UNFPA Operational Guidance for Comprehensive Sexuality Education:

A Focus on Human Rights and Gender

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Chapter 1. Introduction

1.1 Purpose of the Operational Guidance

The right of access to comprehensive sexuality education (CSE) is grounded in fundamental human rights and is a means to empower young people to protect their health, well-being and dignity. This Operational Guidance sets out UNFPA's framework for CSE, which is one of five prongs to UNFPA's Adolescent and Youth Strategy. It is also linked with the other four prongs, which are focused on: evidenced-based advocacy for development, investment and implementation; building capacity for sexual and reproductive health service delivery, including HIV prevention, treatment and care; bold initiatives to reach the most vulnerable; and youth leadership and participation.

This document guides UNFPA's support to governments and other partners as CSE programmes, both in and out of school, are designed, implemented and evaluated. Building on current standards, it outlines steps to identify priorities, implement actions and evaluate outcomes – providing tools for programme managers and technical advisers.

The Operational Guidance is founded on scientific evidence, international human rights conventions and best technical

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standards so that a common definition of CSE and associated best practices are promoted by the organization in discussions with counterparts.

It highlights the fundamental principles of CSE and elaborates on the essential components. In addition, the Operational Guidance presents and defines four key intervention areas to strengthen the implementation of UNFPA-supported national sexuality education programmes and identifies pathways for building greater capacity within the organization.

The implementation of this Operational Guidance across UNFPA, and in cooperation with our partners, is designed to help achieve the vision of comprehensive rights-based, transformative sexuality education for young people throughout the world.

1.2 CSE Definition and Guiding Principles

In alignment with the 1994 International Conference on Population and Development (ICPD) Programme of Action, the Commission on Population and Development (CPD)–CPD 2009, Resolution 2009/1, para 7; CPD 2012,Resolution 2012/1, para 26 and UNESCO's *International Technical Guidance on Sexuality Education* (ITGSE), among other international agreements, UNFPA defines "comprehensive sexuality education" as a right-based and gender-focused approach to sexuality education, whether in school or out of school. CSE is curriculum-based education that aims to equip children and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development. By embracing a holistic vision of sexuality and sexual behaviour, which goes beyond a focus on prevention of pregnancy and sexually transmitted infections (STIs), CSE enables children and young people to:

- **Acquire accurate information** about human sexuality, sexual and reproductive health, and human rights, including about: sexual anatomy and physiology; reproduction, contraception, pregnancy and childbirth; sexually transmitted infections and HIV/AIDS; family life and interpersonal relationships; culture and sexuality; human rights empowerment, non-discrimination, equality and gender roles; sexual behaviour and sexual diversity; and sexual abuse, gender-based violence and harmful practices.

- **Explore and nurture positive values and attitudes** towards their sexual and reproductive health, and develop self-esteem, respect for human rights and gender equality. CSE empowers young people to take control of their own behaviour and, in turn, treat others with respect, acceptance, tolerance and empathy, regardless of their gender, ethnicity, race or sexual orientation.

- **Develop life skills** that encourage critical thinking, communication and negotiation, decision-making and assertiveness. These skills can contribute to better and more productive relationships with family members, peers, friends, and romantic or sexual partners.

When CSE is started early, provided over time and involves all of the elements listed above, young people are more empowered to make informed decisions about their sexuality, including their sexual and reproductive health, and can develop the life skills necessary to protect themselves while respecting the rights of others.

In various settings, sexuality education may go by other names – such as "life skills", "family life" or "HIV" education or "holistic sexuality education". These variations sometimes imply difference in content emphasis. For example, "life skills" may encompass a focus on caring for sick family members, coping with loss or locally salient issues.

However, the core principles identified in the international consultation report on "Comprehensive Sexuality Education: Advancing Human Rights, Gender Equality and Improved Sexual and Reproductive Health" (Bogota, 2010) must always be present in sexuality education programmes and curricula:

- Respect for human rights and diversity, with sexuality education affirmed as a right
- Critical thinking skills, promotion of young people's participation in decision-making, and strengthening of their capacities for citizenship
- Fostering of norms and attitudes that promote gender equality and inclusion
- Addressing vulnerabilities and exclusion
- Local ownership and cultural relevance
- A positive life-cycle approach to sexuality.

1.3 The Right to Comprehensive Sexuality Education: Policy and Legal Framework

The right to sexuality education is grounded in universal human rights – including the right to education and to health – as established in numerous international agreements, such as the Convention on the Rights of the Child; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination against Women; and the Convention on the Rights of Persons with Disabilities.

The 1994 International Conference on Population and Development (ICPD) Programme of Action explicitly calls on governments to provide education on sexuality in order to promote the well-being of adolescents and specifies key features of such education.[1] It clarifies that such education should take place both in schools and at the community level, be age-appropriate, begin as early as possible, foster mature decision-making, and specifically aim to ameliorate gender inequality. It further urges governments and non-governmental organizations (NGOs) to ensure that such programmes address specific topics, among them gender relations and equality, violence against adolescents, responsible sexual behaviour, contraception, family life, and sexually transmitted infections (STIs), HIV and AIDS prevention.

In 1999, ICPD+5 reinforced and further specified the responsibility of governments to provide formal and non-formal sexual and reproductive health information as part of "promoting the well-being of adolescents, enhancing gender equality and equity as well as responsible sexual behaviour, and protecting them from early and unwanted pregnancy, sexually transmitted diseases including HIV/AIDS, and sexual abuse, incest and violence."[2] The "key actions" and other associated documents reflect the interrelatedness of

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1   ICPD Programme of Action, paras. 4.29, 7.37, 7.41, and 7.47; see Appendix 1 for more specific language and analysis. Available from: www.unfpa.org/public/global/publications/pid/1973.

2   United Nations General Assembly, "Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development", A/RES/S-21/2, 8 November 1999, para. 35(b). Available from: www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD5-key-actions.

sexual health problems (such as STIs/HIV) and human rights violations (such as violence) and clarify that the goals of CSE must incorporate both domains.

Sexuality education policy commitments have also been highlighted in regional high-level documents, including the 2005 Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa[3] (the Maputo Protocol); the 2008 Ministerial Declaration[4] articulating a commitment by all countries in Latin America and the Caribbean to provide sexuality education; and the 2013 Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young people in Eastern and Southern Africa.[5]

BOX 1. ARGENTINA: HUMAN RIGHTS AND GENDER

In Argentina, comprehensive sexuality education is mandated by law. The law, which took three years to enact, was founded both on national laws governing education, HIV/AIDS, and the protection of children and adolescents – and on international standards, including the Universal Declaration of Human Rights, the Convention on Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women.

The enactment of the sexuality education law occurred in the context of other policy changes to strengthen rights and gender equality, such as the legalization of same-sex marriage and women's retirement rights. The law affirms the right of young people to learn about sexuality and obligates the State to ensure that sexuality education is taught in every school, public or private, from kindergarten through secondary school. The law also mandates the content of sexuality education, obliging it to address gender and human rights, as well as biological dimensions.

While many teachers believe CSE to be important, 60 per cent say that they do not know how to teach it. Thus, the law's implementation is accompanied by efforts to provide teachers the tools they need, enabling them first to deal with their own attitudes and understanding, then to teach the curriculum in the classroom, and finally to work with parents, respecting the diversity of families. The Government of Argentina is also focusing on creating a school environment that better protects the rights of all, regardless of gender or sexual orientation, and that guarantees thus, the right to an education.

Since 2008, the Ministry of Education has trained teachers from all educational levels through online CSE courses. During 2012, in line with the National Teacher Training Plan, an intensive teacher training on CSE took place in all provinces with emphasis on north-east and north-west regions that have the highest adolescent pregnancy rates. The Ministry of Education has also initiated a monitoring and assessment process on CSE policies to evaluate progress since 2008.

(Based on presentations and discussion by Mara Brawer, Ministry of Education, and Eleonor Faur, UNFPA Argentina. Updated by the UNFPA Country Office, August 2014.)

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3   The African Charter is available from: www.achpr.org/instruments/women-protocol.

4   First Meeting of Ministers of Health and Education to Stop HIV and STIs in Latin America and the Caribbean, "Ministerial Declaration: Preventing through Education", Mexico City, 1 August 2008. Available from: www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Santiago/pdf/declaration-preventing-education-english.pdf.

5   The UNESCO Summary Report on this Ministerial Commitment – *Young People Today, Time to Act Now* – is available from: www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/east-and-southern-africa-commitment.

1.4 Evidence of Effectiveness of CSE Programmes

Evidence about the effectiveness of CSE drives UNFPA's commitment to strengthen existing sexuality education programmes and to design new programmes, both in and out of school.

To date, most studies define effectiveness in terms of self-reported risk behaviours (such as delayed initiation of sex, decreased frequency of sex, fewer partners, and increased use of condoms and/or other forms of contraception). Several reviews of the literature show that about two-thirds of rigorously evaluated CSE programmes lead to reductions in one or more risk behaviours. Repeated evaluations have further demonstrated that such education does not foster earlier sexual debut or unsafe sexual activity. In contrast, programmes that teach only abstinence have not proved to be effective.[6]

> Evidence about the effectiveness of CSE drives UNFPA's commitment to strengthen existing sexuality education programmes and to design new programmes, both in and out of school. Important findings show that integrating a gender perspective into sexuality education is not only a matter of human rights: It matters urgently for young people's sexual health.

Moreover, reviews have identified a number of characteristics – for example, the importance of participatory pedagogy – that contribute to change.[7] Other features that contribute to positive change when incorporated into sexuality education curricula include:

- Focusing on specific behaviours leading to identified goals
- Providing clear messages about behaviours and presenting information in a logical sequence
- Focusing on specific risks or protective factors that are amenable to change, and on situations that might lead to unwanted or unprotected sex, while enhancing protective skills and encouraging self-efficacy
- Addressing personal values, social norms and perceptions of risk.

The desired outcomes of CSE programmes should be set clearly, based on and evaluated against solid evidence. Effectiveness should be measured against desired outcomes such as reduction in rates of unintended pregnancy, STIs and HIV, and in intimate partner violence; transformation of gender norms and advancement of gender equality more broadly; and empowerment of young people as global citizens who are able to advocate for their own rights.

For the curricula planning stage, critical steps could include assessing local needs, clearly identifying goals and outcomes, involving experts in curriculum development, using a logic model and pilot testing (*for additional information on CSE curricula, see Section 3.3*).

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6   United Nations Educational, Scientific and Cultural Organization, *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators – Volume I: The Rationale for Sexuality Education*, UNESCO, Paris, December 2009, pp. 15, 17. Available from: www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/international-technical-guidance-on-sexuality-education.

7   Ibid., pp. 18-22. Other key characteristics that are relevant during the planning stage include: involving research experts in curriculum development, assessing local needs, clearly identifying goals, using a logic model and pilot testing. Still others suggest focusing narrowly on specific behaviours leading to identified goals; giving clear messages about behaviours; focusing on specific risk or protective factors that are amenable to change; focusing on situations that might lead to unwanted or unprotected sex; addressing personal values, and perceptions of risk and of social norms; addressing skills and self-efficacy; and covering topics in a logical sequence.

Particularly salient are those evaluation studies that demonstrate not only self-reported behaviour change, but also actual reductions in rates of unintended pregnancy or STIs. A 2010 review of evaluation research found that "gender-focused" curricula were substantially more effective than "gender-blind" programmes at achieving these health outcomes.[8]

These important findings echo research demonstrating that gender norms are a "gateway factor" for a range of adolescent outcomes. For example, young people who adopt more egalitarian attitudes about gender roles compared to their peers, or who form more equal intimate heterosexual relationships, are more likely to delay sexual debut, use condoms and practise contraception. They also have lower rates of STIs, HIV and unintended pregnancy and are less likely to be in relationships characterized by violence.[9, 10]

Integrating a gender perspective into sexuality education is not only a matter of human rights: It matters urgently for young people's sexual health. By emphasizing issues of rights and gender, programmes can influence a wider range of outcomes – contributing to reductions in gender-based violence and bullying; promoting safer schools; empowering young people to stand up for their own rights; promoting more equitable relationships between boys and girls, and advancing gender equality more broadly.

1.5 Nine Essential Components of CSE

The international agreements and principles for CSE outlined above, along with evolving research findings, inform the design of effective sexuality education, in both the formal and informal sectors, inside and outside school. They apply both to stand-alone approaches, in which the complete CSE curriculum is delivered by one educator and/or with a fixed group of learners, and to transversal or cross-subject approaches, in which different teachers take responsibility for fulfilling different learning objectives and topics within the curriculum.

CSE programmes should be based on evidence and include all of the following components:

(1) A basis in the core universal values of human rights

Sexuality education provides a strategic vehicle for promoting gender equality and human rights, including the right to health and non-discrimination. Even younger learners can grasp concepts of fairness, respect, equal treatment and opportunities for participation, protection of bodily integrity, and freedom from stigma and violence. Attaining an understanding of these concepts will change children's and young people's everyday lives and provide the foundation for a positive approach to personal well-being and social relationships.

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8   *See*: Haberland, Nicole, "What Happens When Programs Emphasize Gender? A Review of the Evaluation Research", Presented at UNFPA Global Technical Consultation on Comprehensive Sexuality Education, Bogota, 30 November 2010. *Also see*: Gay, Jill, et al., *What Works for Women and Girls: Evidence for HIV/AIDS Interventions*, Open Society Institute, New York, June 2010, and the associated website: www.whatworksforwomen.org.

9   Rogow, Deborah, and Nicole Haberland, "Sexuality and Relationships Education: Toward a Social Studies Approach", *Sex Education*, vol. 5, no. 4, November 2005, pp. 333-344. Available from: www.popcouncil.org/pdfs/SE_5_4.pdf.

10   Haberland, Nicole, and Deborah Rogow, editors, *It's All One Curriculum – Volume 1: Guidelines for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education*, Population Council, New York, 2009, p. 4. Available from: www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf.

UNFPA considers human rights to be a core component of, not an add-on to, CSE. Curricula and classroom culture, as well as policies and practices within schools and community groups, should consciously set out to foster non-discriminatory environments and encourage norms and attitudes that respect human rights and diversity, including sexual diversity.

By explicitly addressing vulnerabilities, fighting exclusion and recognizing the complexities of young people's lives, CSE programmes can promote equality and rights. This establishes the basis for all young people, including the most vulnerable, to secure their sexual, reproductive and mental health and well-being.

(2) An integrated focus on gender

International agreements mandate that CSE promotes gender equality, while research on CSE confirms this is a key to its effectiveness. Programmes should focus on gender in a number of ways. Gender may be a stand-alone topic within the CSE curriculum, with key subtopics including:

- Defining gender and masculine/feminine gender norms
- How boys and girls are socialized into gender roles, and how gender norms change
- The impact of gender norms in young people's lives, particularly in the family and intimate relationships, and in education
- Messages about gender from the media and religion
- The nature and effects of gender inequality across society, for example, in access to employment, public space and treatment under the law.

International agreements mandate that CSE promotes gender equality, while research on CSE confirms this is a key to its effectiveness. Within the curriculum, gender may be a stand-alone topic or introduced across a range of CSE topics. Beyond the curriculum, a gender focus dovetails with efforts to eliminate harmful gender norms in the learning environment and to help girls stay in school.

When introduced across a range of CSE curriculum topics, gender can be used to highlight the ways it influences puberty, sexuality, sexual and reproductive health, and HIV risk. Key topics may be taught as distinct issues or as part of a unit on, for example, pregnancy or HIV, and can include:

- Unequal power in relationships to negotiate condom and contraceptive use
- Intimate partner (and gender-based) violence, including unwanted and forced sex
- Child marriage and female genital mutilation.

Gender is also a key dimension of communication, assertiveness, intent/goals, decision-making and relationship skills – and teaching on these skills should incorporate a gender perspective. Beyond the curriculum, a gender focus dovetails with efforts to eliminate harmful gender norms in the learning environment and to help girls stay in school.

(3) Thorough and scientifically accurate information

If young people are to protect themselves against negative sexual and reproductive health outcomes, and develop the capacity for healthy, safe and enjoyable sexual lives as they mature, they must have comprehensive and accurate information. Programmes that do not provide comprehensive and accurate information are not fulfilling young people's right to information – and, thus, do not constitute comprehensive sexuality education.

The range of topics on which young people need accurate and comprehensive information includes:

- Human rights and values
- Gender norms
- Sexuality and sexual behaviour, including issues of consent and decision-making, sexual coercion and sexual diversity
- The body, including puberty and human reproduction
- Relationships with family and peers, as well as romantic and long-term relationships
- Communication and decision-making skills, including for refusing unwanted sex, for negotiating and correctly using male and female condoms/contraception, and for seeking guidance and support from parents, as well as regarding substance abuse and sexual risk
- Sexual health, especially STIs/HIV and AIDS, unintended pregnancy, condoms and contraception, as well as, information on how to access health and other support services.

(4) A safe and healthy learning environment

A safe and healthy learning environment – free from bullying, discrimination, harassment and violence – is a sine qua non for effective learning in any subject, but particularly for CSE. Safety is an issue in both in-school and out-of-school settings, including as students/participants travel to the school or learning space and back to their homes. All members of the learning community, including adult staff, must be safe.

