
# PEER EDUCATION PROGRAMME UNDER RASHTRIYA KISHOR SWASTHYA KARYAKRAM

This policy document provides an extensive analysis of the **Peer Education** Programme operating under the Rashtriya Kishor Swasthya Karyakram (RKSK) in various regions across India. It encompasses diverse implementation models employed in intervention areas and consolidates valuable insights drawn from a recent comprehensive study and field reports spanning five states within India. Additionally, this document illuminates the crucial theoretical foundations that underpin the successful adaptation and scaling up of the Peer Education Intervention. With the fusion of empirical evidence and theoretical rigor, this document serves as a critical resource for informed policy decisions aimed at advancing adolescent health and well-being across the nation.

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# Adolescent Health: Challenges and Call to Action

Adolescents, as defined by the World Health Organization (WHO), encompass the age group between 10 to 19 years, while "young" individuals range from 10 to 24 years. This pivotal period is characterized by a multitude of physical, hormonal, physiological, psychological, and behavioral changes. Adolescence signifies the transition from dependence to autonomy, a phase during which young people encounter various physical and mental health transitions. In India, approximately one-fifth of the world's adolescents and young people reside. However, despite their demographic significance, adolescents in India face numerous challenges in terms of health and well-being. These challenges encompass high mortality rates, prevalent anemia, sexual and reproductive health (SRH) issues, as well as social and cultural factors like child marriage and early childbearing that contribute to these problems. Addressing these concerns and fostering a healthy, disease-free lifestyle among adolescents and young people is vital for harnessing a better demographic dividend for the country.

## Statistical Evidence

Adolescents are integral to the achievement of numerous Sustainable Development Goals (SDGs) related to reproductive health, nutrition, sexual and intimate partner violence (IPV), child marriage, education, and employment. However, the health status of adolescents and young adults remains a matter of concern.

1. **The National Family Health Survey (NFHS)-5** conducted in **2019-2020** reveals critical statistics.
    a. The prevalence of pregnant women in India stands at 6.8%. Of particular concern, 32% of girls aged 10-14, and 48% of those aged 15-19 suffer from anemia.
    b. Additionally, 1.5% of young women aged 18-29 have experienced sexual violence.
2. **The National Mental Health Survey (2015-2016)** underscores the rise in mental health issues among this key population.
    a. There is a rise in the prevalence of psychiatric disorders, with 7% occurring among adolescents aged 13-17, regardless of gender.
    b. Depression, particularly among late adolescents aged 15-19, is significantly high at 11.7% compared to the 8.9% rate among early adolescents aged 10-14.

These statistics underscore the vulnerability of adolescents, which acts as a barrier to their growth and development.

Moreover, access to sexual and reproductive health (SRH) information and services remains a challenge, subject to social stigma and scrutiny, particularly for adolescent and young adult women. These individuals often grapple with various menstrual problems, including dysmenorrhea, premenstrual syndrome, menorrhagia, and irregular cycles. Poor dietary habits

further exacerbate nutrition-related problems, which can have long-term health consequences. Compounding these issues, comprehensive health services catering specifically to adolescent and young adult women in India remain inadequate and unfocused. Access to information concerning SRH, mental health, non-communicable diseases (NCDs), and violence against this demographic is limited.

Additionally, India grapples with significant disparities in health accessibility, availability, and affordability among adolescent girls from disadvantaged socio-economic backgrounds, known as scheduled castes (SCs) and scheduled tribes (STs). Reducing this gap is imperative, necessitating the provision of health facilities tailored to the needs of adolescent and young adult women. It's noteworthy that the majority of programs targeting adolescents and young adults predominantly concentrate on reproductive and sexual health issues.

## Policy Intervention

Recognizing the pressing need to address these multifaceted challenges and ensure the holistic development of adolescents and young adults, the Ministry of Health and Family Welfare, Government of India, launched the Rashtriya Kishor Swasthya Karyakram (RKSK), also referred to as the National Adolescent Health Programme (NAHP), in 2014. Initially focused on SRH, this program has since evolved to encompass non-communicable diseases (NCDs), nutrition, mental health, substance abuse, injuries, and violence. The RKSK represents a comprehensive initiative aimed at addressing the critical health needs of adolescents throughout the nation. It acknowledges the pivotal role of adolescent health in the broader context of community well-being and seeks to enhance the health and well-being of adolescents through carefully strategized interventions.

## Prioritising Adolescent Health in the light of changing Workforce Dynamics

*India's Ageing Workforce*

The importance of focusing on adolescent health in India has become increasingly evident due to recent data on the aging of the country's workforce. According to an analysis of

employment data sourced from the Centre for Monitoring Indian Economy (CMIE), India's workforce has experienced a significant aging trend over the past seven years. This shift in demographics underscores the urgency of addressing the health and well-being of adolescents, particularly those in the age group of 15-19 years, as they represent a crucial segment of the population.

The analysis reveals a substantial decline in the share of India's youth, defined as individuals between the ages of 15 and 29, from 25 percent in 2016-17 to a mere 17 percent by the end of 2022-23. This decline is indicative of a shrinking youth population within the workforce. Furthermore, even the share of individuals falling within the subsequent 15-year age bracket, ranging from 30 to 44 years, has decreased from 38 percent to 33 percent over the same period. These statistics underscore a broader trend of workforce aging and a diminishing pool of young workers entering the job market.

It's essential to highlight that the age group of 15-19 years falls within the later adolescent period, a crucial developmental stage marked by significant physical, psychological, and social transitions. Adolescents in this age range are in the process of completing their education, entering higher education or vocational training, and preparing to embark on their careers. They are also exploring their identities, building relationships, and making decisions that will shape their futures.

