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Reaching Out to the Unreached: Peer Education as a Strategy for the Promotion of HIV/AIDS Awareness Among Street Children

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ABSTRACT

The AIDS pandemic knows no skin colour, race, creed, tribe or age, hence it can affect/infect anyone, including vulnerable children. While the AIDS awareness campaign has reached various target groups, it seems one particular group, the street children, has apparently not been reached, largely because of the elusive nature of this group. Conventional approaches have clearly failed to work with this target group. The difficulties experienced in attempts to reach this high risk group demand that alternative strategies to promoting HIV/AIDS awareness be pursued. This article makes a call for an alternative strategy that is deliberately imaginative and innovative. It makes a case for the peer education strategy as a model for disseminating AIDS education and awareness among street children. It highlights the basic elements of the strategy and argues that the model has potential for success, particularly given that it involves use of people who understand the situation on the streets.

Introduction

Globally, the number of cases of HIV/AIDS continues to be of primary concern. Infection levels have reached alarming proportions, and it is estimated that by the year 2000, between 30 and 40 million people worldwide will have been infected with HIV (WHO, 1994). At least half of those infected are youth under the age of 25 (AHRTAG, 1989). The southern African region is one of the most badly hit parts of the globe.

In Zimbabwe alone, for instance, by mid-1995, over 40,000 AIDS cases had been reported, and predictably, this figure continues to escalate. In fact, it is widely believed that there is a serious problem of under-reporting in the country, with the correct figure of AIDS cases being thought to be over 150,000 cases to date. In addition, an estimated one million Zimbabweans are infected with the HIV virus which causes AIDS (NACP, 1995).

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The AIDS pandemic is not only affecting adults as even children have felt its impact, either directly by being infected themselves or indirectly by being affected through death of parents, close relations or guardians. Among children, one group that is thought to be most vulnerable is that of street children. Street children are part of the community and society at large, and are therefore at risk of contracting HIV/AIDS. This group of children is in fact at even more considerable risk to HIV infection largely because they tend to lead difficult lives, and in addition they are often poor, inarticulate, unsophisticated and above all, marginalised. The high risk stems largely from the harsh environment in which they survive, as many of them literally live on the streets, spending their nights in storm drains, and eating from dust bins. Some of the children, both boys and girls, have been subjected to sexual abuse, running the risk of contracting the HIV virus and other STDs. Despite all this, no clear-cut strategy appears to be in place to address, in a meaningful way, the needs of this vulnerable, high-risk group with regards to HIV/AIDS education and awareness. The purpose of this article, therefore, is to suggest a model of intervention in respect of this largely elusive target group – street children.

Street Children and AIDS Awareness

The children, who have been dubbed “street kids,” are on the streets for any number of reasons, including poverty, family disequilibrium due in large measure to factors like divorce of parents, family disorganisation, substance abuse, and a host of other reasons. On the street, they survive by doing odd jobs like washing cars, helping motorists to park their cars, selling cigarettes, fruit and vegetables, abusing and selling drugs, begging, prostituting themselves, and committing crimes (Schurink & Burger, 1994; Mupedziswa, 1995).

It is not obvious to what extent the phenomenon of street children manifests itself in Zimbabwe today, but informed estimates put the figure at 10,000 (Sunday Gazette, 1994). Their ages range from about seven to sixteen years, with the vast majority being boys, and studies have shown that the children tend to come from poor overcrowded or broken homes where they were ill-treated or their basic needs were not met (Mupedziswa, 1995). The correct figure of street children in Zimbabwe could be much higher as the socioeconomic environment continues to deteriorate under the weight of the austerity measures associated with ESAP. Of the above indicated total figure, around 3,000 of the street children are thought to roam the streets just in Harare alone. Potentially, all of them are at risk to HIV/AIDS.

It is widely believed that street children may not have benefited from the national AIDS awareness campaign for a variety of reasons. The reasons include

the fact that they survive in a harsh environment which makes them generally suspicious of the wider society, and hence shy away from communicating freely. Another reason is that because of the nature of their trade, street children are by nature elusive. In addition, many of the street children are, by definition, of no fixed abode. Hence they may not have received basic information on HIV/AIDS.

