



What did it take to scale-up and sustain Udaan, a school-based adolescent education programme in Jharkhand, India ?



Authors

Venkatraman Chandra-Mouli (1), Marina Plesons (2), Alka Barua (3), Aradhana Patnaik(4), Aparajita Gogoi (5), Manju Katoch (5), Mohammed Ziauddin (5), Rita Mishra (5) Anand Sinha(6)

Affiliations

1. World Health Organization, Department of Reproductive Health and Research
2. University of Washington, School of Public Health
3. Independent expert
4. Department of School Education and Literacy, Government of Jharkhand
5. Centre for Catalyzing Change
6. David and Lucile Packard Foundation

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Abstract

Between 2006 and 2016, Udaan (which means to soar in flight in Hindi) – a school-based adolescent health education programme (AEP) was designed and implemented in Jharkhand state, India. The programme was scaled-up to cover all the state's secondary schools, and sustained over time. It was extended to the state's upper primary schools, at a subsequent stage. While this was happening in Jharkhand, AEPs in other states of the country were either halted because of opposition or slowly ran into the ground. This paper seeks to recount Udaan's story and to determine the factors that contributed to its expansion and its sustenance.

Methods

The study drew information from two sources: reports of Udaan's ideation, conception, development, phased implementation and periodic evaluation; and discussions with staff from the Centre for Catalyzing Change, which supported the Jharkhand state government through the ten years of Udaan's journey.

Results

1. Udaan was Jharkhand state's response to a national policy directive to provide school-based adolescent health education, building on the school-based AIDS education programme that had been put in place in response to the HIV epidemic. It was aimed at building a generation of healthy and empowered young people by providing upper secondary school students with education on health and development. The Indian chapter of CEDPA, an international organization which eventually became the Centre for Catalyzing Change, an indigenous nongovernment organization, supported the state government in designing and operationalizing Udaan.
2. From the very outset, the state government intended Udaan to cover all the secondary schools in all the 24 districts of the state. This was achieved in a phased manner. From programme monitoring reports and reports of a series of five evaluations, a clear picture of institutional changes at the state, district, block and school levels, and improvements in students' knowledge, attitudes, and behaviours emerges.
3. A number of factors contributed to Udaan's success. First, the existence of a clear policy to implement a state-wide school-based adolescent education programme, and the commitment of the state government to translate this policy into action. Second, the continued technical support of the Centre for Catalyzing Change, which worked with counterparts in the state and district governments to design, implement, monitor and evaluate the programme, and to shepherd its evolution into a truly state-wide programme, using available opportunities and confronting challenges when they arose. Third, the availability of funds for the scale up and sustainability of the programme from the state government and for the Centre for Catalyzing Change from the Packard Foundation.

Conclusions

Udaan provides an example of a well designed, implemented, evaluated and documented school-based adolescent health programme that has been operating at scale over a sustained period in India. While there are areas of Udaan that need to be strengthened as it moves ahead, it provides a sound model for other states of the country to emulate.



Introduction

School-based adolescent education programmes (AEPs), especially those that combine comprehensive sexuality education and life skills-based education¹, hold great promise in promoting healthy knowledge, attitudes, and behaviours for in-school adolescents.[UNESCO] 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 lives. This paper aims to document the experience of a state-wide scale-up of a school-based AEP in Jharkhand, India.

Upon entering adolescence, girls and boys experience numerous physical, cognitive, and emotional changes. Their bodies begin to develop with the onset of puberty and their minds gain the ability to think abstractly and critically about the world. They are entrusted, and sometimes burdened, with new social and cultural expectations, which often differ for girls and boys. Their relationships with parents and peers evolve as they transition from being children to adults. Some adolescents cruise

through these formative years smoothly and are able to set positive trajectories for their health, social, and economic well-being in adulthood. Others face challenges, obstacles, and prescriptive and/or restrictive expectations that limit their ability to thrive. Regardless, these changes require navigation and all adolescents need support and guidance on topics ranging from their sexual and reproductive health through gender and relationships to peer pressure.

A national directive for school-based ASRH education programmes in all secondary and senior secondary schools was issued in India in 2003, prompted by the urgent need for a response to the emergence of HIV. The original School AIDS Education Programme (SAEP), initiated the same year, focused specifically on HIV-prevention measures, with less emphasis on other important aspects of development like puberty, gender, pregnancy and childbirth, and preventing child marriage and early pregnancy. Recognizing this gap in Jharkhand, a state with lower rates of education, poorer access to and use of ASRH services, and higher rates of early marriage than India as a whole,

the Government of Jharkhand (GoJ) had put in place one of the few state-specific youth health policies in the country. It decided to expand the HIV-specific curriculum in 2006 by initiating a broader AEP with the objective of promoting adolescent development and establishing a cadre of healthy and empowered young people (10-24) through evidence-based and life skills-based education. This education programme, called Udaan, was designed to be participatory, and non-judgmental, as opposed to prescriptive, stigmatizing or fear inducing. Udaan was implemented by the Department of Human Resource Development (DHRD) through Jharkhand's Department of Education (DoE), with technical assistance from the Centre for Development and Population Activities [(CEDPA), now called Centre for Catalyzing Change (C3), and referred interchangeably as CEDPA or C3 in this paper] and financial support from the David and Lucile Packard Foundation [referred throughout the paper as the Packard Foundation]. To date, Udaan has reached over 500,000 adolescents in secondary/senior secondary schools and 20,000 students in upper classes of primary

schools. It is one of the largest interventions of its kind in North India and has been recognized by national and state governments as a model programme for replication in other states. [National AIDS Control Organization (1)]. Compared to many state programmes that have not been scaled-up or sustained, Udaan has achieved considerable success and documenting its experience will add to a growing, although still limited, body of evidence on strategies for effectively managing scale-up of AEPs.

To date, there are no published reports on the sustained scale-up of school-based sexuality education programmes in India or elsewhere in South-East Asia. By documenting the experience of Udaan, this paper intends to fill this gap and answer the following two questions:

1. How was Udaan conceived and how did it evolve into a state-wide programme?
2. What were the factors that helped or hindered the sustained scale-up of Udaan?



¹The World Health Organization defines life skills as: "abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life". [World Health Organization]