Schools and community groups serving children and young people need zero-tolerance policies that reject discrimination, bullying, and sexual harassment/activity between teachers or adult staff and learners. Policies should also be in place for protecting the confidentiality of learners and for reporting abuse. To sustain these policies, appropriate support and training for teachers and staff is also necessary.

(5) Linking to sexual and reproductive health services and other initiatives that address gender, equality, empowerment, and access to education, social and economic assets for young people

Linking CSE programmes to complementary initiatives can reinforce positive outcomes and help to address the structural factors that drive vulnerability. For example:

- Ensuring young people have access to youth-friendly sexual health services
- Ensuring young people know about relevant laws, programmes and services affecting their rights

- Including information within the curricula about processes for changing harmful social norms (e.g., social change movements), as well as providing safe options for learners to contribute actively to positive change
- Working with efforts to develop laws, policies, programmes and enforcement mechanisms to help girls remain in school (e.g., conditional cash transfer programmes), and to protect against sexual harassment or intimate partner violence or homophobic bullying or discrimination in the workplace and public space
- Seeking to protect the viability of these linkages via ombudspersons who can be reached by young people for support
- Linking to the UNFPA initiative for adolescent girls.[11]

(6) Participatory teaching methods for personalization of information and strengthened skills in communication, decision-making and critical thinking

For young people to adopt safer behaviours as a result of education, they must be engaged in their learning process, and be enabled to personalize the information and apply it to their emotional lives, relationships and decisions. CSE, whether provided in or out of school, should employ diverse and interactive methods across the cognitive, affective and skills-based learning domains.

Among the most important skills to teach in CSE are communication, negotiation and decision-making. In addition, because sexual behaviour is so deeply influenced by gender norms – and rethinking gender norms requires personal reflection and analysis – curricula must foster critical thinking skills.

> Change is more likely to take place when a person believes she or he matters and can make a positive difference in the world. Teaching about advocacy can breathe real life into CSE curriculum topics and empower learners as agents in their own lives and leaders in their communities.

Helping young people strengthen their critical thinking and analytic skills is a goal of most education systems and of the many NGOs that focus on education. However, by also promoting critical thinking, effective CSE can contribute to the strengthening of overall academic progress.

One recent case study suggests that developing skills in, and using, these methods can also increase teachers' job satisfaction and motivation, having a positive ripple effect on their teaching beyond sexuality education. Teachers who have learned these methods as part of sexuality education training also report that such methods foster students' connectedness to their teachers and to school.[12] Moreover, fostering the intellectual habits that are necessary for understanding relationships between self, others and society lays the groundwork for a lifetime of informed citizenship.

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11   The "Action for Adolescent Girls" brochure is available from: www.unfpa.org/webdav/site/global/shared/youth/UNFPA%20Action%20for%20 Adolescent%20Girls%20brochure.pdf.

12   *See*: Population Council, "Health + Equality + School Engagement: Scenarios USA Reinvents Sex Education", *Quality/Calidad/Qualité*, Q/C/Q No. 21, New York, 2014. Available from: www.popcouncil.org/uploads/pdfs/qcq/QCQ21.pdf.

(7) Strengthening youth advocacy and civic engagement

There are several powerful ways to involve youth in CSE programmes. One is to involve them actively in the design of programmes to help ensure that the initiatives will be relevant to and address learners' needs. In many places, adolescents serve as peer educators. Also important, but often overlooked, is the inclusion of teaching modules on basic skills for civic engagement and advocacy. Ideally, CSE curricula should integrate lessons about civic participation, gender equality, violence reduction, legal protections, human rights, dignity and diversity.

When a person believes she or he matters, they are also more likely to want to make a positive difference in the world. It may take the form of interpersonal action such as intervening with a relative about to circumcise a daughter or a classmate who is bullying others. Or it may be action on a wider scale, such as young men organizing a public event against gender-based violence. The point is that teaching about advocacy can breathe real life into CSE curricula and empower learners as agents in and of their own lives and to evolve into leaders in their communities.

(8) Cultural relevance in tackling human rights violations and gender inequality

Human rights and gender equality are universal values: relevant and pertinent in diverse settings. However, departures from these values are found in most contexts, for example, unequal power within intimate relationships and across society; gender-based violence; double standards in regard to sexuality; harassment of homosexual youth; differential socialization of girls compared to boys, such as pressures on boys to be in charge and girls to be submissive; and sexual exploitation, including sex trafficking.

In addition, human rights violations and manifestations of gender inequality vary across settings. For example, female genital mutilation, sexualization of young girls, girls' denial of access to secondary school, inheritance laws and child marriage may be more prevalent in one region as compared to another.

Relevance and sensitivity to local settings can be assured if local ownership is built and a wide range of stakeholders – including advocates for gender equality and human rights – are engaged during the curriculum's planning phases.

(9) Reaching across formal and informal sectors and across age groupings

It is important to their success that CSE programmes reach both across the years and wherever young people are. Because attitudes about gender and sexuality form from the primary-school-age years and then tend to consolidate around puberty, it is essential to institute developmentally appropriate education. Many young people – especially girls – are not enabled to continue into secondary school and, typically, these youth are among those most vulnerable to human rights abuses and adverse sexual health outcomes.

Even in settings with high rates of secondary school enrolment, it is often the most vulnerable young people who are not in school or who are more easily engaged outside of the formal classroom setting:

girls who are enrolled in school but behind their grade level for their age because of economic and domestic pressures; young men in gangs; adolescents who are substance abusers; young people with learning disabilities; girls and boys who sell sex for economic survival. This is why international agreements specify that CSE programmes should be provided in community-based settings as well as in schools.

In-school and out-of-school programmes are more of a continuum than a dichotomy. For example, some curricula are delivered on school grounds but not during school hours, while many out-of-school programmes draw their facilitators from local schoolteachers. Moreover, some schools rely on NGOs to present information to students, particularly in countries where the civil society sector is weak; in addition, NGOs must maintain close ties to government in order to maintain their viability and influence.

Non-formal programmes can play particularly strategic roles. Such programmes are crucial for reaching young people who are not enrolled in school, for example, girls and boys living in extreme poverty and girls subjected to early marriage. Out-of-school programmes are often better positioned to meet the learning and social needs of vulnerable youth, whether or not they are enrolled in school. In addition, community-based programmes are often more readily able to reach parents.

1.6 UNFPA's Commitments and Accountability

CSE is one of five prongs in UNFPA's Strategy on Adolescents and Youth[13] and a key priority of the 2014-2017 Strategic Plan.[14] Outcome 2 of the Strategic Plan, commits UNFPA to "increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services." In addition, UNFPA is accountable for "increased national capacity to design and implement community and school based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality."[15]

This accountability will be measured against the number of countries in which all national CSE curricula are aligned with international standards, and the degree to which there is an impact on the outcome-level indicators:

- **Outcome 2, Indicator 1:** Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male).

- **Outcome 2, Indicator 2:** Number of countries that have laws and policies that allow adolescents, regardless of marital status, access to sexual and reproductive health services.

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13   The *UNFPA Strategy on Adolescents and Youth: Towards Realizing the Full Potential of Adolescents and Youth* (2013) is available from: www.unfpa.org/public/adolescents.

14   The *UNFPA Strategic Plan: 2014-2017* is available from: www.unfpa.org/public/home/about/strategic-direction.

15   Output 7, Annex 1: Integrated Results Framework, *UNFPA Strategic Plan, 2014-2017: Report of the Executive Director* (DP/FPA/2013/12). Available from: www.unfpa.org/public/home/exbrd/pid/12131.

CSE is also linked to other Strategic Plan outcomes and indicators including: advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth (Outcome 3); the number of countries with gender-based violence prevention, protection and response integrated into national SRH programmes (Indicator 10.1); the number of countries in which civil society organizations have supported the institutionalization of programmes to engage men and boys on gender equality, including gender-based violence, sexual and reproductive health, and reproductive rights (Indicator 11.2).

Although most governments have some type of CSE programme in place, many such programmes are weak in their design, limited in scope, offered too late in secondary school, or unevenly implemented. Emerging research findings about effective approaches, along with the advent of new resources for implementing these approaches, make this a particularly opportune moment to advance CSE as a basic human right: enhancing its quality and expanding its provision. However, achieving our outcomes requires multisectoral collaboration, especially with the health sector, civil society organizations, human rights commissions, United Nations inter-agency working groups and other structures. South-to-South collaboration is also a priority for implementation.

To assist UNFPA staff who are supporting the design and implementation of effective CSE programmes, the following chapters outline four key intervention areas as elaborated in the theory of change or Output 7 of the Strategic Plan and the Global Positioning System manual for coding of related activities:

- **Key intervention area 1:** Strengthen policies and advocate for large-scale, sustainable sexuality education that is comprehensive and reaches young people both in and out of school

- **Key intervention area 2:** Build technical capacity to strengthen programme quality, with a focus on CSE curricula, pedagogy and teacher training

- **Key intervention area 3:** Enhance protective social factors, beyond CSE curriculum and pedagogy, to encompass young people's learning and social environment

- **Key intervention area 4:** Ensure that CSE programmes include sound monitoring and evaluation components, with due consideration to inequality, gender norms, power in intimate relationships, and intimate partner violence.

The UNFPA Operational Guidance also addresses avenues for strengthening the quality of CSE programming, securing buy-in and building partnerships, multisectoral coordination and developing monitoring and evaluation capacities. Chapters 2-5 provide background information, priority elements and recommended actions related to the four key intervention areas. Country case studies are highlighted in boxes throughout the following pages, and a list of resources appears in the Appendix.

Chapter 2. Strengthening Policy & Advocacy to Support CSE

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Key intervention area 1: Strengthen policies and advocate for large-scale, sustainable sexuality education that is comprehensive and that reaches young people, both in and out of school

Policy and advocacy are synonymous with the commitment and leadership that are necessary to implement effective CSE programmes and to extend their reach from school-based settings into non-formal education. CSE programmes, just like any other intervention, tend to flourish in an enabling policy and legal environment, and well-established advocacy coalitions can play a key role in ensuring strong policies.

In numerous settings, however, support for CSE is lacking due to an absence of clear legal frameworks for school-based programmes, or as the result of real or perceived opposition in the community – and only a small number of countries have the information and guidance that can be used to overcome these challenges.

Sustaining sexuality education programmes over time requires building social capacity and political commitment – the ability of allies and other stakeholders to support CSE, especially when confronted by opposition or changes in government. In the long term, a multisectoral approach is likely to lead to a more comprehensive programme and have a stronger base of support.

Many UNFPA country programmes have requested technical support to strengthen the policy climate for CSE and to ensure that policies address both sexual health goals and human rights and development goals. Chapter 3 offers background information on strengthening commitment and leadership, and provides lists of actions for five priority elements in the area of strengthening policy and advocacy.

2.1 Overview of Commitment and Leadership

Building support for CSE means aiming for multisectoral collaboration and advocating for stakeholders' involvement at all levels – within the ministries of education and youth, among elected officials, the media, parents, religious leaders, educators, youth leaders and NGOs, especially youth-serving and youth-led organizations. This requires mapping stakeholders and researching their positions and the potential to support or oppose sexuality education.

When developing an advocacy plan, it is advisable to ground the strategy in evidence using local data, experiences and arguments. Equally important as reaching out to powerful stakeholders is working with those who are most directly involved and affected. Scaling up cannot be most effectively achieved if it is imposed from above. Consultation and engagement with teachers, parents, young people and community leaders at the local level is essential.

Sustaining sexuality education programmes over time requires building social capacity and political commitment – the ability of allies and other stakeholders to support CSE, especially when confronted by opposition or changes in government. Outreach to the media may help to ensure that messages in support of comprehensive and evidence-based programmes are conveyed. And, in the long term, a multisectoral approach is likely to lead to a more comprehensive programme and have a stronger base of support.

Strengthening commitment and leadership for age-appropriate sexuality education at the primary level should be complemented with advocacy for programmes that reach out-of-school youth. These programmes are particularly important in settings where many young people – typically, girls and those at greatest risk of poor outcomes – are not enrolled in school beyond the primary years. A number of country programmes are already implementing initiatives that aim to engage young men and boys to be advocates for gender equality and sexual and reproductive health. Those initiatives should be examined for how they might augment or contribute to, where appropriate and comprehensive, the CSE effort, particularly for out-of-school settings.

> Strengthening commitment and leadership for age-appropriate sexuality education at the primary level should be complemented with advocacy for programmes that reach out-of-school youth. These programmes are particularly important in settings where many young people – typically, girls and those at greatest risk of poor outcomes – are not enrolled beyond the primary years.

Making comprehensive, rights-based sexuality education mandatory through passage of a law or creation of a policy is huge step, but only a beginning: The policy needs to be implemented and the programme funded in a sustainable fashion. Even if external donor support is crucial during their initiation, CSE programmes should be institutionalized in government plans and budgets. In addition, for government

commitments, policies and budgets to make a difference, it is essential to hold policymakers across all sectors, and within different institutions, accountable.

Very importantly, a partnership between the health, education and youth sectors is essential if CSE programmes are to be linked, as they should be, to youth-friendly services, Providing education without access to sexual health services has proved to be less effective in protecting adolescents and young people from STIs, early pregnancy and sexual abuse, as well as in promoting the behavioural changes that will enable them to better protect themselves.

2.2 Five Priorities for Policy and Advocacy Action

Because many of the young people who are at greatest risk of poor health outcomes are not enrolled in school beyond the primary grades, especially girls, priorities for leadership and policy commitment include: strengthening the policy environment for delivering empowerment-based CSE at the primary level and in out-of-school settings; advocating against child marriage and other forms of gender-based violence; supporting campaigns to help girls stay in school, especially to continue to secondary school.

To these ends, there is a need to build capacity for engaging with stakeholders and fostering political will at all levels – especially within ministries of education, but also ministries for health, youth, women, social affairs and social protection. It is also vital to engage with elected officials, the media, parents, religious leaders, popular figures, educators, youth-serving NGOs, women's groups, and those engaging young men and boys as youth advocates.

Five priority elements and their related actions are outlined in the following list.

(1) Assess the policy environment. Conduct situation assessments of relevant policies at the national and subnational levels – not only for CSE but in such areas as education and gender mainstreaming.

ACTIONS

→ Map the policy environment and look for strategic entry points to build the case for CSE, including identification of key gatekeepers and stakeholders:

- Assess the potential for engaging in education reform and school health policies, for example, drawing on WHO's Global School Health Initiative.
- Assess the attitudes among education policymakers about strengthening substantive emphasis on gender and pedagogic emphasis on critical thinking.
- Include policy/legal questions/items in the situation assessment tool for identifying what is in place and what are the key gaps.

→ In cooperation with key partners – including youth and parents – conduct situation assessments of sexuality education/life skills and other relevant policies such as education

and gender mainstreaming at the national and subnational levels and develop top priorities for action:

- Foster multisectoral collaborations, building on relationships with multiple stakeholders.
- Link to initiatives in other sectors that have overlapping goals, e.g., legal reforms, policies, and national programmes and campaigns to end child marriage, prevent transmission of HIV, promote girls' education and strengthen anti-rape laws.

→ Utilize UNFPA expertise or collaborate with external experts to present persuasive evidence based on international and national laws and policies, human rights principles, treaties and conventions.

(2) Ensure that managers and educators understand CSE – in order to be "comprehensive", sexuality education must reflect international agreements, aligning with ICPD and the core principles and programme components described in the Operational Guidance (*see Section 1.5 for nine essential components*). Work to familiarize country partners with evidence-based rationales for a gender-focused, rights-based, comprehensive approach. Highlight, for example, that CSE has proved to be more effective at achieving positive sexual health outcomes, does not lead to increased sexual activity, and can help achieve academic and other development goals.

ACTIONS

→ Generate and disseminate relevant research briefs for advocacy purposes.
→ Organize and participate in national and regional workshops and disseminate reports widely within UNFPA.
→ Produce case studies of successful advocacy efforts and emphasize new evidence-based approaches and resources for use in global, regional and country-level technical consultations and planning meetings.

(3) Provide leadership in advocating for and establishing large-scale CSE programmes, to be implemented in both formal and informal settings. Basic strategies for advocacy include using local data, experiences and arguments to build a constituency for CSE among influential individuals such as religious leaders, popular figures and journalists. It is also vital to involve parents, for example, by offering them opportunities to participate in sexuality education, giving them a chance to voice their opinions and concerns, and generating data on their support for CSE.

Youth advocates are central to establishing strong CSE programmes. Partner with young people and foster youth leadership and participation, as a right and a necessity. Consult with and involve young people from the beginning of any initiatives – building trust and alliances across generations to secure a critical mass of support for CSE. Young people's capacity for advocacy should be promoted both through involving youth leaders as stakeholders in policy actions and by including lessons on advocacy and rights – especially advocacy for sexuality education and human rights and diversity – as part of CSE curricula.

ACTIONS

→ Build alliances and support at all levels – from the grass roots, to the powerful and influential. Involve parents, teachers and other stakeholders from the start.

→ Utilize the stature of the United Nations, its conferences, consultations and partnerships with other agencies, as a platform from which to advocate for gender and rights-based sexuality education.

→ Support advocacy workshops – with South-to-South engagement where appropriate – on such topics as:
  • Utilizing data
  • Engaging the opposition
  • Promoting gender equality and empowering women (Millennium Development Goal 3)
  • Awareness-raising among journalists

→ Identify and build relationships, political will and capacities of relevant ministry personnel and other stakeholders, including for community-based programmes.