It is probable that the hit-and-miss strategies currently being employed in dealing with street children in terms of HIV/AIDS education and awareness are not working. What is needed is a fresh, imaginative, innovative and deliberate strategy which consciously focuses attention on this most vulnerable target group. This is particularly urgent given that the numbers of street children continue to swell by the day, (as does the HIV/AIDS pandemic), creating greater potential risk for this group. For the reasons alluded to above, street children are 'invisible' and hence they may easily have been overlooked by the various AIDS Service Organisations engaged in various activities relating to HIV/AIDS awareness throughout the country. Existing initiatives have tended to focus attention on the more visible groups of youths, prostitutes, etc, whose members have fixed addresses. Some of the efforts have been through such strategies as the mass media (in particular, radio, television, and the print media), measures which may not be effective when dealing with street children because of their special circumstances. All these various efforts may not be reaching this elusive group.

Certain agencies, especially those which run drop-in centres for street children, have at times reached a small cross-section of this target group. Their efforts, wittingly or unwittingly, are clearly piecemeal, since to many such organisations, the street children phenomenon is neither a central area of focus, nor is it a priority. This is a problem not just in Zimbabwe alone, but in many other countries as well, particularly in the developing world. And yet this group continues to suffer, often silently. The vexing question, therefore, ought to be how best to reach this 'unreached' group in terms of developing meaningful information dissemination strategies on HIV/AIDS, and to date, no satisfactory strategies appear to be in place.

It is in the context of this concern that an alternative model for disseminating information on HIV/AIDS among street children in Zimbabwe is proposed. The authors' contention is basically that the approach could be replicable elsewhere in the developing world as well. The model being suggested is referred to as the street children peer education strategy. Peer education in general is a strategy that has been seen as being appropriate and an effective means of preventing and controlling HIV/AIDS infection, particularly amongst the youth because of the elements it encompasses (Jackson, 1992; AHRTAG, 1994). In brief, the envisaged model involves identifying a number of 'key' street children, who are then singled out for special training as peer educators. A peer is a person similar to oneself in terms of

such variables as age, background and interests. The strategy targets influential street children who may be interested in receiving this training. The hope is that those trained would then go around the town or city, educating their peers on HIV/AIDS. It is the authors' contention that with basic training and support, street children can successfully carry out a range of educational activities, including conversations and even organised group sessions, with their peers on the topic of HIV/AIDS.

The Peer Education Model

Rationale for the proposed model

Peer education basically involves training people to carry out informal or organised educational activities with individuals or small groups over a period of time. This strategy can be an effective tool in the fight against AIDS. Jackson (1992:284) has observed:

"Peer education is an important part of many group activities. One or two well-informed and well-trained people may be highly effective in reaching their peers in this way."

It is widely accepted in both medical and social science circles that the emphasis on community peer education has a strong conceptual formulation in social diffusion theory which asserts that people evaluate changes not by scientific evidence, or authoritative testimony, but by subjective judgments of close trusted peers who have adopted changes and provide persuasive role models for change (UZ/SAT/SWW, undated).

The peer education strategy is built on the premise that people, particularly young people (and this includes street children), tend to be willing to listen to, and follow advice from, their peers. It therefore involves inter-personal communication amongst peers who share common norms, values and beliefs. A study done among street children in South Africa for instance, confirmed that the street children had a tendency of conforming to peer group pressure. This was because they were looking to the peer group for support and protection against hostility in the street (Maphatane, 1994). The level of empathy is also likely to be high among peers particularly on the streets as they share common socioeconomic circumstances, dangers and risks. Therefore communication among peers is likely to be more effective. It is precisely for this reason that it is argued that peer education perhaps has the greatest potential for reaching this not so easily accessible group – street children.

The main emphasis wherever peer education in general has been utilised in the context of HIV/AIDS education and awareness has apparently been on the promotion of such positive behaviour as abstinence or safer sex (eg, through condom use) and on the importance of receiving treatment of STDs. The peer education initiatives that have been carried out with commercial sex workers in Zimbabwe for instance, appears to have been most successful (Wilson, et al, 1991:73). The approach has also been used with employees in industry and elsewhere. Peer education can involve both the infected and the uninfected, with both groups playing an active role.