Methods

Data Collection

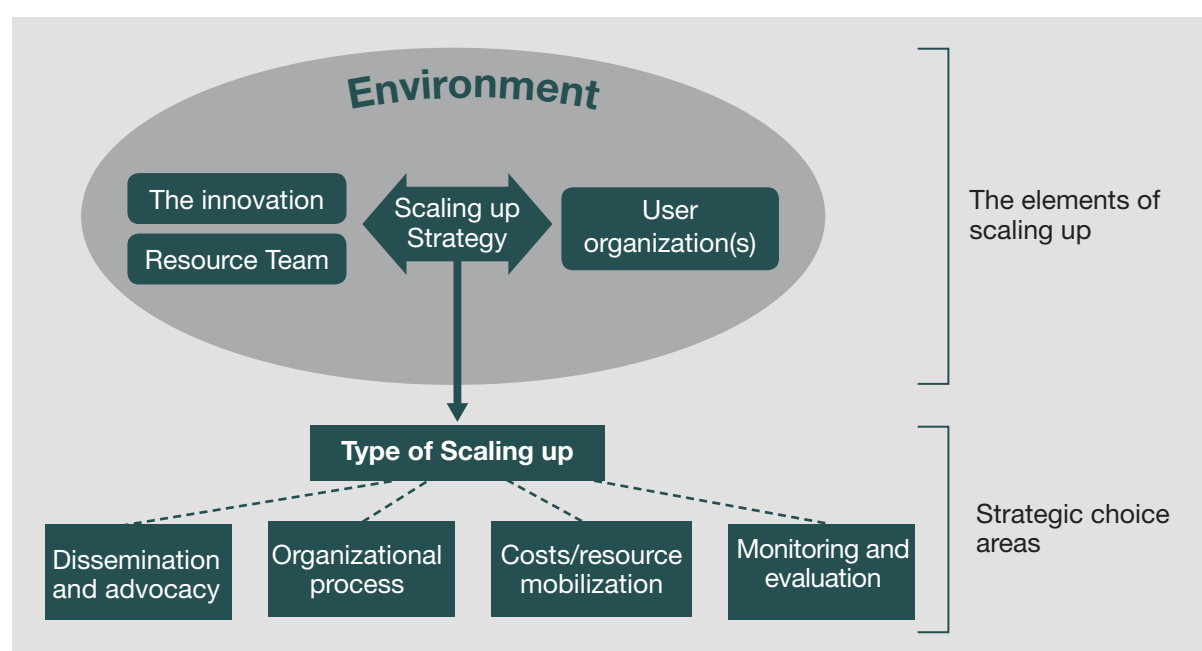
This paper was prepared through a careful review of reports and documents related to Udaan's ideation phase, conception, development, phased implementation, and periodic evaluations. Specifically, five mid-course evaluations coordinated by C3 were used to assess the impact of Udaan on students' knowledge, attitudes, and behaviours. This research was complemented by discussions with C3's staff who were directly involved with Udaan at the national and field levels. Information on adolescent education policies and programmes was sourced from government websites, policy documents, programme guidelines, and peer-reviewed literature. Data on health indicators was obtained from national surveys and from small independent studies on adolescent education and health in the country and Jharkhand state, specifically.

Analytical Framework

The scale-up process and management was analysed and evaluated using the WHO-ExpandNet Framework (Figure 1). This framework was designed to aid programme managers, researchers, and technical support agencies in planning and managing the scale-up process, especially related to sexual and reproductive health interventions. According to WHO-ExpandNet: "An effective scaling-up strategy must be based on a careful assessment of the innovation, the user organization, the resource team and the larger social, political, economic and institutional environment. At the same time, it must address key strategic choices related to the types of scaling up to pursue, the dissemination and advocacy approaches, and how the effort will be organized and coordinated, as well as issues of resource mobilization and monitoring and evaluation." [WHO/ExpandNet]

This template was used to analyse the planning and management of the scale-up process of Udaan in the state of Jharkhand, India.

Figure 1: WHO ExpandNet Framework [WHO, 2011]



Findings

The Innovation

The AEP, Udaan, was an innovative adaptation of the School AIDS Education Programme's curriculum, combined with international recommendations for life skills-based education. [MHRD, 2005] The 13-module curriculum, originally drafted at a three-day participatory Materials Development Workshop in June 2006, focused on goal setting and values, growing up, communal harmony, friendship and peer pressure, gender and sexual harassment, substance abuse, marriage and parenthood, early marriage and its consequences, and sexual and reproductive health, including contraception, and reproductive tract infections (RTIs)/sexually transmitted infections (STI), including HIV and AIDS. Similar to the curriculum's content, its teaching methodology was also innovative. It integrated participatory tools, including games, stories, case studies, and quizzes, to emphasize the importance of multi-directional learning.

C3 formed a Core Committee in 2006, with representatives from the Jharkhand State AIDS Control Society (JSACS), the DoE, master trainers (MTs), nodal teachers (NTs), and secondary school students. After an evaluation of the SAEP and a needs assessment looking to the future, the committee decided to adapt the then-current *Learning for Life* curriculum, which was developed by India's National Council on Education Research and Training (NCERT), the National AIDS Control Organization (NACO), UNICEF, and UNESCO in 2003. It also decided to develop information, education, and communication (IEC) materials for use in Udaan, a reference manual for teachers, and an age-appropriate and culturally-sensitive curriculum in the local language for students in classes 9 and 11. The curriculum was field-tested in three schools in Ranchi district and reviewed by experts and stakeholders, translated into Hindi, and

The Udaan Innovation

What was taught?	Life skills-based education
With what objective?	To promote adolescent development and establish a cadre of healthy and empowered young people (10–24) through evidence-based life skills-based education
By whom?	Nodal teachers from within the school system trained by a cadre of master trainers
Using what?	13 module participatory curriculum on health and social development
In what context?	School-based “camp” mode and “regular” academic mode approaches, integrated into academic time-table

finalized after approval by JSACS and DoE. A training manual for the curriculum, *Udaan: Towards a Better Future: A Training Manual for Nodal Teachers*, was developed and released by the Chief Minister of Jharkhand on World AIDS Day, 2006.

Udaan's implementation operated through a cascade training approach. First, carefully selected school principals and a cadre of MTs from government secondary and senior secondary schools across the state were oriented and trained. MTs, who were selected through an application process (their applications were assessed based on criteria established with the state education department and JSACS), were oriented with a five-day, 50-hour residential training workshop on technical issues in groups of 18–20, followed by several rounds of practice sessions to develop training skills. Training cascaded downwards from MTs to NTs, with each principal selecting two NTs who were subsequently trained by the MTs and C3's technical experts through four-day residential training workshops in groups of 20–25. These trainings were coordinated at the district level with active participation and support from the respective District Education Officers (DEOs).

Two delivery models were used to implement Udaan in schools. First, to meet their commitment to deliver the benefits of Udaan to current students despite delays in the development process, GoJ decided to use a “camp” mode approach, wherein students completed the entire curriculum in 3–4 weeks through several sessions per week after their final exams. In the following year, the curriculum was delivered through a regular “academic year” mode approach, wherein students participated in weekly sessions throughout the school year. Key to Udaan’s success was the DoE’s decision to institutionalize the programme by formally including it in the school timetable, with a dedicated period for classes 9 and 11, and subsequently expanding it to primary schools, classes 6, 7, and 8.

Resource Organizations

India’s Ministry of Human Resource Development (MoHRD) had implemented initiatives to contribute to the healthy development of, and expanding opportunities for, young people since the 1980s. It oversaw the national and state level Departments of Education. Jharkhand’s DoE, led-out on Udaan’s conceptualization, alongside C3, and was in charge of implementation after 2007.

Resource Organizations and their Roles	
Department of Education	Conceptualization of Udaan and implementation and management after 2007
Jharkhand State AIDS Control Society	Leadership in coordination and management of Udaan until transfer in 2007
CEDPA	Technical assistance to the Government of Jharkhand for Udaan

Similarly, JSACS was centrally involved in the implementation and management of the SAEP from its inception, and leveraged its vast experience to lead Udaan, until the

coordinating responsibility was transferred to the DoE in July 2007.

CEDPA, the Centre for Development and Population Activities, a pioneer in working with adolescents on LSE, had incubated, piloted, refined, and implemented a full portfolio of large programmes for both in-school and out-of-school adolescents in the previous three decades. Since 1987, it had implemented the Better Life Options Programme, which combined elements of Family Life Education, life skills, vocational training, health services, and character development. Additionally, it was experienced in designing need-based, culturally-sensitive curricula and conducting advocacy for mainstreaming innovative programmes within the government system. CEDPA had a full portfolio of programmes for both in-school and out-of-school adolescents.² Based on this track record, the government engaged CEDPA to provide technical assistance to the DoE for Udaan. It provided technical inputs for designing the curriculum and developed teaching-learning materials and a monitoring information system (MIS) for monitoring of the programme. Additionally, it provided oversight for Udaan by monitoring the school-based implementation.

