, and the evaluation noted that female Baabas tended to talk less during outreach.

A broadly defined role

The Baabas did much more than talk about HIV/AIDS; they referred street children to local youth-friendly health centres and assisted them in leaving the street to join NGOs able to cater for their material and emotional needs. Baabas also gave personal testimonies during regular one-day advocacy workshops with local leaders, Child Rights Advocates and security personnel. These testimonies were often powerful in challenging widely held prejudices against street children. In this way, the Baabas were not only communicators of health information, but also providers of valuable local knowledge, and advocates on behalf of their peers.

The Baabas also served as role models, not only as young people avoiding HIV, but also as young people attempting to get their lives back 'on track' and as young people holding

positions of responsibility within their NGO. For instance, the Baabas provided positive role models to incarcerated youth in a local Remand home and youth prison that they visited regularly. It was not uncommon for the incarcerated youth to recognise former inmates among the Baabas and it is reasonable to assume that witnessing their former friends in a 'leadership' position was positively motivating for the imprisoned youth.

The Baabas soon came to represent a convenient and coherent group of responsible young people within each NGO. According to NGO staff, Baabas were often given additional responsibilities, from 'prefect' or 'monitor' roles through to positions on the NGO 'junior management' team. In helping to bridge the gap between staff and children, these additional responsibilities were viewed as beneficial to the smooth running of the NGO. However, where Baabas were required to exert discipline and control over other (usually younger) children in the NGO, there was the potential for an imbalance of power to develop (or intensify), which could potentially detract from the benefits of the peer to peer approach.

High expectations of 'good' behaviour came from within the Baaba group, from other young people in the NGO, and from NGO staff. The pressure associated with acting as a role model was considerable, yet most Baabas managed to meet these expectations. Conspicuous lapses in 'good behaviour' were inevitable but generally uncommon.

A coveted position

It was clearly evident that the role of Baaba was coveted by other children in the NGO, and that most Baabas enjoyed and valued their position. Fear of losing their 'job' provided strong motivation for exemplary behaviour by Baabas (described above). Children and youth appeared to covet the status and responsibility associated with the role, but also the opportunity for training and skills building.

Comments made by Baabas during focus groups suggested that they perceived increased knowledge about behaviour change as a benefit of the role: *'My bad behaviour has changed so I can now help others to change too.'*, *'peer education teaches us the difference between good and bad'*; *'peer education allows you to challenge bad behaviours and maybe change them'*.

Baabas also reported learning a variety of new skills such as handling 'difficult children' during clubs sessions and, importantly for them, improved skills in English. Baabas also appeared to value gaining experience in planning, organising and evaluating activities. NGO staff noted that the confidence of Baabas tended to increase following training, such that even the more shy children were able to stand before contemporaries and facilitate discussions. Baabas also frequently reported that they had gained life skills such as decision making, self-control, self-esteem, confidence and assertiveness. However, in the hierarchical environment of some of the NGOs, the building of life-skills among Baabas was not always viewed positively by NGO staff. In some NGOs assertive behaviour earned the Baabas respect from staff, while in others, 'assertive' was confused with 'aggressive' and frowned upon.

Targeted messages using lively channels

As far as possible, we sought to ensure that Baaba messages were appropriately targeted, using participatory and lively channels. However, this was not always easy, particularly during seminars and dramas, which were generally conducted 'under a tree', with community members (young and old) gathering out of interest. However, other Baaba strategies, such as one-to-one discussions during night outreach provided opportunity for highly targeted messages.

As far as possible, day-to-day planning and running of activities was led by the Baabas and their peers, with GOAL and NGO staff providing back-up and assistance. Increasingly, Baabas took responsibility for training each other, for instance in puppetry. They discovered for themselves that puppets were an ideal media for tackling sensitive issues, and that sport was an ideal way to attract street children to a seminar. However, Baabas sometimes chose to employ the didactic style of teaching (rote learning, lectures) typical of their own educational experience. At other times, more participatory and interactive methods such as role plays and debates were not followed up with questions and a good technical summary so that the message was sometimes lost.

Keeping the delivery of prevention messages interesting and lively was a particular challenge. Baabas tended to rely on 'tried and tested' methods such as drama and discussions, rather than experiment with innovative approaches. 'Tried and tested' methods such as drama were clearly popular with their intended audience however. Baabas sometimes also regurgitated the peer educator manual without necessarily understanding the underlying issues. In 2004, the Baabas themselves expressed a need to increase the use of other innovative and participatory methods. This led to the development of a series of educational games which were subsequently presented at the national AIDS conference.

Ongoing contact with the target group

During the 2004 survey, 91% of NGO children and 43% of street children said they attended Baaba activities more than once a month. This suggested a fairly high level of ongoing contact.

