

SA Cervix Screening Grant Program  
2008 - 2010

# FINAL PROJECT REPORT



## Multicultural Women's Peer Education Program 2008 – 2010

### SHine SA and the Migrant Health Service

**Project title:** Multicultural Women's Peer Education Program  
**Organisation:** SHine SA and the Migrant Health Service  
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**Co Workers:** Hoda Hanifi and Sue Dunford – Migrant Health Service

# SA Cervix Screening Program 2008 - 2010

## 1. SUMMARY DESCRIPTION OF PROJECT

The Multi Cultural Women's Peer Education Program (MCWPEP) was jointly facilitated by SHine SA and the Migrant Health Service. Migrant Health is a primary health care service for recent arrival refugees and asylum seekers and SHine SA is a mainstream sexual health service. Both agencies have a long history of delivering clinical services and community development programs to women from refugee background. This program was designed to improve the participation rates of recent arrival refugee women, engaging with women's health and screening services, through education and information sharing. The program utilises peer education, as a community education and capacity building tool.

Peer education is a popular model used in a wide range of Community Development settings. It typically involves members of a particular culture, sub cultural group or community, effecting change within the group to which they themselves are a member. Generally peer education aims to modify knowledge, attitudes, beliefs and behaviours. Peer education is a successful way of working with 'hard to reach' client groups and is successful for a variety of reasons which hinge around the peer educator being a credible source of information because they are an 'insider' within the group. Because the educators understand about beliefs and behaviours in the group, they know how to present information in a way which is acceptable and culturally appropriate. Peer education is a model successfully used with women from Culturally and Linguistically Diverse Backgrounds (CALD) because it capitalises on the existing ways in which women from collectivist societies interact, usually community functions, small social gatherings and group meetings.

In the first phase of the MCWPEP 12 women from a range of backgrounds including the Middle East, Africa, Burma, Bhutan and Uzbekistan, were formally recruited to become educators through a written application and interview process. Bilingual women with reasonable literacy skills were targeted because of the level at which the training would be delivered. Women also needed to demonstrate how they would be able to organise group sessions utilising their community contacts.

Successful applicants were asked to sign a contract which outlined their commitment to the program and issues such as the process of remuneration for both their attendance in the training programs and each of the sessions they would subsequently deliver.

Following their training women were supported through mentoring system with the program facilitators, to deliver a series of information sessions to women in their communities. The women were paid for the delivery of each individual session conducted and provided with support and resources for the preparation and delivery of topics. The women were expected to deliver a total of three sessions each in the first year, based on the topics learned in the training program. Education sessions were conducted in a wide range of community settings and at different times of the week depending on the needs of the community. The size of each session varied from 5 – 30 participants.

# SA Cervix Screening Program 2008 - 2010

An interim evaluation of this phase of the program was completed and submitted in July 2009.

The second stage of the MCWPEP involved a second round of training for the peer educators, and an expectation that each educator would deliver a further 2 – 3 sessions to their communities. Based on the participant evaluation feed back from 2009, the second training program was broadened to included ‘social deterrent’ and ‘chronic disease’ issues – both seen as factors contributing to poor health and the risk factors for cancer in new and emerging communities.

## 2. PROJECT AIMS

- To increase the knowledge and skills of 12 women from refugee back ground, in relation to cervical screening, health promotion and other sexual health and reproductive health issues, in order for them to become peer educators and women’s health advocates, in their respective communities.
- To increase the knowledge and understanding of women from refugee back ground regarding sexual and reproductive health issues and the importance of women’s’ health screening.
- To improve the participation rates of women from refugee back ground in cervical screening programs and improve women’s access to appropriate health services.

## 3. PROFILE OF WOMEN IN THE TARGET GROUPS FOR THIS PROJECT.

The women who were recruited as peer educators, and the women who were targeted in the education sessions, were from both low socioeconomic and CALD back grounds. A number of the women participating in the individual training sessions were older women.