User Organization

The Department of Human Resource Development, which houses the DoE as described above, has extensive experience in implementing awareness raising and education programmes for adolescents and had recently aided in the implementation of the SAEP. DoE was the main body responsible for planning, managing, and supervising the implementation of routine school education programmes in the state, which gave it the institutional manpower, infrastructure and logistic capabilities necessary to coordinate, implement, monitor, and report on Udaan.

User Organization and its Roles	
Department of Education	Planning, management, and supervision of Udaan’s implementation and provision of manpower, infrastructure and logistic support

²Programmes undertaken in the last five years: **Tarang**, In-roads into adolescents’ development in Bihar since 2010; **Sabla** or Rajiv Gandhi Scheme for Empowerment of Adolescent Girls since 2011 in Jharkhand; **Swanirbhar programme** for building agency and skills since 2011 in rural Bihar; **YouthLife**, digital life skills programme since 2012 in Delhi and Jharkhand; **EACH**, Equal Access for Change, Harnessing Opportunities since 2014 in West Singhbhum, Jharkhand and **Adolescent Education Programme** since 2015 in Arunachal Pradesh

Policy and Social Environment

Udaan's implementation and scale-up processes were aided tremendously by the supportive and enabling policy environment at both the national and state levels. Guided by international agreements and India's Constitution, the national government has committed to protecting the rights of adolescents through a number of broad, but related, policies. The National Policy on Education (1986, modified in 1992) underscored the importance of programmes to educate young people about family planning and responsible parenthood. The National Population Policy (2000) reiterated the focus on young people's sexual behaviour, reproductive health and rights, and gender equity. The National AIDS Prevention and Control Policy and the National Health Policy (2002) advocated the promotion of healthy behaviours among young people, while the National Youth Policy (2014) explicitly articulated the need for establishing adolescent clinics and providing free, state-sponsored counselling services for young people. Jharkhand, meanwhile, is one of the few states in India to develop a specific youth policy. The Jharkhand Youth Policy (2007) supports the empowerment of young people, promotion of the reproductive health rights of adolescents; introduction of Family Life Education for in-school and college-going adolescents, as well as out-of-school adolescents; and the reduction of their vulnerabilities. It also advocates for multi-sectoral action with focus on accessible youth friendly services and capacity building of service providers to address the needs of youth. [Jejeebhoy, 2009]

According to Jejeebhoy (2009), within this policy environment, Jharkhand's social and demographic environment demonstrated an immense need for advances in ASRH education. Jharkhand has a large population of young people with 8.3 million people, or 31% of the state's population, aged 10–24. High levels of physical and sexual violence and gender inequality, coupled with limited

awareness of physiological changes during adolescence and sexual and reproductive health, impact the health and well-being of adolescent girls and boys. Jharkhand's adolescent population's vulnerabilities are exacerbated by high levels of poverty (54% below poverty line), low levels of literacy and educational attainment, high rates of early marriage (median age of marriage for girls is 16 years), early onset of sexual relations (median age at birth of first child is 18.9 years), and low access to and use of ASRH services, compared to national levels. This specific combination of socio-economic and demographic needs and the enabling policy environment provided the sound rationale for initiation and continued implementation of Udaan.

Planning – Vertical Scale-up

Vertical scale-up (i.e. integration into policies and strategies, assigning budgets and responsibilities) of Udaan was partially accomplished at the outset as the SAEP from which Udaan was built was already an integral part of national policy. This provision was critical to Udaan's success, as it had explicit and sustained support and directives from the national government.

However, the transfer of responsibility of the programme from JSACS to DoE was a major step in creating an enabling environment and securing a high level of government commitment. This transfer was motivated by the difficulties of implementing a school-based intervention through a health department. For example, schools often disregarded directives issued by the JSACS to designate and send NTs for training programmes. In response to this predicament, and to create ownership of the programmes by the Departments of Education, the Government of India passed an order whereby the responsibility for implementation of the State AIDS Education Programme was transferred to the Department of Education. As a result, JSACS handed over the implementation and management of Udaan to the DoE in April 2007.

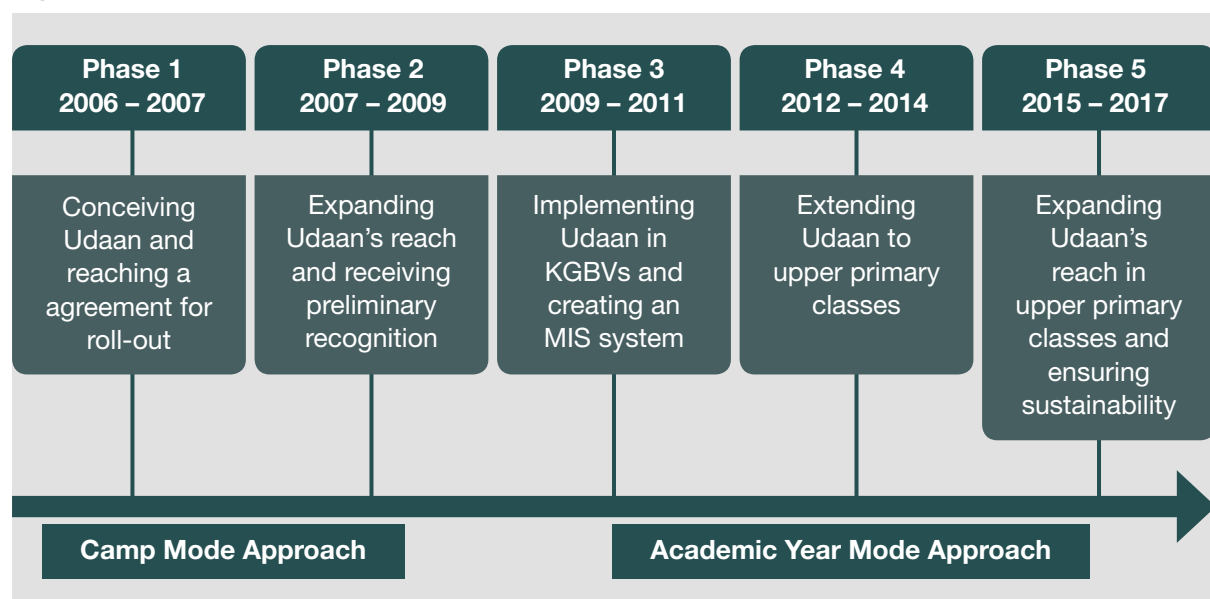


Planning – Horizontal Scale-up

Udaan was established through a true public-private partnership between the DoE, GoJ and C3. While the directive, initiative, and management came from the public sector, C3 provided critical technical support for programme design, implementation, and management. This augured well for the future. C3 set up a programme office in Ranchi, the state capital, with a staff that included one project coordinator, four programme officers, and one programme-cum-administrative assistant. This presence in the state enabled the team to work closely with JSACS and the DoE to implement Udaan in all 24 districts across the state.

Horizontal scale-up (i.e. extending the coverage of the AEP) was planned through a cascade training approach using MTs and NTs, as describe above. C3 built-in safeguards to ensure the quality of cascade training – teaching-learning materials were developed, C3 staff were physically present to provide technical inputs during training sessions, and also to ensure adherence to the agreed duration, content and process of the residential training and retraining sessions. Further, sensitization of DEOs and school principals created an enabling environment for Udaan and the institutionalization of the programme facilitated its progressive expansion to larger numbers of schools in each subsequent phase. C3 planned to monitor ongoing implementation as Udaan was scaled-up to ensure quality and accountability through the integration of a MIS system.