→ Work with local government and civil society organizations to carry out programmes, especially in the absence of favourable national policies or laws.

→ Ally with pioneering civil society organizations that have developed and implemented gender-transformative programmes, such as initiatives that engage men and boys, reach out to youth who are not in school, and prioritize vulnerable girls, including those who are married.

(4) Encourage CSE programmes to establish goals and objectives that align with ICPD and ICPD beyond 2014 Framework of Action.

ICPD Beyond 2014 Framework of Action confirms the ICPD "overwhelmingly supports the consensus that respect, protection, promotion and fulfilment of human rights are necessary preconditions for improving the dignity and well-being of women and adolescent girls and for empowering them to exercise their reproductive rights."

ACTIONS

→ Draw on evidence showing the relative benefits for sexual health indicators when gender equality is an explicit goal or element of a programme.

→ Draw on evidence showing that abstinence-only approaches are not effective, and that CSE does not hasten sexual debut, nor lead to more or riskier sexual behaviour.

(5) Build the evidence base to further inform policy debates and encourage investment.

ACTIONS

→ Identify financial and technical resources for carrying out a select number of rigorous intervention studies.

→ Identify programmes with interest and conditions for rigorous quantitative evaluation (*see Section 5.3.5*), support this research, and disseminate the results.

→ Gather evidence to attain buy-in from different authorities and gatekeepers.

BOX 2. NICARAGUA: WORKING WITH LOCAL GOVERNMENT

BACKGROUND AND PROGRAMME DESCR IPTION: In 1998, a partnership was created between UNFPA and Asociación de Municipios de Nicaragua (Association of Municipalities) to promote young people's reproductive rights at the local level. Over the next six years, Adolescent and Youth Houses (AYH) were created in 23 cities, working outside the formal educational sector to build young people's competence in advocacy, communication and peer education.

OUTCOMES AND LESSONS: An evaluation of the AYH found encouraging results and identified important lessons: In each municipality, a group of adolescents and young people was found to have increased their capacities, while 20 municipalities had budgeted their own resources for AYH activities. Social support from institutional representatives, parents and community leaders began to increase.

The findings showed that it is essential to strengthen capacities for the implementation and sustainability of youth policies and programmes. Not only should sexuality education be linked with everyday life, young people have the right to "learn to how to learn" and should be the main actors in their own learning; they are ready to grow and can rapidly benefit from relevant opportunities. In addition, although municipal governments have tremendous potential to advance policies and activities for young people, including CSE, national resources must make up an increasing percentage of the total cost over time.

The AYH take a rights-based, gender-equity and "competence-based" approach – with main actions focused on the promotion and exercise of sexuality and reproductive rights among adolescents and young people through the development of educational and communication processes, strengthen youth leadership and youth participation, an involvement of local authorities. Accomplishments include:
- Youth networks have participated in the training and are working at the municipal level in various media, including radio, video, writing and theatre – and young leaders are participating in training through a university course.
- Local training teams have completed their training and, in turn, are now training peer educators in each municipality.
- Local authorities have continued to increase their commitment to the programme and to young people, and partnerships with important local NGOs have been strengthened.
- A web page has been designed and is being used to disseminate experiences and to stimulate discussion on relevant issues.

In 2008, the initiative obtained resources from the Government of the Netherlands and the Government of Finland to expand AYH to 43 municipalities. In the long run, the aim is to have an AYH in each of the Nicaragua's 153 municipalities, supported by local budgets. Starting in 2014, through the work coordinated with the Ministry of Youth, the interventions will continue in 12 additional municipalities.

(Based on a presentation by Chantal Pallais, UNFPA Nicaragua. Updated by the UNFPA Country Office, August 2014.)

BOX 3. ARAB STATES: SHIFTING THE INFORMAL SRH EDUCATION MODEL FROM SUPPLY- TO DEMAND-DRIVEN

BACKGROUND: The Arab States region includes 22 countries in the Middle East and North Africa, with a population of more than 350 million – 50 per cent of whom are under age 25. The majority of young people in most of the Arab States attend school, creating tremendous potential for introducing sexuality education, but the subject is so sensitive that few programmes exist in the formal sector.

Despite significant diversity between them, the region's countries share many characteristics: political instability, poor quality governance and weak political institutions, paternalistic societies and profound gender inequalities. Access to health services tailored for young people is limited and largely not oriented to their needs. Across the region, CSE for communities known to be more at risk of poor health outcomes – commonly defined as key populations - such as men who have sex with men, sex workers and injecting drug users – is severely restricted and mainly pioneered through the civil society sector.

Discussion of sex and sexuality is taboo, while rifts in society are deep and persistent – between generations; the religious and the secular; the rhetoric of human rights and the reality on the ground, those with power and those without; and, between professions and within academia. There are contradictions and tensions between traditional values and young people's current experiences and needs, and a substantial need to open up honest and respectful dialogue on these concerns. Notwithstanding the obstacles, progress on implementing SRH education has been made. In the absence of school-based programmes, NGOs have taken up the issue, and young people are finding creative ways to communicate and to use platforms such as the Internet, chat and social media.

PROGRAMME DESCRIPTION: In 2013, the National Centre for Culture and Arts and the King Hussein Foundation established the Regional Centre of Excellence for Theatre Based Peer Education in cooperation with UNFPA. The Amman-based Regional Centre provides technical assistance in the Arab States region and delivers training that is certified by UNESCO's International Theatre Institute.

Y-PEER is a peer-to-peer youth network that connects more than 500 organizations, both governmental and non-governmental, in more than 50 countries in Eastern Europe, Central Asia, the Middle East, North and East Africa, and Asia and the Pacific. Through a combination of experiential learning methods, edutainment, social media and new technologies, Y-PEER aims to shift from a supply- to a demand-driven model for providing SRH education and services.

Through the Y-PEER programme, UNFPA has established itself in the Arab States region as a credible provider of non-formal sexual and reproductive health education for young people.

Starting in 2013, the National Centre for Culture and Arts was set to manage and execute all of the Y-PEER training and educational activities in the Arab States. It will also offer monitoring, feedback and quality control; conduct a series of regional creative workshops with Y-PEER trainers and celebrities; and establish a roster of experts and consultants to provide technical assistance to the region.

OUTCOMES:

- Through the Theatre Based Peer Education approach, UNFPA reached 31,931 young people in Lebanon, 12,000 in Egypt and 18,000 in the rest of the Arab States region.
- Through the Y-PEER "Let's Talk" campaign, UNFPA reached more than 1.4 million young people with SRH messages, training and educational opportunities.
- A training curriculum for celebrities was developed, and 21 "Y-PEER Ambassadors" participated in training. In addition, training on civic participation and citizenship was conducted in Jordan, Tunisia and Egypt.
- Fellowships for 26 youth were provided in nine UNFPA country offices: Djibouti, Egypt, Iraq, Lebanon, Libya, Palestine, Somalia, Sudan and Tunisia.
- During UNFPA's emergency response in the region, Y-PEER worked in refugee camps in Iraq, Jordan, Lebanon, the Sudan and the Syrian Arab Republic. The Y-PEER Training of Trainers Manual for emergency and humanitarian context, developed early in 2013, has also been used as a reference tool in other regions.
- UNFPA supported one subregional and two national Y-PEER training sessions **for young trainers and teachers working** in emergency and humanitarian contexts; training was also provided for 70 trainers, who later led five basic peer-education training sessions in Zataari Camp, Jordan, reaching 120 young Syrian refugees.
- Through the "Live Your Life" campaign in Egypt, UNFPA provided young men and women with information on HIV/AIDS, STIs, child marriage, nutrition and family planning in 240 public schools, including schools in highly conservative Upper Egypt. The campaign provided 7,200 low-income youth with the opportunity to learn about sexual health.

(Update by the UNFPA Arab States Regional Office, August 2014.)

BOX 4. EGYPT: BUILDING PARTNERSHIPS AND ADAPTING TO REALITIES

BACKGROUND AND PROGRAMME DESCRIPTION: Forty per cent of the 80 million people who live in Egypt are 10-29 years old. After dropping for some years, the total fertility rate has reached a plateau at 3.1. Girls aged 15-19 who are sexually active are the least likely to access any form of contraception; the prevalence of female genital cutting is 75 per cent among girls who are 10-29 years old.

The first attempt to provide education about sexual and reproductive health, initiated by the National Council for Childhood and Motherhood in 2003, was not sustained because of a failure to lay the groundwork with advocacy and community outreach. The programme, which sent doctors and social workers into schools to provide information to girls aged 15-17, provoked harsh opposition. Responding to this experience, supporters began to raise awareness of the need for SRH education in the community, reaching out to parents and religious leaders.

The National Council's Adolescent Health Unit established the Reproductive Health Education programme in collaboration with 17 NGOs that work outside of schools throughout the country. UNICEF contributed to development of the programme's curriculum, and a joint UNICEF-UNFPA Youth Advisory Panel offers feedback and guidance to the programme.

The Reproductive Health Education programme now includes boys aged 15-17, and more youth-friendly materials have been developed. Local NGOs have been trained to implement the curriculum as an extracurricular, out-of-school activity, with the National Council acting as a monitoring body. The programme has also started to work with the regional non-governmental network Y-PEER to develop programmes run by young people.

The Egyptian national Y-PEER team trained peer educators based in NGOs and has adapted a regional curriculum developed in Lebanon that incorporates religious perspectives; due to its relatively high cost, however, this programme has been discontinued. UNFPA is still engaged with the Y-PEER network, which includes more than 50 NGOs, covering most of Egypt, to better promote sexual and reproductive health and rights among young people in schools, universities and youth centres using theatre and other interactive methodology. UNFPA is also engaged with the International Federation of Medical Students' Associations - Egypt, which reaches out to young people to raise their awareness about SRH in all of the country's universities.

Recently, UNFPA has started supporting Ma3looma (http://ma3looma.net), an Arabic-language social media platform that uses various channels to reach young people about their sexual and reproductive health and rights, including Twitter, Facebook, YouTube and ask.fm.

OUTCOMES AND LESSONS: One lesson of the experience in Egypt is to not give up, to find ways to talk about important issues – as female genital mutilation, child marriage and stigma – despite the setbacks. Culture is not stagnant, and the challenge is to find ways to introduce difficult issues and begin to make cultural shifts.

In a context in which the education system is fraught with problems and government authorities do not want to be involved in sensitive issues, NGOs play a vital role. In addition, new channels have led to better outreach, and engaging youth leaders has made the messages more relevant to young people. Despite perceived cultural constraints, the ceiling has been raised regarding what young people expect to know about their sexual and reproductive health and rights.

Even after these achievements, however, many barriers exist to rolling out a CSE curriculum. Up to this point, CSE has not been introduced in Egypt in either in-school or out-of-school contexts. This could be overcome by exploring new channels such as social media for the dissemination of sexuality education, and by engaging with young people and ensuring their leadership in the whole process of rolling out a truly comprehensive programme.

(Update by the UNFPA Country Offĭce, August 2014.)

Chapter 3. Building Technical Capacities for Quality CSE Programs

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Key intervention area 2: Build technical capacity to strengthen programme quality, with a focus on curricula, pedagogy and teacher training

Chapter 3 focuses on fulfilling the goals for building quality CSE programmes within schools and in the wider community. It discusses the continuum between formal and non-formal programmes, offers an overview of the situation assessment process, and recommends actions for revising curricula and supporting teachers in using effective pedagogy.

3.1 In-School and Out-of-School Programmes: Differences and Synergies

Quality assurance for in-school and out-of-school CSE programmes has specific potential but faces particular challenges. Curricula in schools may be more formally developed and more systematic, providing, for example, assessment instructions and relatively uniform content to be used by all teachers. However, teachers may lack the training needed to present the material in ways that are comfortable for them and engaging for learners. Further, few countries have formally evaluated their sexuality education programmes and because CSE is

not examinable in most countries, winning investment in maintaining quality – where implementation does occur – may be a challenge.

Community-based programmes and out-of-school initiatives, may operate on a smaller scale, reaching fewer young people, but they often are better at reaching those who are most vulnerable, including girls who are not attending school. It is important to target afterschool programmes accordingly, so that they reach vulnerable youth rather than relatively more privileged groups.

Quality assurance for in-school and out-of-school CSE programmes has specific potential but faces particular challenges. Overall, it is important to recognize the connections and synergies between the two sectors, and crucial to sustain long-term support for assistance and documentation of programmes that are showing promise of delivering desired outcomes.

Out-of-school programmes can introduce content and other elements that are not feasible in school settings, such as workshops, health services, social support activities, information hotlines and joint parent/child activities. In every region and many countries, there are creative and vibrant examples of out-of-school programmes, for example, narrative writing/film-making programmes, advocacy campaigns, and education for parents, including fathers, to empower their daughters.[16]

However, robust needs assessment along with a deliberate focus is needed to adapt content and teaching activities to diverse audiences, who often have disparate learning needs and disparate concerns regarding their sexual health. Details on "coverage exercises"[17] and formative research to identify biases or mismatches between needs and programme design are provided in Section 5.3.

Overall, it is important to recognize the connections and synergies between these formal and non-formal sectors, and crucial to sustain long-term support for assistance and documentation of programmes that are showing promise of delivering desired outcomes.

UNFPA can support country partners by providing technical assistance, convening meetings, and fostering multisectoral links – engaging the education, health and youth sectors; youth-led and youth-serving and women's rights organizations; and those promoting gender equality in general.

3.2 CSE Situation Assessment: Identifying Strengths and Gaps

Situation assessment to identify and prioritize needs is a fundamental step towards improving the quality of CSE curricula, teaching methods and training for teachers. In cooperation with key partners and stakeholders (e.g., parents, policymakers, community and religious leaders), assess the context and situation to identify top priority actions needed to strengthen both in-school and out-of-school programmes. This assessment may include mapping the basic characteristics of sexuality education at the regional, national and local levels, specifically where the population is exposed to such situations as

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16   *For a sampling of out-of-school programmes, see*: "Selected Program Examples" in the Additional Resources section of *It's All One Curriculum*, vol. 2, p. 180.

17   *See, for example*: Weiner, Adam, "Assessing Equity of Access in Programs for Young People", Brief No. 28, Population Council, March 2011. Available from: www.popcouncil.org/uploads/pdfs/TABriefs/28_AssessAccess.pdf

high rates of HIV transmission, intravenous drug use or sex trafficking.

Consider the need for building local buy-in and commitment in all facets of CSE. For example, if teacher skill is identified as a key obstacle to programme success, but there is not a spontaneous demand for capacity-building in this area, investments in advocacy on this issue (involving teachers, principals, education researchers, etc.) may be needed. Given that strengthening pedagogy appears to be one of the most urgent needs in many countries, ensure that the assessment enquires into this issue fully.

Our long-term goals include sustained support for technical and financial assistance to, and documenting of, CSE programmes that show the greatest promise. Where programmes and government ministries have a commitment to a minimum-threshold content package, invest in further strengthening of programme quality. Where commitment to comprehensiveness is lacking, invest in advocacy and in provision of comprehensive out-of school programmes.

Box 5 sets out sample items that can assist with the development of a CSE situation assessment.

BOX 5. CSE SITUATION ASSESSMENT TOOL

A situation assessment can be used to identify key strengths and gaps, prioritize programme goals, and clarify needs for technical support. This tool offers sample questions and assessment methods for UNFPA's CSE strategy.

SITUATION AND NEEDS OF YOUNG PEOPLE

Question to ask: *What are the distinct needs and context of different population subgroups?* This will require gathering demographic information – sex, age, schooling status, marital status, rural/urban – and covering the topics of school enrolment, age at marriage, age of sexual initiation, prevalence of HIV, prevalence of intimate partner violence, and gender norms (*see Section 5.3.1, formative research on target groups*).

How to assess: Secondary analysis of critical data sources, e.g., recently conducted descriptive surveys, census databases, and the UNFPA Adolescent Data Guides (www.unfpa.org/youth/dhs_adolescent_guides.html)

POLICY ENVIRONMENT

Question to ask on policy *content*: *What sexuality/HIV education policies are in place? Are policies in line with ICPD and other international agreements? Do they specify scientifically accurate information? Inclusion of gender issues? What are the parameters (ages/grades, duration)?*

Is CSE examinable? What related policies are in place? Are there codes of conduct for teachers and adult staff? Are there programmes to help girls stay in school? Do young people have access to SRH services?

Questions to ask on policy *process*: *What characterizes the opposition (if any) to such policies/ development of such policies? Which other United Nations agencies have been involved in policy and advocacy on CSE? What other stakeholders may be engaged constructively, e.g., civil society groups, government ministries, parents, youth groups or religious leaders?*

How to assess: Conduct content analysis of existing policies; key informant interviews.

PROGRAMME COVERAGE

Questions to ask: *Are CSE programmes being implemented? Is there equal access? Who is being reached by current programmes, according to age, gender, schooling status, race/caste/class, etc.? Are underserved areas also receiving the programme? Are vulnerable groups receiving the programme?*

How to assess: Interviews of key informants; coverage exercises; process evaluations of existing programmes.