Peer Educators Lunch

# SA Cervix Screening Grant Program

2009

4. PROJECT OUTCOMES:	5. OUTCOME INDICATORS:
Increased knowledge and awareness of Peer Educators regarding sexual and reproductive health issues and the importance of well women's screening and the services available.	12 peer educators participated in 5 day training in 2009 focusing on sexual and reproductive health issues and the importance of well women's screening and services available.
Increased knowledge and awareness of Peer Educators regarding a holistic view of health including the importance of chronic diseases, emotional health and well being, child protection, domestic violence, parenting, adolescents, sexuality and sexual diversity and important services available to community women.	7 peer educators participated in 5 day training in 2010 focusing on chronic diseases, emotional health and well being child protection, parenting, adolescents, sexuality and sexual diversity and important services available to community women.
Increased confidence and skills of Peer Educators regarding all health topics covered, the ability to run education sessions and of the importance of a holistic view of health – including the relationship between life style factors, chronic diseases and overall health and well being.	<ul style="list-style-type: none"> <li>o Evaluation feed back from the peer educators during and after their attendance in both training programs indicates a high level of satisfaction from the participants regarding the program and the experience of being a peer educator <b>(2010 evaluation attached)</b>.</li> <li>o The quality of the peer educator's presentations was consistently high and feed back from women who attended these sessions was very positive <b>(sample peer education session outline attached)</b>.</li> <li>o A number of the Peer Educators gained confidence and skills which enabled them to progress into full time work and study opportunities.</li> </ul>
Increased knowledge and awareness amongst participant women attending sessions regarding: sexual and reproductive health issues, the importance of well women's screening, the importance of chronic diseases, emotional health and well being, child protection, parenting, adolescents, sexuality and sexual diversity and important services available to community women.	<ul style="list-style-type: none"> <li>o It is anticipated that by end of October 2010, 53 peer education sessions will have been delivered with a total of over 600 women attending (approximately).</li> <li>o Positive feed back from participant women after each session indicates the content was highly relevant and very important.</li> </ul>
Increased participation rates, amongst women from new and emerging communities, in women's health screening programs at both SHine SA and MHS.	Specific Multicultural clinics held at SHine SA assisted by Peer Educators, targeting community women who participated in program.

## 6. PROJECT STRATEGIES:

PROJECT STRATEGIES	2009	2010
<b>Interview and Recruitment:</b>	12 peer educators from a range of different cultural back grounds including; Burmese, Iraqi, Bhutanese, Congolese, Liberian and Burundian, Afghani, Bhutanese, Sudanese.	Women re contacted and invited to participate in second round of training as Peer Educator.
<b>Training:</b>	12 women completed a 5 day training program covering sexual and reproductive health issues and the importance of well women's screening and important services available to community women. Topics included, group work, program planning and evaluation throughout their course. Each educator presented on a specific health topic as part of their initial training program. Several guest speakers contributed to program. Women were paid \$250.00 each to attend 5 day program.	7 peer educators completed 5 day training. Topics focused on a holistic view of health and included social determinants of health and lifestyle factors that contribute to cancer including; chronic diseases, emotional health and well being child protection, parenting, adolescents, domestic violence, sexuality and sexual diversity, community safety and important services available to community women. Guest speakers contributed. Women paid \$250.00 to attend. Peer educators visited different services in order to increase access for community women to important health programs. These included: Breast Screen SA, Anti Cancer Council, Gilles Plains Community Health Service, Migrant Women's Support and Accommodation Services.
<b>Resources:</b>	Peer education work books developed as a resource for educators to use in running sessions.	Peer education work books developed as a resource for educators to use in running sessions.
<b>Delivery of Sessions:</b>	Peer educators supported by facilitator / mentors and delivered a total of 32 sessions in 2009 with approximately 380 attendees. Education sessions held in a wide range of settings including; language schools, community halls and women's homes. Women paid \$60.00 for each 1 hour session delivered – includes preparation time and contribution to catering.	Peer educators continue to run sessions within their respective communities. By the end of October 2010, 21 sessions to be completed with approx 250 participants attending. Remuneration sum increased to \$80.00 based on feed back from women that original sum was insufficient.
<b>Debrief and feed back session:</b>	Debrief meeting held with whole group in 2009. Decision to proceed with further training in 2010 made based on peer educators positive feed back and interest in learning about new topics.	A planned graduation lunch and celebration is scheduled for the end of October 2010.