According to the 2002 review, the young people met by Baabas regularly during night outreach gradually gained confidence in sharing their personal concerns regarding HIV/AIDS and sexual health. However, children on the street were a particularly transient group and there were often new faces. Ensuring continuity was not always within the control of the project either. For instance, outreach activities were intermittently disrupted by Government directives to clear the streets of the capital city Kampala. Children 'rounded up' following these directives were placed in a local youth prison. The project was able to continue working with incarcerated youth through regular visits to the prison; however those driven 'underground' by these policies became much harder to reach through conventional street outreach.

Given the transient nature of the target group, the project anticipated that turnover of

Baabas would be high. As an indication, 25 (15%) left the project during the second year, a figure actually below the expectations of project staff. None of the peer educators dropped out due to lack of motivation, but several were resettled, acquired places in boarding school (sponsored by NGOs), and a few were suspended or forfeited their position following misbehaviour. As young people showing potential, Baabas were more likely than other street youth to be resettled or placed in boarding schools. High turnover implied loss of continuity for the target children, as well as expensive re-training. Basic training was continually required to enable replacement Baabas to 'catch up' with their peers.

Augmentation of peer communication with other approaches

As described above, peer education was just one prong in a three-pronged approach. The other prongs, advocacy and capacity building clearly augmented the peer approach as well as being effective prevention strategies in their own right.

Capacity building of project partners focused on individuals within each organisation (such as link staff), and on the organisation as a whole. It became apparent that the project worked best where Baabas had a supportive environment. In practical terms, this implied an NGO in which the Director gave active support to the Baabas. Practical support included integrating Baaba activities into existing work plans; developing Baabas in leadership roles; and participating in project review meetings. Link staff were also crucial in providing support to the Baabas in planning and undertaking activities. The project also trained an additional staff member to support the link staff, in recognition of the high staff turnover characteristic of small local NGOs. A manual, outlining the key project components and tools, guided each NGO in implementing activities without the support of project staff. Capacity building activities with staff teams as well as directors generated a supportive and sustainable platform for the implementation of HIV/AIDS prevention work. Thus the peer education work became a direct beneficiary of the capacity building strategy.

As part of the advocacy strategy, the project worked with adults with responsibility for the protection of street children (such as Child Rights Advocates (CRAs) and the police) through a series of training days. Although ostensibly concerned with protecting street children from HIV/AIDS, the training days, in which the Baabas gave testimonies and performed role plays, proved to be powerful mechanisms in breaking down widespread prejudice towards youth on the street. The impact of the workshops was felt during street outreach. For instance, on one occasion, a confrontation between project staff and security personnel was averted because one of the policemen involved had attended a project training session. He told his colleagues to 'leave the Baabas alone' because they were doing positive work with street children.

The project also worked alongside other street children NGOs in lobbying local and

central government authorities on their child protection policies. The aim was to reduce the number of 'sweeps' in which street children were forcibly removed from the street and placed in remand centres or driven underground (where it was difficult to reach and support them).

Residents in the surrounding community were often opposed to NGOs working with street children and providing services for them within their neighbourhood. The project worked hard to involve these communities in project activities, and events organised by the Baabas such as community seminars did much to improve relations.

DISCUSSION

We have described a peer-led HIV prevention programme with street children. Drawing on our project monitoring data and process evaluation results, we have identified several factors that, in our project, appeared to impact on the effectiveness of the peer educator role. Here we discuss some of the implications of our findings.

Although it sounds obvious and straightforward, reaching the target group in a meaningful way was actually a significant achievement. There were several organisations in the capital city claiming to work with street children on HIV/AIDS issues, but none others (to our knowledge) actually spent time with them in their own street environment. The peer approach was fundamentally important in enabling us to conduct effective outreach work.

In agreement with previous research, we found that much of the Baaba credibility stemmed from their 'inside knowledge' of their intended audience and experience of 'similar struggles' (UNAIDS 1999; Milburn 1995). Our selection strategy, which gave the target audience a sense of 'ownership' of their Baabas, helped to enhance this credibility. It was also important that the Baabas were selected from NGOs (i.e. those already undergoing some form of rehabilitation) as opposed to those living full time on the street. These two strategies may partly explain the difference between our experience and that of Ebreo *et al.* (2002) who trained as peer educators, risk taking youth selected by their teachers. They found that the peer educators did not enjoy the role and yielded little influence among their peers.

