



## Report State-Level Dissemination and Validation Workshop Madhya Pradesh



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)

The Public Health Foundation of India (PHFI) undertook 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, one-day State Level Dissemination and Validation Workshop was held in Bhopal on April 5, 2023, with support from the National Health Mission, Government of Madhya Pradesh to accomplish the following objectives:

- Discuss and validate the study findings for strengthening the Peer Education programme of India's National Adolescent Health Strategy (i.e RKSK)
- Discuss what works (recommendations) and what does not work (gaps) in the implementation of the Peer Education programme
- Gain insights from 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 Madhya Pradesh

This multi-stakeholder event engaged the participation of 80 stakeholders, including senior officials like the Deputy Director, Adolescent Health and Director-Immunization from the National Health Mission, Madhya Pradesh. The workshop had participation from 21 districts of Madhya Pradesh where the PE/Saathiya programme is being implemented. The meeting had equity in representation with participation from the state, district, block and village. Participants were Chief Medical Health Officers, District Programme Managers, RKSK Coordinators, Medical Officers, Accredited Social Health Activists (ASHAs), ASHA Facilitators, Auxiliary Nurses and Midwives (ANMs), Peer Educators/Saathiyas, adolescents enrolled in the Saathiya programme and representatives from NGOs implementing RKSK in districts (Panna and Damoh) of Madhya Pradesh. 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 findings of the i-Saathiya study by the PHFI study team and deliberated the findings with the high-level dignitaries from the state, Frontline Health workers, Saathiyas, and other programme implementers. The challenges and proposed recommendations were identified at the level of implementation/logistics, resources, stakeholders and health system to further strengthen and provide evidence for upscaling the Saathiya programme in other districts of Madhya Pradesh and for consideration as best practices at the national level.

## Key Study Findings

Key Socio-demographic characteristics of Saathiyas/PEs and Adolescents enrolled under PEs/Saathiyas (AEPs)

- The sample recruited from Madhya Pradesh included 1480 participants (PEs/Saathiyas: 104 and AEPs:1376). Equal distribution of adolescent boys (49.9%) and girls (50.1%).
- Selected adolescents were majorly in the age group of 15-19 years (73.8%), others in 10-14 years (20.1%) and 19- 22 years (6.1%).
- Around one-tenth (9.6%) of those surveyed were not currently attending school or college.
- 23% of participants had access to a smartphone with an internet facility.

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

RKSK Theme	Saathiyas/PEs (n=104)	AEPs/Adolescents enrolled under PEs/Saathiyas (n=1376)	p-value
Knowledge on nutrition (Possible score is 0-12, 12 being most appropriate knowledge)	6 (5,7)	5 (5,6)	<0.001
Knowledge on NCDs (Possible score is 0-4, 4 being most appropriate knowledge)	2 (2,3)	2 (2,2)	0.010
Knowledge on Substance use (Possible score is 0-7, 7 being most appropriate knowledge)	5 (4,5)	5 (4,5)	0.283
Knowledge on Injury and violence (Possible score is 0-12 with 12 being most appropriate knowledge)	2(0,4)	2 (0,4)	0.100
Knowledge on mental health (Possible score is 0-9, 9 being most appropriate knowledge)	5 (3,6)	5 (3,6)	0.436
Knowledge on SRH (Possible score is 0-30, 30 being most appropriate knowledge)	7.5 (3,14)	2 (2, 7)	<0.001

- In Madhya Pradesh, the implementation of various activities such as the selection and training of PEs, and organizing Adolescent Friendly Club meetings/Cluster Baithaks during the COVID-19 pandemic were found to have adhered to the operational guidelines of RKSK. Though slightly delayed due to lockdowns and this success was attributed to an NGO-led model.

- The inclusion of an additional criteria “no use of alcohol or tobacco” for the selection of Saathiya is identified as a useful approach as Saathiyas are seen as role models in the village.
- The recruitment of the “Shadow Saathiya” ensured the programme continuity by overcoming the issue of Saathiya attrition.
- Integration with other programmes (like School Health under Ayushman Bharat) during the Saathiya training was observed, which resulted in comprehensive Saathiya learning.
- Pre-post evaluation indicated that the training of Saathiya was effective in improving the knowledge scores in both study districts.
  - Panna: 9.6 (pre-training) to 19.9 (post-training) out of 20
  - Damoh: 7.7 (pre-training) to 14.5 (post-training) out of 20
- The selected villages maintained a monthly frequency of Saathiya training, which was primarily attributed to the supportive supervision provided by the NGO Trainer Mentors.
- The formal training of PEs could not take place due to COVID-19 restrictions. However, during this time the NGO mentors continued to train Saathiyas through Whatsapp and personal meetings on COVID-19, RKSK thematic areas and other adolescent health issues.