Peer education, particularly by people who have HIV or AIDS, is believed to be one of the most powerful approaches to education and raising awareness levels. Training of people in the community as peer educators has been found to be an essential part of AIDS awareness. The peer education prevention and control strategy could thus be instrumental in soliciting some attitude and behavioural change and perhaps subsequently lead to abstinence by this group. It is consequently proposed to stretch this potentially effective strategy to work with street children.

As with initiatives involving various youth groups (AHR TAG, 1994), a peer education programme involving street children would basically aim to help them to increase their confidence, knowledge and skills in relation to their sexual development and activities, to reduce their risk of HIV infection as well as other STDs and, particularly with females, to prevent unwanted pregnancy.

Advantages of the proposed model

Street children, as an elusive target group, are unlikely to acquire information on HIV/AIDS through formal or conventional sources like schools or some such fora. The peer education strategy may therefore fill the gap thus created as it potentially has comparable advantages over other strategies, and these advantages may include the following:

- It tries to use peer pressure in a positive way in efforts to influence the situation of street children by urging them to reduce risky behaviours. (Peer pressure is a force which normally influences, in a negative sense, the behaviour of young people but which can be turned into positive outcomes.)
- Street children, as a group normally labelled deviant by the wider society, tend in turn to question the attitudes and values of the wider society, and conclude they have more in common with other street children, and hence their peer group becomes an important source of support.

- Members of the wider community generally tend to find it very difficult to communicate positively with street children on any topic in a non-judgemental way, hence such prejudices create a barrier which perhaps only fellow street children can break through.
- Street children, like any other youth group, need skills as well as information to enable them to make important decisions about sexual activity, or to negotiate safer sex, and yet, to date, no known strategy has been put together which can claim to be singularly effective in achieving this goal.
- Street children may feel they are not at risk of HIV infection, or they may not even think about the issue given their preoccupation with basic survival needs, and hence peer educators can help their peers to realise that they may be at risk too.
- Street children, like other youths, need to have confidence in themselves if they are to resist pressure and adopt safer behaviour (AHRTAG, 1994:5), and that should come through HIV/AIDS education.
- Peer education can be used as a medium of communication even in settings that can be described as being unconventional, including the streets.
- Coming from similar socioeconomic backgrounds, the peer educators are more likely to be familiar with the "street culture," and vocabulary relating to the behaviours and life styles that place street children at high risk of HIV infection (Thompson & Jones, 1990).
- As peer educators engage in peer education, they can help identify problems being experienced by their peers pertaining to HIV/AIDS and can thus subsequently make referrals for professional help.

Apart from the various advantages identified above, peer education, in addition to benefiting the particular target group, also has the potential for building the capacity of the organisation managing the project. This is because in order for the strategy to be effective, the organisation concerned has to identify potential peer educators, train them, deploy them, coordinate and manage their activities and as far as possible render the necessary support required. These activities demand that

the organisation managing the project be efficient and well-organised. The particular agency or institution consequently is thus compelled to be organised, effective and rigorous in their management of the project (UZ/SAT/SWW, undated).

Guiding principles for success of the model

Some guidelines drawn out in relation to AIDS prevention among youth in general (AHRTAG, 1994:1) can usefully be adapted to fit the situation of the street children. The following are some of the key aspects for consideration:

- understanding the street children's specific problems, attitudes and needs for information and skills, and finding out what they know and feel about themselves and their lives,
- stressing development of skills, as well as attitudes and knowledge, in training and educational activities, and increasing access to use of condoms among the street children,
- ensuring that peer educators know where to refer the street children for condoms and appropriate counselling, STD treatment and family planning services. (This is particularly important given the street children's outcast image often portrayed by the wider society),
- understanding that peer educators drawn from among street children may be active for only a limited time, especially given their rough and harsh environment, although with support they may be active for much longer,
- combining, wherever possible, peer education proper with other approaches, such as distributing pamphlets, posters, etc,
- enlisting the support of relevant organisations, and community leaders where appropriate, since these are supposed to be working for a common goal or cause.