Figure 2: Timeline of the Udaan scale-up process



Udaan: The Decade Long Journey

The need to respond to the emergence of HIV gave impetus to the introduction of comprehensive sexuality education (CSE) in India. [National AIDS Control Organization (2)] Most education programmes which began in the early 1990s addressed this public health issue by focusing primarily on HIV-prevention measures with less emphasis on other important aspects of development, such as puberty, gender, pregnancy and childbirth, and preventing child marriage and early pregnancy. Since then, programmes have been restructured to provide a more comprehensive curriculum on adolescent development and sexual and reproductive health. Based on the lessons learned from the SAEP launched in 2003, which had operated in 850 schools across the state, the GoJ expanded the focused curriculum to include broader life skills-based education content and initiated Udaan in 2006 through the JSACS. On being invited by the Project Director, C3 received a grant in April 2006 from the Packard Foundation to provide technical support to strengthen the SAEP and build the capacities

of district level officials of the DoE and others to effectively implement and sustain the programme. While the Packard Foundation grant was originally intended to support technical assistance for Udaan's roll-out in one district, it was expanded to include all districts in the state in deference to a request from the GoJ.

Phase 1 (April 2006 – March 2007) – Conceiving Udaan and reaching an agreement for roll-out

In the first grant phase, a Core Committee was established in Jharkhand's capital, Ranchi, with representatives from JSACS, the DoE, Academic Council, MTs, NTs, C3 staff, and students of classes 9 and 11. C3 conducted formative research to inform the development of Udaan, comprising a review of the existing SAEP and a needs assessment looking to the future with MTs, NTs, principals, and secondary school students. This research was carried out through individual interviews and focus group discussions (FGDs) in nine schools in Ranchi district. The results are featured in the corresponding box.

Key recommendations from the needs assessment of the existing SAEP to inform development of Udaan

Trainings	➤ Increase duration of training for master trainers and nodal teachers
	➤ Increase participatory content of training methodology
	➤ Make refresher trainings essential
	➤ Tailor training manuals to be age-specific and adapted to the specific context in Jharkhand
Curriculum	➤ Expand curriculum to include issues related to life-skills, adolescent health, nutrition, and common diseases
	➤ Increase curriculum to 30 hours
Implementation	➤ Boost principals' involvement in programme implementation
	➤ Establish a reporting system with built-in feedback mechanism

Based on this review and a curriculum adaptation workshop, it was decided that the existing SAEP's 'Learning for Life' curriculum should be adapted to develop a comprehensive and age-appropriate life-skills-based education curriculum for students in classes 9 and 11. The Udaan Manual underwent multiple rounds of review with the DoE, received formal approval on content, and was published for teachers. Similarly, two separate 20-hour training packages for class 9 and class 11 students, developed through a participatory materials development process, were field-tested and formally approved by the Department of Education.

As mentioned previously, to ensure long-term sustainability the responsibility for implementing Udaan was shifted from JSACS to DoE in April 2007. It was also at this stage that C3 established a regional office in Ranchi, with five programme staff, to closely oversee the project.

In Phase 1, 444 schools were identified for implementation in classes 9 and 11 in consultation with JSACS. District-level stakeholders, including district education officers, in all 22 districts, and 444 principals were oriented through one-day district level meetings. Forty-eight private MTs, comprising non-government organization (NGO) representatives and independent consultants who had undergone a rigorous screening and interview process, were trained by C3 through five-day residential training workshops, in groups of 18-20 participants, to conduct district-level training of NTs. These workshops included several rounds of practice sessions to enhance the MTs' training skills. Each school then identified two teachers as NTs, who were trained by MTs and technical experts from C3 through four-day residential training workshops, in groups of 20-25 participants. In this manner, 757 NTs (613 men and 144 women) from within 444 secondary and senior secondary schools were trained to implement Udaan.

As described previously, implementation of Udaan in schools was originally intended to begin in late 2006. However, by the time the delayed materials development and training processes were complete in February 2007, class 9 and 11 students were preparing for

their annual exams. The GoJ was, nonetheless, committed to deliver the benefits of Udaan to current students and, thus, decided to utilize a "camp" mode approach, wherein students completed the entire curriculum in 3-4 weeks in May-June 2007 through several sessions per week after their final exams. This "camp" mode approach reached approximately 30,000 students.

At the end of the first grant phase, an evaluation was conducted to assess Udaan's implementation, using a quasi-experimental post-intervention study design (see Table). In August 2007, a mid-term sharing meeting was organized in Ranchi with the JSACS and the DoE to disseminate results from the impact evaluation and share the progress, accomplishments, and lessons learned in Udaan with all stakeholders. It was attended by over 200 participants, including DEOs, a regional deputy director, deputy directors, NGO representatives, media personnel, principals, MTs, NTs, and students.

Phase 2 (July 2007 – June 2009) – Expanding Udaan's reach and receiving preliminary recognition

At the start of the second phase, the GoJ requested C3's technical assistance for an additional three years to expand the programme to a greater number of schools across the state. Specifically, C3 was tasked with developing the capacities of district-level officials of the DoE to effectively implement, monitor, and sustain Udaan in a total of 1206 schools. Owning the programme, the Department of Human Resource Development (DHRD), allocated funds for Udaan from the state's core budget of education for two financial years. A state level Core Committee on AEP was formed to gain political buy-in; as a result, discussion on Udaan was integrated into the agenda of the DEOs' monthly meetings. DEOs were formally designated by Udaan as district nodal officers.

Selection criteria for MTs and NTs were expanded and formalized. In particular, it was decided that MTs were to be exclusively selected from within the state government. The

orientation of district-level stakeholders and principals continued and an additional 62 MTs and 1115 NTs were trained, allowing Udaan to reach approximately 200,000 students in 1206 schools across the 24 districts of the state. Through advocacy for support to Udaan in state policies, the state government approved district-level training of NTs and compensated time-off during the summer vacation for over 1100 teachers.

The “camp” mode implementation approach was initially continued in 623 schools. The implementation strategy was then formally switched to a regular “academic year” mode approach in all 1600 schools in 2008, as originally intended, wherein students participated in weekly sessions throughout the school year.

Concurrently, Udaan was recognized as the model AEP in the country. [Gogoi A – personal communication] Upon request from the Government of India, the Udaan Manual and process report were shared with all State Councils for Educational Research and Training (SCERT) across the country to help them adapt and/or replicate the programme in their own states. The Centre also received a note of appreciation from NACO and a request from the Government of India to review the Life Skills Education (LSE) manual, which was developed by the Central Board of Secondary Education (CBSE).

In October and November 2009, two evaluations were conducted to assess Udaan’s implementation in both the “camp” mode and the regular “academic year” mode approaches, using post-intervention impact evaluation study designs (see Table).

Phase 3 (July 2009 – July 2011) – Implementing Udaan in KGBVs and creating a MIS system

At the start of the third phase, the GoJ requested C3’s technical assistance for an additional three years to expand Udaan to KGBVs and develop a MIS system. Each DEOs’ clerical staff was designated as the point person, or Udaan *mitra*, to assist with Udaan’s

programme management and coordination, and was then oriented alongside the DEOs, MTs, and Regional Deputy Directors of Education.