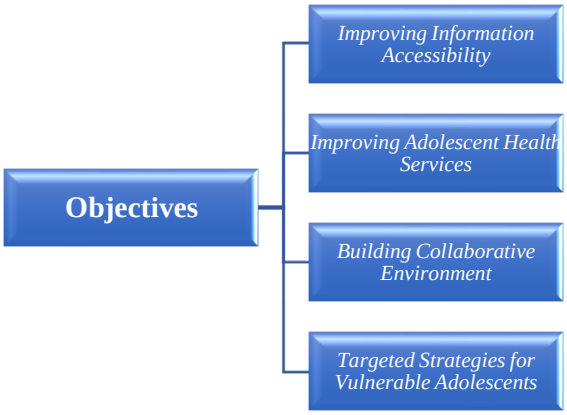
The changing dynamics of India's workforce have profound implications for adolescent health. With a shrinking youth population, it becomes even more critical to invest in the well-being and development of the existing adolescent cohort. Neglecting the health and holistic development of adolescents can have far-reaching consequences for their future prospects, as well as for the nation's socio-economic growth.

Thus, the RKSK, with its expanded scope, represents a significant step in the right direction, aiming to bridge the health gap among adolescents, particularly among marginalized groups, and promoting their holistic development. Recognizing the importance of adolescent health is not just a matter of policy but a fundamental aspect of ensuring a healthier and more prosperous future for India by leveraging the adolescents as demographic dividend.

# Rashtriya Kishore Swasthya Karyakram

The National Adolescent Health programme, i.e. Rashtriya Kishore Swasthya Karyakram , launched on the on the 7th of January 2014 was developed to strengthen the adolescent component of the RMNCH+A strategy which is one of the weakest and a sub-critical programme area.

## Objectives of the programme:




**1. Enhance Information Accessibility:** This is to expand the availability and accessibility of vital information pertaining to adolescent health. This will empower adolescents with the knowledge they need to make informed decisions about their well-being.

**2. Improve Adolescent Health Services:** The programme aims to enhance the accessibility and utilization of high-quality counseling and healthcare services tailored specifically to adolescents. This ensures that they receive the support and care necessary for their physical and mental health.

**3. Cultivate Collaborative Networks**: Through this objective, the programme aims to forge partnerships across multiple sectors and departments. These collaborations will create a nurturing and secure environment for adolescents, enabling them to thrive and reach their full potential.

**4. Target Vulnerable Geographic Pockets:**Certain geographic areas, such as tribal regions, conflict zones, and areas with a high population of migrant or out-of-school adolescents, pose unique health and nutrition risks. To address this, the programme will implement specialized strategies that directly target these vulnerable groups, ensuring that they receive the attention and resources they require to lead healthy lives.

## Themes Under Rksk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## Key Implementation Approaches

The RKSK saw a paradigm shift from clinical to preventive and promotive aspects and realigned the clinic-based curative approaches to focus on a more holistic model, which emphasizes on community and school-based health promotion and preventive care. Furthermore, the programme has adopted 3 major approaches to implementation, which are as follows:

| ***Facility-based approach*** | ***School-based approach*** | ***Community based approach*** |
|---|---|---|
| • Adolescent Friendly Health Clinics (AFHC) providing counselling and clinical services<br>• Adolescent Health Resource Centre at District Hospital | • Strengthening of school health activities<br>• Screening of adolescents for 4 Ds (RBSK)<br>• Weekly Iron Folic Acid Supplementation Programme (WIFS)<br>• Deworming during National Deworming Day (NDD)<br>• Provision of sanitary napkins (MHS)<br>• Peer Education programme | • Weekly Iron Folic Acid Supplementation Programme (WIFS)<br>• Deworming during National Deworming Day (NDD)<br>• Provision of sanitary napkins<br>• Peer Education programme for out-of-school adolescent groups<br>• Quarterly Adolescent Health and Wellness Days (AHWDs)<br>• Adolescent Friendly Clubs (AFCs) |

The RKSK programme encompasses a diverse array of interventions that involve various stakeholders responsible for their implementation. These interventions, which are delineated in the table below, are multifaceted in nature, targeting adolescents at different levels within the ecosystem, including educational institutions (schools), local communities, and healthcare facilities.

| Activities/ Services | Service Delivery | RKSK Stakeholders |
|---|---|---|
| **1. Facility-Based Intervention** | | |
| Adolescent Friendly Health Clinic (AFHC) | A dedicated room for adolescents with the provision of clinical, counselling, and referral services. Commodities (Iron Folic Acid tablets and other medicines, pregnancy testing kits, sanitary napkins & contraceptives) are also disbursed to adolescents. AFHCs are operational at Primary Health Centers (PHCs), Community Health Centers (CHCs), and District Hospitals (DHs). AFHC at the DH level works as an Adolescent Friendly Health Resource Centre (AFHRC) responsible for capacity building of health care providers and act as a repository for RKSK IEC materials. | Medical Officers (MO), RKSK counsellors, Auxiliary Nurse Midwives (ANM), Specialists |
| **2. Community-Based Interventions** | | |
| Adolescent Health & Wellness Days (AHWDs) | AHWD is organised quarterly at the village level to provide preventive and promotive interventions and increase awareness among adolescents, parents, families, and other community stakeholders about RKSK six thematic areas, AFHCs and helplines. | Accredited Social Health Activist (ASHA), ASHA Facilitators, Anganwadi worker (AWW), Peer Educators (PEs), ANM, MOs, Non-Governmental Organisation (NGO) Trainer/Mentor and Adolescent Health counsellors |
| Adolescent Friendly Club (AFC) Meetings | Meetings are organised once a month at the sub-centre (village level) under the guidance of ANM. Cover 5 villages/5000 population. Thus, 10–20 PEs from different villages are invited for these meetings. PEs clarify issues faced during their village-level PE sessions. | ANM, ASHA, ASHA Facilitators, PEs |
| Peer Education Programme | 2 PEs (one boy and one girl) per village/1000population/ASHA habitation are selected to reach out to adolescents. Each PE forms a group of 15–20 boys or girls from the community and conducts weekly 1–2 hour participatory sessions using PE kits. | PEs, ASHA, ASHA facilitator, ANM, NGO mentor/ trainer, MO, Counsellors |
| Weekly Iron Folic Supplementation Programme (WIFS) | Screening of anaemia among girls and serving out-of-school adolescent girls in Anganwadi centres on a fixed day in a week to provide IFA tablets. Biannually Albendazole is provided for deworming. | ANM, ASHA, AWW |
| Menstrual Hygiene Scheme (MHS) | Girls are provided with knowledge and information regarding good menstrual hygiene and the safe disposal of sanitary napkins. ASHAs provide napkins at a subsidised rate of Rs. 6 per pack of 6 napkins to adolescent girls in schools and communities. | ASHAs |
| **3. School (government, government-aided municipal schools) based [10] interventions** | | |
| School Health programme under Ayushman Bharat | The Government of India, under the Health and Wellness component of the Ayushman Bharat (Healthy India) Programme, intensified school-based health activities. These activities combine health education, promotion, disease prevention, and improved access to the health system at the school level. Two PEs/Saathiya, one boy and one girl support the health and wellness ambassador in carrying out the health promotion activities. | Trained School Teachers (Health & Wellness Ambassadors), Health and wellness messengers (2 students per section assist the health ambassadors), ANM, ASHA, AWW, Counsellors (school outreach), PEs (in-school & out of school) |
| Menstrual Hygiene Scheme (MHS) | Health education for adolescent girls and providing sanitary napkins and enabling other sanitation measures such as access to water and toilets in schools. Provide life skill courses to adolescents of class IX and XI. | School teachers |
| Weekly Iron Folic Acid Supplementation Programme (WIFS) | Screening of anaemia among adolescents and provide weekly IFA tablets to adolescents boys and girls and Albendazole biannually for deworming. | School teachers |