PROGRAMME QUALITY – CURRICULUM AND TEACHER TRAINING

Questions to ask on curriculum: *Does the content reflect the essential components of CSE as outlined in the Operational Guidance (Section 1.5)? Are issues of gender norms/equality addressed both as a distinct lesson and infused across CSE topics? Are teaching methods participatory and learner-centred? Do the curriculum and teaching methods foster critical thinking? Is the programme reliably implemented according to its stated goals and principles?*

How to assess: Content analyses; process evaluations of existing programmes; direct observation; key informant interviews.

Questions to ask on teacher training: *What pre-service and in-service training is provided to teachers on CSE? Is CSE training required? What proportion of teachers receive training in this area? What methods are used to train teachers in order for them to be comfortable discussing the CSE topics? Are teachers learning how to teach using learner-centred, participatory approaches that foster critical thinking skills? Are teachers evaluated on CSE?*

How to assess: Review of syllabi, curricula and requirements in teachers college programmes; key informant interviews; teacher interviews; direct observation.

SAFETY OF THE LEARNING ENVIRONMENT

Questions to ask: *What do existing data say about the learning environment? Are schools gender equitable? Is sexual harassment and bullying tolerated? Is there corporal punishment, either formally or informally?*

How to assess: Key informant interviews; surveys; structured observation of school/classrooms; review of policies governing school safety

GENDER EQUALITY AND CRITICAL THINKING PEDAGOGIES ACROSS SCHOOLING

Questions to ask: *What content and messages about gender are taught outside the CSE classroom? What experience and skill do teachers have with participatory and critical thinking methods?*

How to assess: Review of textbooks, key literature, and social studies/civics/history assignments; analysis of resource allocations for girls' vs. boys' sports, gender stratification in school personnel; direct observation; review of learning standards.

RISK/PROTECTIVE FACTORS IN THE WIDER SOCIAL ENVIRONMENT

Questions to ask: *Are CSE programmes connected with health services? With other social, educational or legal support programmes? Are students taught to advocate, and do they have guided opportunities to practise advocating for, positive social change?*

How to assess: Content analysis of existing school policies; process evaluations of existing programmes; review of learning standards; key informant interviews.

3.3 Updating Curricula

Many CSE curricula utilize a limited range of teaching methods, relying primarily on lecture, brainstorming and role playing. Curricula rarely give young people concrete opportunities to connect – through advocacy or community awareness activities – what they are learning in a classroom to their wider worlds.

CSE curricula vary widely in content and quality, and too few incorporate all the core components identified in international agreements and synthesized in Section 1.5 of the Operational Guidance. Even when human rights and gender equality are addressed, it is often in a superficial manner – lacking depth, placed towards the end of a curriculum, or not infused across other topics; in other words, not treated as a foundational principle. For example, many curricula that have otherwise strong units on communication fail to address the ways in which power imbalances affect communication.

Some curricula convey contradictory messages about gender issues, for example, that women should be able to conduct business but that dressing provocatively is what causes rape, or reinforcing traditional masculine norms for boys. There may also be issues about the curricula's content on human rights, for example, content reinforcing discriminatory attitudes towards homosexuals. Many of those charged with developing curricula recognize the mandate to address gender and rights but lack the technical support to incorporate these issues effectively.

Many curricula fail to provide adequate information about contraception, especially (but not only) emergency contraception and female condoms. **Abstinence-only programmes**[18] are still delivered in many countries despite robust evidence that this approach is ineffective. Such programmes are also more likely to contain inaccurate information about such topics as homosexuality, masturbation, abortion, gender roles and expectations, or even condoms and HIV.

Values are salient for both the policy environment and for curriculum content. Some programmes proudly take a knowledge-based approach believing that they are not promoting any values. But all approaches convey values to some extent. The critical issue is be explicit about those values and ensure that they are consistent with promoting learners' understanding of and belief in gender equality and human rights.

Other types of curricula, generally those that teach abstinence as the only or best method of protection, may be shaped in accordance with certain religious values. Some programmes, such as those that embed sexuality education within a broader life skills curriculum, may be designed to promote a set of values that dovetail unevenly with those needed to underpin successful CSE – creating an awkward balance between, for example, respect, assertiveness, critical thinking, democracy, equality, obedience, patriotism, compassion or faith.

18   The matter of values is salient for both the policy environment and for curriculum content. Messaging about abstinence runs along a spectrum. Some programmes, generally those that teach abstinence as the only method of protection, may shape the content in accordance with certain religious values. Other programmes define themselves as "abstinence-plus", actively promoting abstinence but also offering accurate information about contraception and condoms. (For studying effectiveness, any programmes that teach about contraception and condoms are considered as CSE.) Other CSE programmes have prided themselves on taking a knowledge-based approach and not promoting any values; however, such approaches lack the necessary core for promoting learners' belief in gender equality and human rights. Some programmes, such as those that embed sexuality education within a broad life skills curriculum, may promote a set of wider values, which can dovetail with CSE – for example, respect, assertiveness, critical thinking, democracy, equality, or compassion.

Because of religious or cultural values regarding such topics as premarital sex and/or through a concern to prevent risky or exploitative sexual interactions, some curricula – including some that provide information about condoms – portray sexuality and sexual relationships in an extremely negative light. Such approaches fail to help adolescents develop the capacity and skills needed to enjoy sexuality in a way that is responsible, satisfying and healthy.

Many CSE curricula utilize a limited range of teaching methods, relying primarily on lecture, brainstorming and role playing. In particular, there is often a lack of attention to critical thinking and to learners' reflection about their feelings or how an issue affects their own life. Curricula too rarely give young people concrete opportunities to connect – through advocacy or community awareness activities – what they are learning in the classroom to their wider worlds.

There are three key priorities for updating CSE curricula – these are outlined below along with their related actions:

(1) Support comprehensive content analyses of current curricula where there is need and interest to do so.

This analysis should be conducted in partnership with regional or international experts in CSE curricula. Important activities include:

- Simplify and disseminate an existing content analysis instrument, for example, the one utilized for the Eastern and Southern Africa region curriculum scan.[19]
- Organize and support content analyses to provide countries with constructive feedback for strengthening curriculum content

(2) Ensure that country partners have key curriculum development resources.

There are two publications that can be a primary focus for sharing with UNFPA country partners (*also see the Appendix*):

- *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education* – developed by an international working group and published by the Population Council; available in multiple languages. This resource enables curriculum developers to integrate a gender and rights perspective and a critical thinking approach into sexuality and HIV education. Volume 1 provides flexible content, including a unit for teaching young people about advocacy, complemented by learning objectives, discussion questions and fact sheets. Volume 2 includes guidance on interactive teaching methods and 54 ready-to-use classroom activities.
- *International Technical Guidance on Sexuality Education: An Evidence Informed Approach for Schools, Teachers and Health Educators* – developed by UNESCO; available in multiple languages. Volume I is partly

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19   United Nations Educational, Scientific and Cultural Organization and United Nations Population Fund, *Sexuality Education: A Ten-Country Review of School Curricula in East and Southern Africa*, UNESCO and UNFPA, 2012. Available from: unesdoc.unesco.org/ images/0022/002211/221121e.pdf.

aimed towards policymakers, but also identifies characteristics of effective programmes. Volume II includes a list of curriculum objectives, with topics to address for four age groups. It also discusses stand-alone versus integrated programme approaches.

ACTIONS

→ Help identify and disseminate useful materials.
→ Ensure dissemination of these resources where not already available, and link them to the UNFPA Strategy on Adolescents and Youth (2013).
→ Support translation into local languages where there is a need and interest. For example, Bangla and Chinese versions of *It's All One Curriculum* will be disseminated to UNFPA offices in countries where those languages are spoken.

(3) Convene workshops and support technical assistance to strengthen national capacity in curriculum development.

South-South collaboration may be a particular focus of these activities and can involve peer evaluation and self-assessment of both in-school and out-of-school programmes. Depending on priority needs, the following areas should be addressed:

• Understanding why and how to integrate gender equality and human rights as goals for CSE curricula, infused throughout the content.
• Adopting gender-transformative programmes that focus on spaces for boys and girls where they can reflect and think critically about gender norms including roles and stereotypes.
• Incorporating behaviour change theories that can inform gender/rights-based CSE curricula.
• Identifying and prioritizing objectives and content on risk and protective factors, and identifying and deleting content that is overly judgmental, inaccurate or inessential.
• Teaching young people skills for sexual and reproductive health and rights advocacy, and building hands-on projects into the curriculum.
• Supporting effective and diverse teaching methods that engage learners in personal reflection and critical thinking, including:

   • Adapting content and delivery (use of new media, performance and other platforms) to reach specific target groups, such as young men and boys, and subpopulations, such as married girls or indigenous youth
   • Accessing or developing effective videos and other teaching resources; where there is adequate infrastructure, videos can facilitate discussion of particularly sensitive topics.

ACTIONS

→ Cooperate with partners to arrange training and technical assistance, including UNESCO, the International Planned Parenthood Federation and Save the Children, among others.
→ Expand the network of international, regional and country-level experts who can provide technical assistance and training in CSE curriculum issues. Invite experts to join UNFPA's

roster of consultants.

→ Organize curriculum workshops. Where institutional capacity for follow-through is weak, include adequate time for hands-on curriculum revisions to be completed during workshops and provide follow-up technical support.

BOX 6. NEPAL: INSTITUTIONALIZING CSE IN AND OUT OF SCHOOL

BACKGROUND: In Nepal, about 35 per cent of the population is under 15 years old. Among the girls who are 15-19 years old, 17 per cent are mothers or pregnant with their first child. Among married adolescents aged 15-19, 42 per cent do not have adequate access to family planning and 86 per cent are not using a modern contraceptive method. Every four hours, one girl or woman dies in Nepal due to pregnancy-related complications. Adolescents aged 15-19 are twice as likely to die during pregnancy or childbirth as those over age 20 – girls under age 15 are five times more likely to die.

About 17 per cent of reported cases of people living with HIV are among young people, 10-24 years old. Several studies indicate low levels of comprehensive knowledge of HIV among this age group, at 25.8 per cent for females and 33.9 per cent for males. This suggests, among other issues, a lack of comprehensive sexuality education in schools.

CSE IN THE FORMAL EDUCATION SECTOR: Since 1983, UNFPA has been supporting the Government of Nepal's Ministry of Education to include concepts of population and development in the formal education curriculum. Such support continued until UNFPA's 5th Country Programme (2002-2006), whereby CSE was formally introduced into the secondary and higher secondary education curricula.

To date, Nepal is the only South Asian country in which CSE has been formally introduced in the curriculum and teachers' training. This finding was reconfirmed by the International Planned Parenthood Federation during a presentation on CSE at the National Population Conference, Kathmandu, 5-7 June 2014.

Comprehensive sexuality education is now a mandatory subject in grades 9-10. However, in grades 6-8, CSE is taught through different subjects, such as social studies, creative arts, health, physical education and the environment.

On request from the Department of Education's Curriculum Development Center, UNFPA supported a desk review of the formal school curriculum for grades 1-10, in particular, appraising textbooks and teaching learning materials against the ITGSE (UNESCO, 2009). During the course of the process, it became apparent that the review also needed to address such issues as teachers' in-service training. The report was expected to be finalized and disseminated by the end of August 2014. Key findings and recommendations of the Nepal CSE review are outlined below.

CSE IN CURRICULUM: Nepal's curriculum includes CSE-related topics from grades 1-10 in curricula that, to a large extent, are in line with the ITGSE. However, there are inconsistencies in the topics and in their links to grade and age appropriateness in six major area: (1) relationships; (2) values, attitudes and skills; (3) culture, society and human rights; (4) human development; (5) sexual behaviour; and (6) sexual and reproductive health.

Although there was found to be good coverage of the concepts relating to human development, sexual behaviour, and sexual and reproductive health in lower secondary and secondary levels (grades 6-10), there was only limited coverage of such concepts as relationships; values; attitudes and skills; and culture, society and human rights. Hardly any of the CSE concepts and topics were covered in the primary school level, grades 1-5.

→ *Recommendation:* Revise the curriculum to ensure consistency of CSE topics, linking each grade with age-appropriate and culturally accepted information at the grades specified by the ITGSE. This can take place during the regular revision programme of the Ministry of Education's Curriculum Development Center. The next review will be conducted in 2015 and will cover grades 1-5, while grades 6-8 will be reviewed in 2016 and grades 9-10 in 2017. Textbooks and teachers' guides should also be revised to reflect these changes once they are endorsed.

IN-SERVICE TRAINING: While CSE is included in the curricula, it is not part of in-service training for teachers and currently is being taught by teachers who have no formal training in CSE. In-service training carried out by the National Center for Educational Development (NCED) is basically demand-driven, with only a few critical supply-side training sessions of 10 days, provided in three sets over 5 years. Teacher training manuals were provided and training of NCED trainers was conducted in 2010, but in-service training has not taken place thereafter.

→ *Recommendation:* NCED should require that in-service training on CSE is introduced as a supply subject, rather than limited by a demand-driven approach. Teachers who are teaching CSE without any pre-service training should be included in NCED regular in-service CSE training programmes.

PRE-SERVICE TRAINING: There are fewer teachers with academic majors such as health, physical education and population studies from Tribhuvan University. The existing ones are often teaching different subjects even if they are retained in the teaching profession. This is because of lack of opportunities and absence of compulsory quotas for CSE teachers in public schools.

→ *Recommendation:* Prioritize hiring qualified teachers in health and physical education (who have received a pre-service training/degree) to teach CSE, and establish a compulsory quota should for including CSE teachers.

OUT-OF-SCHOOL PROGRAMME: There is a "flexible schooling" programme for out-of-school children, but CSE topics are limited to HIV and AIDS and only taught in level three. This programme currently excludes many other CSE components.

→ *Recommendation:* Align the flexible schooling programme for out-of-school children with formal curriculum cycles and revisions on CSE, as per the ITGSE standards. The Government's Non-Formal Education Center should ensure that out-of-school young people also benefit from the "Social and Financial Skills" package, which is designed to reach out to children through multi-ministerial sectors. The package was developed by the Ministry of Women, Children and Social Welfare, the Ministry of Youth and Sports, and the Ministry of Health and Population with technical and financial support from the United Nations Children's Fund (UNICEF) and UNFPA Nepal.

(Update by the UNFPA Country Office, August 2014.)

3.4 Promoting Effective Pedagogy and Building Teachers' Capacities

Strengthening skills among both pre-service and in-service teachers has been identified as among the highest priorities in country after country. The majority of CSE programmes queried in one region for example, cited lack of teacher skill as the main obstacle to programme success and/or identified investing in teachers' capacities as a main priority.

According to informants, even if a curriculum specifies use of participatory methods, teachers often lack adequate training to facilitate such approaches effectively, or simply drop those activities or the elements that are participatory and/or that involve learners' personalizing information.

In addition, many teachers and teacher-trainers are uncomfortable with topics of sexuality and sexual abuse. When the methods or content of an effective CSE programme are dropped or down graded in the programme's implementation/replication, it is unlikely that, in its compromised format, the programme will be effective. To counteract this obstacle, teachers and trainers may benefit from being encouraged to reflect on own their attitudes about how gender operates across society – in their own lives and in the lives of their students. As they become more sensitized, many educators come to see themselves as agents of change.

Training large numbers of teachers requires a significant and, to some degree, ongoing investment. In addition, practising teachers, future teachers and community-based educators are generally not reachable through the same institutional channels. Useful mechanisms for strengthening the capacity of educators and education systems are outlined in Sections 3.4.1 and 3.4.2. Many of these recommendations can be undertaken in collaboration with the multiple agencies and actors that have a mandate to provide teachers' training.

3.4.1 Developing resource materials

- Adopt and distribute a set of core competencies, based on the components described in Section 1.5, and disseminate global materials for teaching CSE, such as *It's All One Curriculum*.
- Produce and disseminate to teaching staff a series of briefs, with links to resources, on:

  - Benefits of learner-centred, participatory teaching and critical thinking approaches for CSE effectiveness, and for other outcomes, e.g., academic competencies, student connectedness and retention, citizenship skills and teacher satisfaction
  - The use of distance learning for teachers' training; consider feasibility, infrastructure requirements, how to maintain human interaction/support, and other field lessons.

- Develop and disseminate a list of useful resources in the areas of participatory, critical thinking and CSE pedagogy, including: from international NGOs and donors focused on critical thinking in education; online lesson-plan sharing platforms; print resources; teacher-training experts; and effective, videos and other teaching materials.
- Develop or adapt from what exists, a prototype teacher-training module that can be adapted for in-person workshops as well as for distance learning.
- Identify and profile country case studies of exemplary pedagogic approaches.

3.4.2 Supporting direct training and technical assistance

- Organize training-of-trainers workshops, e.g., for ministry of education training teams who reach school administrators and teachers educators; faculty and administrators at teacher-training colleges; training teams within ministries of youth and sports; and large NGOs that provide CSE for out-of-school youth.
- Disseminate core competencies and other global materials, such as It's All One Curriculum, for use in both in-school and out-of-school programmes.
- Work with ministries of education to align standards for pre-service teacher training with evidence regarding learner-centred, participatory teaching approaches.
- Identify centres of excellence and sponsor South-to-South exchanges. For example, support key partners to attend a gender training institution such as the Gender Development Institute, which is part of the Girls' Power Initiative based in Nigeria, or to access online training through such platforms as the Portal for Gender Equity in Schools (PEGE), based in Brazil.
- Partner with an implementing technical institution, and with other United Nations agencies as feasible, to develop a network of regional master trainers. Facilitate and help organize global, regional and country-based teacher-training initiatives, such as workshops, gender-training institutes, distance-learning modules or master-teacher consultations (*see Appendix for links to resources*).
- Invest in advocacy – involving teachers, principals, education researchers and others – in situations where teachers' skills are viewed as a major obstacle to programme success, but there is no spontaneous demand for capacity-building in this area.