SAPOL Session



Uzbek Woman participant

## 7. OTHER COMMENTS:

### Barriers/Challenges:

#### 1. Peer Educators dropping out of program:

In 2010 five women dropped out of the program reducing the number from 12 to 7 women participating in the second training. This was largely due to educators going on to do full time study or take up employment opportunities. One of the women left because she had a baby.

#### 2. Program not completed by end of funding period:

By the end of the funding period a number peer education sessions were still scheduled to take place. Although this was a two year funded project commencing in 2008, the peer educators did not undertake their initial training until June 2009. The second training was delivered in April 2010 leaving only 3 months to complete sessions. A Deed of Variation to extend the end date of the project by 2 months was submitted and approved.

- **Competing with other priorities:**

This program has had to be flexible to work around the competing demands and pressures involved in women's lives including: child care, transport, study commitments, work, spouses and community expectations. This meant that sessions had to be scheduled where and when it suited both the women and the peer educators. In the second year the budget included funding for bus tickets.

- **Measuring Outcomes:**

Although the primary aim of this project was to increase women's participation in well women's screening programs for cervical and breast cancer and this was an achieved outcome, there was no real measurement tool devised to monitor this accurately. Clinical data extraction tools, such as the PenTool, would not have been useful because both Migrant Health Service and SHine SA both target women from CALD back ground (MHS only sees refugee clients). Women who presented at both MHS and SHine SA for screening, as a result of their participation in a peer education session, were not specifically identified as being part of the MCWPEP. The exception to this is attendees to the SHine SA specific multicultural clinics, which were scheduled during the program and utilised the support of the peer educators.

- **Sustainability of the Program:**

The sustainability of the Peer Education program and the ability for the Peer Educators to continue with this type of work is both a challenge and an unexpected outcome. Funding for formal peer education sessions for most of the educators will cease after the end of the program. However SHine SA has some limited capacity to engage a few of the women as sessional educators to support women's health clinics and community development projects.

## Unexpected Achievements/Outcomes:

### 3. Additional funding Proposal:

Additional funds were sought and approved, because the budget for year one exceeded original estimates. Feedback from the peer educators strongly indicated their interest in having additional training in other health areas, resulting in the funding of a second 5 week program in 2010.

- **Broadening the training topics:**

Feedback from the Peer Educators indicated their strong interest in receiving training in a wider range of topics including health and life style factors which contribute to poor health in new and emerging communities and are known to be risk factors for cancer. Topics included; chronic diseases, emotional health and well being child protection, domestic violence, parenting, adolescents, sexuality and sexual diversity, community safety and service visits.

- **Peer Educators being challenged with new ways of thinking:**

Many of the health topics which were presented to the Peer Educators in the training introduced new ways of thinking, or were on topics which were culturally taboo subjects for example; child protection, termination of pregnancy, sexuality, sexual diversity and Domestic Violence. The educators were challenged as they broadened their own understanding of health and social issues. The importance of the educators being able to deliver accurate information to enable community women to make appropriate choices for themselves and access appropriate supports, was emphasised. The peer educators were encouraged to try and understand facts and concepts and find a way of conveying that information in a culturally safe way. The program facilitators witnessed considerable personal growth and a process of empowerment amongst the educators as they rehearsed and adopted new points of view on many topics.