Peer educators tend to prefer talking to peers who are most similar to themselves (Wolf and Bond 2002; Mitchell *et al.* 2001) and this is entirely understandable. We found that matching on the basis of 'street life' experience was not enough; Baabas worked better with peers of the same sex and similar age. In line with previous research, the Baabas also recognised that at times, the target group preferred information on sexual health matters to come from respected adults and authority figures (Cline and Engel 1991; Helgerson and Peterson 1988). This need not be viewed as a drawback because it presents opportunity for adults and young people to collaborate in providing a multi-faceted programme, which involves both youth and adult educators (Macdowall and Mitchell, 2006).

Although not an explicit aim of the project at the outset, it soon became apparent that assisting children to leave the street and seek help from NGOs was the HIV prevention strategy with the most immediate impact, since it meant in effect that the young person was no longer exposed to the physical and sexual risks associated with the street environment. Had we narrowly defined the role of Baabas in terms of sexual health education we would have missed out on this highly effective component of their work.

We found strong evidence of Baabas acting as role models, not only in relation to preventive behaviour, but also as young people attempting to rehabilitate and take on responsibility. In agreement with previous research (HEA 1993; Phelps *et al.* 1994; Wilton *et al.* 1995), Baabas valued the new skills they acquired as well as the status and responsibility conferred by the role. The incentives associated with the role, as well as high expectations of exemplary behaviour from their peers, exerted a degree of regulation on Baaba behaviour. Again this has been found in previous research (Perry and Sieving 1993). We feel that it is important to be aware of the 'down sides' of this pressure; it has the potential to become stressful for the peer educators, and salient lapses from exemplary behaviour by peer educators can reverberate widely among the target group. However, handled with sensitivity, such lapses can potentially be used positively to raise issues among the target group. Interestingly, the skills most valued by Baabas appeared to be general life-skills, leadership skills and improving English, rather than skills specifically associated with HIV prevention. This was an important reminder to project staff that sexual health is often less of a priority to street children and youth than immediate material needs and future employment.

Our project clearly lay at the participatory end of the spectrum. However, having handed over responsibility for teaching to the Baabas, the project had to tread a careful line between respecting the decisions of Baabas with regard to activity planning, and ensuring that messages were accurate, lively and participatory. We found that it was important not to assume that the Baabas would be less judgmental and more empathic than adults. Training in participatory approaches helped to minimise the risk of peer educators simply transmitting internalised attitudes, norms and beliefs of the adults in authority around them (Maddowall and Mitchell, 2006).

In agreement with previous research, we found that the peer approach afforded considerable opportunity for regular contact thus enabling messages to be reinforced (Jay *et al.*, 1984; Kelly *et al.* 1991). Because of the transient nature of the target group, it was not always possible for this contact to be sustained over a long period. Our experience was that turnover of Baabas had less impact on the continuity of the project than we originally anticipated. We found that regular contact was important for children living on the street who were particularly distrustful of new faces. Contact with young people in street children NGOs was actually so regular that our particular challenge lay more in keeping the communication media engaging and varied, and messages fresh and interesting.

Narrowly defined sexual health interventions are unlikely to impact on the wider social and economic causes of vulnerability to adverse sexual health outcomes (Chase and

Aggleton, 2006). Recognising this fact, we situated our peer education activities within a wider strategy of capacity building and advocacy. By working with partner NGOs we were able to target the wider environmental determinants of behaviour as well as individual factors. Our advocacy strategy, targeting the adults who impact on the safety of the street environment, recognised the fact that children are not always able to protect themselves against HIV. This broader perspective enabled us to remain sensitive to the risks and vulnerability associated with the context in which young people come to, and survive on the street (see Chase and Aggleton, 2006).

Can we rely on street children and youth to communicate HIV/AIDS prevention messages effectively? Based on our project experience, we conclude that street children and youth can make highly effective peer educators where they feel accountable to their peers, where they perceive benefits to the role, where they are able to assist peers on broader issues beyond HIV prevention (particularly rehabilitation), where they can make repeated contact with their peers, and where their work is backed up by broader capacity building and advocacy approaches.