BOX 7. CENTRAL ASIA: IN-SCHOOL SEXUALITY EDUCATION IN KYRGYZSTAN, UZBEKISTAN AND AZERBAIJAN

In **Kyrgyzstan**, the Healthy Life Style (HLS) curriculum was developed for vocational education students and school students in grades 6-11. Piloting for HLS began in 2011, and the curriculum was approved by the state agency on vocational education in 2013. The curriculum includes a comprehensive component on sexual and reproductive health (SRH) education and is based on a series of manuals that were developed in 2011: HLS for teachers; SRH for peer trainers; and prevention of HIV and drug abuse for dormitory mentors.

In 2012, the manuals were tested and piloted in nine vocational schools in Bishkek, and according to the Strategy on HLS of the vocational education system, they were recommended for further integration under 20 HLS academic hours. By 2014, HLS teachers, peer trainers and dormitory mentors from 55 vocational schools out of 110 were educated on using the curriculum and are in the process of integrating it at the local level.

In 2013, UNFPA – together with UNESCO, the United Nations Development Programme and GIZ supported development of a toolkit on Healthy Life Style with integration of SRH issues. Based on the ITGSE and adapted for the country context, the toolkit was designed for schoolteachers working with students in grades 6-11 and was approved in 2014. It will be piloted in selected schools throughout Kyrgyzstan and is expected to increase awareness and build skills of school students on SRH issues, including HIV prevention and family planning.

The lessons learned in Kyrgyzstan include:

- Both sexuality education and youth-friendly services need to be available for a comprehensive approach.
- All sectors need to be involved, including government, youth activists, NGOs, international organizations, community groups, the business sector and the media.
- Joint advocacy efforts involving all partners are crucial.
- Government commitment and support of key decision makers to promote and integrate the HLS curriculum are vital for ensuring sustainability.

The primary obstacles included the absence of a supportive legal environment that would enable adolescents and youth to access adequate and proper SRH information and services. In addition, a curriculum on sexual and reproductive health is not mandatory in schools. The challenge is thus to make the programme a policy of the Ministry of Education.

In **Uzbekistan**, the programme on health education was launched in secondary schools in 2002, but implementation was uneven. Since then, a multi-pronged strategy of advocacy, capacity-building, institutionalization, partnership building and national scale-up has led to systematic expansion of the programme. The curriculum has been revised and a pool of teachers prepared to present it. In short, plans to develop new materials, increase involvement of parents, achieve inclusion of the basics of sexual health education in the post-graduate education of schoolteachers, and revise of the curriculum according to international guidelines will be available.

In both Kyrgyzstan and Uzbekistan, progress has been made, but obstacles remain. The trend is towards expanded coverage and an increasing focus on rights or gender. But none of the programmes is mandatory and

opposition to providing SRH education persists.

In South Caucasian **Azerbaijan**, an in-school comprehensive educational programme has been part of the curriculum in grades 9-11 since 2001. In 2003, the textbooks were revised to include more attention to reproductive rights, gender and youth participation. An out-of-school peer-led initiative is organized by the Y-PEER network. The Ministry of Education and the Ministry of Health are collaborating on training and materials development.

The next steps for building on these accomplishments are to: support the Azerbaijan Peer Education Network (AzPEN), develop a national out-of-school peer education curriculum, and launch an officially recognized peer education certification programme. In the long run, the aims are to ensure youth empowerment and involvement and to pass the draft law on reproductive health that failed to receive parliamentary approval in 2010.

(Based on presentations by Tatiana Popovitskaya, Reproductive Health Alliance, Kyrgyzstan; Ulugbek Zaribbaev, UNFPA Uzbekistan; and Teymur Seyidov, UNFPA Azerbaijan. Updated by the respective UNFPA Country Offices, August 2014.)

BOX 8. MONGOLIA: DEVELOPING EXPERTISE AND A NEW CURRICULUM

BACKGROUND AND PROGRAMME DESCRIPTION: Thirty per cent of the 2.7 million people of Mongolia are young (aged 10-24). Enrolment in high school and literacy are high, at about 98 per cent. The country underwent many social, economic and political changes after the collapse of socialism in 1990. As it opened up to the world, Mongolia saw an increase in early sexual activity, as well as increases in unintended pregnancies and STIs.

In 1998, the Government of Mongolia made a commitment to provide sexuality education in schools from the grades 3-10. With UNFPA support and technical assistance from Margaret Sanger International, it decided to invest in training of national experts who could then develop their own sexuality education curriculum. To develop the curriculum, they gathered information about adolescents' knowledge and attitudes through a baseline survey. The curriculum was then piloted in selected schools.

Meanwhile, the project team conducted advocacy with the Ministry of Education, Culture and Science, the Ministry of Health, and school principals; developed materials for teachers, students and parents; and created a training programme for health educators. During 1998-1999, the team trained 20 master trainers. The course covered sexuality and gender, and built skills in counselling and teacher training. It also required practice-teaching the content in secondary schools and supervised training for teachers.

Participants' comments on the course reflected greater understanding of gender issues, as shown in the following examples:

It was very different from what I expected. I had understood before that sexuality is more about sex preventing pregnancy or STIs. During the training, I began to understand that sexuality is about the whole human life. (Master trainer)

After training I understood that my attitudes towards sexuality have changed a lot. For example, homosexuality was always very strange to me. I thought it was wrong and not a normal thing. Now I can talk freely with other people about these topics. (Master trainer)

OUTCOMES AND LESSONS: The centralized nature of the education system in Mongolia has created a powerful opportunity to scale up sexuality education, particularly as schools are required to implement the sexuality education curriculum.

From 1999-2004, 680 teachers in provinces throughout the country received an 80-hour training course for the programme, and identified four essential elements during the training:

1. Recognizing that the topic is complex and requires multiple areas of learning, such as psychology, physiology and sociology
2. Introducing and fostering interactive teaching methods
3. Exploring the teachers' own values and beliefs
4. Supporting teachers to become comfortable with the topics.

The achievements in Mongolia offer the following lessons:

- The advocacy efforts resulted in an increase in the number of hours devoted to sexuality education during 2004-2005.
- The systematic training, including modules on sexuality education, has been institutionalized with the establishment of a training and resource centre at the Mongolian State University of Education.
- The development of a cadre of national experts enabled the Government to develop a programme that is culturally sensitive and meets its needs for curriculum development and training.
- The baseline research contributed to the programme being appropriate and up-to-date.
- In settings where literacy rates are high, printed materials are useful for conveying information to teenagers.

Mongolia is currently undergoing education reform that involves revision of education programmes at all levels, using the concept of lifelong education and based on a policy for ensuring development opportunities for every individual. While providing support to the Ministry of Education, Culture and Science, UNFPA is seeking to formalize and expand life skills-based education programmes. As part of this effort, it led education sector reform and advocacy for "relevant" education, with a special focus on CSE.

(Based on presentations and input by Chimedlkham Tsedevdorj, Ministry of Education, and Uranchimeg Gelegjamts, UNFPA Mongolia. Update by the UNFPA Country Office, August 2014.)

BOX 9. SOUTH AFRICA: CSE WITHIN LIFE SKILLS AND INTEGRATED SCHOOL HEALTH

South Africa has incorporated CSE components in its programmes for both life skills and student health services, as summarized in this case study.

LIFE SKILLS EDUCATION: The HIV and AIDS Life Skills Education Programme in South Africa receives its mandate from the National Policy on HIV/AIDS for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions (1999). The programme has been implemented since 2000 through a conditional grant budget to provinces from the national treasury.

The Life Skills programme is designed to reduce young people's vulnerability to HIV infection and equip them with the knowledge and skills they need to make informed decisions about sexual behaviour. Using both curricular and co-curricular means to prevent and mitigate the impact of HIV and AIDS, the programme is implemented through the "Life Orientation Learning Area" across all grades.

Its key focal areas include training for master trainers; training for teachers; peer education; care and support for people living with HIV; and management support, along with monitoring and evaluation. The curriculum's themes include substance abuse; HIV/AIDS and sexual and reproductive health; gender equity and non-discrimination; and peer pressure and assertiveness.

INTEGRATED SCHOOL HEALTH PROGRAMME: Introduced in October 2012, the Integrated School Health Programme aims to strengthen South Africa's holistic school health services for learners, including a focus on CSE. By providing a more comprehensive package of services, the goal is to address conditions that contribute to morbidity and mortality among students, as well as barriers to learning.

While health services were previously conducted only through health screenings and referrals, this multisectoral programme – jointly led by the Department of Health and the Department of Basic Education – enables students to access a variety of health services within schools, through mobile outreach and through strengthened referrals to community health facilities. Each student is assessed individually and regularly by a school health team that is led by a professional nurse. The school health nurse and team provide SRH services, including contraception and HIV counselling and testing, where appropriate.

The Integrated School Health Programme has strengthened capacities of the Primary Health Care outreach teams, community health workers and Department of Basic Education district coordinators to support a school/community-based child-to-child approach. The programme also develops models for health-promoting schools, and it convenes a national network of health-promoting schools to accelerate replication and support implementation in 25 supported districts.

Key role players include:

- Department of Health – supervisors and facilitators of the Primary Health Care outreach teams, community health workers, School Health Nursery
- Department of Basic Education – health promoters, district coordinators, district-based support teams
- School Governing Bodies and school administrators
- Civil society, communities, parents, teachers and learners.

(Based on UNFPA Country Office update, 2014.)

Chapter 4. Enhancing Protective Social Factors in the School Environment and Beyond

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Key intervention area 3: Enhance protective social factors, beyond CSE curriculum and pedagogy, to encompass the learning and social environment

The wider context in which CSE programmes are implemented inevitably has an impact on, and in turn is affected by, what happens within the programme. While efforts to strengthen CSE must focus primarily on the quality of programmes and the policy climate, the UNFPA Strategy on Adolescents and Youth addresses a range of wider issues, all of which aim to contribute to achievement of international goals and targets for poverty, education, gender equality, maternal mortality and HIV prevention. Several issues overlap so strongly with comprehensive sexuality education that an integrated investment can pay off for CSE programmes, and for achieving the goals shared with other programmatic areas.

> While efforts to strengthen CSE must focus primarily on the quality of programmes and the policy climate, the UNFPA Strategy on Adolescents and Youth addresses a range of wider issues, all of which aim to achieve international goals and targets for poverty, education, gender equality, maternal mortality and HIV prevention.

Moving beyond curriculum and pedagogy to encompass the broader context, Chapter 4 discusses ways to enhance protective social factors. Background information is followed by recommended actions in three priority areas: (1) ensuring a safe and affirmative learning environment for all members of the learning community; (2) mainstreaming gender content and critical thinking pedagogies across subject areas; and (3) addressing selected risk/protective factors in the wider social environment.

4.1 Ensuring a Safe and Affirmative Learning Environment

In many cases, the learning environment exerts effects that contradict the aims of CSE. Some obstacles are structural. Educators are often working with mixed-age groups, large numbers of learners, inadequate material support, and with health problems of their own or of their students. Other hindrances reflect the fact that content may have little effect for those students whose experiences, both inside and outside school, undermine the aims of a curriculum.

An overriding concern in all contexts is providing physical and emotional safety for all members of the learning community. In many settings, girls face sexual harassment and abuse from teachers as well as from male peers. Young people who do not conform to conventional gender roles, especially boys, or who are perceived as homosexual are often subject to bullying and violence. Young people with a disability or who are perceived as being HIV-positive are also vulnerable to being marginalized.

Teachers' own attitudes, including biases about gender norms and their comfort levels for discussing difficult topics, often convey a message that conflicts with the content of a curriculum. When there are fewer girls than boys in a school, it sends a potent message about gender discrimination in the investments parents and communities make in young people. Even when girls are enrolled in school, boys often speak up more, are given more leadership opportunities, and are more likely to continue their schooling to higher grades.

There may also be contradictions between content and the learning "climate". For example, one researcher has noted that not even a highly rigorous academic curriculum can negate the reality that the "substrate of classroom life is social and emotional";[20] another found that an open classroom culture was more important than the curriculum content for shaping positive attitudes towards democracy.[21]

Efforts are needed to enable school and programme leaders/educators to ensure a safe, non-discriminatory and respectful learning environment. The actions in the following list are recommended to help achieve this goal.

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20 Pianta, Robert C., *Enhancing Relationships Between Children and Teachers*, American Psychological Association, Washington, D.C., 1999, p. 170, cited in Sandra L. Christenson, et al., "Best Practices in Fostering Student Engagement", *Best Practices in School Psychology V*, National Association of School Psychologists, Washington, D.C., 2008, pp. 1099-1120.

21 Ichilov, Orit, "Education and Democratic Citizenship in a Changing World", *Oxford Handbook of Political Psychology*, 2003, p. 654, cited in Thorleif Pettersson, "Basic Values and Civic Education: A Comparative Analysis of Adolescent Orientations towards Gender Equality and Good Citizenship", World Values Survey, pp. 4-5. Available through "Search text" view by author at: www.worldvaluessurvey.org/AJPublications.jsp?CndPU-TYPE=1&PUID=101

ACTIONS

→ Include items on learning environment safety in the situation assessment tool (*see Section 3.2*). This may also include assessing other factors such as gender-awareness and human rights.

→ Where needed, support ministries of education, youth, health, women and sports to document safety issues.

→ Support the relevant ministries to develop and evaluate policies and mechanisms to ensure safe learning environments, including child protection in schools. Work with ministerial partners to support training for teachers and staff on enforcing these policies. This will be a high priority in some settings and should aim to establish:

→ Zero tolerance for sexual harassment, sexual relations or physical abuse of learners by educators or other adults charged with responsibility for young people

→ Regulations to identify and report child abuse, backed with training, enforcement, and ombudsman systems to provide youth and families a safe place to report

→ Adequate and appropriate adult supervision of out-of-classroom recreational activities, especially those involving girls.

→ Reinforce these efforts by giving explicit attention to the issue of safe schools within curricula.

BOX 10. GUATEMALA: ABRIENDO OPORTUNIDADES (OPENING OPPORTUNITIES)

BACKGROUND AND PROGRAMME DESCRIPTION: Roughly 70 per cent of Guatemalans are under age 30. Among young people, rural indigenous girls represent a large subgroup nationally. A high percentage of indigenous people, including adolescent girls, are living in poverty or extreme poverty, at 74 per cent and 22 per cent, respectively, compared to 40 per cent and 7 per cent of non-indigenous people (National Institute of Statistics, 2011).

Abject poverty puts tremendous pressure on indigenous girls to work and contribute to the family income. They are often pulled out of school to help with domestic chores and contribute to their family's income-generating activities, such as agriculture and handicrafts. As in the global trend occurring in poor and developing countries, adolescent pregnancies in Guatemala are most common among poor and less-educated girls living in rural communities.

In response to this situation, the Population Council has been partnering with UNFPA to implement the Abriendo Oportunidades (Opening Opportunities) programme in Guatemala's rural and indigenous communities. The programme has reached 8,000 girls in 100 communities and built a network of 100 young indigenous mentors. The Abriendo Oportunidades model is evidence-based and reaches out to girls aged 8-19, including those who are in school, out of school, married, unmarried and teenage mothers. With UNFPA's support, the Population Council designed an evidence-based, multi-year plan (2013-2017) to reach a threshold of poor and at-risk

indigenous girls in rural communities in Guatemala. The scale-up plan will sustain and create safe spaces for adolescent girls to meet on a weekly basis in mentor-guided sessions. Each session will follow the content of a comprehensive curriculum guide designed to build girls' capabilities through different developmental stages. As the programme reaches a significant scale for the first time in its 10-year existence, windows of opportunity will be identified to embed the model in strategic government agencies.

Additionally, efforts are being made to integrate boys into the Abriendo Oportunidades programme by involving them in training to become advocates of the White Ribbon campaign, an international movement to end violence against women and girls, promote gender equality and redefine concepts of masculinity. To date, approximately 50 boys in five Guatemalan communities have become strong advocates of the campaign.

OUTCOMES AND LESSONS: A quantitative household-level evaluation conducted in 36 communities in 2011 documented that the Abriendo Oportunidades programme has led to positive changes for disadvantaged girls, including:

- Sustained school enrolment (72 per cent of participants were in school at the end of the 2009/10 cycle)
- Desire by girls for continued education, (52 per cent want to complete university, and 32 per cent want to complete vocational training)
- Delayed marriage (97 per cent remained unmarried during the programme cycle)
- Change in attitudes to childbearing (94 per cent wish to delay childbearing until after age 20).

In addition, positive social change was shown at the household and community, including: increased female autonomy reflected in parental permission for girls to attend Abriendo Oportunidades events; increased freedom to meet with friends; and girls reporting improved status in the home and participation in school and community activities.