- **Sustainable connections with Community Groups:**

Due to the hard work and community connections built up by the Peer Educators ongoing programs are being developed with community groups. This is particularly evident with the Bhutanese community where a number of women's health programs are being planned for delivery by the Bhutanese Peer Educator who was trained in this program. A number of the women have accessed other small grants to run programs for their communities as a direct off shoot from their experience of being involved in the MCWPEP.

- **Ongoing experience and work opportunities:**

As previously mentioned a number of the women who participated in the first training program went on to gain employment, or continue with full time study and were unable to continue with the program. Additionally some of the women, who did continue, have taken up work opportunities in educating and supporting their respective communities. Participating in the Peer Education program contributed to their confidence and ability to secure these positions.



Opportunities such as; participating in SHine SA Education programs as a panel member speaking about the role of being a peer educator have arisen.



Myra – Peer Educator



Congolese women's session

## 8. FINAL COMMENTS:

The peer education model was a highly success way of engaging with community women on a broad range of important health topics. Whilst increasing women's participation in well women's screening was the primary aim, the importance of responding to women's general health information needs and acknowledging the wide range of factors which contribute to health and well being, could not be ignored. The program content was shaped by the feedback which the educators received from community women. Focusing on one single health topic – well women's screening – was never going to be enough.

This program was successful because the Peer Educators provided an entrée into communities and groups of women, which we would not have had. They delivered important health messages in ways which were both culturally congruent and meaningful. As 'insiders' to the community they were allowed access, accepted, understood and believed in a way which could not have been achieved by the program facilitators alone.

The Secondary gains of building the confidence and skills of the Peer Educators to become women's health advocates, and for many to go on and develop other skills and links, was and immeasurable outcome and a tremendous investment in new arrival communities.



Final Group

## 9. ATTACHMENTS:

1. Program Outline 2010 Training
2. Sample Session Outline and Evaluation
3. Evaluation feed back
4. Income and Expenditure Statement
5. Attachment B Final Acquittal

## PROGRAM OUTLINE 2010 TRAINING:

### PROGRAM OUTLINE: DAY ONE : MONDAY 19<sup>th</sup> OF APRIL

<b>INTRODUCTION</b> <b>Healthy Eating and Obesity Parenting and Adolescents.</b>	<b>Aims:</b> <ul style="list-style-type: none"> <li>• To provide information on the course content and project.</li> <li>• To provide information on the importance of healthy eating and weight management.</li> <li>• To explore different styles of parenting and the effects on children</li> <li>• To provide information on the physical and psychological stages of adolescents.</li> </ul>	
<b>Session 1:</b> <b>0930 – 1030</b>	Welcome and Introductions Group Agreement House keeping Aims and Objectives and details of the Program Introduction to final presentations	Jacqueline Hoda Sue Jan
<i>Morning 10.30 – 10.45</i>		
<b>10.45 – 12.00</b>	Healthy Eating and Obesity Prevention	Danielle Proud
<i>LUNCH 12.00 – 12.30</i>		
<b>Session 2:</b> <b>12.30 – 1.15</b>	Adolescent Health and Parenting Issues	Jacqueline Margaret
<i>Afternoon tea 1.15 – 1.45</i>		
<b>1.30 – 2.00</b> <b>2.00 – 2.30</b>	Adolescent Health and Parenting Issues	Jacqueline Margaret
<b>EVALUATION AND CLOSE</b> <i>Butchers Paper Brain storming: What did you learn today, what was useful etc.</i>		