Udaan staff developed information, education, and communication materials, a digitized version of the Udaan Manual, a handbook for programme managers, and implementation guidelines for student-led Udaan Clubs. Visibility and community sensitization of the programme in this phase was ensured through formation of Udaan Clubs, organization of Udaan *Mahotsavs* (festivals/fairs), and national and state-level dissemination of implementation experiences.

In order to ensure regular programme monitoring, MIS that integrated quarterly reporting of school-based Udaan sessions was drafted, piloted, and finalized through a state level workshop. The objective was to institutionalize the MIS in the education system to help managers and administrators monitor the programme at the state, district and school levels in order to ensure a smooth implementation process of the AEP, create ownership and accountability, and foster commitment towards the programme from all key stakeholders. MIS reports were sent out and then collected by each district’s Udaan *mitra*. An evaluation was conducted in July 2010 to assess the implementation and institutionalization of regular MIS reporting of the Udaan programme (see Table).

Advocacy was conducted with the DHRD to mainstream Udaan in *Sarva Siksha Abhiyan*³, and Udaan’s curriculum was introduced in select Bachelor of Education (B.Ed.) colleges. In an effort to reach more adolescents, the Udaan Manual was published for *Kasturba Gandhi Balika Vidyalayas* (KGBVs)⁴, and 25 MTs, 289 NTs, and 24 DGCs from selected KGBVs were trained. Udaan was then implemented in all 198 KGBVs across the state at the time. Additionally, refresher training was conducted for previously trained MTs. In total, Udaan reached 300,000 students in 1485 government secondary schools, higher secondary day schools, girls’ day schools, and KGBVs.

³Government of India’s flagship programme Universalization of Elementary Education (UEE), as mandated by the 86th Amendment to the Constitution of India, made free and compulsory education for children aged 6–14 a fundamental right.

⁴Residential schools set up to provide educational facilities for girls belonging to scheduled castes, scheduled tribes, other backwards castes, minority communities, and families below the poverty line in educationally backward blocks.

A midcourse evaluation was conducted in October 2010 to assess the impact of the Udaan programme on students' knowledge, attitudes, perceptions, and intentions (see Table). Among other findings, the evaluation identified comparatively lower interest as well as attitudinal and behavioural changes among students in class 11 as compared to class 9. Udaan and C3's leadership thus recognized the need to expand Udaan to reach students in upper primary classes (classes 6, 7, and 8). In line with this, a pilot Udaan programme was initiated for students in upper primary classes at Loreto, a private school in Ranchi.

Phase 4 (April 2012 – March 2014) – Extending Udaan to upper primary classes

At the start of the fourth phase, the GoJ requested C3's technical assistance for an additional two years to expand Udaan to upper primary classes. C3 conducted a needs assessment with over 800 upper primary students in six selected districts, and found positive results, with 84%, 93%, and 84% of students expressing desire to know more about communication and relationship building, changes during adolescence and peer pressure, respectively. Based on this, C3 proceeded to draft a framework for an Udaan Manual for upper primary classes and engaged state-level officials in a consultation process.

An additional 200 NTs were trained and Udaan was rolled out in select middle schools and all residential KGBVs. The MIS was expanded to incorporate information on implementation in upper primary classes. In this phase, Udaan reached a total of 1,788 schools, which included government middle schools, secondary schools, higher secondary day schools, girls' day schools, and KGBVs.

Phase 5 (July 2015 – June 2017) – Expanding Udaan's reach in upper primary classes and ensuring sustainability

At the start of the fifth phase, the GoJ requested C3's technical assistance for an additional three years to expand the programme to a greater number of middle schools across the state and ensure sustainability of Udaan. This phase focused on refresher trainings and development of evaluation indicators for upper primary classes. Additionally, through the inclusion of Udaan's curriculum in select B.Ed. colleges, a total of 600 trainee teachers have been trained on adolescence education content.

Recognizing the achievements of Udaan thus far, the GoJ has invited C3 to join the State Review Mission on Quality Education. In August 2016, Udaan was also selected by India's Ministry of Health as a "Good, Replicable Practice and Innovation in Public Health Care Systems". [Gogoi A – personal communication]





Managing Scale-up

Organizational approaches

The Core Committee, established by the GoJ, was made responsible for planning, strategizing, implementing and reviewing progress of Udaan after the 2007 transfer of responsibility to the DoE. The DoE utilized the capacity of existing government staff by assigning responsibilities and establishing accountability mechanisms to facilitate smooth implementation of Udaan. Meanwhile, C3 set up a project office in the state capital, Ranchi, to work closely with JSACS and DoE to implement Udaan in all 24 districts across the state. Local staff performed the key function of interacting with DEOs and the leadership in schools, and ensured that key state government officials were regularly informed about progress and kept fully updated. They also supported the development and implementation of plans, and anticipated and solved problems as they arose. C3's technical expertise in designing Udaan and ability to expedite progress within the political, social, cultural and economic context of the state were central to the scale-up success of the programme.

Monitoring and evaluation

Performance review of Udaan was carried out at the state level by the Core Committee while at the district level, DEOs monitored and

supervised the programme with the help of the Udaan Mitras. The DoE also involved district gender coordinators (DGCs)/additional district programme officers (ADPOs), under the *Sarwa Shiksha Abhiyan*, in monitoring the programme in KGBVs. C3 placed monitoring and evaluation at the forefront of its priorities and developed a dynamic school-based MIS. C3 trained programme staff to use the MIS and also provided oversight for Udaan monitoring. This reporting was ensured by the DEOs, who had direct oversight of the schools. Additionally, monthly monitoring was conducted at the district-level principals' meetings and at the state-level DEOs' meetings. Midterm sharing meetings, organized by the JSACS and the DHRD, were attended by various stakeholders including DEOs, regional deputy directors, school principals, MTs, NTs, students, NGO representatives, and media personnel to review progress and plan for subsequent stages. The MIS system was revised with mid-course modifications.

Four mid-course evaluations were conducted, one evaluation each in Phases 1 and 2 and two evaluations in Phase 3, and the results, which are described in the corresponding table and discussed later in more detail, were used to revise strategies for each subsequent phase. The programme remained dynamic as the scale-up effort progressed and used an ongoing agenda of learning to shape and reshape the programme. In a very real sense C3 learned by doing, and in turn used this learning to shape what it subsequently did.

Resource generation

Udaan's secure and sustained funding sources were critical to ensuring that scale-up occurred and was sustained. GoJ allocated funds and provided existing infrastructure for implementation at the field-level. The programme was managed by pre-existing government staff and carried out by public sector teaching staff. Additionally, the GoJ paid for the production and dissemination of educational materials for training and supporting teachers. This provided a solid basis for sustainability. Further, Packard Foundation sustained financial backing, growing from the initial grant in 2006 to funding for a total of five phases of C3's technical assistance to the state-wide implementation of Udaan, enabled C3 to provide the government with support that was crucial to Udaan's efforts – advocacy, curriculum development, support for quality teacher training and mentoring, and monitoring.

Advocacy and dissemination

Recognizing the importance of transparency and visibility, Udaan took specific actions to increase positive public support for the programme. It formed Udaan Clubs and organized Udaan *mahotsavas* (festivals/fairs) in each administrative division. It also shared its implementation experiences through annual reports, evaluation reports, and at conferences and workshops.

Implementation challenges

Although Udaan was an evidence-based programme implemented through an existing system by an organization with experience and credibility in the field and with pro-active support from the GoJ, it faced some challenges in the course of its implementation. Transfers, retirement, slow recruitment and other responsibilities of staff, such as electoral monitoring and census counting, led to limited availability and retention of trained NTs and delays in implementation.

