



## Exploring the implementation of Peer Educator Intervention for improving Adolescent Health in India's National Adolescent Health Programme during COVID-19 (i-Saathiya)



Health Promotion Division  
Public Health Foundation of India (PHFI)

Plot No.: 47, Sector 44, Gurgaon, Haryana - 122002, India

Phone: +91-124-4781400, Fax: +91-124-4781601

Email: [contact@phfi.org](mailto:contact@phfi.org)



[facebook.com/thePHFI](https://facebook.com/thePHFI)



[instagram.com/thePHFI](https://instagram.com/thePHFI)



[twitter.com/thePHFI](https://twitter.com/thePHFI)



[slideshare.net/phfi](https://slideshare.net/phfi)



[youtube.com/PHFICHANNEL](https://youtube.com/PHFICHANNEL)



## Synopsis:

# State Level Dissemination and Validation Workshop

The Public Health Foundation of India (PHFI) is undertaking a study (i-Saathiya) to explore the implementation of the Peer Education (PE) programme for improving adolescent health in India's National Adolescent Health Programme (Rashtriya Kishor Swasthya Karyakram) during COVID-19 in Madhya Pradesh and Maharashtra (India). PHFI collaborated with the Ministry of Health and Family Welfare, Government of India (MoHFW-GOI), National Health Mission, Madhya Pradesh, State Family Welfare Bureau (SFWB)-Pune and the University of York for the implementation of this study. The study is funded by Medical Research Council (MRC), UK. As part of the dissemination component of the study, a one-day State Level Dissemination and Validation Workshop was held in Pune on 10th January 2023 with support from SFWB, Pune to accomplish the following objectives:

- Discuss and validate the study findings for strengthening Peer Education programme of India's National Adolescent Health Programme (i.e RKSK)
- Discuss what works (recommendations) and what does not work (gaps) in the implementation of the Peer Education programme
- Gain insights from various state and district-level stakeholders involved in the implementation of the Peer Education programme
- Discuss programmatic and other health system changes needed to scale-up the Peer Education in other districts of Maharashtra

This multi-stakeholder event engaged the participation of 60 stakeholders, including senior officials from the Ministry of Health and Family Welfare-Government of India (Deputy Commissioner) and State Family Welfare Bureau, Pune (Additional Director, Joint Director, Deputy Director, Assistant Director-SFHB). The workshop also had the participation of Reproductive and Child Health (RCH) Officers, Counsellors, Medical Officers, Health Officers, Accredited Social Health Activist (ASHA), ASHA Facilitators, Auxiliary Nurses and Midwives (ANMs), Peer Educators, adolescents enrolled in the PE programme. The study team members from PHFI and the Indian Institute of Public Health, Bhubaneswar also joined this workshop.

The workshop started with an inaugural ceremony followed by four open discussions. The open discussions provided an opportunity to present the study findings by the PHFI study team and deliberate with the Peer Educators, Frontline Health workers and other programme implementers on challenges and opportunities as identified through the i-Saathiya study. The discussions also explained reasons for successes, identified activities, and approaches for scale-up of PE programme in other non-RKSK districts in the state of Maharashtra and for consideration as best practice at the National level. Solutions and recommendations for addressing identified challenges were also explored with national and state-level officials.

## Key Study Findings

### Key Socio-demographic characteristics of Peer Educators (PEs) and Adolescents enrolled under PEs (AEPs)

- The sample recruited from Maharashtra included 1643 participants (PEs:134 and AEPs:1509). Equal distribution of boys (48.3%) and girls (51.7%).
- Selected PEs were majorly in the age group of 15-19 years (71.6%), others in 10-14 years (12.0%) and 19-22 years (16.4%).
- The adolescent group selected by PEs belonged to 10-14 years (38.8%), 15-19 years (52.6%) and 19+ years (8.6%).
- 99.4% of the participants were unmarried, 0.1% were married and 0.5% got engaged.
- Only 5.5% of participants were employed.