## PROGRAM OUTLINE: DAY TWO : TUESDAY 20<sup>th</sup> OF APRIL

<b>EMOTIONAL HEALTH AND WELL BEING CHRONIC DISEASES</b>	<b><i>Aims:</i></b> <ul style="list-style-type: none"> <li>• To explore the concept of emotional health and well being and gain an understanding of the importance of supporting people who have mental health issues.</li> <li>• For participants to gain a basic understanding about Diabetes, Heart Disease and other chronic conditions</li> </ul>	
<b><i>Session 1:</i></b>  <b>0930 – 1045</b>	Emotional Health and Well Being	Damien McInerney
<b><i>Morning 10.45 – 11.00</i></b>		
<b>11.00 – 12.00</b>	Emotional Health and Well Being	Damien McInerney
<b><i>LUNCH 12.00 – 12.30</i></b>		
<b><i>Session 2:</i></b>  <b>12.30 – 1.30</b>	Chronic Diseases	Sue and Hoda
<b><i>Afternoon tea 1.30 – 1.45</i></b>		
<b>1.45 – 2.15</b> <b>2.15 – 2.30</b>	Chronic Diseases  ‘Do It For Life Program’	Sue and Hoda Kim
<b><i>EVALUATION AND CLOSE –</i></b> <b><i>Butchers Paper Brain storming: What did you learn today, what was useful etc.</i></b>		

# PROGRAM OUTLINE: DAY THREE : WEDNESDAY 21<sup>st</sup> OF APRIL

<b>CHILD PROTECTION AND CSA DOMESTIC VIOLENCE</b>	<b><i>Aims:</i></b> <ul style="list-style-type: none"> <li>To gain an understanding of the concepts and legal issues associated with child protection and CSA.</li> <li>To increase awareness of domestic violence – the effects on families and individuals and the services available.</li> </ul>	
<b><i>Session 1:</i></b> <b><i>0930 – 1045</i></b>	Child Protection and Child Sexual Assault	Kay Johnston
<b><i>Morning 10.45 – 11.00</i></b>		
<b><i>11.00 – 12.00</i></b>	Child Protection and Child Sexual Assault	Kay Johnston
<b><i>LUNCH 12.00 – 12.30</i></b>		
<b><i>Session 2:</i></b> <b><i>12.30 – 1.30</i></b>	Domestic Violence	Ana Maria Holas
<b><i>Afternoon tea 1.30 – 1.45</i></b>		
<b><i>1.45 – 2.30</i></b>	Domestic Violence	Ana Maria Holas
<b><i>EVALUATION AND CLOSE –</i></b> <b><i>Butchers Paper Brain storming: What did you learn today, what was useful etc.</i></b>		

# PROGRAM OUTLINE: DAY FOUR: THURSDAY 22<sup>nd</sup> OF APRIL

<p><b>AGENCY VISITS</b></p>	<p><i>Aims:</i></p> <ul style="list-style-type: none"> <li>To become acquainted with different services available to community women.</li> </ul>	
<p><i>Session 1:</i> 0930 – 10.45</p>	<p>AGENCY VISITS</p>	
<p><i>Morning 10.45 – 11.00</i></p>		
<p>11.00 – 12.00</p>	<p>AGENCY VISITS</p>	
<p><i>LUNCH 12..00 – 12.30</i></p>		
<p><i>Session 2:</i> 12.30 – 1.30</p>	<p>AGENCY VISITS</p>	
<p><i>Afternoon tea 1.30 – 1.45</i></p>		
<p style="background-color: #cccccc;"> </p>		
<p><i>EVALUATION AND CLOSE –</i> <i>Butchers</i></p>		

## PROGRAM OUTLINE: DAY FIVE : FRIDAY 15<sup>th</sup> OF JUNE

SEXUALITY AND SEXUAL DIVERSITY	<p><b>Aims:</b></p> <ul style="list-style-type: none"> <li>• To gain an awareness of sexual diversity and the effects of homophobia.</li> <li>• To be ware of the role of SAPOL in maintaining law and order in SA.</li> </ul>	
<p><i>Session 1:</i> <i>0930 – 1045</i></p>	Sexuality and Sexual Diversity	Helen/ Paul RASA
<i>Morning 10.45 – 11.00</i>		
<p><i>11.00 – 11.45</i></p>	Graduations and Certificate Presentations	Jacqueline Hoda Sue, Jan
<i>SHARE LUNCH 12..00 – 1.30</i>		
<p><i>1.45 – 2.30</i></p>	SAPOL	Cathy Busbridge
<i>FINAL EVALUATION AND CLOSE –</i>		





