

EXPECTED OUTCOMES

- The study will explore how the Peer Education programme was adapted in a state with a Government-led implementation model (Maharashtra) vs. a state with an NGO-led implementation model (Madhya Pradesh) and provide insights on scalability.
- The study will help understand the engagement of PEs/Saathiyas during the COVID-19 pandemic for meeting the needs of adolescents and adolescents' response to PEs'/Saathiyas' engagement in the community and accessing the health system (footfall in AFHCs).
- The study will help to assess the knowledge, attitudes, and behaviours of the adolescents and PEs/Saathiyas related to the six themes of RSK in the study districts and how these vary with exposure to various RSK activities and engagements, especially PE sessions.
- Learnings from the current study will inform RSK/ PE programme implementation in other states of India and in the region.
- The cost (health system and household) will indicate the government's investments and people's spending to access adolescent health services.



Maitri clinic (AFHC) at the Sub District Hospital in Maharashtra



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

STUDY DURATION

February 2020- August 2023

FUNDING AGENCY

Medical Research Council (MRC), UK

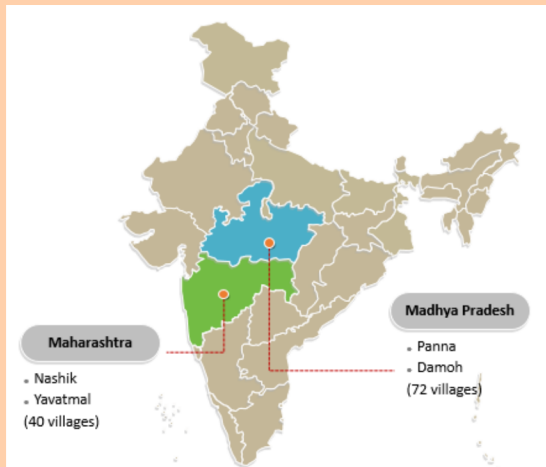
COLLABORATORS

- Ministry of Health and Family Welfare, Government of India (MoHFW-GOI)- Implementation partner
- National Health Mission, Madhya Pradesh
- Public Health Department, Government of Maharashtra
- University of York



STUDY SETTING

Nashik and Yavatmal (Maharashtra), Panna and Damoh (Madhya Pradesh) and 4 blocks from each district

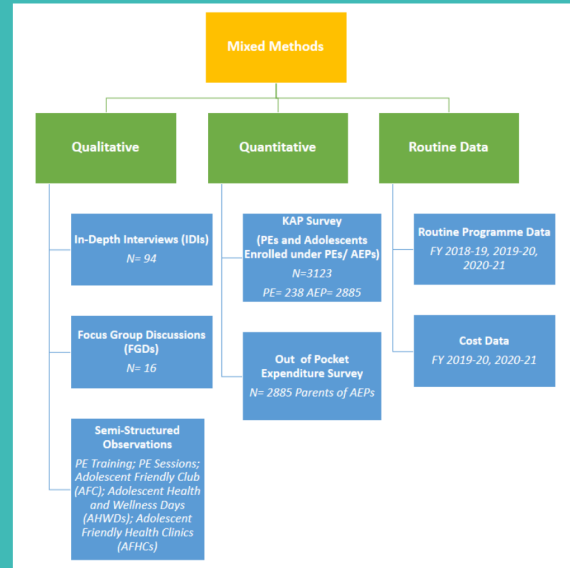


RESEARCH AIMS

- Describe the process of implementation and context of the Peer Educator Programme under the Rashtriya Kishor Swasthya Karyakram (RKSK) during COVID-19 in two Indian states.
- Understand Peer Educators' (PEs') engagement during COVID-19 pandemic and adolescent's response to PE's engagement in the community and to access the health system.
- Understand the resource use and implementation cost of the PE programme and its variations across two states of India.
- Identify key components of PE intervention that work to improve health system access and community engagement of adolescents during COVID-19 for informing building back a better response and for scaling up the adolescent health programme in other states of India.

STUDY DESIGN

Cross-Sectional with process evaluation



STUDY PARTICIPANTS

State and District Level

State RSK Nodal Officer, Civil Surgeon, Chief Medical and Health Officer, District Health Officer, District RCH Officer, District Programme Manager, District Coordinator-RKSK, District Community Mobilizer, District Accounts Manager, NGO Secretary, NGO Programme Manager, District Counsellor, and Faculty- District Training Center

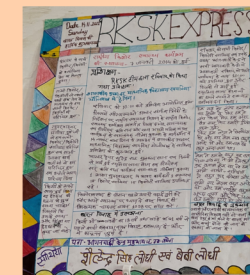
Block and Village Level

Block Program Manager, Block Community Mobilizer, Block Accounts Manager, Accounts Officer- Taluka Health Office, Counsellor, Medical Officer, Auxiliary Nurse Midwife (ANM), NGO Trainer/ Mentor, ASHA Facilitator, School Teacher, Accredited Social Health Activist (ASHA), Community Health Officer (CHO), Multi-Purpose Worker (MPW), Parent of PE, Parent of adolescent, Peer Educator, Adolescent (enrolled under PE)



Adolescent Friendly Club (AFC) meeting organized in Maharashtra

Peer Educator Training session organized at Madhya Pradesh



Recap newspaper made by PEs during PE Training in Madhya Pradesh

Village level session by Peer Educators in Madhya Pradesh



IEC displayed at Umang Clinic (AFHC) in Madhya Pradesh

Adolescent Health and Wellness Day (AHWD) organized in Maharashtra