# The Peer Education Intervention

*PE holding a session in a village in Haryana.*

One of the central components of the RKSK initiative is the peer education program, which plays a crucial role in enhancing adolescents' interaction with healthcare services and enhancing their understanding, attitudes, and life skills in six key thematic areas. These thematic areas encompass the following:


The peer education program aims to empower adolescents by providing them with valuable information and skills in these critical domains to promote their overall well-being and health

awareness. Peer educators are other adolescents of around the same age, belonging to the same group from a specific environment, such as a school, youth or sports clubs, or community, who are trained and mentored to provide healthcare information, distribute educational resources, direct and support referral to healthcare services, and distribute commodities (such as condoms) to other members of the same group.

Peer education, whereby peers ('peer educators') teach their other peers ('peer learners') about aspects of health is an approach growing in popularity across school contexts, possibly due to adolescents preferring to seek help for health-related concerns from their peers rather than adults or professionals.

## Role of Peer Educator/ Saathiyas

- Saathiyas, who are peer educators selected from within the community, undergo training either from healthcare workers or mentor trainers, depending on the specific implementation model. Their role is pivotal in ensuring that adolescents receive consistent and comprehensive peer education across all six thematic areas of the RKSK program.

- These peer educators work to sensitize adolescents about their health, inform them about the availability of adolescent-friendly health services, and encourage them to make the best use of these services. Additionally, they play a vital role in organizing quarterly Adolescent Health Days (AHD), which are designed to enhance the reach of preventive and promotive interventions for adolescents.

*An Adolescent-Friendly Health Day in Dighi, Maharashtra*

- Furthermore, Saathiyas contribute significantly to increasing awareness among adolescents, parents, families, and stakeholders regarding issues and requirements related to adolescent health. They actively participate in the activities of the Adolescent Friendly Clubs (AFC), fostering a supportive environment for adolescents to engage with and benefit from these crucial health initiatives.

More recently, a study titled "Evaluating Implementation of a Peer Educator Programme for Improving Adolescent Health under India's National Adolescent Health Programme (i-Saathiya)" conducted by the Publuc Health Foundation of India delved into the practical application and impact of the PE program. This study not only assessed the effectiveness of peer educators in advancing the objectives of RKSK but also highlighted their instrumental role in fostering community support, particularly evident during the challenging times of the COVID-19 pandemic.

The findings of the study demonstrate that Peer educators (PEs) have demonstrated remarkable versatility and effectiveness by assuming roles as innovators and communicators, thereby bridging the crucial gap between the healthcare system and the community.

- **Community Outreach and Support:**
  They have played an instrumental role in disseminating essential prevention messages, distributing imperative items like masks, sanitizers, groceries, and medicines directly to adolescents and communities, right at their doorsteps.

- **Community Sensitisation:**
  PEs have played a pivotal role in sensitizing the community about Covid Appropriate Behaviors (CABs) and vaccinations. Their approach has been contextually attuned to community dynamics, involving strategies such as organizing rallies, creating vibrant wall paintings, engaging in street plays (nukkad natak), incorporating folk songs, and even integrating traditional practices such as offering yellow rice.

- **Role Models:**
  In an inspiring show of leadership, these peer educators have gone on to become exemplary role models. By taking the initiative to receive their own first doses of the COVID vaccine, they have effectively motivated and encouraged other adolescents to follow suit and get vaccinated.

- **Economic Impact:**
  Remarkably, PEs have also generated opportunities for families to earn income by involving them in mask-making initiatives, thereby creating a positive impact on local economies.

- **Digital Empowerment:**
  Leveraging the power of digital tools, PEs have extended their support by aiding community members in the registration process on platforms like COWIN, contributing to enhanced access to vaccination and related resources. This digitized empowerment has not only facilitated vaccine registration but also exemplifies the dynamic role these peer educators have taken on during the pandemic.