**Table: Knowledge score of participants on 6 thematic areas of RKSK (PE and AEPs)**

RKSK theme	PE (n= 134) Median (Q1, Q3)	AEPs (n= 1509) Median (Q1, Q3)	p-value
Knowledge on nutrition (Possible score is 0-12, 12 being most appropriate knowledge)	7 (6,8)	7 (6,8)	0.011
Knowledge on NCD (Possible score is 0-4, 4 being most appropriate knowledge)	3 (2,3)	2 (2,2)	<0.001
Knowledge on Substance use (Possible score is 0-7, 7 being most appropriate knowledge)	6 (5,6)	5 (5,6)	0.003
Knowledge on injury and violence (Possible score is 0-12 with 12 being most appropriate knowledge)	2 (0,5)	0 (0,3)	<0.001
Knowledge on mental health (Possible score is 0-9, 9 being most appropriate knowledge)	5 (4,7)	5 (3,6)	0.178
Knowledge on SRH (Possible score is 0-30, 30 being most appropriate knowledge)	20.5 (12,27)	9 (4,17)	<0.001

- The government-led model of RKSK implementation was found to be successful in Maharashtra with regard to the sustainability of the programme during COVID-19 as implementation was not dependent on an external agency (like NGO), programme activities and services were not stalled and manpower from other programmes were involved for seamless implementation.
- The selection of 4 peer educators in Maharashtra (10-14 years: 2; 15-19 years: 2), led to comprehensive age-coverage of adolescents (programme beneficiaries) under RKSK.

## Successes: Peer Education Programme

- Peer Educator Training and PE activities have empowered PEs to become effective communicators and leaders in their communities.
- Peer Educators have successfully linked adolescents to health services by referring them to Adolescent Friendly Health Clinics (AFHCs).
- During COVID-19 waves, peer educators stepped up as innovators, communicators and bridged the gap between a health system and community by providing prevention messages, distributing masks and sanitisers, and giving services to adolescents at their doorstep.
- They also were role models by taking the first dose of the vaccine and navigating suspected COVID-19 patients to the health system.
- After the lockdowns were relaxed, peer educators supported community health workers in the implementation of the National Health programmes like Weekly Iron Folic Acid Supplementation programme and Menstrual Hygiene Scheme.
- Played a role of a mentor in mitigating the impact of COVID-19 on the mental health status of adolescents by providing appropriate support advice on phones and in person.

## Challenges Identified

- The parents' hesitancy to get their adolescents enrolled in RKSK was identified as one of the barriers to the effective implementation and sustainability of the programme.
- Non-standardized training of PEs and deviation from the prescribed number of days and timings of training as well as sequencing of health themes adversely impacted PE learning.
- Due to the government-led model of implementation and ASHA's responsibilities to conduct the adolescent session, the frequency of village-level PE sessions with adolescents was irregular (once in two weeks to once every 3 months) ranging from ½ an hour to 2 hours.
- Lack of printed resources/materials made available to PEs hindered the effective implementation of sessions by PEs with adolescents, especially on sensitive topics like SRH.
- Due to COVID, the scale of the Adolescent Health and Wellness Days (AHWDs) has decreased which has led to low awareness about RKSK, AFHCs and their importance for adolescents.

## Overall Impact of RKSK

- Homogeneity and friendly dynamics within the recruited adolescent group under each PE acted as important enablers in the successful implementation of sessions and discussion of sensitive topics (like menstrual health and hygiene).
- Though COVID-19 did not allow formal training of PEs but Adolescent Friendly Club meetings provided a platform for the handholding of PEs and their induction into the health system.
- PE reported that as a result of RKSK, they have seen a decrease in cases of violence among boys in the community.