A significant challenge to Udaan's implementation was the periodic backlash stemming from misunderstandings about the content of its curriculum. DoE formally reviewed and approved the content of Udaan's curriculum so as to counter negative reactions from society and the media while JSACS, DoE, and C3 established specific plans for action. The state government departments collected evidence from MTs, NTs, and students on the successes and challenges of Udaan, using assessment tools developed with C3. Even in 2007, when AEP were suspended in 11 states because of a controversy raised by India's media against sexuality education for adolescents in schools, rousing fears that such education would lead to sexual experimentation, Udaan was able to provide a timely and appropriate response and resume its activities. The JSACS and the DHRD issued press statements and clarifications and were well prepared to face questions about Udaan in the Monsoon Session of the State Legislative Assembly. Both C3 and state government officials sensitized the media and community leaders to the need for the programme. Negative reactions on this scale were not repeated thereafter. While these challenges caused delays in Udaan's implementation, they also raised the ownership of the programme by the GoJ, which facilitated later integration of Udaan processes into existing operation structures.

Impact of the Planning and Management Strategies on Scaling-up and Sustaining Udaan

The activities and strategies employed by C3 and Jharkhand's Department of Education at each level of government and society were critical in achieving the scale-up and sustainability of Udaan throughout the state. These concerted actions, including advocacy, directives from government offices, development of materials, capacity building, implementation, monitoring, and dissemination of results and learnings resulted in key outputs and outcomes, as described in the table.

Objective: State Level – Create an enabling policy environment

Inputs/Activities	Outputs/Outcomes
Advocacy with state government for support to Udaan in state policies	<ul style="list-style-type: none"> » Udaan officially launched by Chief Minister - Dec. 2006 » DoE approved Udaan manual – Jan. 2007 » DoE approved: <ul style="list-style-type: none"> ■ district level training and four days of compensatory time off for NTs during summer vacations 2007-08 ■ Udaan roll out in all 203 KGBVs – Sept. 2009 ■ Udaan roll out in 303 middle schools – Nov. 2013 ■ Udaan clubs roll out in all Udaan schools – Aug. 2009 ■ state-specific implementation calendar for Udaan - May 2009 » State Education Support Mission (SESM) teams reviewed Udaan in 24 districts – Aug. 2015
Advocacy with state government for financial support to Udaan	<ul style="list-style-type: none"> » JSACS allocated Rs. 598,000 (2007-08; USD14,860), 1,200,000 (2008-09; USD26,134), and 900,000 (2016-17; USD13,106) and printed 500 copies of the Udaan manual for distribution amongst NTs in KGBVs » DoE allocated Rupees 1,000,000 (2009-10; USD21,089), 1,000,000 (2010-11; USD21,940) and paid for training of 306 NTs from 203 KGBVs (Rupees 500,000; USD10,970)
Advocacy with state government to designate dedicated staff for Udaan	<ul style="list-style-type: none"> » Core Committee included representatives from DHRD, Department of Health, and the State Academic Council - Nov. 2007 » Director of Secondary Education, SCERT responsible for all administrative directives on AEPs - Nov. 2007 » One Jharkhand Education Project Council (JEPC) staff appointed to coordinate Udaan implementation in KGBVs and middle schools - Jun.2010 » DoE approved: <ul style="list-style-type: none"> ■ designation of DEOs (100% districts) as District Nodal Officers and State Nodal Officers - Nov. 2007 ■ training of teachers from within the education system as MTs - Oct. 2007 ■ designation of one staff per District Education Office as Udaan <i>Mitras</i> - Aug. 2009
Design of Udaan	<ul style="list-style-type: none"> » State-specific curriculum (Nov. 2007), IEC, and reference materials developed with key stakeholders from DoE, NGOs/CSOs (May 2011) <ul style="list-style-type: none"> ■ 100% of Udaan schools using curriculum ■ 100% of Udaan schools have IEC and reference materials
Design of Udaan M&E framework in alignment with state MIS	<ul style="list-style-type: none"> » State-specific MIS approved by DoE – Nov. 2009 » State directive issued for: <ul style="list-style-type: none"> ■ roll out of quarterly MIS and quarterly implementation reports – Nov. 2009 ■ inclusion of Udaan in state monitoring and quality guideline for KGBVs - Apr. 2014

Objective: State Level – Create an enabling policy environment**(Contd.)**

Inputs/Activities	Outputs/Outcomes
Capacity building	<ul style="list-style-type: none"> » 87 secondary school teachers and 18 middle school teachers trained as MTs - 2006-2014 » 600 trainee teachers trained in B.Ed. colleges – Oct. 2009-ongoing
Dissemination of learnings	<ul style="list-style-type: none"> » Leadership of DoE chaired all state-level events and dissemination meetings - Nov. 2007 - ongoing » State government and NACO shared Udaan content/process documents with all SCERTs and State AIDS Control Societies – Aug. 2008

Objective: District Level – Build the capacities of officials of the Department of Education

Inputs/Activities	Outputs/Outcomes
Capacity building of district level officials	<ul style="list-style-type: none"> » 24 DEOs (100% districts) oriented on Udaan – Sept. 2006-10 » 24 Udaan <i>Mitras</i> (100% districts) trained to assist DEOs – Sept. 2009- 2010
Directives to DEOs for including Udaan as part of monthly meeting	<ul style="list-style-type: none"> » Udaan included in: <ul style="list-style-type: none"> ■ agenda for monthly DEO Principals' meetings (100% districts) – Nov. 2009 ■ administrative review of schools by District Suprintendents of Education and DGCs/ADPOs (100% districts) – Nov. 2009 ■ routine school inspection visits by DEOs, Udaan Mitras, and DGCs/ADPOs – Nov. 2009
Capacity building of Udaan implementers	<ul style="list-style-type: none"> » 100% schools had trained/oriented principals (n=1200) - Sept. 2006-2014 » 100% schools had trained NTs (n=2161 in secondary schools, n=525 in middle schools) – Jan. 2007-2014 » 100% districts have trained and oriented DGCs/ADPOs for KGBVs - Jun. 2010 – ongoing



Objective: Block level – Build the capacities of officials of the Department of Education

Inputs/Activities	Outputs/Outcomes
Capacity building of Block level officials	» Block Education and Extension Officers (BEEOs) in 3 districts appointed to monitor Udaan implementation in middle schools - Jul. 2014

Objective: School Level – Implement Udaan in government schools

Inputs/Activities	Outputs/Outcomes
Udaan implementation	» 1,485 government secondary schools implemented Udaan as part of academic calendar - May 2009
Udaan monitoring	» 100% school principals/KGBV wardens (n=1788) assigned to supervise Udaan – Aug. 2009 » 34.5% government schools submitted quarterly online reporting » 2.4% government schools submitted all three quarterly online reports

Objective: Student Level – Provide life skills and ASRH education through Udaan

Inputs/Activities	Outputs/Outcomes
Attendance	» 300,000 students reached through Udaan » 49.6% students reached through Udaan sessions are female
Change in knowledge	■ 62.2% students aware of ≥ 3 pubertal changes ■ 34.6% students aware of possibility of a girl becoming pregnant after first intercourse ■ 69.0% students aware of male condoms ■ 73.1% students aware of female oral contraceptives ■ 45.5% students aware of Intra Uterine Contraceptive Devices (IUCDs) ■ 43.5% students aware of ≥ 2 descriptions of sexual harassment ■ 49.6% aware of ≥ 3 modes of HIV transmission ■ 45.4% aware of ≥ 3 ways of HIV prevention
Change in attitudes	Education: » 57.3% students with intention to study until graduation » 33.5% students who make own decisions about education Communication with parents: » 79.1% students involved in decision about life partner