# Peer Education Interventions for Adolescent Health:

## A Comprehensive Review and Analysis based on evidence generated from Implementation

This comprehensive review is based on the evidences collected from the seven states, namely Madhya Pradesh, Maharashtra, Haryana, Uttarakhand, Gujarat, Odisha and Tamil Nadu.It tries to explore the various facets of peer education interventions under the RKSK program. It examines the selection criteria and mechanisms for choosing peer educators, the training provided to equip them with the necessary knowledge and skills, the design and implementation of peer education sessions, and the overall impact of these initiatives. Additionally, it delves into the challenges faced by peer education programs and provides evidence-based recommendations to enhance their effectiveness and sustainability.

## Section A:
## Selection of Peer Educators

The success of peer education interventions hinges on the careful selection of peer educators who can serve as effective role models and communicators. This section discusses the selection criteria for peer educators, the mechanisms employed for their selection, and strategies to address the challenges of attrition and aging out.

### I Selection Criteria for Peer Educators

Peer educators play a pivotal role in disseminating health information and fostering behavior change among their adolescent peers. To ensure their suitability for this critical role, specific selection criteria are employed. These criteria encompass:

1. **Age Alignment**: Peer educators are typically selected from within the adolescent age group (10-19 years), ensuring that they can relate closely to the experiences and challenges faced by their peers.

2. **Personality Traits**: Peer educators are chosen based on certain personality traits, including leadership, communication skills, empathy, and the ability to connect with and inspire their peers.

3. **Willingness to Volunteer:** A genuine commitment to volunteering and making a positive impact on their community is a fundamental criterion for peer educators.

4**. Sociable Nature**: Peer educators are often selected for their sociability and ability to establish rapport with their peers, creating a conducive environment for open discussions.

5. **Community or Social Circle Affiliation**: Ideally, peer educator candidates are sourced from the same communities or social circles as the beneficiaries. This shared background enhances trust and relatability.

## II Mechanisms for Selection

The mechanisms employed for selecting peer educators can vary across states and implementation models. Four prominent selection mechanisms are as follows:

**1. Government-Led Model (Haryana and Gujarat)**: In Haryana, Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) identify potential peer educator candidates through community mobilization efforts. Parental consent plays a pivotal role in the selection process, ensuring the support of families. In Gujarat, ASHA workers are primarily responsible for the selection of peer educators.

**2. Rigorous Screening (Uttarakhand): Uttarakhand employs a rigorous process involving a quiz competition** followed by selection in a meeting organized by ASHA and Village Health, Sanitation, and Nutrition Committees (VHSNC). This approach aims to identify candidates with a strong commitment to the role.

**3. Collaborative Model (Odisha)**: Odisha adopts a collaborative approach to selecting peer educators. ASHAs, Anganwadi Workers (AWWs), and school teachers collectively nominate candidates, with the final selection occurring during Gram Kishor Samiti (GKS) meetings. This collaborative approach ensures a diverse pool of candidates.

**4. 'Senior PE Selection Model' (Tamil Nadu):** Tamil Nadu introduces an innovative 'Senior PE Selection Model' to address the challenge of aging out. This model allows experienced peer educators to transition into senior peer educator roles, ensuring continuity and mentorship. Newly selected peer educators join the program, benefiting from the guidance of their senior counterparts.

## III Strategies to Address Challenges

Peer education programs often face challenges related to attrition and the aging out of peer educators. To mitigate these challenges, the 'Senior PE Selection Model' in Tamil Nadu serves as a notable example. By allowing experienced peer educators to transition into senior roles, the program ensures ongoing engagement and mentorship. This strategy not only addresses attrition but also leverages the expertise of experienced peer educators to guide and support new recruits. Additionally, programs can consider providing incentives, recognition, and career progression opportunities to retain peer educators and encourage their continued commitment.

# Section B:
# Training of Peer Educators

The training of peer educators is a critical component of successful peer education interventions. This section explores the various approaches and models employed for training peer educators, including the role of trainers, curriculum and content, training duration and flexibility, the cascade training model, and the importance of refresher training.

## I Trainers and Training Models

Peer educators receive training from different categories of trainers based on the implementation model in each region. Trainers can include:

- **Frontline Health Workers**: ASHA workers, ANMs, and other frontline health workers are often involved in training peer educators, leveraging their existing healthcare knowledge and community relationships.
- **School Teachers**: In some instances, school teachers are engaged as trainers, given their experience in working with adolescents and their pedagogical skills.
- **Mentors from NGOs**: Non-Governmental Organizations (NGOs) with expertise in adolescent health may provide training and guidance to peer educators.
- **Specialized Personnel**: In certain cases, specialized personnel like Block Medical Officers and counselors are engaged as trainers to ensure the quality and comprehensiveness of training.

## II Curriculum and Content

Peer educator training typically includes a mix of theoretical knowledge sessions, interactive activities, role-plays, and practical skill development. This comprehensive approach is designed to accomplish several objectives:

- Ensure that peer educators have a strong understanding of health and social topics.
- Equip peer educators with effective communication and interpersonal skills to engage with their peers.
- Enable peer educators to facilitate interactive and engaging peer education sessions.

The content of the training curriculum is informed by the specific needs of the target audience and the goals of the program. It covers a wide range of topics, including physical health, hygiene, nutrition, sexual and reproductive health, mental well-being, substance abuse prevention, non-communicable diseases, and injury and violence prevention.

## III Duration and Flexibility

The duration of peer educator training can vary based on local context and logistical considerations. For example:

- In Maharashtra, a flexible training schedule spans a few days, accommodating logistical constraints and the availability of resources.
- In contrast, Madhya Pradesh follows a more structured and fixed-duration training program, taking into account the complexity of the content being delivered.

This variability in training duration reflects the need to adapt to local conditions while ensuring that peer educators receive comprehensive training.

## IV Cascade Training Model

The cascade training model is employed in some regions, including Odisha. In this hierarchical model, peer educators are trained at lower administrative levels by higher-level trainers. While this approach can efficiently disseminate training to a larger number of peer educators, its effectiveness relies heavily on the quality of training provided at each level of the cascade. Ensuring that trainers at each level are well-prepared and competent is essential to maintaining the integrity of the training program.