Importantly, girls in Abriendo Oportunidades who were interviewed at end line scored an average of 7.7 on an 8-item scale to quantify their sense of self-efficacy, indicating that post-programme rural, indigenous girls may well possess the self-confidence necessary to adhere to their articulated plans.

Among the lessons that they have learned are to keep the information basic – not to strive for profound knowledge of all aspects of sexual and reproductive health. Instead, focus more on life plans, such as planning to stay in school, to find support for more education, and to not marry or start having children too early.

(Update by the UNFPA Country Office, August 2014.)

4.2 Mainstreaming Gender Equality and Critical Thinking Pedagogies

Translating the commitment to gender equality into a reality requires a robust effort, and schools have a major role to play. Civil society groups and others who have been implementing gender-transformative programmes, including those that engage men and boys to challenge traditional masculine norms, may also be engaged in augmenting curricula and learning opportunities.

Integrating content on gender into CSE is a crucial step. However, education about gender norms and gender equality should not be confined to CSE sessions. It is appropriate – and important – for a gender equality focus to become part and parcel of other (examinable) subjects, week after week and year after year. Some of the issues that should be considered in the process include current as compared to desired norms on or about:

A classroom in which young people develop their critical thinking skills empowers and equips them to question their social context, and challenge the norms and behaviours that undermine their health, well-being and rights. Such education can lay the groundwork for meaningful citizenship that benefits communities and nations – in fostering agency and gender equality, it also contributes towards the health goals of sexuality education.

- Peer pressure to become sexually active or, when active already, to abstain from the use of condoms
- Health-seeking behaviour including taboos due to dominant perceptions of masculinity
- Unwanted/unplanned pregnancy
- Sexual violence
- Bullying at school and in home communities
- Pressure to earn income for family
- In some settings, pressure to join violent male peer groups.

A key issue is to consider is the way in which a culture of learning that involves critical thinking, participatory and learner-centred pedagogies, and open dialogue across the school curriculum can be fostered to contribute towards the goals of CSE. A classroom culture in which students can freely express themselves in a supportive environment builds democratic values, and support for democratic values aligns more closely with support for gender equality than with any other attitudinal variable.[22]

A classroom in which young people develop their critical thinking skills empowers and equips them to question their social context, and challenge the norms and behaviours that undermine their health, well-being and rights. At the broadest level, such education can lay the groundwork for meaningful citizenship that benefits communities and nations – and in fostering agency and gender equality, it also contributes towards the health goals of sexuality education.

The actions recommended in the following list can be carried out in an integrated manner or separately.

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22   Pettersson, Thorleif, "Basic Values and Civic Education: A Comparative Analysis of Adolescent Orientations towards Gender Equality and Good Citizenship", World Values Survey, 2003. Available from: www.worldvaluessurvey.org/library.

ACTIONS

→ Foster mainstreaming of gender in education, in partnership with other United Nations agencies and civil society experts, and capitalize on synergies between CSE, gender equality and education. Identify and encourage partners in selected ministries of education who are favourable towards this effort.

→ Identify, develop and disseminate key messages and learning objectives about gender equality that are appropriate for the local setting, in accordance with opportunities and challenges for CSE programme implementation.

→ Document programme experiences to build the evidence base on the academic, social, economic and health benefits of mainstreaming a gender perspective beyond CSE to subjects across the grades. Develop a policy brief or presentation on the known and potential academic, social, economic and health benefits of mainstreaming gender across the grades and examinable subjects.

→ Develop a two-year plan for workshops and/or technical assistance to support selected ministries of education to revise social studies and/or language arts curricula to infuse a gender perspective throughout, and to train teachers accordingly.

→ Support pilot projects, where there is interest, to amend social studies and/or language arts curricula to infuse a gender perspective throughout, and to train teachers accordingly.

BOX 11. COLOMBIA: RIGHTS, GENDER, CITIZENSHIP AND CRITICAL THINKING

BACKGROUND AND PROGRAMME DESCRIPTION: Colombia has made great strides in increasing access to education. In the view of the national Ministry of Education, quality education contributes to sustainable development and fosters the citizenship capacities of young people: the ability to engage in society and to respect the human rights of all people.

Colombia developed a national plan for sexuality education in 1993, but it was not sustained. From 1998-2003, UNFPA supported various related projects but then in 2005, the Ministry of Education piloted a more comprehensive approach. With the support of UNFPA, since 2008 the programme has been scaled up. It is now transversal, continuous, and taking place both inside and outside the formal educational system. The programme is built on the following values:

- Sexuality is a social construction that defines our understanding and experience of sex, gender and sexual orientation. It is essential to address communication, emotions, reproduction and pleasure from individual, family and societal perspectives.
- Citizenship is essential for the construction and sustenance of peace, democracy and respect towards diversity.
- Education, teaching for competence, requires active, social and creative processes.

The four essential elements of the programme are: (1) to take a positive view of sexuality; (2) to support individual autonomy, responsibility and enjoyment; (3) to promote and achieve gender equality; and (4) to advance human rights. The programme also stresses the importance of the pedagogic methods that foster critical thinking.

OUTCOMES AND LESSONS: To construct a strong programme, the Government of Colombia created an intersectoral commission. Since the education system is decentralized, the commission promoted sexuality education at local levels. After six years, 1,000 communities are implementing sexuality education programmes, 3,800 teachers have participated in training, and more than 91 locally based collaborative teams have been formed. The effort has engaged the health sector, universities and NGOs. In November 2010, the Ministry of Education launched a new four-year plan that prioritizes education in sexuality and citizenship. The Ministry hopes to continue its collaboration with the United Nations, which has provided valuable technical assistance.

After six years of implementation, Colombia's programme for sexuality education and building citizenship – Programa de Educacion para la Sexualidad y Construccion de Ciudadania (PESCC) – has expanded to 71 out of 94 Education Departments. It has consolidated conceptual and pedagogic programme frameworks and relevant operational processes such as institutional strengthening, knowledge management, and social mobilization and communications. Through Law 1620 (2013) and in line with PESCC, a National System of School Coexistence was created to ensure inclusion in the education system of training in human rights, sexuality education, and the prevention and mitigation of school based violence. This new law includes the conceptual and operational guidelines developed by PESCC.

The teachers' education strategy has been implemented through various methods. Pedagogic practices in sexuality education are included during the initial training for teachers, and online courses have been developed

for public servants in the education, health and protection sectors. Through an intersectoral effort, a "pedagogic suitcase" has been developed, which includes guides, materials and tools for working with adolescents and youth on PESCC topics. The training process in the use of these materials was being implemented in 2014. In addition, an external evaluation of PESCC is taking place in order to measure the programme's effects on students, teachers' pedagogic practices and the school environment.

During the 2010 Global Meeting on Comprehensive Sexuality Education, speakers from the Colombian Ministry of Education reflected on lessons learned that are still valid:

- Implementing comprehensive sexuality education in the education system is not easy and requires ongoing effort to build support for it over many years. It is essential to build a receptive external environment through communication and social mobilization efforts. And it is crucial to build receptive environments within schools that favour human rights and gender equity and engender trust and participation.
- At the school level, it is necessary to build institutional support within the schools. This requires building a multisectoral team within the school and developing an operational plan that fits within the larger institutional context. The plan must include monitoring and evaluation.
- The integration of sexuality education into different subjects in the curriculum, a transversal approach, has been found to be most effective.
- The process of building capacity is a continuous one, requiring preparation for sexuality education to be integrated into pre-service teacher training at different levels, as well as conducted by NGOs to those already in schools.
- Sustainability requires partnerships – across sectors of government, within communities and with civil society actors. Of primary importance is building links between the health and education sectors at all levels, particularly at the local level.
- It is not sufficient to work only within schools. A variety of programmes is needed, leading to a cumulative impact. Broad alliances and collaborations among sectors and among various stakeholders – including local policymakers, parents, community leaders and the media – are essential.

The national constitutional and legal framework, as well as national policies in education and in sexual and reproductive health and rights, provides a positive environment for the gender-focused and rights-based approach to sexuality education adopted by the Colombian programme. Feedback from programme participants includes:

I learnt that in this country we can build together, that there is room for all, that there are many things we can still do. (Male schoolteacher)

It enabled me to understand and help other friends, of different sexual orientations, that we're going through the same conflcts but didn't have this experience. (Male school alumnus)

I learnt that sexuality is not a sin, nor something evil, but a part of human decisions, a part of life. (Male schoolteacher)

(Based on presentations by Maria Fernanda Campo, Minister of Education, and Diego Arbelaez, Programme Coordinator, Ministry of Education, Colombia. Updated by the UNFPA Country Offce, August 2014.)

BOX 12. URUGUAY: BUILDING THE NATIONAL CSE PROGRAMME

For more than a century, Uruguay made many attempts to incorporate sexuality education in the school system, but this did not take place until 2005. Since that time, the country's national CSE programme for all levels of education has been incorporated without interruption.

The Uruguayan Sexuality Education Programme's legal framework is based on international agreements and conventions adopted by Uruguay, including the ICPD Programme of Action and the Convention on the Rights of the Child. At the national level, an Educational Public System Resolution was issued in 2005, leading to the establishment of a Sexuality Education Commission aimed to design the sexuality education programme. In 2008, the General Education Law and the Sexual and Reproductive Health Law reaffirmed the importance of continuing with a solid CSE programme throughout the country.

The Commission is responsible for planning, designing and building activities for curricula implementation, and for evaluating the progress and degree of consolidation. Its main strategies are focused on curriculum implementation, coordinating the activities of the four subsystems under the programme, and articulating actions.

The programme's main objective is to implement and consolidate sexuality education at all levels of public education, carrying it out in a progressive, permanent and articulate manner. The programme has three main areas: (1) curricula and its implementation; (2) capacity building and training; and (3) knowledge generation. It is based on a conceptual framework that addresses sexuality education from key principles and perspectives, such as the recognition of sexuality as a fundamental aspect of a person's humanity, and an understanding of the evolving capacities among children and adolescents.

Founded on a human rights and comprehensive approach, Uruguay's CSE programme recognizes the centrality of this effort for development, including health and education, as well as the importance of promoting equal gender relations, respect and autonomy. It recognizes human diversity and the need for the programme to adapt to differences in gender identities and sexual orientation, and geographical location, among others traits. It is understood as a key element for a children's and adolescents' healthy development and for the process of identity development. A pedagogic approach is proposed in order to promote critical thinking and life and communication skills in the students, according to their age and in order to promote their autonomous and responsible decision-making.

Since 2005, UNFPA has provided technical and financial support for the development and consolidation of this process, through advocacy, capacity building, teacher training and material development.

MAIN CHARACTERISTICS AND ADVANCES

The Sexuality Education Commission has adopted CSE strategies throughout the national education system. Each of the four subsystems has its own curriculum and teacher training methodologies, including online as well as in person. Details include:

- *Early and Primary Education:* CSE is incorporated in the curriculum and should be taught by teachers as part of the daily classroom work and also with students' families.

- *Secondary Education:* Trained Teachers work with the teachers of different subjects to incorporate sexuality education at the high school level. Moreover, they work with families and communities, and carry out workshops with adolescents.
- *Technical Education:* CSE is taught as a subject for two hours per week.
- *Teacher Training:* Student teachers participate in a mandatory 30-hour seminar on teaching CSE. There are also CSE teaching courses aimed to include sports teachers, heads of schools and educators of the polytechnic schools in rural areas.

In addition, Reference and Documentation Centers and Departmental Sexuality Education Groups have been established in each of the 19 Uruguayan provinces, in order to decentralize sexual education implementation and promote intersectoral cooperation. There are also different intersectoral mechanisms to coordinate with public institutions, academia, civil society and international organizations. Moreover, research has been carried out and materials published to accompany implementation of the Sexuality Education Programme, aimed to reach families, and children and adolescents with disabilities.

MAIN CHALLENGES
- Teachers' training approach to impart not only the concepts of CSE but also pedagogic skills, critical thinking regarding their own beliefs and opinions, and critical analysis of their educational practices.
- Accomplishing 100 per cent implementation with high quality and from the perspectives and conceptual framework proposed.
- Achieving cultural and behavioural changes. All the cultural taboos and myths constructed during the centuries about sexuality, gender and diversity are not going to be changed in a few years; this requires long-term processes.
- Following up with monitoring and evaluation.

(Uruguayan Sexuality Education Programme – Sexuality Education Commission and UNFPA Country Office, October 2014.)

4.3 Addressing Risk/Protective Factors in the Wider Social Environment

Although the wider social environment may not appear to be directly related to the formal teaching moment, it exerts a powerful influence on young people's sexual health and rights – both in reinforcing norms and by shaping opportunities and challenges. Along with access to sexual and reproductive health services, other environmental factors are part of a constellation of interrelated variables that can influence the reach and outcome of investments in CSE. These factors include access to safe recreational activities and opportunities for leadership; the needs of child-headed households; parents' attitudes towards girls' schooling and marriage; boys' attitudes towards girls, and cyberbullying.

The design and implementation of sexuality education must become more responsive to the ways in which the social environment outside school profoundly influences sexual behaviour and outcomes, especially for girls and marginalized youth. This requires strengthened connections to efforts in other sectors that are pursuing common goals. Related policies and programmes include:

- Referrals to youth-friendly health services with availability of condoms and contraception
- Cash transfers linked to girls' school enrolment, and girls' financial literacy and savings programmes
- Informal schooling programmes for out-of-school youth
- Components that amplify youth voices and participation, through advocacy, writing or video
- Traditional and new media campaigns that promote prevention of gender-based violence, homophobic violence, sexual coercion or abuse.
- Strengthening and enforcing the consequences for gender-based abuses and violations in legal frameworks.
- Efforts to help prepare parents to communicate with their children about sex.

> The design and implementation of sexuality education must become more responsive to the ways in which the social environment outside school profoundly influences sexual behaviour and outcomes, especially for girls and marginalized youth. This requires strengthened connections to efforts in other sectors that are pursuing common goals.

A partnership between the health and education sectors is essential for the development of linkages between provision of sexuality education programmes and availability of youth-friendly services. Providing education without also guaranteeing access to sexual health services including condoms and contraception is less effective and even unethical.
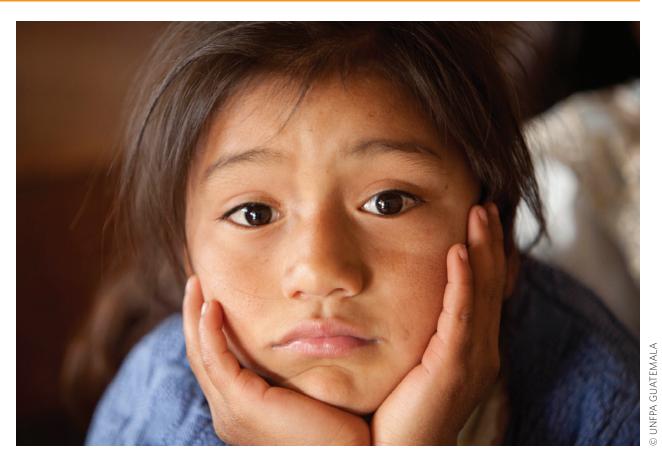
In addition, partnerships can be developed with ministries of youth, sports, gender and health, and with NGOs that support women's and girls' rights and the engagement of men and boys to be champions of gender equality. For example, NGOs such as Promundo, Sonke Gender Justice and other members of the MenEngage alliance, incorporate programmes into CSE efforts, both in and out of school, that address harmful definitions of manhood and masculinity – and engage boys in critical reflections about the meaning of being "real men" and its impact on their own well-being. Public initiatives, quality youth-friendly health services, social institutions, technology/media-based education programmes and strategic media institutions can also be key stakeholders for promoting CSE for out-of-school and other marginalized young people.

ACTIONS

→ Include items in the situation assessment tool for identifying aspects of the social environment that condition vulnerability and that are somewhat mutable to change through intersectoral cooperation. Highlight issues of access to appropriate health services and mechanisms for protecting basic human rights related to the sexual and reproductive lives of adolescents.

→ Partner with other United Nations agencies to strengthen access to appropriate health services, including condom and contraceptive services, safe abortion services, STI screening and treatment, voluntary counselling and testing services for HIV, and services in response to gender-based violence.

→ Partner with other United Nations agencies to strengthen legal frameworks, policies,

budgetary support, access to health services, and other actions to ameliorate conditions that contribute to vulnerability, especially of girls and other marginalized youth.

→ Disseminate case studies of countries (such as Swaziland) that have outlined how diverse sectors can interface to advance the goals of CSE.

→ Build on and reinforce long-term relationships with government and civil society partners to foster links between leaders of CSE programmes that may address specific problems or foster changes in social norms.

→ Implement and test advocacy and civic engagement skills as part of CSE, both as a way to build young people's capacity to affect their own social conditions and to improve CSE outcomes in health, gender and rights.

Chapter 5. Monitoring and Evaluating CSE Programmes

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Key intervention area 4: Ensure that CSE programmes include sound monitoring and evaluation components, with due consideration to inequality, gender norms, power in intimate relationships and intimate partner violence

Ensuring a gender- and human rights-based approach to monitoring and evaluation of CSE is the core of key intervention area 4. All of the related activities should place attention on assessing:

- The distinct needs and vulnerabilities of the target population, by gender, age, class and other social variables
- Inequalities in access to programmes, and to social, health and economic assets more generally
- The impacts of rights violations (such as child marriage and violence against women), gender norms and power on intimate relationships and sexual behaviour.