Inputs/Activities	Outputs/Outcomes
Change in attitudes (Contd.)	<p>Life skills:</p> <ul style="list-style-type: none"> » 57.5% students reporting positive self-efficacy » 49.5% students with high leadership skills <p>Gender:</p> <ul style="list-style-type: none"> » 69.9% students who believe that household work should be shared » 60.1% students who believe that reproductive decisions should be joint » 34.9% students who find no justification for gender based violence <p>People Living with HIV and AIDS:</p> <ul style="list-style-type: none"> » 57.3% students who accept positive attitudes towards PLWHA <p>Peer Pressure:</p> <ul style="list-style-type: none"> » 58.7% students who perceive positive pressure by peers » 50.9% students who perceive negative peer pressure by peers <p>Substance abuse:</p> <ul style="list-style-type: none"> » 71.8-78.2% students who do not use any substances

Impact of Udaan on Students' Knowledge, Attitudes, and Behaviors

Over the course of Udaan's implementation, five evaluations were carried out, comparing students exposed to Udaan sessions ('Intervention') to students who had not been exposed ('Control'), examining post-session performance of students, and assessing the implementation of the MIS system.

	Evaluation 1 Aug 2007	Evaluation 2 Oct 2009	Evaluation 3 Nov 2009	Evaluation 4 Jul 2010	Evaluation 5 Oct 2010
Aim	To assess the impact of the Udaan Programme on students' life skills and reproductive health knowledge, attitudes, and behaviour	To assess the levels of knowledge, attitudes, perceptions, and intentions amongst students exposed to Udaan and to assess programme quality and effectiveness	To assess the impact of the Udaan Programme on students' knowledge, attitudes, perceptions, and intentions and to evaluate the programme quality and effectiveness.	To assess the implementation and institutionalization of regular MIS reporting of the Udaan Programme	To assess the impact of the Udaan Programme on students' knowledge, attitudes, perceptions, and intention of students
Implementation Approach	Camp Mode 2006-2007	Camp Mode 2007-2008	Academic Year Mode 2008-2009	Academic Year Mode 2009-2010	Academic Year Mode 2010-2011

Quantitative Data Collection	Quasi-experimental post-intervention impact evaluation	Post-intervention impact evaluation	Quasi-experimental post-intervention impact evaluation	Pre-post intervention impact evaluation	Pre-post intervention impact evaluation
Sample	Classes 9 and 11 Total: 6,498 students – Intervention group* (2,666) – Control group* (3,832)	Classes 10 and 12 Total: 2,535 students	Classes 9 and 11 Total: 4,023 students – Intervention group* (2,234) – Control group* (1,789)	Classes 9 and 11 Total: 4,371 students	Classes 9 and 11 Total: 2,580 students
Qualitative Data Collection	20 FGDs with Class 10 and 12 students	20 FGDs with Class 10 and 12 students	20 FGDs with Class 9 and 11 students	20 FGDs with 285 Class 9 and 11 students	20 FGDs with 285 Class 9 and 11 students
Sample	125 in-depth interviews (IDIs) with DEOs, principals, MTs, and NTs	45 IDIs with DEOs, principals, MTs, and NTs	63 IDIs with DEOs, principals, MTs, NTs	438 IDIs with DEOs, Udaan Mitras, DGCs/ADPOs, principals, NTs	216 IDIs with DEOs, Udaan Mitras, DGCs/ADPOs, principals, NTs
Key Findings from Quantitative Research	<ul style="list-style-type: none"> - Increase in knowledge of puberty and maturation, HIV and AIDS, and gender equity - Little influence on attitudes or intentions - Low overall knowledge of common diseases - Class 11 students showed greater knowledge on adolescence - Boys showed greater knowledge attainment on HIV - Girls showed higher knowledge attainment on gender equity 	<ul style="list-style-type: none"> - More than half of all students demonstrated self-efficacy and reported positive peer pressure - The majority of students could identify characteristics of puberty and HIV and AIDS - Low knowledge on menstruation, pregnancy, and masturbation - Class 12 students showed higher knowledge on sexual harassment and less intention to study until graduation or higher 	<ul style="list-style-type: none"> - Increase in knowledge of menstruation, HIV and AIDS, and positive attitudes towards people living with HIV and AIDS - Modest increase in intention to study until graduation or higher - No influence on self-efficacy, leadership skills or knowledge about sexual harassment - Low overall knowledge on menstruation, sexual harassment - Class 9 showed greater 	<ul style="list-style-type: none"> - MIS implemented in all 1067 non-residential schools with Udaan - 34.5% of schools submitted quarterly MIS reports - 2.4% of schools submitted all three quarterly MIS reports - Of out-of-school adolescents who reported, the majority have only completed 1-10/27 sessions for Class 9 and 1-10/24 sessions for Class 11 	<ul style="list-style-type: none"> - Increase in knowledge of puberty, ASRH, HIV and AIDS, gender equity - Class 11 students showed increase in intention to study until graduation or higher - Class 9 KGBV students showed increase in self-efficacy - No influence on positive peer pressure - Low overall knowledge on ASRH, HIV and AIDS

Key Findings from Quantitative Research (Contd.)			<p>knowledge attainment on HIV and AIDS and positive attitudes towards people living with HIV and AIDS</p> <ul style="list-style-type: none"> - Class 11 showed greater increase in life skills 	<ul style="list-style-type: none"> - 27% schools formed Udaan Clubs 	
Key Barriers Identified through Qualitative Research	<ul style="list-style-type: none"> - High staff turnover in government departments created delays in the approval process, with a resultant shortened time-frame - Need for MIS - Discomfort and lack of skill of NTs - Lack of female NTs - Need to inform parents to improve programme acceptance 	<ul style="list-style-type: none"> - Need for inclusion of Udaan in Jharkhand Academic Council's academic curriculum to ensure sustainability and prioritization - Need for establishment of criteria for selection of NTs - Discomfort of NTs - Lack of female NTs 	<ul style="list-style-type: none"> - Low attendance rates for three or more topics - Need inclusion of Udaan in Jharkhand Academic Council's academic curriculum to ensure sustainability and prioritization - Need for MIS, IEC materials, and consistent criteria for selection of NTs and MTs - Discomfort of NTs - Lack of female NTs 	<p>For not completing sessions</p> <ul style="list-style-type: none"> - Unscheduled holidays - Heavy rains/ summer/cold - NT on leave - Frequent strikes <p>For programme success</p> <ul style="list-style-type: none"> - Need incorporation of Udaan into regular school timetable - Need further trainings on MIS and Udaan curriculum - Need for follow-up/ review/ supportive supervision mechanisms 	<ul style="list-style-type: none"> - Shortage of NTs - Lack of ASRH-related knowledge of NTs - Discomfort of NTs - Lack of female NTs - Only half of NTs used participatory teaching methods - Need for IEC materials - Need for refresher NT trainings and monitoring from programme officials - Need incorporation of Udaan into regular school timetable - Need to inform parents to improve programme acceptance

*Intervention group: students attending schools included in the Udaan Programme intervention.
Control group: students attending schools not included in the Udaan Programme intervention.