### **Successes: Peer Education Programme**

- Saathiya Training and PE activities have empowered PEs and adolescents to become effective communicators and leaders in addressing health and development issues in their communities.
- During different COVID-19 waves, Saathiya stepped up as innovators, communicators and bridged the gap between the health system and community by providing prevention messages, distributing masks, sanitizers and essential materials (groceries and medicine etc.) to adolescents and community at their doorstep.
- Saathiyas sensitised the community on COVID-19 appropriate behaviours and vaccination through a contextual community involvement approach, including rallies, wall paintings, *nukkad natak* (street plays), folk songs and traditional practices. To overcome the challenge of vaccine hesitancy in one of the villages, Saathiya played a crucial role in using traditional practices of offering yellow rice from house to house as an invitation to visit the vaccination centre. This improved the vaccination rate, underscoring the efforts of Saathiyas in Madhya Pradesh.
- Peer Educators also acted as a role models by taking the first dose of the COVID vaccine and motivated other adolescents to take vaccine.
- They have been able to create an identity for themselves as “Green Cammados” in the state of Madhya Pradesh. Often during the challenging situation, they are seen as a source of help by the health system.
- Saathiya acted as a navigator by assisting young people with COVID-19 symptoms to access healthcare system or services. This involved informing them about the nearest

health facility (Primary Health Centre) and also accompanying adolescents to Adolescent Friendly Health Clinic.

- After the lockdowns were relaxed, PEs provided support to ASHAs in the implementation of many national health programs and campaigns like- Maternal and Child Health Program, Anaemia Mukht Bharat, Pulse Polio campaign, Deworming Day campaign and also discussed the importance of these programs with the community.

### **Overall Impact of RKSK (reported)**

- Participation in the Saathiya programme leads to an increase in knowledge among both Saathiyas and adolescents on six themes of RKSK.
- Saathiyas' soft skills such as communication, motivation, and problem-solving have also shown an upsurge trend.
- Cases of teenage pregnancies have decreased in Panna due to the ongoing programme.

### **Challenges Identified**

- The parents' hesitancy to get their adolescents enrolled in RKSK due to the lack of incentives was identified as one of the barriers to the effective implementation and sustainability of the programme.
- Few Saathiyas were hesitant to discuss topics like violence, sexual and reproductive health (menstruation, condoms, Reproductive tract infections and sexually transmitted diseases) and reported the need for digital resources.
- Lack of systematic data on PE attrition due to multiple reported reasons including, ageing out, relocation to urban areas, higher education etc.
- Selection of Saathiyas only from the older adolescent age group (15-17 years) led to a skewed selection of adolescents (mostly 15-17 years) in their brigade.
- The routine RKSK programme data collected as part of the programme lack capturing of important adolescent health indicators example anaemia, undernutrition, overnutrition etc.

### **Actions prioritized for overcoming challenges**

- Grant more visibility to Saathiyas and brigade members for their work, especially beyond their intended PE programme role through incentives like certificates, additional marks and skill development courses. This can also enhance their participation as well as overcome parental hesitancy.
- Need to co-create digital resources (like videos) on topics especially Reproductive Tract Infections, Sexually Transmitted Infections for enhanced comprehension by Saathiyas and adolescents.
- RKSK programme could create an electronic training calendar that includes identifiers to track the number of PEs who are ageing out of the program and those who are available to replace them.



- The frequency of village-level Saathiya sessions can be increased from once a month to weekly sessions to enhance the knowledge and bring desirable behavioural changes.
- 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 to understand the impact of the programme.

### **New State level Initiatives introduced for strengthening the PE programme**

- To address the skewed participation of older adolescents, the state government has decided to organise village sessions at different locations to increase the direct and indirect reach of beneficiaries. Furthermore, listing all adolescents will ensure that everyone becomes a part of the brigade, thereby addressing the issue.
- The frequency of village-level Saathiya sessions has been increased from once a month to fortnightly in order to enhance their knowledge and inculcate desired behavioural changes.
- To increase awareness about the AFHC/Umang clinics, the state has organized that the counsellors visit PE training and interact with Saathiyas.
- All the Saathiyas enrolled in the programme are receiving an additional 5 marks through Continuous and Comprehensive Evaluation (CCE). This showed an example of convergence between health and education.
- To ensure effective implementation, the Adolescent Health and Wellness Days (AHWDs) have been linked with the School Health Programme, and guidelines have been developed. From April 2023, these will be held on school premises and community gatekeepers and parents will also be invited to participate in these days.
- An App has been launched for collecting the routine data and all program staff have been trained but its implementation on the field is awaited.

### **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 with State government



**Inaugural ceremony of the State Level Dissemination and Validation workshop programme. Dignitaries included Dr. Upendra Dhote, Dr. Santosh Shukla (National Health Mission- MP), Dr. Monika Arora (PHFI) and Peer Educators/ Saathiyas (Pragati Pathak and Pushpendra Chaudhary, MP)**



**Larger engagement of all health system stakeholders and community (NGOs) involved in the state RKSK/ Saathiya Programme**

## Meaningful engagement of Peer Educators



Female Saathiya from Damoh



Male Saathiya from Panna



Female Saathiya from Panna



Male Saathiya from Damoh



Male Saathiya from Damoh

Saathiyas from Damoh and Panna shared their experiences, learnings and challenges with the programme and highlighted their contributions in COVID-19 response activities



## Study dissemination by the research team



Members of  
the PHFI team

## Engagement of broader national and international community and researchers



Tweet from the PHFI handle sharing some findings during the State Level Workshop. Retweeted by Directorate of Health Services, MP and 10 others and comments from National level RKSK Officials



Post from PHFI's Facebook page sharing information about the study and the workshop.