# MULTI CULTURAL WOMEN'S PEER EDUCATION SESSION OUTLINE AND EVALUATION

Multicultural Women's Peer group Session Outline and Evaluation

**Educator:** Gauri Gajmere

**Date:** 20. 03. 2010

**Location:** MRC's Community Hall, 23 Coglin St, (near Central Market)

**Topic:** Menopause and management around it.

## **Resources:**

Poster papers and markers (3 colours), white board and markers (2, black and blue). Poster on female internal reproductive organ, vaginal lubricant – KY Jelly, some of the herbal tea, leaflets on menopause and referral services.

## **Session Outline:**

- Review the internal female reproductive organs – uterus and its parts, fallopian tubes and particularly ovaries. Use flip charts to explain it.
- Understand normal process of menopause
- Appreciate basic understanding of possible symptoms of menopause
- Understand the management of menopause

## **Evaluation and Feedback:**

Session was conducted according to the plan. There were lots of questions raised regarding symptoms of Menopause and treatment about it.

## **The participants' evaluation as follows:**

1. The session was excellent.
2. Understood that simple exercise like walking is useful during menopause.
3. Good to know that there is treatment to relieve menopausal symptoms.
4. Understood what is happening to me and I can tell my doctor.
5. I understood my own body better today.
6. Knowledge on diet was useful.
7. Knowledge on menopause was new to me.
8. Finally we can go for check-ups.

### **Mentor's Assessment:**

Gauri was very thorough with her presentation and was able to engaged women with discussions, answers their questions and seek assistance on need bases from her mentor , the women felt understood by Gauri as well they understood the material they were covering . After the session women felt comfortable accessing clinical services at shine.

### **List of the participants:**

1. Amrita Mongar
2. Bishnu maya Dahal
3. Dhan Maya Adhikari
4. Devi Maya Gautam
5. Harka Maya Rai
6. Kalpana Gurung
7. Lilawati Timsina
8. Phul Maya Rai
9. Sabitri Rai
- 10.Yoga Bhattarai



## MULTI CULTURAL WOMEN'S PEER EDUCATION 2010 PROGRAM EVALUATION

- PROCESS EVALUATION – daily feed back on each session:

PRESENTATION	PARTICIPANT COMMENTS:
<b>Healthy eating and obesity prevention:</b>	Very useful Detailed relevant good material, good presentation Enjoyed case presentation
<b>Adolescent health and parenting issues:</b>	New ideas for parenting Good ideas about communication Facts very useful and relevant Good ideas for parents to think about Adolescents session very good Good strategies A lot of comments not relevant for our culture and religion.
<b>Emotional health and well being issues:</b>	Big issue Useful session Need more ongoing sessions Interesting about difference between refugees and immigrants Be good for the hole family
<b>Chronic Diseases</b>	Very useful for our ladies Good information to help prevent future disease Needs to be more simple for our community
<b>Child protection and child sexual assault:</b>	Full of information Far too little time Very good information Good materials Culturally appropriate
<b>Domestic Violence:</b>	Very wide big subject Need more time Need more information Need more cultural strategies
<b>Agency Visits:</b>	Great! Very useful Lovely staff can trust to send our women there.
<b>Sexuality and sexual Diversity:</b>	Speakers powerful This was their story Speakers broke down myths Very useful – made us realise 'it wasn't a choice' Now we think a little bit different It's still very hard.
<b>SAPOL:</b>	Very quick Very useful information.

- FINAL EVALUATION – Scaling of individual sessions and over all comments:

1. Healthy eating and obesity:

I found this session was interesting and had useful information.

1	2	3	4	5	6	<u>5.5</u>
<i>low</i>					<i>high</i>	

The presentation was clear and well presented by the speaker

1	2	3	4	5	6	<u>5.2</u>
<i>low</i>					<i>high</i>	

2. Adolescent – health and parenting issues:

I found this session was interesting and had useful information.