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REFERENCES

- Aggleton, P., Chase, E. and Rivers, K. (2004) *HIV/AIDS Prevention and Care among Especially Vulnerable Young People: A framework for Action* Southampton/Geneva: Safe Passages to Adulthood Programme/World Health Organisation
- Baliesima, Kadukima, A. (2001) *A KABP Survey of Street Youth and HIV/AIDS in Kampala City*. Dissertation submitted to Institute of Public Health, Makerere, in partial completion of MPH
- Chase, E., and Aggleton, P. (2006) "Meeting the Sexual health needs of young people living on the street" in Ingham, R. and Aggleton, P., *Promoting Young People's Sexual Health*, Routledge, Abingdon, Oxon, pp81-95
- Cline, R., and Engel, J. (1991) "College students' perception of sources of information about AIDS". *J Am Coll Health* 40:55-63
- Ebreo, A., Feist, S., Siewe, Y. and Zimmerman, R. (2002) Effects of peer education on the peer educators in a school-based HIV prevention program: Where should peer education research go from here? *Health Education and Behaviour* 29(4) 411-423
- GOAL Uganda (2001) *The Baaba Project Baseline Survey*. Unpublished project report. GOAL Uganda, Kampala.
- GOAL Uganda (2003) *The Baaba Project: Challenges, successes and lessons learned*. Unpublished Report, GOAL Uganda, Kampala.
- GOAL Uganda (2005) *The Baaba Project Review of Peer Education Activities* GOAL Uganda, Unpublished Report
- Health Education Authority (1993) *Peers in Partnership: HIV/AIDS Education with Young People in the community*. Health Education Authority. London
- Helgerson, S. and Peterson, L. (1988) "Acquired immunodeficiency syndrome and secondary school students: Their knowledge is limited and they want to learn more". *Pediatrics* 81:350-355
- Ingham, R. (2006) "The importance of context in understanding and seeking to promote sexual health" Ingham, R. and Aggleton, P., *Promoting Young People's Sexual Health*, Routledge, Abingdon, Oxon, pp41-60
- Jay, M., DuRant, R., Shoffitt, T., Linder, C. and Litt, I. (1984) "Effect of peer counsellors on adolescent compliance in use of oral contraceptives". *Pediatrics* 73:126-131

Kelly, J., St. Lawrence, J. Diaz, Y., Stevenson, L. Hauth, A., Brasfield, T., Kalichman, S., Smith, J. and Andrew, M. (1991) "HIV risk behaviour reduction following intervention with key opinion headers of population: an experimental analysis". *American Journal of Public Health* 81:168-171

Kelly, A. (2004) *Giving a voice to children. The Baaba project review of peer education activities*. GOAL Uganda Unpublished Report, Kampala

Macdowall, W. and Mitchell, K. (2006) "Sexual health communication: letting young people have their say" Ingham, R. and Aggleton, P., *Promoting Young People's Sexual Health*, Routledge, Abingdon, Oxon, pp174-191

Milburn, K. (1995) "A critical review of peer education with young people with special reference on sexual health." *Health Education Research* 10:407-420

Mitchell, K., Nakamanya, S., Kamali, A. and Whitworth, J. (2001) "Community-based HIV/AIDS education in rural Uganda: which channel is most effective?" *Health Education Research* 16(4):411-423

Perry, C. and Sieving, R. (1993) *Peer involvement in global HIV/AIDS prevention among adolescents*. University of Minnesota/World Health Organisation

Phelps, F., Mellanby, A., Crichton, N., and Tripp, J. (1994) "Sex education: the effect of a peer programme on pupils (aged 13-14 years) and their peer leaders." *Health Education Journal* 53:127-139

Sciacca, J. (1987) "Student peer health education: a powerful yet inexpensive helping strategy." *The Peer Facilitator Quarterly* 5:4-6

SwartKuger J., Richter, LM (1997) "AIDS related knowledge, attitudes and behaviour among South African street youth: Reflections on power, sexuality and the autonomous self." *Social Science and Medicine* 45(6):957-966

Turner, G. and Shepherd, J. (1999) "A method in search of a theory: Peer education and health promotion" *Health Education Research* 14:235-247

UNAIDS (1999) *Peer Education and HIV/AIDS: Concepts, Uses and Challenges* UNAIDS Best Practice Collection. Geneva.

UNICEF (2006) *The State of the World's Children: Excluded and Invisible*, New York: UNICEF.

Wilton, T., Keeble, S., Doyal, L. and Walsh, A. (1995) *The Effectiveness of Peer Education in Health Promotion: Theory and practice*. Faculty of Health and Community Studies, University of the West of England

Wolf, C. and Bond, K. (2002) "Exploring the similarity between peer educators and their contacts and AIDS-protective behaviours in reproductive health programmes from adolescents and young adults in Ghana" *AIDS Care* 14(3):367-373

[1] According the project baseline survey, 91% of sexually active girls say they 'always' or 'sometimes' have sex in order to receive money or gifts, while 74% of boys say they 'always' or 'sometimes' take drugs just before having sex.

[2] GOAL is an international non-government organisation based in Dublin, Ireland. GOAL Uganda is a field office of GOAL based in Kampala, Uganda

[3] For further information about the project please contact GOAL (www.goal.ie)

[4] A masters student (Baliesima) at Makerere University undertook a KABP survey of street youth and HIV/AIDS in 2001. See references