Steps in the Envisaged Peer Education Strategy

The peer education strategy to introducing AIDS awareness among street children, has conceptually a number of elements which need to be taken into cognizance if headway is to be made. These elements can in essence, be viewed as steps in the implementation of this strategy. The steps are of course only guidelines and they can be varied.

The first step involves identifying suitable participants for the training programme. This step would normally involve doing a considerable amount of background work, including a survey of places frequented by these children. This would entail approaching and talking to selected street children with a view to enlisting either their own participation, or requesting them to recommend some suitable candidates, and trying to win their confidence. The timing of the visits to the 'hunting grounds' of the street children for purposes of identifying and selecting potential participants will be crucial; it is for instance advisable to approach them when they are relaxing and not too busy with their odd jobs done on the streets. There would be need to explain the purpose of the exercise as clearly and as convincingly and persuasively as possible to the street children. It may also be useful to approach organisations, both governmental and non-governmental which may be working with street children, to enlist their support and cooperation in the exercise. In the context of Zimbabwe for instance, such organisations would include Street Kids in Action (SKIA), Streets Ahead, Zimbabwe Council for the Welfare of Children (ZCWC), the Anglican Cathedral in Harare, and Enthunzini Wethemba in Bulawayo. The government's Department of Social Welfare would be worth considering as well, given its critical role in the issue. Such organisations, if cooperative, could also assist substantially in a variety of ways, including in terms of identification of suitable candidates for the training workshop. As far as possible, it would be useful to involve other street children in selecting candidates for the training exercise. Such a gesture would boost confidence and more or less guarantee success of the training workshop and subsequent education and awareness initiatives.

A crucial consideration relates to the calibre of street children identified for training as peer educators. It is proposed that the peer educators would be selected from children aged at least 13. Participants should naturally have some education, or should at least be able to read and write. Individuals selected should, where ever possible belong to some peer group, to facilitate acceptance. As suggested elsewhere, it would also be useful to include those children who might have cultivated a stable relationship with some non- governmental organisation or another. Other criteria may include a show of leadership qualities, popularity among fellow street children, enthusiasm for the project on the part of the individual concerned, and perhaps ability to keep secrets as testified to by their colleagues. The qualities would have to be assessed in conjunction with the organisations referred to above, wherever possible.

Once the above step has been successfully finalised, the second step is to organise a training workshop for these potential peer educators. It is important to ensure that the basic logistics are all in place well before the exercise starts. A faulty beginning could be costly given the 'unstable' group of participants involved. The logistical arrangements include transport to ferry the children to and from their

places of operation, a decent venue, teaching aids, etc. It is also pertinent to recognise the opportunity-cost aspect ie, the fact that the children would actually lose income while attending the workshop, and hence the need for some token compensation, perhaps calculated on the basis of the potential average daily earnings from the odd jobs they engage in.

The third step relates to the workshop itself. The workshop should be held for at least a full day, but preferably for longer than a day, if resources do permit. A week or longer would probably be preferable. The purpose of the workshop would be to train these volunteers as peer educators. What is particularly important is to begin by establishing their level of HIV/AIDS education and awareness, before deciding on their training needs and requirements. In line with recommendations by AHRTAG (1994) concerning peer education in general, at the end of the workshop, it is essential to ensure the following:

- that the street children peer educators have acquired the recommended correct basic knowledge about HIV/AIDS and other Sexually Transmitted Diseases,
- that the street children have been encouraged to develop appropriate attitudes about the risks of unprotected sex, and the wisdom of delaying sex or of using condoms,
- that the street children peer educators have been helped to develop decision-making and communication skills,
- that the motivation for condom use of the street children educators has been increased and that they have been given access to affordable STD services and stable condom supplies for the exercise to be adjudged to have been meaningful.

The fourth and final step is the evaluation: at the end of the workshop, it will be necessary to carry out a brief evaluation of the workshop proceedings. The evaluation should be based on the specific objectives set at the beginning of the workshop. This exercise should of course involve all the participants ie, including the street children as far as possible.