Chapter 5 defines the basic terms, offers CSE logic models for identifying goals, and outlines indicators and actions to support implementation.

5.1 Defining Terms for CSE Monitoring and Evaluation

Monitoring (including process evaluation) refers to the regular assessment of ongoing sexuality education, life skills and HIV-prevention education programmes. It tracks activities, inputs, outputs and progress, i.e., what the programme has accomplished.

Inputs include resources, staff, training and supplies, while **outputs** are the most immediate result of the inputs. For policy projects, outputs may include the number of stakeholders contacted, number of South-South visits, or number of policy briefs disseminated. For CSE programmes, the outputs may include the number of staff who have participated in training, number and type of young people who are reached, and the quality of the programme. All CSE programmes should routinely conduct input-output monitoring.

Evaluation assesses two types of achievements – outcomes and impact:

- **Outcome evaluation** assesses risk/protective factors such as changes in attitudes, behaviours or skills, percentage of young people reached in the identified target groups, and other short-term indicators. For policy projects, outcomes might include approval and implementation of a CSE policy; approval of changes in a policy's language, budget or scope; or increased buy-in from stakeholders. Most programmes should periodically conduct outcome evaluation.

- **Impact evaluation** takes a step further, linking observed outcome changes to a particular programme. Indicators include ultimate programme goals such as reduced rates of unintended pregnancy, STIs and injury from gender-based violence – or other human rights outcomes that may have been identified as programme goals in their own right. Impact is assessed through research methods such as randomized controlled trials that allow causal attribution, but few programmes have the capacity to conduct such rigorous impact evaluation.

Other types of research are also key to improving CSE programmes, particularly **formative** and **operations** research:

- **Formative research** helps identify the distinct needs and context of different subgroups, and assesses the state of existing "supply" – what policies and programmes do or do not provide and/or reach. Such research can contribute powerfully to the goals of shaping advocacy and programme content. **Situation assessments** are one type of formative research and should be used to inform all programme interventions (*see Section 3.2*).

- **Operations research** identifies programme-delivery problems and tests new solutions to those problems. Examples of state-of-the-art research in CSE operations might include interventions to improve teaching quality or the outcomes of involving learners in civic engagement.

BOX 13. UNFPA: DISAGGREGATING DATA BY GENDER

As stated in ICPD+5 (para. 46): "A gender perspective should be adopted in all processes of policy formulation and implementation and in the delivery of services, especially in sexual and reproductive health, including family planning. This includes the development and availability of sex-disaggregated data and appropriate indicators for monitoring progress at the national level."

Gender-sensitive indicators make gender biases more visible and help measure gender-related changes in society over time. They therefore can make an important contribution to policy development. When data are disaggregated by sex, this can provide a more accurate picture of, for example, women's economic contributions to society, and make visible their unpaid labour in the family and in the informal sector. In many places, the very concept of work does not include the undocumented labour of women, such as small-scale farming, work in the informal sector, and water and firewood collection. Thus, significant economic contributions of women are unreported and, often, unrecognized.

To address this situation, UNFPA has contributed to the creation of Gender Info 2010 (www.devinfo.info/ genderinfo), a global database of gender statistics and indicators on a wide range of policy areas, including: population, families, health, education, work and political participation. This easy-to-use tool sheds light on gender issues through customizable tables, graphs and maps. It can be used by governments, international organizations, advocacy groups, researchers and others in need of statistics for planning, analysis, advocacy and awareness-raising.

5.2 Identifying Programme Goals: Logic Models for CSE

Monitoring and evaluation, including impact evaluation, require clear identification of programme goals, the risk/protective factors that lead to those goals and, in turn, the inputs that affect those risk/ protective factors. Logic models for research are one way to specify these goals, pathways of change and measurable indicators.

Activities (or "inputs"), outputs, short-term and long-term outcomes, and the impact produced towards achieving the goal are linked one to another in a clear, logical way, whereby results at one level lead to achievement of results at the next level (*see Figure 1*).

However, sexual health and human rights issues are interrelated and complex, so the causal relationship between the associated variables is not always strictly linear. For example, the diagnosis of an STI can lead to intimate partner violence; fear of violence can discourage a girl from insisting on condom use. An unintended pregnancy can lead to a forced child marriage; while child marriage is a risk factor for pregnancy.

Increasingly, programmes are recognizing the interrelatedness of these variables, as well as the independent importance of human rights outcomes.

For CSE programmes, a gender and rights perspective can work at several levels of a logic model (*see Figure 2*). For example, if a programme goal is to reduce unintended pregnancy and STI rates, then reducing sexual coercion may be considered as a risk factor affecting the goal and considered as an **outcome indicator**. However, if a programme includes the reduction of certain human rights abuses (e.g., gender-based violence, child marriage or sexual coercion) as a goal, then the changes in the incidence of abuse become an indicator of **impact**. Figures 1 and 2 illustrate a basic logic model and a gender-infused model, respectively.
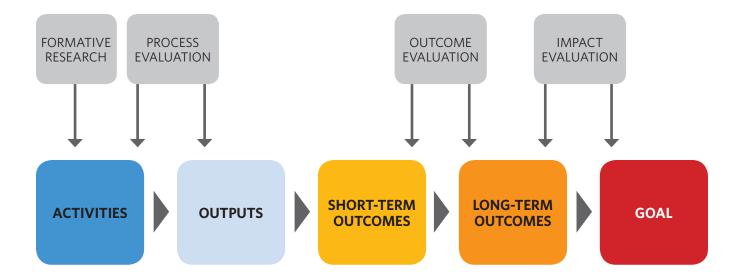
FIGURE 1. BASIC LOGIC MODEL

FIGURE 2. GENDER-INFUSED LOGIC MODEL FOR CSE MONITORING AND EVALUATION (GENDER-RELATED ITEMS IN BOLD)

PROCESS EVALUATION

PROGRAMME ACTIVITIES

Form curriculum-writing team including young people **(male and female)**

Finalize **gender- and rights-based curriculum**

Outreach with parents, principals, stakeholders

Train teachers in use of curriculum and **participatory methods**

Acquire condom source and delivery points

Identify and establish referral with SRH services

Identify and establish referral with women's shelter

LEARNER ACTIVITIES

Activity on gender norms, masculinity, femininity

Activity on reproductive rights

Activity on sexual coercion

Activity analysing media messages

Activity on STIs, **girls' greater vulnerability**

Activity on using a condom, **identifying why it might be difficult in some situations (social, gender)**

Condom distribution

Link with SRH services

Link with women's shelter

OUTPUTS

Community sensitized, **including girls and women**

Curriculum finalized: **content examines gender norms, relationships, communication, power, intimate partner violence**; information provided on condoms, contraception, STIs, pregnancy

Teachers from all target schools receive training in **participatory methods, gender/power**

Teachers are teaching all content

Teachers use participatory methods

Non-discriminatory classroom

Condoms available in all target schools

Service referral system established

Referral to women's shelter established

IMPACT EVALUATION

OUTCOME EVALUATION

GOAL

Improved young people's SRH

Gender equal relationships

LONG-TERM OUTCOMES

More frequent use of condoms

Delay of sexual initiation

Fewer sexual partners

Decrease in intimate partner violence

SHORT-TERM OUTCOMES

Increased condom and STI knowledge

Greater access to condoms

Increase in gender-equitable attitudes

Improved critical thinking skills

Increased refusal of unwanted sex or condom use self-efficacy

Decreased acceptance of gender-based violence

Safe haven for girls and women fleeing abusive partner

5.3 Fostering a New Era in CSE Monitoring and Evaluation

A gender and rights-based approach allows programmes to develop more ambitious aims and outcome indicators, and to evaluate curricula that aim at a wider range of these interrelated outcomes. A key recommendation from the 2010 Global Consultation on Sexuality Education is for programmes to adopt a wider range of outcomes, which presents a vital opportunity for generating knowledge through the process of evaluation.

A gender and human rights-based, or "empowerment", approach allows programmes to develop more ambitious aims and outcome indicators, and to evaluate curricula that aim to achieve a wider range of these interrelated outcomes. A key recommendation from the 2010 Global Consultation on Sexuality Education is for programmes to adopt a wider range of outcomes, which presents a vital opportunity for generating knowledge through the process of evaluation.

Section 5.3 outlines the priority elements of monitoring and evaluation that should be applied to CSE programmes both within and outside of school. Disaggregated data – providing information by gender, age, marital status, poverty and race/ethnicity, as appropriate – are a crucial component of all monitoring and evaluation processes. Guidance in each element of this section offers information on methods, proposes specific indicators, and recommends actions for effective results.

5.3.1 Conduct/support formative research on target groups

Documenting the social context in which sex takes place is a crucial first step. When studying the target populations, be sure to consider vulnerabilities, inequalities in access, and the effects of human rights violations and gender norms.

Methods will include analysing data – disaggregated by sex, age, marital status, poverty and race/ethnicity – to identify the disparate needs of young people and inequalities (*see Appendix for sample data sets*).

Indicators for target groups:

- Sexual behaviour (initiation, condom use, contraceptive use)
- Age at marriage
- Age at school enrolment (including grade for age)
- Prevalence of intimate partner violence and sexual coercion
- Acceptance of intimate partner violence (belief that wife-beating is justified)
- Prevalence of intergenerational sex (including within marriage)
- Perceived power disparities in relationships
- Social assets (e.g., peers/friends, involvement in sports/social groups, mentors)
- Social isolation, suicidal ideation, bullying/violence and other indicators from the WHO global
- School-based Student Health Survey or other sources as available.

 ACTIONS

→ Require an evidence-based rationale for setting policy and programme priorities.
→ Encourage formative research or secondary analyses of existing data sets, examining both the national and subnational levels.
→ Utilize findings to: inform programme design; mobilize and engage stakeholders and partners; identify policy and programme priorities; plan and conduct advocacy.

5.3.2 Conduct/support formative research on policies and programmes

UNFPA research on policies and programmes should support coverage exercises and situation assessments to identify:

- Who is being reached – disaggregated by age, gender, ethnic group, grade and schooling status
- What content is delivered in classrooms and other learning spaces
- What is the quality of CSE curricula and training for teachers, with attention to gender issues and learner-centred pedagogy
- Learners' perceptions and experiences of danger in the learning environment
- Degree of awareness among education policymakers of the evidence for gender-focused CSE
- The presence, or lack, of education policies that incorporate CSE, including related policies on such as safety at school, allowing pregnant girls to continue their education, and provisions for young people who are displaced
- National initiatives – including youth-led efforts – to advance gender equality, rights and sexual health.

Methods will include policy and programme scans, operations research or coverage exercises to identify existing programme capacity, challenges and problems. These assessments involve review of existing data sets and documents, classroom observation, examination of actual reach of programmes, and interviews with key informants; surveys may also be utilized. Overall, this provides a baseline assessment of the policy environment, programme reach, programme quality and content, and the context of CSE.

Indicators for programme content and quality:

- Percentage of teachers who received training in:
  - CSE content, including gender and rights
  - Participatory, learner-centred teaching methods
- Quality of CSE/life skills curricula in:
  - Gender and rights content
  - Scientific accuracy
  - Comprehensiveness
  - Teaching activities
- Quality of peer education (content, pedagogy)
- Typical class sizes at primary and secondary school levels

Indicators for policy and advocacy:

- Level of support among:
  - Policymakers
  - School administrators
  - Media
  - Religious leaders
  - Other stakeholders
- Duration of programmes:
  - How many sessions in the curriculum
  - Across how many years
- Proportion and profile of young people reached and not reached in:
  - Schools
  - Community-based programmes
  - Peer education
- Whether CSE is an examinable subject or not
- Number/scale of teacher training schools that provide preparation in:
  - CSE content
  - Participatory methods
- Policies for continuing schooling for girls who become pregnant
- Policies for safe schools
- Availability of youth-friendly health services
- Related national initiatives – including youth-led efforts – that can advance gender equality, rights and sexual health
- Existence of national and local initiatives that engage men and boys to promote gender equality
- Percentage of CSE programmes that involve different sectors and United Nations agencies, e.g.:
  - Inclusion of education sector response in national SRH and HIV/AIDS strategies
  - Inclusion of SRH/HIV policies in the national education plan

Indicators for young people's learning and social environment:

- Learners' perceptions and experiences of safety/danger in the learning environment
- Content scores for gender education within curricula
- Non-CSE educators' skill and comfort with:
  - Critical thinking
  - Participatory pedagogies
  - Attitudes among education policymakers about:
  - Substantive emphasis on gender
  - Pedagogic emphasis on critical thinking

ACTIONS

- → Develop and disseminate a situation assessment tool (*see Section 3.2*).
- → Support formative research, at the national and subnational levels.

→   Utilize findings to: inform programme design and priorities; highlight gaps in content and methods; expose inequalities of access; mobilize and engage stakeholders and partners; and develop policy advocacy.

5.3.3 Ensure regular programme monitoring

Appropriate monitoring systems in UNFPA CSE efforts involve tracking whether the programme is being implemented as planned, what is the quality of implementation, who is actually receiving the programme (disaggregated by age, sex, schooling status, marital status, etc.), and the breadth and diversity of the programme's reach.

It is important to encourage strong, easy-to-use monitoring components, and to require that monitoring data are analysed and utilized to make programme improvements, such as curriculum updates and course corrections. Support for computerized education information systems for monitoring implementation of CSE can be a valuable contribution, and co-funding and institutionalizing periodic behavioural surveys of in-school young people and/or national surveys to monitor the effectiveness of CSE among adolescents and young people will provide valuable data.

Methods involve regular review of programme monitoring data (e.g., number of participants per programme venue, demographics of participants) and accessing documentation on teachers training. It also includes sample classroom observations, and observation and interviews to gather data on the safety of the learning environment.

Indicators for routine monitoring:

- Number of young people participating in CSE
- Curriculum and supporting materials are comprehensive:
  - Gender-sensitive
  - Human rights-based
  - Scientifically accurate
  - Foster critical thinking
  - Available to all educators in the programme
- Training courses for staff/educators include:
  - Comprehensive content
  - Participatory learner-centred approaches
  - Classroom safety
- Number of programme staff who have participated in training
- Number of teachers who have participated in training
- Deployment of staff/teachers, including in more marginalized and underserved communities or regions
- Percentage of programme educators who teach the content accurately
- Percentage of programme educators who utilize participatory/learner-centred methods
- Quality of the teaching/facilitation observed

- Prevalence of gender discrimination, sexual harassment or homophobic bullying in the learning environment

⤵ **ACTIONS**

→ Ensure that all sexuality education supported by UNFPA includes robust, easy-to-use monitoring components.
→ Require that monitoring data are analysed and utilized to make programme improvements, including quality, approach, content, intensity and reach.
→ Document learning, including course corrections.
→ Ensure that the presence, content and implementation of the programme's gender and rights elements are tracked and measured as part of the process evaluation.

5.3.4 Evaluate outcomes

The CSE Evaluation Expert Meeting held at UNFPA's New York office, 29-31 October 2014, was carried out to exchange the latest advances in programme evaluation on CSE that addresses the integration and mainstreaming of gender and human rights into curricula and its delivery, both in school and out of school – with a special emphasis on evaluation design, methodology and common measures of critical indicators. Presentations, studies and tools based on experiences from around the world were shared during the meeting; links for these items are contained in the Appendix: Resources for CSE Programming.

As a basic part of implementing CSE programmes, carefully plan for, encourage and support outcome evaluation. This includes baseline and end-line tracking, and analysing outcome indicators that are direct or indirect risk/protective factors related to the goals.

Methods include surveys, direct classroom observations and interviews, and desk reviews of the programme's scope. Evidence for some indicators can be collected through specific types of research. For example, interviews with the target population and analysis of programme monitoring data can be used to assess young peoples' participation in CSE; direct observation and interviews can be used to assess their ability to demonstrate critical skills; and validated scales and surveys can provide information on changes in knowledge, attitudes and practices.

Examples of validated scales include:

- **Self-esteem** – can be measured using the Rosenberg self-esteem scale originally developed and tested among adolescent girls and boys in the United States in 1965.[23] The scale is widely available online from www.yorku.ca/rokada/psyctest/rosenbrg.pdf.

- **Self-efficacy** – the "general self-efficacy scale" was developed by Jerusalem and Schwarzer in 1991 and is widely available online from http://userpage.fu-berlin.de/health/selfscal.htm. Self-efficacy is the ability to decide when to have sex and when to refuse it and is measured in

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23   Rosenberg, Morris, *Society and the Adolescent Self-Image*, Princeton University Press, Princeton, New Jersey, 1965.

the "couple communication on sex" scale originally developed for use among women and men in Guatemala.[24]

- **The "correct condom use self-efficacy scale"** – developed by Crosby and others in the United States is designed to measure an individual's perception of the ease or difficulty with which he or she can apply and use male condoms correctly; this scale is published in the *Handbook of Sexuality-Related Measures*.[25]

- **Connectedness** – the "Hemingway Measure of Adolescent Connectedness" is a way to assess young people's level of "connectedness" to family, school, friends and self, which has been found to contribute to academic performance but may also predict violence and substance use. It is widely available online from http://adolescentconnectedness.com.