## V Refresher Training

To ensure that peer educators stay updated and proficient in their roles, some regions, such as Tamil Nadu, provide annual refresher training. Given that health information and guidelines can change over time, refresher training is critical for peer educators to deliver accurate and up-to-date information to their peers. This practice underscores the commitment to continuous learning and improvement within peer education programs.

# Section C:
# Peer Education Sessions

Once peer educators are trained, they assume the responsibility of imparting knowledge and information to their peers through a variety of sessions. This section delves into the design and implementation of peer education sessions, covering guided facilitation, session frequency and duration, customization of content, and the use of interactive tools and materials.

- **Guided Facilitation**
  Peer education sessions are typically guided by ASHA workers or designated NGO trainer mentors. This collaborative approach combines the expertise of health professionals with the relatability of peer educators. It ensures that sessions are effective, accurate, and aligned with evidence-based information. Guided facilitation is particularly valuable when addressing sensitive topics or complex health issues.

- **Frequency and Duration**
  The frequency and duration of peer education sessions are tailored to the specific context and goals of the intervention. Variability exists, with sessions occurring weekly, monthly, or quarterly. The timing and duration of sessions are carefully considered to accommodate the availability and attention span of adolescents, maximizing engagement and retention. Sessions typically span between 45 to 90 minutes, ensuring that they are informative yet concise.

- **Customization of Content**
  The content of peer education sessions is informed by both the training received by peer educators and the unique needs of the target audience. Peer educators draw on their comprehensive training to address a wide spectrum of health topics, ranging from physical health and hygiene to psychosocial well-being and life skills. This customized approach enhances the relevance and impact of sessions, allowing peer educators to address the specific concerns and questions of their peers.

- **Interactive Tools and Materials**
  Information, Education, and Communication (IEC) materials play a crucial role in peer education sessions. These materials include resources such as comic books, flash cards, posters, and interactive tools like role plays and case studies. These aids facilitate dynamic discussions, resonate with diverse learning styles, and empower adolescents to comprehend complex concepts through relatable scenarios. The use of interactive materials fosters engagement and active participation, creating a more effective learning environment.

By structuring peer education sessions in a participatory manner, involving expert guidance, and utilizing interactive tools, peer educators become catalysts for informed health choices.

# Section D:
# Success of Peer Education Programme

Peer education programs implemented under the Rashtriya Kishor Swasthya Karyakram have demonstrated remarkable success in multiple dimensions. This section highlights the achievements and positive outcomes of these programs, emphasizing their role as catalysts for change, empowerment, recognition, and health systems strengthening.

## 1. Peer Educators as 'Catalysts for Change'

The role of peer educators in their community has been that of a change agent. Their involvement in fostering behavior change and reducing risky behaviors has proven effective. Key successes include:

- Hygienic Menstrual Product Usage:The i-Saathiya study revealed that peer education interventions effectively promoted the use of hygienic menstrual products among adolescent girls. This initiative improved menstrual hygiene management and overall health practices.
- Reduced Tobacco and Alcohol Consumption: Peer educators actively contributed to reducing tobacco and alcohol consumption among adolescents, promoting healthier lifestyles and lowering related health risks.
- Preventing Child Marriages and Teenage Pregnancies: Peer educators have played a critical role in reducing child marriages, teenage pregnancies, and supporting school dropouts in continuing their education. These efforts have significantly improved the overall well-being of these key population groups.
- Pulse Polio Immunization: Peer educators have been instrumental in ensuring 100% coverage of pulse polio immunization, making significant strides toward eradicating polio from India.

## 2. Empowerment

Through active participation in training and education, peer educators have significantly improved their understanding of critical health and social issues. This empowerment has equipped them with the knowledge and skills necessary to advocate for change and act as leaders within their communities. Peer educators are now better equipped to address community challenges and other developmental issues, demonstrating their capacity to drive positive transformations.

The empowerment of peer educators extends beyond their individual growth, benefiting the entire community. Within the six thematic areas outlined by the Rashtriya Kishor Swasthya Karyakram (RKSK), including Nutrition, Sexual and Reproductive Health, Mental Health, Substance Abuse, Non-Communicable Diseases, and Injuries and Violence, peer educators play a crucial role in disseminating accurate information, promoting healthy behaviors, and raising awareness. This intervention has showcased notable success in fostering a generation

of young individuals capable of taking charge of their health and contributing to the betterment of their communities.

**3. Recognition and Appreciation**

The success of the peer education intervention under RKSK has gained recognition and appreciation from various stakeholders. In Madhya Pradesh, for example, peer educators have successfully created a distinct identity as "Green Commandos," symbolizing their commitment to environmental and social causes. Furthermore, these peer educators have carved a niche for themselves in the social impact domain and are now seen as NGO mentor trainers. Hence, it can be argued that the peer education intervention under RKSK has not only had a positive impact on the health and well-being of adolescents but has also empowered and improved their employability prospects.

**4. Health Systems Strengthening**

Peer educators serve as vital intermediaries, bridging the gap between the community and the healthcare system. They play a pivotal role as points of contact and support for adolescents, ensuring that this demographic group can access essential healthcare services and support. Through their presence and advocacy, peer educators facilitate adolescents' engagement with health services and provide them with information and guidance on various health issues.

Peer educators actively contribute to the successful implementation of various national health programs and campaigns. They offer valuable support to Accredited Social Health Activists (ASHAs) in executing initiatives such as the Maternal and Child Health Program, Anaemia Mukt Bharat, Pulse Polio campaign, and Deworming Day campaign. Peer educators' involvement extends beyond information dissemination; they play a role in encouraging community participation, facilitating health education, and ensuring program effectiveness at the grassroots level. Their significant contribution, especially during critical events such as the COVID-19 pandemic, underscores their essential role in maintaining and enhancing the overall health and well-being of communities.