Logistical Requirements for the Workshop

There is need to ensure adequate facilities are available, including a room and some visual aids where possible. There should also be adequate space to carry out role plays and/or small group discussions, where appropriate. The visual aids and other

related gadgets could include charts, leaflets, posters, video, and an over-head projector. In addition to these, there may also be need for condoms which can be distributed, either for personal use or to colleagues living on the streets. There is however need to stress to the street children that condoms may not fully protect them, and that abstinence is the only certain protection available at present.

It is advisable to keep in touch with agencies involved in working with the street children. Some of these may be able to augment the efforts of the workshop organisers with supplies of various material requirements such as leaflets, condoms, etc. Some may even be in a position to supply some T-shirts with an AIDS slogan on them, for free distribution to participants. If these are available, all the participants, facilitators included, would be able to wear them as a sign of solidarity.

Once initial contact has been made with the street children, it would be useful if the workshop organisers could try to find ways of maintaining this contact with the peer educators. Such arrangements could be made through the good offices of a sympathetic agency, if the organisers' own premises cannot provide a facility for these necessary future contacts. A suitable venue would be one that is accessible, neutral and sympathetic (ie, not a police post for instance).

In some instances it may be necessary to use vernacular languages for effective communication, as it is likely that using English may not be the best way forward. What this means is it may be necessary to engage instructors who have command of the relevant languages. This will enable participants to relate better with the proceedings.

Writing materials may or may not be necessary for such a course, but these materials should always be made available for those who may wish to take notes. A blackboard or similar facility would also be essential, even if it turns out to be simply for drawing illustrations during the lectures. However given that the street children are generally "street-wise," the organisers should be prepared for possible surprises: it may turn out that the children can read and write well enough to enable them to follow the proceedings satisfactorily.

It will also be necessary to provide the street children attending such a training workshop with meals, including teas, lunches and dinners where appropriate. As noted elsewhere, a small *per diem* which will function as an incentive for loss of income on the part of the participants would also be in order and hence most advisable.

Content of Workshop

There are several aspects which need to be taken cognizance of, if the training workshop is to be a success. These range from the atmosphere, the available facilities, to the nature of information to be disseminated, and instruction strategies. Some of the factors are elaborated on below.

Workshop atmosphere

For the workshop to be a success, there is a need first and foremost, to establish rapport and gain the confidence of the street children. There is need to ensure that the atmosphere prevailing at the workshop is as relaxed and as accommodating as possible, if the instructors hope to capture the attention and imagination of the participants, and also to hold their interest. A show of welcoming, friendly faces would enhance interaction as well as increase the level of participation.

A conducive atmosphere also implies that the organisers should always be ready to lend a sympathetic ear to any concerns the participants may have. Street children in many countries have been harassed, intimidated, rounded up and incarcerated and even killed. They therefore have every right to be concerned. Consequently it might be an unsettling, even frightening experience for them to be brought together into an enclosed place to attend a workshop. Hence the importance of going all-out to create a conducive atmosphere. A welcoming atmosphere is necessary particularly given that street children can be very suspicious and restless.

There may even be need to ensure a 'rest room' is made available to enable the children to freshen up before the start of the proceedings. Toiletries could also be provided for good measure. This is particularly important given that because of the harsh environment in which they have to survive, the street children may look scruffy, which may make them feel uncomfortable to participate in the proceedings.

The workshop room

The room provided for the proceedings should be as spacious as possible to accommodate the ten to fifteen participants recommended for a training workshop of this nature. Such a small group allows for effective group cohesion. The atmosphere in the room should be refreshing. The seating arrangement should equally depict an informal, accommodating atmosphere, to ensure the children feel at home. Welcoming the children with a hot cup of tea/coffee and sandwiches may not be a bad idea given that many of the children live from hand to mouth, and may be hungry.

Nature of information to be disseminated

The issue of nature of information to be disseminated during the workshop is a particularly salient one. At the end of the day, it is this aspect which determines the success or otherwise of the whole exercise. Below are a few hints in this regard.

