

“Udaan” a School Based at Scale Adolescence Education Program in Jharkhand, India

School-based adolescent education programmes, especially those that combine sexuality and reproductive health education and life-skills based education, hold great promise in promoting health knowledge, attitudes, and behaviours for in-school adolescents. However, there is little documented evidence on scaled-up and sustained initiatives for adolescent sexual and reproductive health (ASRH), especially in South and South-East Asia where a large portion of the world’s adolescent population live. ***Our submission is about an experience of a state-wide scale-up of a school-based adolescent education programme in Jharkhand, India.***

Udaan, a school based adolescence education program, implemented by the Department of School Education and Literacy (DSEL), Government of Jharkhand aims to influence and empower the adolescent boys and girls with age appropriate knowledge on life skills and reproductive health and prepare them for a healthy transition to adulthood. The *Udaan* curriculum is part of the academic calendar and is transacted by teachers in state government run schools with technical assistance from Centre for Catalyzing Change (C3). With financial support from David and Lucile Packard Foundation, C3 has strengthened capacity of the government system for effective delivery and monitoring of the program.

The *Udaan* program is guided by India’s national adolescence education framework which recognizes adolescents as positive resource and emphasizes on the need to nurture their potential and build their capacity. It was launched in December 2006 and is currently being implemented over 1800 government middle (class VI to VII), secondary (class IX) and senior secondary (class XI) schools across all 24 districts of Jharkhand (including non-residential day schools and 203 residential *Kasturba Gandhi Balika Vidyalayas* (KGBVs)¹ across the state. Over the last one decade it has reached out to approximately 1 million adolescents (boys and girls) and built capacity of 87 master trainers, 2600 in-service teachers and 600 pre-service teachers to transact adolescent education content.

Udaan is recognised as a unique model - government and NGO partnership program, to empower adolescents through school system. World Health Organisation, Geneva has documented this model as a “First Generation at Scale Adolescence Education Program from South East Asia Region” in 2016 with the aim to disseminate it globally by publishing it in a leading academic journal. Since inception, assessment of impact had been carried periodically: 2007, 2008, 2009, and 2010 to gather evidence of success on varied indicators, including life skills education and sexual and reproductive Health. The evaluation findings show that the program met the gaps in the educational system leading to improved knowledge, attitudes and life skills in critical areas such as sexual and reproductive health, gender equality, changes during adolescence and HIV/AIDS. It also shows that teachers and *Udaan* curriculum have become important sources of information on these themes. Overall, trends emerged of students saying that they prefer to delay marriage as well as childbirth, and desiring to limit the number of children they would have in the future. The program has helped girls address violence and in the ability to say ‘No’. There has also been better leadership skills developed in girls and boys with improved self-efficacy.

Udaan alumni have during the assessments demonstrated i) Correct knowledge on sexual harassment by identifying correct descriptions of sexual harassment; ii) Correct knowledge on legal age at marriage of boys as 21 and 18 for girls; iii) confidence in handling negative peer pressure and showed gender equitable views; iv) increase in knowledge on life skills and adolescence by overcoming their hesitation to related issues and active participation in discussions. Qualitative assessment shows that students particularly girls now discuss personal health and hygiene issues more openly with teachers, parents and with siblings as well. The learning has been that a teacher delivered curriculum for adolescents is acceptable and scalable within the school sector. On the basis of *Udaan* experience some of the key recommendations will be that any large scale and system delivered program should have formal and long-term partnership between key stakeholders. While financial resource for a longer period must be committed to roll out and institutionalize the program, technical assistance in program design, delivery, monitoring and reporting must be sought for quality implementation and impact.

Other programmes in India and elsewhere can benefit from learning from *Udaan’s* experience and should commit themselves to a similar level of scale, monitoring, evaluation, and documentation, so that the body of evidence on implementation strategies for successful sustained scale-up of adolescent education programmes may continue to develop.

¹ The Government of India launched the Kasturba Gandhi Balika Vidyalaya (KGBV) scheme in August, 2004 for setting up residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minorities in Educationally Backward Blocks (EBBs).