1	2	3	4	5	6	<u>5.7</u>
<i>low</i>					<i>high</i>	

The presentation was clear and well presented by the speaker

1	2	3	4	5	6	<u>5.1</u>
<i>low</i>					<i>high</i>	

3. Emotional health and well being issues:

I found this session was interesting and had useful information.

1	2	3	4	5	6	<u>5.4</u>
<i>low</i>					<i>high</i>	

The presentation was clear and well presented by the speaker

1	2	3	4	5	6	<u>5.0</u>
<i>low</i>					<i>high</i>	

#### 4. Chronic Diseases:

I found this session was interesting and had useful information.

1	2	3	4	5	6	<u>5.4</u>
<i>low</i>					<i>high</i>	

The presentation was clear and well presented by the speaker

1	2	3	4	5	6	<u>5.5</u>
<i>low</i>					<i>high</i>	

#### 5. Child protection and child sexual assault:

I found this session was interesting and had useful information.

1	2	3	4	5	6	<u>5.2</u>
<i>low</i>					<i>high</i>	

The presentation was clear and well presented by the speaker

1	2	3	4	5	6	<u>5.0</u>
<i>low</i>					<i>high</i>	

#### 6. Domestic Violence:

I found this session to be interesting and useful information.

1	2	3	4	5	6	<u>5.4</u>
<i>low</i>					<i>high</i>	

The presentation was clear and well presented by the speaker

1	2	3	4	5	6	<u>4.4</u>
<i>low</i>					<i>high</i>	

#### 7. Agency Visits:

I found this session to be interesting and useful information.

1	2	3	4	5	6	<u>5.0</u>
<i>low</i>					<i>high</i>	

The presentation was clear and well presented by the speaker

1	2	3	4	5	6	<u>4.4</u>
<i>low</i>					<i>high</i>	

8. Sexuality and sexual diversity:

I found this session to be interesting and useful information.

1	2	3	4	5	6	<u>5.5</u>
<i>low</i>					<i>high</i>	

The presentation was clear and well presented by the speaker

1	2	3	4	5	6	<u>5.5</u>
<i>low</i>					<i>high</i>	

9. SAPOL:

I found this session to be interesting and useful information.

1	2	3	4	5	6	<u>4.4</u>
<i>low</i>					<i>high</i>	

The presentation was clear and well presented by the speaker

1	2	3	4	5	6	<u>4.4</u>
<i>low</i>					<i>high</i>	

10. OVER ALL COMMENTS:

1. Which of the sessions did you enjoy the most?

- Sexuality and sexual diversity because all other topics were known to me but I never thought or imagined what gay or same sex people have experienced.
- Healthy eating and obesity it is very relevant for me and my group at the moment
- Sexuality and sexual diversity sharing of experience by the speaker was just amazing
- I enjoy topics like healthy eating, adolescent health and parenting, emotional health and well being, chronic diseases and sexuality and sexual diversity.
- Parenting information
- Emotional health and well being
- Healthy eating and obesity was very interesting because it gives you the sense of how much food you need to eat and how much drinks you can have.
- The new information was very important to know all of these things for our women in the community to be educated to help them help themselves and their families

- I enjoyed the healthy eating, adolescent and emotional sessions because I think it's the most important topics for every family to find solutions for them and their families.

**2. Do you have any comments about the Peer Education Program as a whole?**

- Love it, need to continue!
- Yes it was very good and useful information
- I really enjoyed the program and that it should be ongoing
- It is a very relevant program and is making impact on the new and emerging community especially linking them to the services available for them
- The peer education program as a whole gives you the idea of what you need to know and do
- We need more time for this program
- All the presentations were clear useful and rich with information but we need more time for our questions. From my view we need a person lived in the situation to speak about her / him experiences in life – how they find the services are successful to them.