• AIDS information

The content of the workshop should take cognizance of the fact that the participants do not simply require information for their own consumption, but also skills to

enable them to give AIDS education to their peers on the streets. The information given out should include issues like protection against the HIV virus and other sexually transmitted diseases, and the importance of general and sexual hygiene – which for many years was focused simply on girls and women (Lennerhed, 1995). HIV/AIDS education is basically intended as a vehicle for information dissemination and also to reduce ignorance and false notions against the disease.

- **Loosening up**

To enable the participants to loosen up, it may be useful to get them to start with a familiarisation game. There are numerous such games, but a recommended one is that of “team search.” Such a game however is suitable if the venue being used has several other rooms. Participants could be divided into a number of groups and then made to go round the premises counting the number of rooms and floors where appropriate. The group that counts the most number, and remembers the most of what is in each room wins the game. Alternatively, the participants could be asked to knock at every office and introduce themselves, and also get to know each occupant’s name, and then report back. The group that sees the highest number wins. Such games serve a dual purpose in the sense that they also help the children to feel they are in a safe place, thereby helping them to feel more secure.

- **Group expectations**

Once the games’ stage is completed, the workshop gets down to serious business. An exercise to determine expectations will be carried out at the outset. Once this is finalised, lectures on basic information on HIV/AIDS are given. This will include ways through which the HIV virus is and is not transmitted, how HIV develops to full-blown AIDS, how to avoid contracting the virus, how to prevent it from spreading, how to assist those living with HIV/AIDS, and how to maintain personal and sexual hygiene.

In trying to establish the correct point of entry into the training programme, there are a number of issues (AHR TAG, 1994:2) which need to be considered, viz:

- What do street children feel they need in terms of information, skills and access to services, and what risks are they facing?
- Where, if ever, do they seek information, advice and support?
- What are possible sources of sympathetic counsellors, STD treatment or condom supply ?
- What kinds of activities do street children engage in (eg, glue sniffing) and how could these provide opportunities for learning?

- What kind of specialised training do street children peer educators need, and how would they like to be trained ?
- How much time could they give to project activities ?

- **Communication skills**

These skills are essential if the peer educators are expected to carry out their duties expeditiously and judiciously. The peer educators need to be introduced to the basics of effective communication. Various forms of communication skills, including picture codes, role play and group work would have to be included in the programme. The peer educators would be trained in how to identify and communicate with fellow street children, as well as how to obtain background information on their colleagues. This is important in that the educators would be able to find out how much their colleagues know about HIV/AIDS. The educators will be taught the importance of getting closer to colleagues who may be HIV positive or have full-blown AIDS instead of rejecting and avoiding them (Morales & Bok, 1992).

Where appropriate, peer educators have been routinely taught how to carry out basic action research, with the information being kept for future use. However, while it may be expecting too much from street children to do the same given their unstable backgrounds, there may still be a case for investigating the possibility of them being involved in participatory research on various issues pertaining to their situation.

- **Instruction strategies**

A number of instruction strategies need to be employed if the sessions are to be effective. These will include lectures, group discussion sessions, and plenary sessions. It may also be useful to invite a peer educator working with another vulnerable/high risk group, to give a brief overview of their experience as a peer educator.

The lectures should be as well-structured as possible and envisaged in such a way that the children do not get the impression of a formal and totally academic environment. As noted elsewhere, the lectures should be conducted in a language easily understood by the participants, which may be a vernacular one, to ensure that they follow the proceedings without too much difficulty.

In addition to lectures, participants need to be assigned to small groups, to introduce them to the concept of group work. They could thus be trained in how to conduct small group discussions with their peers, and in particular how to conduct and guide the discussions.

Topics for inclusion in small group discussions include homosexuality, safe sex, etc. Issues relating to other categories of vulnerable groups they interact with

on the streets, eg, blind beggars, could also be included. With such topics as homosexuality, there is need to stress to the participants that discussions should extend from preventive measures, to strategies that would lead to resistance and abstinence from such potentially dangerous sexual activities.

Plenary sessions will also be necessary where issues discussed in small groups are wrapped up. It is at such sessions that particular care is taken to ensure that all participants are on the same wavelength in terms of facts learnt, misconceptions to discard, etc, and the way forward in general.