The results, described in the corresponding table, indicate that Udaan successfully improved students' knowledge, specifically related to puberty, HIV and AIDS, positive self-efficacy, and peer pressure. However, Udaan had less influence on knowledge of other topics, such as menstruation, masturbation, and pregnancy. Key challenges identified through qualitative components of the research to the programme's implementation included human resource concerns (for example, high staff turnover, teacher gender imbalance, the need for annual trainings), prioritization of the regular school curriculum, and the need for additional programmatic materials (for example, management information systems, IEC materials). The results from the MIS assessment suggest a major gap in programmatic success, with only 34% schools submitting quarterly MIS reports at the time of the evaluation. Furthermore, the evaluation found that most schools were completing only a few of the Udaan sessions. Lastly, although the percentage of students attending three or more sessions was low, Udaan was well received and students were particularly happy with topics such as life skills, adolescence, HIV and AIDS, and friendship. Sensitization of parents was identified as a key step for the programme's acceptance. NTs showed statistically significant improvements in knowledge and attitudes. Though MTs and NTs claimed that they found C3 training effective, students mentioned that a few teachers were not comfortable with teaching sensitive topics. Some teachers confirmed this sentiment in their interviews.

A number of interpretations emerged from these evaluations. First, given the short duration of implementation for the 3-4 week camp mode approach, it is not surprising that most knowledge attainment was modest and influence on attitudes and intentions was limited. As the programme implementation progressed, the curriculum implementation model shifted from the "camp" mode approach to the "academic year" mode approach in response to these findings. Second, knowledge attainment of certain topics appeared to differ between boys and girls, suggesting that future iterations could consider gender relations and socialization in the curriculum planning to ensure both boys and girls receive messages that resonate effectively. Third, the comfort and skill of facilitators was crucial for programmatic success. Any perceived lack of comfort and skill among the NTs in discussing topics related to sexuality was a strong determinant to achieving impact, as evidenced by the absence of substantial changes to students' knowledge on more sensitive topics, like masturbation and pregnancy. Similarly, four of the evaluations identified the need for female teachers for girls' education on ASRH. However, ethnographic and field experience suggest that the sex of teachers matters less than the trust between teachers and students and the style and comfort of the teacher in approaching and engaging with these themes.



Discussions and Conclusion

The Udaan programme provides an excellent opportunity to examine how a school-based AEP was conceived, determine how it evolved into a state-wide programme, and identify factors that helped or hindered its sustained scale-up, especially in an environment where many similar programmes have failed to do so. Udaan was conceived in a perfect window of opportunity, where school-based adolescent health education programmes had approval from the national government, Jharkhand had a state government that was ready and willing to act on this directive and adapt a pre-existing HIV programme to a broader curriculum, the DoE was able to engage a NGO with expertise in school-based adolescent health education and recent experience working in the state, and there was available funding to support this partnership from the Packard Foundation. Udaan successfully evolved into a state-wide programme because it was always intended to do so, although it did change form throughout this process in the following ways:

- » The department responsible for Udaan switched from JSACS to DoE
- » The selection criteria for MTs changed
- » The delivery approach shifted from the “camp” mode to the “academic year” mode
- » The coordination structure developed with the addition of key personnel at the district level

- » Udaan was expanded to reach students in government secondary schools, KGBVs, and upper primary classes.

The sustained scale-up of Udaan was helped by five key factors: an enabling policy environment, a willing government that supported and operationalized the programme, a knowledgeable and committed NGO partner, sustained funding, and a commitment to constant improvement through evaluation. Meanwhile, the success of the programme was hindered by staff turnover and competition with other commitments, teacher capacity issues, primarily related to discomfort around certain curriculum topics, and the lack of linkages to service provision. Additionally, while Udaan’s rapid expansion did stretch the capacity of the programme to monitor Udaan’s efforts, overall the programme received strong endorsement from all stakeholders and was largely successful in achieving its objectives. To date, Udaan has trained more than 2,000 teachers and reached over 300,000 students in more than 1600 schools in all districts of Jharkhand state.

In interpreting these findings, the key message is that if school-based adolescent health education programmes are to be scaled-up and sustained, they must first be put on the agenda and, subsequently, continuously moved forward, as in the case of Udaan. As Udaan progressed, C3’s

commitment to operationalizing the programme state-wide kept the government engaged, active, and accountable, and the programme was able to move forward effectively, despite the expected ups and downs of programme implementation. Lastly, programmes must be supported by responsive funding mechanisms. The Packard Foundation's willingness to continue funding Udaan, and its support for mid-course adaptations to the programme, was critical to its sustained scale-up success.

The public-private partnership that led to Udaan's successful scale-up has underpinned successful scale-up in other countries as well. In some countries, national governments have led the ASRH programming effort from the front. They have shown the ability and will to move the agenda forward: ability and will that staff members of these units developed either through years of experience as youth workers and service providers, before they became planners and managers or developed as managers, through active engagement and learning over many years. Argentina is a case in point.[Eaur, 2016] In many other countries, while the lead government ministries put in place policies and strategies that enabled action, and were supportive, it was another body (or consortium of bodies) that played the leadership role. Estonia [Kempers, 2015] and Mozambique [Chandra-Mouli, 2015] are examples. In both these countries, consortia of organizations (including international NGOs, their national affiliates and indigenous NGOs) and UN agencies advocated and supported the development of sound policies and strategies. With the support of funding bodies that were equally committed to the effort, they took on the challenge of co-leading the translation of policy into practice. They supported pilot projects and showed that implementation

was feasible, potentially effective and could be undertaken without backlash from the community. They developed work plans and budgets for scaling-up, raised resources and provided support for implementation, monitoring, evaluation and documentation. They advocated loudly or quietly, as required and they stayed the course. In doing so, they helped build the credibility, commitment, comfort and capacity of their government counterparts.

The primary limitation of this evaluation is the exclusive reliance on reports, evaluations, and key informant interviews from the programme itself. As such, it was not carried out using external documentation or key informants external to C3. However, this participatory documentation and evaluation allowed the paper to ascertain a level of detail and analysis that may not have been possible without the involvement of programme staff from the GoJ and C3.

Moving forward, Udaan will need to consolidate its efforts to remain sustainable state-wide and continue to emphasize monitoring and evaluation at each level. It will need to safeguard quality in terms of training, teaching, monitoring, and evaluating and ensure that the programme continues to extend its reach to include all adolescents in the state who can benefit from its life skills-based education curriculum. Other programmes in India and elsewhere can benefit from learning from Udaan's experience and should commit themselves to a similar level of monitoring, evaluation, and documentation, so that the body of evidence on implementation strategies for successful and sustained scale-up of adolescent education programmes may continue to develop.

Appendix: Acronyms and Abbreviations

AEP	Adolescence Education Programme
ASRH	Adolescent Sexual and Reproductive Health
C3	Centre for Catalyzing Change
CEDPA	Centre for Development and Population Activities
CSE	Comprehensive Sexuality Education
DEO	District Education Officer
DLPF	David and Lucile Packard Foundation
DoE	Department of Education
DHRD	Department of Human Resource Development
FGD	Focus Group Discussion
GoJ	Government of Jharkhand
IEC	Information Education Communication
JEPC	Jharkhand Education Project Council
JSACS	Jharkhand State AIDS Control Society
KGBV	<i>Kasturba Gandhi Balika Vidyalayas</i>
LSE	Life Skills Education
MHRD	Ministry of Human Resource Development
MIS	Management Information System
MT	Master Trainer
NACO	National AIDS Control Organization
NGO	Non-Governmental Organization
NT	Nodal Teacher
SAEP	School AIDS Education Programme
SCERT	State Council of Educational Research and Training
WHO	World Health Organization

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