# Section E:
# Challenges

While peer education programs have achieved substantial success, they are not without challenges. This section explores the various obstacles and barriers faced by these programs, including issues related to conducting sessions, incentives, attrition, apprehension among parents and community members, and the inadequacy of supportive supervision.

## 1. Barriers to Conducting Sessions by Peer Educators

Conducting peer education sessions can be hindered by several barriers, including:

- **Lack of Information**: One notable finding is the limited awareness about peer education sessions among key stakeholders, primarily parents of both peer educators and adolescents, as well as teaching staff. This lack of awareness can impact the overall success and reach of the peer program.
- **Logistical Challenges**: Challenges such as remote training locations, inadequate access to public transportation, inappropriate weather conditions, and conflicts of training schedules with school activities often hinder the training of peer educators. These logistical challenges can negatively impact the effectiveness of peer educators in delivering the intervention.
- **Hesitancy to Address Sensitive Issues:** Peer educators may hesitate to conduct sessions on sensitive subjects, such as Sexual and Reproductive Health (SRH), due to their lack of complete understanding of these issues, including aspects like violence. The sensitive nature of SRH-related topics can create an environment of embarrassment and discomfort for both peer educators and adolescents, making open discussions challenging.
- **Engagement Strategies**: Challenges arise when peer educators employ less engaging strategies, compromising the effectiveness of their sessions. Such methods struggle to capture and retain the attention and interest of the adolescent audience.
- **Gender Dynamics**: In contexts where gender interactions are restricted, predominantly female health workers can face challenges when engaging in peer education sessions. This dynamic can potentially hinder the delivery of effective education.
- **Timing and Parental Consent**: Inconvenient session timings and parental reluctance to permit their children's participation further obstruct the seamless execution of peer interventions.

## 2. Inadequacy of Incentives

Both peer educators and counselors often face insufficient incentives to maintain their engagement and commitment to the intervention. The lack of recognition and tangible rewards for their efforts can hinder their motivation and effectiveness. Without adequate

incentives, peer educators may face financial constraints and time pressures, leading to attrition and reduced program impact.

**3. Attrition of Peer Educators and Counselors**

The absence of attractive incentives and meaningful recognition contributes to a notable attrition rate among peer educators and counselors. High turnover rates disrupt the continuity and impact of the intervention, requiring frequent training and orientation of new participants. The loss of experienced peer educators can also impact the quality and effectiveness of peer education sessions.

**4. Apprehension Among Parents and Community Members**

Parents and community members often lack awareness and understanding of the goals, content, and methodologies of the peer education program. This leads to apprehension and concerns about the influence and appropriateness of peer educators' interactions with adolescents. Addressing these concerns and building community support for peer education programs are crucial for their success and sustainability.

**5. Inadequacy of Supportive Supervision**

Frontline health workers, especially ASHAs, play a critical role in various healthcare initiatives. Their responsibilities encompass diverse tasks, including maternal and child health, vaccination campaigns, and health education. The sheer workload restricts their capacity to fully engage in the necessary monitoring and supportive supervision activities for peer education interventions. This limitation can impact the quality and consistency of peer education sessions.

# Section F:
# Recommendations

To address the challenges and further enhance the effectiveness of peer education programs for adolescent health, a set of evidence-based recommendations is presented. These recommendations encompass a wide range of strategies and approaches aimed at optimizing the impact and sustainability of peer education interventions.

### 1. Encouraging Volunteerism and Professional Development

- **Cultivate a Culture of Volunteerism**: Organize awareness campaigns, workshops, and community engagement activities to foster a culture of volunteerism among adolescents. Highlight the personal growth and social impact that volunteering can bring.
- **Incentives for Peer Educators**: Introduce a tiered system of incentives for peer educators, ranging from certificates and recognition to connecting the program with Skill India for skill-based certification. This approach will motivate participants and provide tangible benefits.

### 2. Integration and Convergence

- **Holistic Approach through Convergence**: Integrate the peer education intervention with the School Health Programme and other skill-based government initiatives. This integrated approach will facilitate resource optimization, ensuring comprehensive adolescent development.
- **Strengthening Linkages**: Collaborate with occupational, health, and educational sectors to create a seamless transition for adolescents from education to employment. This linkage will contribute to their holistic growth and preparedness for the future.

### 3. Community Sensitization and Awareness

- **Targeted Awareness Campaigns**: Develop culturally sensitive and age-appropriate awareness videos and materials to educate communities, especially parents, about sexual and reproductive health and mental well-being. Break down barriers to discussions on sensitive topics.
- **Peer-led Community Sessions**: Empower peer educators to conduct interactive community sessions that promote open dialogue on taboo subjects. This approach ensures local relevance and bridges the gap between traditional norms and modern knowledge.

**4. Investment and Capacity Building**

- **Innovative IEC Materials**: Allocate resources to design engaging and digitized Information, Education, and Communication (IEC) materials, localized in various languages. These materials should resonate with adolescents and promote behavior change.
- **Mentorship and Support**: Establish mentoring agencies comprising trained professionals to guide and support peer educators. This mentoring will enhance their capacity to address complex issues and offer personalized guidance.

**5. Evidence-Based Scaling Up**

- **Rigorous Monitoring Framework**: Implement a robust monitoring and evaluation framework that tracks not only the quantitative reach but also the qualitative impact of the peer intervention. Real-time data will aid in timely course correction.
- **Evidence-Driven Expansion**: Base the scaling-up process on evidence generated through monitoring and evaluation. This data-driven approach will ensure the intervention's efficacy and enable targeted expansion.

**6. Inclusivity and Equity**

Develop tailored strategies to reach the urban poor, a marginalized group often overlooked in health programs. Collaborate with local urban stakeholders to understand their unique challenges and needs.

**7. Meticulous Planning and Analysis**

Conduct a detailed costing analysis to ascertain the budget requirements for scaling up the peer intervention. This analysis should consider training, materials, mentoring, monitoring, and other essential elements.