In addition to the plenary sessions, there may be need for at least one informal session at which one of the key issues raised may be a discussion of alternatives to life on the streets. This is meant to give the children time to reflect, and also to enable the organisers to capture their intentions and future plans. Given the sensitive nature of the subject matter on hand, this should be dealt with very carefully. Otherwise the street children may quickly conclude that they are being lectured on the folly of their ways, and this naturally would not augur well for the exercise.

There is also need to include videos in the training proceedings. This medium has been known to be quite effective to the extent of leaving a lasting impression in workshop participants. The children themselves could also be involved in drama productions on selected themes on HIV/AIDS. Role plays could be built into such sessions.

- **Workshop evaluation exercise**

At the end of the workshop, a simple evaluation exercise will be necessary, to get an idea of the effectiveness of the training methods utilised, etc. This could either take the form of a short written questionnaire, or an oral evaluation in which the children are encouraged to share what they liked most, and what was least useful, and indeed what could be included for future sessions, etc. An evaluation could of course also involve both oral and written exercises.

- **Certificate of attendance**

To boost morale and enthusiasm, it may be necessary to issue participants with certificates of attendance at the end of the workshop. A major problem with this gesture would probably be lack of a place to keep these documents safe on the part of these mostly homeless participants. For this reason, it may be useful to consult with them right at the beginning of the training workshop on this matter.

Evaluation and follow-up

Some two or three months after the training workshop, it may be useful to carry out an evaluation of the effectiveness of the peer education strategy in disseminating

information on HIV/AIDS to other street children. This should take the form of a properly constituted scientific research project which will also involve street children who did not take part in the workshop. A major problem will be to control for intervening variables, but this can be done. However the research will not be an easy task given the life-style of street children and the likely difficulty in contacting them. The basic aim will be to establish whether the peer educators have reached out to their peers. Evaluation should not happen too soon after the training workshop, or it will be impossible to establish effectiveness of the approach.

Under normal circumstances, regular follow-up of peer educators to establish how they are faring is a must (SANASO, 1993). This will enable the organisers to determine problems being encountered, discuss progress, clarify information, and provide on-going support. Where various other categories of peer educators are involved, follow-up has enabled the organisers to conduct regular support meetings or on-site visits which have led to provision of additional training where needed, assistance with educational materials (in particular replenishments), firmer networking, etc. However with a group like street children, much as it would be a most useful strategy, follow-up will not be easy given that they are generally an elusive lot. All the same, it will be worthwhile trying to engage on a follow-up mission. The groundwork for the follow-up, however, would have to be laid at the end of training workshop, before everyone disperses. An attempt would have to be made to get the participants to express commitment and give a firm undertaking of their willingness to participate in or facilitate the follow-up.

Conclusion

By way of conclusion, it is pertinent to make a few salient observations. First, the model suggested above need not be followed religiously; variations can be introduced, based on particular situations and experiences. Second, there may be concern that there is rather too much reference to condom use, at the expense of moral aspects. This is deliberate, taking into account the environment in which the street children have to survive. Indeed where ever possible the moral element needs to be stressed. Third, critics could also take issue over the fact that the entire model seems to be bent on removing street children from their "natural habitat," the street, for the duration of the workshop, into an unfamiliar environment characterised by modern facilities such as rooms, furniture, videos, wash-rooms, decent meals, certificates etc, – something that some of the children may take exception to.

The alternative to this would be to conduct a version of the workshop in a less formal, unconventional environment, eg, a park or a street. The authors' contention is this may not be practical or conducive, but as noted above, flexibility should be the guiding principle. The suggestion to offer a certificate was forwarded as an

incentive to the children, but can be dropped if deemed too formal. Finally, there may also be some concern over practicality of the evaluation exercise, particularly given that there may not be the benefit of a "before-after" situation. The authors contend that evaluation is a crucial element of any educational model. Conceivably it is only after an evaluation has been undertaken that it is possible to take a decision as to whether or not to replicate the model elsewhere. What is needed is to try the model out and then make modifications as necessary.

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