**3. What recommendations would you make that could improve this courses for you and your community?**

- Involve more women and men to participate
- Continue after July 2010
- As peer educators we need more teaching techniques also most of us end up by counselling other people. We need to be informed to handle some situations
- The course should last a bit longer with more information
- To train in more important topics that you find it from your experiences

# INCOME & EXPENDITURE STATEMENT AS AT 31 AUGUST 2010

**SHine SA Inc**  
**Multicultural Women's Peer Ed**  
**Project # 8**

	\$ BUDGET	\$ ACTUAL
<b>INCOME</b>		
SA Cervix Screening 2008 to 2010	10,000.00	5,000.00
SA Cervix Screening 2nd year funding	1,740.00	6,740.00
<b>TOTAL INCOME</b>	<b>\$11,740.00</b>	<b>\$11,740.00</b>
<b>EXPENDITURE</b>		
<b>Salaries :</b>		
20% on costs assoc with salaries :	0	0.00
<b>Total Salaries</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Goods &amp; Services :</b>		
<b>Year 1</b>		
Peer Educators attending training sessions	3,000.00	3,000.00
Conducting Peer Education	2,160.00	
Catering	1,200.00	1,318.80
Misc Expenses	220.00	119.00
	<u>6,580.00</u>	<u>4,437.80</u>
<b>Year 2</b>		
Peer Educators attending training sessions	3,000.00	5,286.00
Conducting Peer Education	2,160.00	
Catering		980.49
Travel		305.71
Gift Vouchers		430.00
End of Project Celebration		300.00
	<u>5,160.00</u>	<u>7,302.20</u>
<b>Total Goods &amp; Services</b>	<b>\$11,740.00</b>	<b>\$11,740.00</b>
<b>TOTAL EXPENDITURE</b>	<b>\$11,740.00</b>	<b>\$11,740.00</b>
<b>NET BALANCE AS AT 31 August 2010</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Note : All Figures Exclude GST**

Note : Funded by SA Cervix Screening in 2008 for period 01/07/2008 to 30/06/2010





# ATTACHMENT B FINAL ACQUITTAL

02/09/2010 Sent to: CONTRACT MUST  
**FILE COPY** HEALTH SYSTEM PERFORMANCE  
 DEPT OF HEALTH  
 Copy to: SA CERVIK SCREENING PROGRAM  
 SENIOR PROJECT OFFICER  
 CHRISTINA GATERS

**ATTACHMENT B**

**DEPARTMENT:**

Recipient Body: SHire SA  
 Address: 64C WOODVILLE ROAD (PO Box 76)  
 WOODVILLE SA 5011

Contact Person for enquiries

Name: JACQUELINE RUIBER Office Title: COMMUNITY HEALTH WORKER Contact phone: (08) 83 00 5230

Purpose of grant: MULTICULTURAL WOMEN'S PEER EDUCATION

Nature of grant (one-off/ongoing): ONE-OFF 01/07/2009 - 30/06/2010 extended to 31/03/2010

INCOME AND EXPENDITURE STATEMENT  
 to 31/03/2010

		Grant Amount (a)	Grant Expenditure (b)	Funds Remaining (a-b)
Salary	PEER EDUCATORS TRAINING SESSIONS	10,320-	8,086-	2,034-
Goods & Services	CATERING, STATIONERY, COPIERS	1,420-	3,454-	(-2,034-)
Administration				
<b>TOTAL</b>		<b>11,740-</b>	<b>11,540-</b>	<b>NIL</b>
GST		1,174-		
<b>TOTAL FUNDING</b>		<b>\$12,914-</b>		

(Funds remaining are to be repaid to the Department of Health unless the Chief Executive of the Department has given specific approval for the funds to be retained by the recipient body.)

We certify that the grant was used for the purpose for which the grant was provided.

Finance Manager/Treasurer

Signature: *J. Henderson*

Name: J. HENDERSON

Date: 02/09/2010

Executive Officer / Secretary / President

Signature: *Rue Kataka*

Name: RUE KATAKA

Date: 2/9/10