**8. Participatory Approach**

Develop a transparent and participatory process for selecting peer educators, involving teachers, frontline health workers (FLHWs), and parental consent. This approach will ensure community ownership and responsible selection. Evidence from a systematic review has also suggested that if the selection of peer educators is done by peers themselves, it will garner more trust and credibility among the target audience.

Peer education interventions under the Rashtriya Kishor Swasthya Karyakram have emerged as powerful tools for addressing the unique health needs of adolescents in India. These programs, driven by dedicated peer educators, have achieved remarkable success in

promoting positive health behaviors, empowering young individuals, and strengthening healthcare systems at the community level. However, they are not without challenges, including issues related to conducting sessions, incentives, attrition, and community apprehension.

To maximize the impact and sustainability of peer education initiatives, evidence-based recommendations have been presented. These recommendations encompass a range of strategies, from fostering volunteerism and professional development to enhancing community awareness and engagement. By implementing these recommendations, peer education programs can continue to play a vital role in improving the health and well-being of adolescents across India, ensuring that this critical demographic group is equipped to make informed choices and lead healthier, more empowered lives.

# Evidence-Backed Scaling Up of the Peer Education Intervention

Scaling up the Peer Education (PE) intervention under the Rashtriya Kishor Swasthya Karyakram (RKSK) is a complex endeavor that requires a strategic and evidence-based approach. While PE programs have demonstrated significant success in promoting adolescent health, expanding their reach and impact necessitates careful planning, rigorous monitoring, and continuous evaluation. This section outlines a strategic and evidence-based approach for the expansion of the PE program, underpinned by the principles of Theory-Driven Evaluation (TDE) and Realist Evaluation. The significance of implementation science research (IS) as the foundation of this approach is duly emphasized .

## Implementation Science:

Implementation science research is a multidisciplinary field that aims to bridge the gap between interventions and their successful deployment in the real world. It not only aims to determine if interventions are effective but also strives to optimize them by collaborating with the target population. This includes evaluating policies, programs, and individual practices, examining their impact, and understanding the intricacies of their effectiveness. Implementation science transcends the binary question of "does it work?" by delving into the nuanced aspects of "what works, for whom, how, and why," fostering a holistic understanding of interventions' real-world applicability and effectiveness.

The need to address the health and well-being of India's adolescent population is paramount. The success of the PE intervention in enhancing adolescent health outcomes in select regions necessitates its scaling up to reach a broader demographic. However, scaling up must be informed by rigorous research, evaluation, and evidence-based policy analysis.

## A Synergistic Approach: Implementation Science and Theory-Driven Evaluation

Implementation science and theory-driven evaluation share a common interest in understanding the functioning of interventions in real-world settings. While implementation science primarily delves into the intricacies of the implementation process, theory-driven evaluation distinguishes itself by its emphasis on the application of theoretical frameworks to steer the evaluation of interventions. They can be complementary and can be used synergistically to conduct rigorous evaluations of interventions while also considering their real-world implementation challenges.

## Theory Based Evaluation

More specifically, theory-driven evaluation is an evaluation approach that focuses on understanding the underlying theories or mechanisms that lead to specific outcomes in complex interventions, using explicitly stated models or theories, i.e. the Programme Theory. It seeks to identify the "causal mechanisms" (the reasons why and how an intervention works or doesn't work) and the contextual factors that influence these mechanisms.

Programme Theory is a conceptual understanding of the underlying assumptions and justification (which is not always explicitly stated) of how the programme is expected to work {*Action Model*} as well as the explanation of the causal processes and the intervening contextual factors {*Change Model*}.

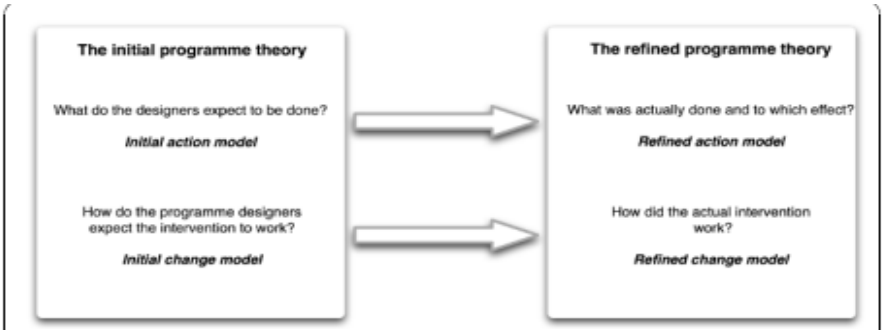
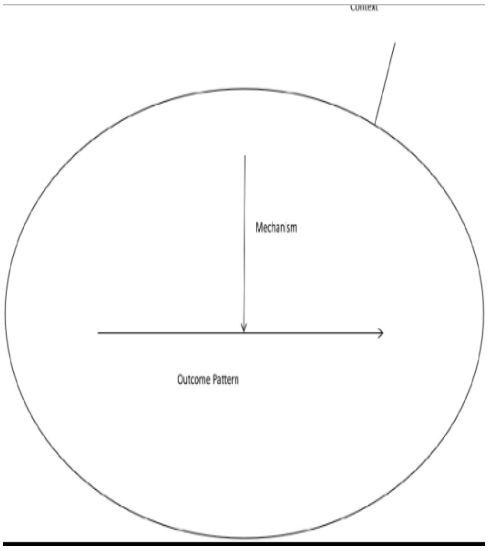