## Key recommendations from the workshop

- Parents' hesitancy came out as a major barrier to allow adolescents to participate in RKSK. Hence, it was recommended to resume Adolescent Health and Wellness Days, and use platforms like Village Health Nutrition Day (VHND), or other suitable platforms at the village level to overcome parents' hesitancy.
- Meaningful engagement of PEs and adolescents in the co-creation of resources to build ownership and retain the interest of PEs and adolescents in the programme activities as well as to address the hesitancy of parents.
- PE training to be structured with defined days, timings, discussion topics, and provision of prescribed kits to PEs. PE should be empowered to take weekly sessions along with additional audio-visual aids or BCC films and ASHA to provide supportive supervision only.
- Audio-visual resources to be provided to PEs for conducting sessions with adolescents on Sexual and Reproductive Health issues and other issues, they were not confident and comfortable in handling in a group setting including ,child marriage, teenage pregnancy, menstruation, nightfall, etc.
- To ensure the sustainability of the RKSK, a new health cadre (Community Health Officer) positioned at the sub-centre level can be involved in program activities.
- Grant more visibility to PEs for their work, especially beyond their intended PE programme role through awards, incentives, and additional grades through Continuous and Comprehensive Evaluation (CCE) in discussion with the Department of Education. This will benefit them in their future college and university admissions. This recommendation would require consultation with the health and education department at both National and state levels.
- Another important recommendation on incentivization was to formally acknowledge role of Peer Educators and develop mechanisms to make them a part of formal health system.
- RKSK programme data collection and maintenance was seen as a challenge, thus a mobile/ online data collection system for PEs and all stakeholders in the health system may be introduced for standardized data collection and maintenance of the routine data for future analysis.

## Next steps

The study findings will be discussed at the National level for identifying scale-up of best practices in Peer Education programme under RKSK.

## Pathways to Impact

### Engagement of Central and state governments



Inaugural ceremony of the State Level Dissemination and Validation workshop programme. Dignitaries included Dr. Zoya Ali Rizvi (Ministry of Health and Family Welfare), Dr. Ashok Nandapurkar, Dr. Nitin Ambadekar, Dr. Santosh Mane (State Family Welfare Bureau-Pune), Dr. Monika Arora, Dr. Subhash R Salunke (PHFI) and Youth Health Champions (Nutan Gore & Ashish K. Wahgmare)



Larger engagement of all health system stakeholders involved in state RKSK



## Meaningful engagement of Peer Educators



Peer Educators sharing their experiences, learnings and challenges with the PE programme and highlighted their contributions in COVID-19 pandemic response activities

## Study dissemination by and among the research team



## Presentation of Study Finding By PHFI Study Team



# Engagement of Broader National and International Community and Researchers

**Public Health Foundation of India (PHFI) @thePHFI**

"Exploring the implementation of the Peer Educator Intervention for improving adolescent health in India's National Adolescent Health Programme during COVID-19 (i-Saathiya)", @thePHFI in collaboration with the State Family Welfare Bureau, Pune



Monika Arora and 3 others  
5:51 PM · Jan 12, 2023 · 679 Views

**Public Health Foundation of India (PHFI)**  
12 January at 17:46 ·

"Exploring the implementation of the Peer Educator Intervention for improving adolescent health in India's National Adolescent Health Programme during COVID-19 (i-Saathiya)", Public Health Foundation of India (PHFI) in collaboration with the State Family Welfare Bureau, Pune organized a one day State Level Dissemination and Validation workshop in Pune on 10th January 2023. The study is funded by the Medical Research Council-UK. With inputs from the State, District, Block and Village level stakeholders and beneficiaries (like the Peer Educator) of Rashtriya Kishor Swasthya Karyakram- RKSK (National Adolescent Health Programme), the workshop facilitated the dissemination and validation of findings from the research and provided evidence for strengthening the Peer Education programme at the state level. #RKSK



**zoya ali rizvi @ZoyaAliRizvi · Jan 10**

Peer Educator from #yavatmal speaking with confidence; Adolescent counsellor from #Beed sharing his experiences.. enriching , simple yet these learnings strengthen programmes #RKSK in the field #Maharashtra.



1 5 158

Show this thread

**Dr. Zoya Ali Rizwi, Deputy Commissioner, Adolescent Health, Ministry of Health and Family Welfare, Government of India sharing her experiences during the State Level Dissemination and Validation Workshop January 10, Pune, Maharashtra**

**zoya ali rizvi @ZoyaAliRizvi · Jan 10**

Happy to participate in the State level dissemination workshop #RKSK on PeerEducation study #isaathiya in #Pune. Interaction with ASHAs, Counsellors, PEs Ashish, Nutan and Suyog so inspiring . Thank you @thePHFI @MahaHealthIEC @UNICEFIndia @UNFPAIndia



5 5 43 1,516

Show this thread