- **Parent-adolescent communication** – the "parent-adolescent communication scale" developed by Sales, Milhausen and DiClemente at Emory University was originally developed for African-American adolescent girls in the United States. The scale is published in the *Handbook of Sexuality-Related Measures*.

- **Sexual and relationship power**– the "sexual relationship power scale"[26] was developed for use by men and women. It has also been used with young people, and has been used in such countries as China, Jamaica, South Africa and Zimbabwe.

- **Gender equitable attitudes** – the "gender equitable men (GEM) scale" developed by Pulerwitz and Barker[27] at Instituto Promundo has been used in many developing country contexts and with women and men, including adolescents.

- **Gender relations scale**[28] – is a composite scale made up of items from the GEM (gender equitable men)scale and the sexual relationship power scale to measure equity and power within intimate relationships. It has been used with women and men in Ethiopia and Kenya.

- **Women's empowerment**[29] – is a scale initially developed to measure women's agency, freedom from being dominated in the household and economic security in Bangladesh.

- **Sexual assertiveness** – assertive, non-assertive and aggressive tendencies specific to safer-sex behaviours among unmarried adolescents and young adults can be measured through the intimate relationships questionnaire developed by Yesmont[30] in the United States.

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24   Leon, F., R. Lundgren and C. Vasquez, "Couple Communication on Sex Scale", Draft manuscript, Institute for Reproductive Health, Georgetown University, in Nanda, Geeta, 2011, *Compendium of Gender Scales*, Washington, DC: FHI/360/C-Change.

25   Fisher, Terri D., and others, *Handbook of Sexuality-Related Measures*, 3rd ed., Routledge, London, 2010. *For more information see*: http://cw.routledge.com/textbooks/9780415801751.

26   Pulerwitz, Julie, Steven L. Gortmaker and William DeJong, "Measuring Sexual Relationship Power in HIV/STD Research", *Sex Roles*, vol. 42, no. 7-8, April 2000, pp. 637-660.

27   Pulerwitz, Julie, and Gary Barker, "Measuring Attitudes toward Gender Norms among Young Men in Brazil: Development and Psychometric Evaluation of the GEM Scale", *Men and Masculinities*, vol. 10, no. 3, April 2008, pp. 322-338.

28   Stephenson, Rob, Doris Bartel and Marcie Rubardt, "Constructs of Power and Equity and their Association with Contraceptive Use among Men and Women in Rural Ethiopia and Kenya", *Global Public Health*, 2012, vol. 7, no. 6, 2012, pp. 618-634.

29   Schuler, Sidney Ruth, Syed Mesbahuddin Hashemi and Ann P. Riley, "The Influence of Changing Roles and Status in Bangladesh's Fertility Transition: Evidence from a Study of Credit Programs and Contraceptive Use", *World Development*, vol. 25, no. 4, January 1997, pp. 563-575.

30   Yesmont, Georgia A., "The Relationship of Assertiveness to College Students' Safer Sex Behaviors", *Adolescence*, vol. 27, no. 106, June 1992, pp. 253-272.

- **Sexual harassment** – the index of sexual harassment developed by Decker and Hudson in the United States can be used for populations aged 12 and older. The sexual harassment attitudes questionnaire was developed by Stake and Malovich in the United States to explore psychological factors associated with sexual harassment in educational settings. Both the index and the questionnaire are published in the *Handbook of Sexuality-Related Measures*.

Indicators for outcomes:

- Percentage of young people who participate in CSE
- Percentage of CSE participants who demonstrate critical thinking
- Reported changes in knowledge about:
  - Safer sex and transmission of HIV
  - Accessing and using contraception
  - Human rights
- Reported changes in attitudes on:
  - Gender norms
  - Girls' sense of agency and greater intent to delay pregnancy
  - Boys' beliefs regarding traditional gender roles and stereotypes
  - Respect for human rights, including the rights of people living with HIV
  - Tolerance of sexual diversity
  - Sense of connectedness to school
  - Perception of power balance in intimate heterosexual relationships
- Reported changes in behaviour:
  - Delay in sexual initiation
  - Increase use of male or female condom, contraception
  - Decrease in experience or perpetration of sexual coercion and intimate partner violence[31]
  - Girls' participation in social/safe spaces programmes
  - Boys' participation in exercises that help them to reflect on norms/expectations and self-perception
  - Positive interactions with mentors

ACTIONS

→ Ensure that all sexuality education supported by UNFPA, including national or large-scale programmes, includes strong, easy-to-use, monitoring components.
→ Use findings to make programme improvements, recommend programme direction and conduct advocacy.
→ Collaborate with technical experts and with UNFPA's monitoring and evaluation unit on developing a toolkit component on indicators for reducing sexual risk behaviours and adverse outcomes for comprehensive sexuality education.

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31 The indicator "decrease in experience or perpetration of sexual coercion and intimate partner violence" may also be considered as an impact indicator, depending on programme goals.

5.3.5 At the global level, strategically select and support impact evaluations that measure change in STIs, unintended pregnancy, sexual coercion, or other programme goals

Because much of the evidence for sexuality education comes from the United States, conducting evaluations in developing countries is a vital contribution to support effective CSE programmes. Where appropriate, strategically select and support rigorous impact evaluations that measure changes in STIs, unintended pregnancy, empowerment to reject sexual coercion, and other programme goals.

Methods can include randomized or other strong experimental designs to assess impact of a programme on key indicators. They may test different programme models, for example, those that utilize teachers within the education system versus specially trained outside educators, or transversal versus stand-alone approaches.

> Because much of the evidence for sexuality education comes from the United States, conducting evaluations in developing countries is a vital contribution to support effective CSE programmes. Where appropriate, strategically select and support rigorous impact evaluations that measure changes in STIs, unintended pregnancy, empowerment to reject sexual coercion, and other programme goals.

Data collection tools include surveys and, if possible, biomarkers for STI tracking. In all cases, it is important to pair impact evaluations with a strong programme-documentation component, clearly indicating which programme has been evaluated.

Indicators for health goals:
- Decreases in unintended pregnancy
- Decreases in STIs, including transmission of HIV
- Decreases in gender-based and intimate partner violence

Indicators for social/human rights goals:
- Decreases in sexual coercion
- Decreases in child marriage
- Greater perceived equality in relationships
- Greater demonstrated agency among girls

ACTIONS

→ Identify key questions in need of an impact evaluation and work to build a conducive environment to conduct such studies.

→ Seek financial resources for at least one rigorous, quantitative evaluation of a rights-based, gender-focused CSE programme.

→ When selected countries implement impact evaluations of their programme, utilize the findings to make improvements, recommend programme direction and conduct advocacy.

5.3.6 Document and disseminate country/regional experiences and lessons learned

→ ACTIONS

- → Document experiences and disseminate in print and online, across United Nations agencies, as well as throughout UNFPA.
- → Incorporate case studies and evaluation findings into meetings and presentations with governments, NGOs and other stakeholders.

Abbreviations

AYH Adolescent and Youth Houses (Nicaragua)

CSE comprehensive sexuality education

HLS Healthy Life Style (Kyrgyzstan)

ICPD International Conference on Population and Development

ITGSE International Technical Guidance on Sexuality Education

NCED National Center for Educational Development (Nepal)

NGO non-governmental organization

PESCC Programa de Educacion para la Sexualidad y Construccion de Ciudadania (programme for sexuality education and building citizenship, Colombia)

SRH sexual and reproductive health

STI sexually transmitted infection

UNESCO United Nations Educational, Scientific and Cultural Organization

UNFPA United Nations Population Fund

UNICEF United Nations Children's Fund

WHO World Health Organization

Appendix: Resources for CSE Programming

TECHNICAL CAPACITIES/POLICY AND ADVOCACY

UNFPA Strategic Plan 2014-2017 (Outcome 2)
www.unfpa.org/resources/strategic-plan-2014-2017

UNFPA Strategy on Adolescents and Youth (2013)
www.unfpa.org/public/adolescents

www.unfpa.org/webdav/site/global/shared/youth/UNFPA%20Adolescents%20and%20Youth%20Strategy.pdf

UNFPA Framework for Action on Adolescents and Youth: Opening Doors with Young People – 4 Keys (2007)
www.unfpa.org/public/pid/396

The Commission on Population and Development (CPD) (CPD 2009 Resolution 2009/1, para 7; CPD 2012 Resolution 2012/1, para 26)

Comprehensive Sexuality Education: Advancing Human Rights, Gender Equality, and Improved Sexual and Reproductive Health (UNFPA, 2011), Report on the Global Technical Consultation on Comprehensive Sexuality Education, Bogota, 30 November 2010
www.unfpa.org/webdav/site/global/groups/youth/public/Comprehensive%20Sexuality%20Education%20Advancing%20Human%20Rights%20Gender%20Equality%20and%20Improved%20SRH-1.pdf

ICPD and Human Rights: 20 Years of Advancing Reproductive Rights through UN Treaty Bodies and Legal Reform (Center for Reproductive Rights and UNFPA, 2013)
www.unfpa.org/rights/docs/icpd_and_human_rights_20_years.pdf

ICPD+5 – Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, United Nations General Assembly A/RES/S-21/2, 8 November 1999
www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD5-key-actions

ICPD Programme of Action (1995), Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994
www.unfpa.org/public/publications/pid/1973

International Technical Guidance for Sexuality Education (UNESCO, 2009) – Key concepts by age group, policy general arguments for sexuality education, and guidance for curriculum developers. Available in Arabic, Chinese, English, French, Portuguese, Russian, Spanish and Thai.
www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/internation-

al-technical-guidance-on-sexuality-education

Volume I: The Rationale for Sexuality Education
http://unesdoc.unesco.org/images/0018/001832/183281e.pdf

Volume II: Topics and Learning Objectives
http://data.unaids.org/pub/ExternalDocument/2009/20091210_international_guidance_sexuality_education_vol_2_en.pdf

It's All One Curriculum: For a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education (Population Council, Revised first edition, 2011) – Key concepts, teaching content, discussion questions and sample activities for an integrated curricular approach. Components available in Bangla, Chinese, English, French and Spanish.
www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to-

Volume 1: Guidelines – www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf

Volume 2: Activities – www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneActivities_en.pdf

"Additional Resources for Comprehensive Sexuality Education" – A 12-page list of 114 entries on organizations and materials for strengthening rights-based, gender-focused CSE programming. Useful in supporting advocacy, curriculum development, teacher-training, programme design and implementation, and general technical capacity; most resources are free. *See:* It's All One Curriculum, vol. 2, pp. 178-188.

Portal for Gender Equity in Schools (PEGE) – Initiative from Brazil supports teachers' training based on evaluated gender-transformative programmes. Interface allows visitors to combine methodologies to meet gender training needs, access sample workshop agendas, select corresponding activities, and participate in online forums with technical specialists and other educators.
http://pege.org.br

United Nations Fourth World Conference on Women Platform for Action (FWCW PFA, para. 108(k) and A/S-21/5/Add.1,para. 71(j).

What Works for Women and Girls: Evidence for HIV/AIDS Interventions (Jill Gay, et al., Open Society Institute, New York, June 2010)
www.whatworksforwomen.org

What Happens When Programs Emphasize Gender? A Review of the Evaluation Research (Nicole Haberland) – Presented at UNFPA Global Technical Consultation on Comprehensive Sexuality Education, Bogota, 30 November, 2010.

Videos

Batjele: Tell Them (Knowledge for Health) – Tool for discussing sexual abuse of young people by teachers. CD-ROMs can be ordered for free.

www.k4health.org/toolkits/swaziland-teachers/batjele-tell-them-infocentre-video-part-1-3

Once Upon a Boy (Promundo) – Animation without words tells story of a boy growing up, including peer pressure, first sexual relationship, first job and becoming a father. Designed to engage young men, educators and health professionals in critical reflection on models of masculinity. DVD available for purchase.

www.promundo.org.br/en/online-store/audio-visuais-loja-virtual/once-upon-a-boy-dvd

PROTECTIVE SOCIAL FACTORS

The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People (Population Council and UNFPA, 2009) – Series of Adolescent Data Guides with tables, graphs and maps based on the Demographic and Health Surveys data for adolescent programming. Covers an array of issues, including diversity among adolescents, factors underlying the disadvantages they face, and the context of sexual activity.

www.unfpa.org/public/site/global/lang/en/pid/3346

Ministerial Declaration: Preventing through Education (ORELEAC/UNESCO Santiago, 2010) – First Meeting of Ministers of Health and Education to Stop HIV and STIs in Latin America and the Caribbean, Mexico City, 1 August 2008

www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Santiago/pdf/declaration-preventing-educa-tion-english.pdf

Young People Today, Time to Act Now (UNESCO, 2013) – Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa, 7 December 2013

www.unesco.org/new/en/hiv-and-aids/our-priorities-in-hiv/sexuality-education/east-and-south-ern-africa-commitment

WHO Guidelines: Preventing Early Pregnancy and Poor Reproductive Outcomes among Adolescents in Developing Countries (2011) – Call to action and direction for the future research on preventing early pregnancy and poor reproductive health outcomes. Developed through systematic review of evidence and consultation with policymakers, programme managers and front-line workers from countries around the world, in partnership with key international organizations. Full document available in English; some components also offered in French, Portuguese and Spanish.

www.who.int/maternal_child_adolescent/documents/preventing_early_pregnancy/en

MONITORING AND EVALUATION

CSE Evaluation Expert Meeting, 29-31 October 2014, UNFPA New York: "Building Consensus on a Common Framework for Monitoring & Evaluation of Comprehensive Sexuality Education Programmes" – Presentations, studies and tools available from Google Drive:

1. Operational Definition of CSE: Implications for Monitoring and Evaluation – https://drive.google.com/a/unfpa.org/folderview?id=0B1XJRCJDFBZmY29fanlWUV9lQWs&usp=sharing_eid&tid=0B1XJRCJDFBZmbnJx0XQ2N19fdDQ

2. Addressing Gender and Human Rights Components of CSE – https://drive.google.com/a/unfpa.org/folderview?id=0B1XJRCJDFBZm0XVfeG02am1IWEU&usp=sharing_eid&tid=0B1XJRCJDFBZmbnJx0XQ2N19fdDQ

3. CSE Situation Analysis – https://drive.google.com/a/unfpa.org/folderview?id=0B1XJRCJDFBZmTTdaNUtqQU1WQko&usp=sharing_eid&tid=0B1XJRCJDFBZmbnJx0XQ2N19fdDQ

4. New Research and Opportunities – https://drive.google.com/a/unfpa.org/folderview?id=0B1XJRCJDFBZmRDRLdWdLSTdRYUU&usp=sharing_eid&tid=0B1XJRCJDFBZmbnJx0XQ2N19fdDQ

5. CSE Implementation Evaluation – https://drive.google.com/a/unfpa.org/folderview?id=0B1XJRCJDFBZmME5XQodlenFHYzg&usp=sharing_eid&tid=0B1XJRCJDFBZmbnJx0XQ2N19fdDQ

6. Global, Regional and Country-Level Monitoring – https://drive.google.com/a/unfpa.org/folderview?id=0B1XJRCJDFBZmbU9lS3A5Tlg2alk&usp=sharing_eid&tid=0B1XJRCJDFBZmbnJx0XQ2N19fdDQ

7. Implementation Evaluation, Indicators and Tools – https://drive.google.com/a/unfpa.org/folderview?id=0B1XJRCJDFBZmNTNqWlE1SjVlTUk&usp=sharing_eid&tid=0B1XJRCJDFBZmbnJx0XQ2N19fdDQ

8. Parental Engagement – https://drive.google.com/a/unfpa.org/folderview?id=0B1XJRCJDFBZmOFY2YjhNNl8xUGs&usp=sharing_eid&tid=0B1XJRCJDFBZmbnJx0XQ2N19fdDQ

9. Measuring Outcome and Impact: Country Experiences – https://drive.google.com/a/unfpa.org/folderview?id=0B1XJRCJDFBZmQjE5VG1sU1JNaFk&usp=sharing_eid&tid=0B1XJRCJDFBZmbnJx0XQ2N19fdDQ

CSE Research Instruments
https://drive.google.com/a/unfpa.org/folderview?id=0B1XJRCJDFBZmMEJpMXpKZFpTSUk&usp=sharing_eid&tid=0B1XJRCJDFBZmbnJx0XQ2N19fdDQ

Data sets

Adolescent Data Guides (UNFPA): Data, tables, graphs and maps based on Demographic and Health Surveys, with separate PDFs for 49 countries – www.unfpa.org/youth/dhs_adolescent_guides.html

Demographic and Health Surveys – measuredhs.com

DevInfo – www.devinfo.org/libraries/aspx/Home.aspx

Multiple Indicator Cluster Surveys – www.childinfo.org/mics.html

WHO Global School-Based Student Health Survey – www.who.int/chp/gshs/en

Publications

Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (Independent Evaluation Office, New York, October 2013)
www.unfpa.org/public/home/about/Evaluation/Methodology

Part 3: Tools and Resources – www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Methodology/3.%201%20Part%203%20Toolkit%20web.pdf

Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action
www.unfpa.org/public/home/publications/pid/6815

Monitoring and Evaluation of this work – www.promundo.org.br/en/wp-content/uploads/2010/10/cap-8.pdf
TOOLS (from all the above chapters) – www.unfpa.org/webdav/site/global/shared/documents/publications/2010/Toolkit_menandboys/tools.pdf

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and every childbirth is safe and
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