**Figure 1 The components of the initial and the refined programme theory.**

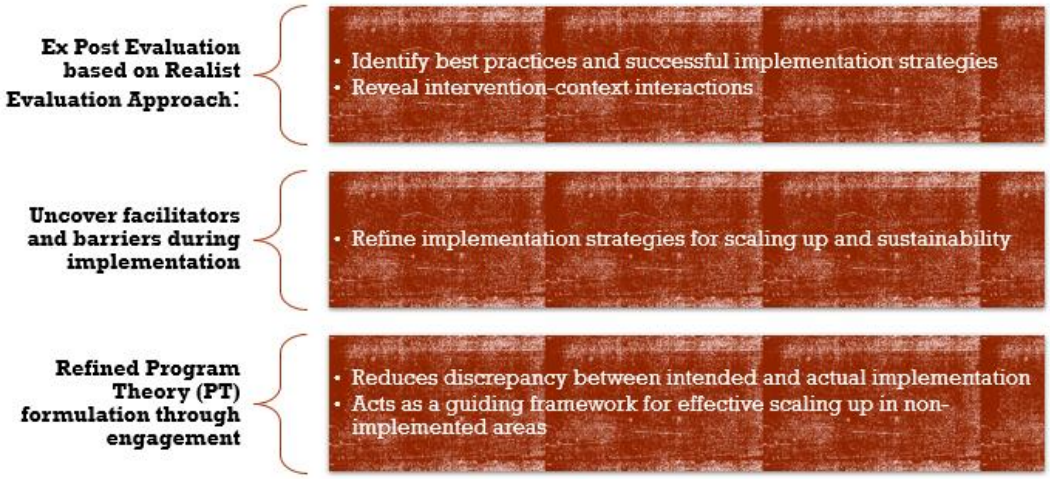
Realist evaluation approach, as a type of theory-driven evaluation, is particularly interested in exploring the interactions between context, mechanisms, and outcomes to understand how and why interventions are effective in specific situations.



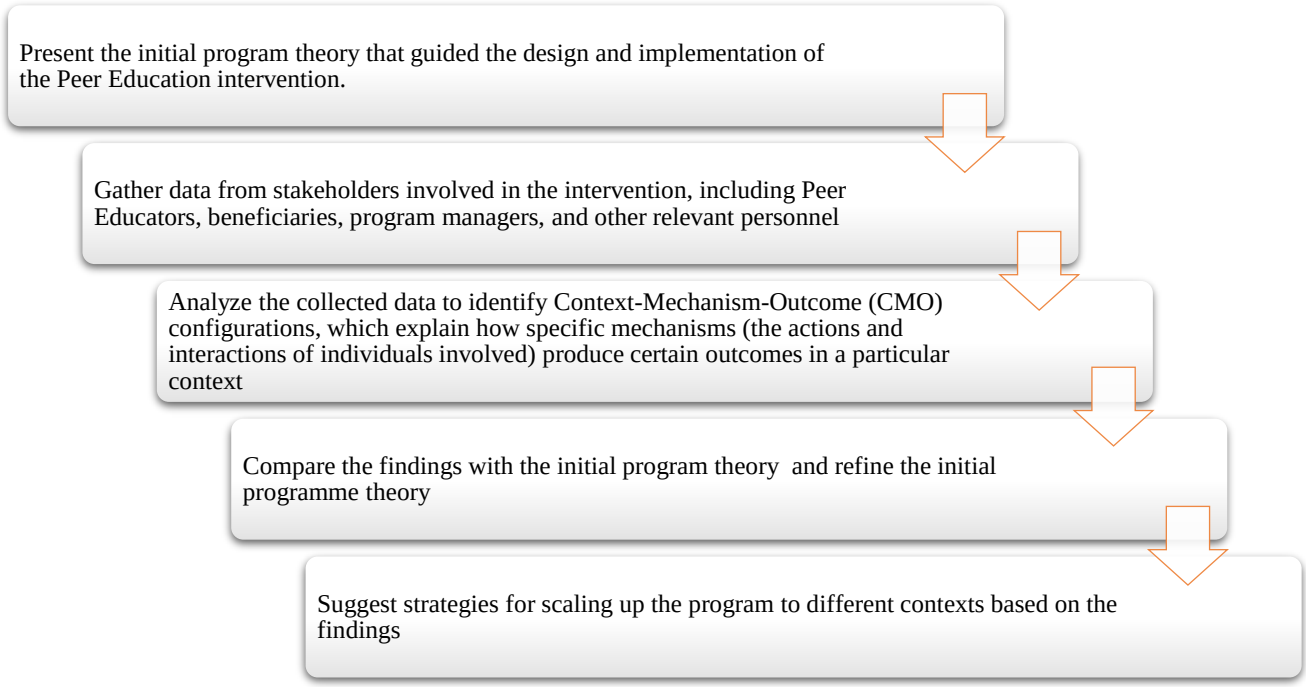

*Context-Mechanism-Output (CMO)Configuration*

Under the guidance of the PHFI, the study titled "Evaluating Implementation of a Peer Educator Programme for Improving Adolescent Health under India's National Adolescent Health Programme (i-Saathiya)" delved into the practical application and impact of the PE program. Findings from the study as well as the implementation process evaluation can be used as a bedrock to undertake an ex-post evaluation based on the realist evaluation approach to inform the adaptation and scaling up of the PE intervention.

## How can an Ex-Post Evaluation of Peer education intervention be conducted?




The following is a proposed step-by-step method for undertaking an ex-post evaluation of the PE intervention:



## Way Forward:

Scaling up the PE intervention under RKSK is a complex process that demands an evidence-based and theoretically grounded approach. Implementation Science (IS), Theory-Driven Evaluation (TDE), and Realist Evaluation collectively provide the necessary tools for this undertaking.

- IS ensures that scaling up is based on a solid understanding of how the PE program works in practice.
- TDE, with its emphasis on program theory and process evaluation, ensures that the core model is faithfully maintained.
    - Realist Evaluation, within TDE, deepens our understanding of the intervention's mechanisms and how they interact with diverse contexts, facilitating effective tailoring.

In summary, the proposed approach aligns with best practices in scaling up complex interventions. It prioritizes a nuanced understanding of context, fosters ongoing adaptation, and places the PE intervention on a robust theoretical foundation. By leveraging IS, TDE, and Realist Evaluation, India can achieve the ambitious goal of extending the benefits of PE to all its adolescents, thereby improving their health and well-being for generations to come.

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