



Education is **EMPOWERMENT**



Promoting Goals in Population,
Reproductive Health and Gender

REPORT OF A TECHNICAL CONSULTATION on UNFPA's ROLE IN EDUCATION
8-10 DECEMBER 2003 - New York



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Foreword

This Fund-wide technical consultation provided an important opportunity to document and review UNFPA's three-decade-long experience in Population Education (PopEd). It is a forum that is both timely and relevant as it provided a venue for reviewing past programme experiences in education, as well as to explore areas that need to be strengthened or further developed.

Together with our technical and programme advisers from Headquarters, the Country Technical Services Teams, and country offices, UNFPA has been able to assess its role in education over the past three decades. However, a great deal of work remains to be done. This report highlights the major issues and recommendations from the December 2003 consultation which need further careful review.

In light of UNFPA's programme priorities, the ICPD/POA and the development agenda set forth in the Millennium Declaration and the Millennium Development Goals, UNFPA has focused on at least four aspects of education. First, by promoting basic education, especially of girls, through advocacy for solid national policies that ensure access to education for all. Second, by contributing to improvements in quality of education, through support for curriculum and materials development and teacher training. Over the years, UNFPA's niche in education has been recognized in terms of our role in promoting sexual and reproductive health, population/ family life education, and gender

sensitization, especially among young people. Third, by giving a strong focus on adolescent reproductive health and HIV prevention, where education has played a key role in empowering young people with information, lifeskills and necessary health services to protect themselves and prevent the spread of this disease. Finally, UNFPA's strategic partnerships have intensified in support of global initiatives on Education for All (EFA), the UN Girls' Education Initiative (UNGEI), the launch of the Literacy Decade, and the Global Initiative on Preventive Education on HIV/AIDS (GIPE).

This meeting report provides UNFPA with more basis for addressing and strengthening education interventions within the context of its programme and funding priorities. It offers an opportunity to review some of the lessons of the past and to chart some of the ways forward. UNFPA is committed to working with United Nations system and other partners to help ensure that women, men and young people have access to relevant information, education, counseling, services and opportunities needed to live healthy, responsible, and productive lives.



MARI SIMONEN, DIRECTOR
TECHNICAL SUPPORT DIVISION
UNFPA

Acknowledgements

First, it should be noted that the process of preparing this report was encouraged by the interesting discussions and debate that took place during the technical consultation itself. Inputs from participants, the background documentation and all the case studies presented at the meeting have been crucial to this Report, which reflects the views of headquarters and selected country offices and technical advisers.

Sincere appreciation to participants Uche Azie, Wasim Zaman, Betinna Maas, Genovieve Ah-sue, Makane Kane, Mere Kisseka, Robert Thompson, Barnabas Yisa, Martha Moyano, Bayar Oyun, Richard Kawooya, Daphne de Rebello, OJ Sikes, and Claude Georges for their ideas and active participation, and to Delia Barcelona for initiating, organizing and facilitating the meeting.

Special thanks to the Representatives and national staff in Burkina Faso, Mongolia, Peru, Uganda, Yemen, Mongolia, and the CST Director and

regional staff in Mexico, and colleagues in the Geographic Divisions for their valuable support in preparing the case studies. We are also grateful to Kunio Waki, Mari Simonen, France Donnay, Hedia El-Ghouayel, Lindsay Edouard, Julitta Onabanjo, Diego Palacios, Aminata Toure, Yegeshen Ayehu, Annemieke de los Santos, Saskia Schellekens, Srdjan Stakic, Sylvia Wong, Tania Durrani, Peter Lunding, Souren Tegrarian, and Rebecca Bahr, for their valuable support to the meeting itself, and the preparation of this report.

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Introduction

An internal Technical Consultation on Population Education Programmes was held at UNFPA Headquarters 8-10 December 2003. It was attended by representatives from CSTs, COs, GDs, TSD and other UNFPA units. While over the years UNFPA has participated in numerous inter-agency meetings, workshops and conferences on education at global, regional and country levels, this was the first Fund-wide consultation on the theme of education organized by UNFPA Headquarters.

The purpose of the consultation was to review programme evidence, learn lessons from UNFPA-supported education programmes and to build consensus within the organization on how to best integrate education concerns in the Fund's policies and programmes in light of its new Strategic Direction. Desk reviews, country case studies and regional assessments were undertaken to provide background for the discussions and to serve as inputs for planned knowledge sharing in this area. The consultation discussed, *inter alia*, current approaches, clarified concepts and methodologies, shared achievements and lessons learned, and proposed ways to enhance programme effectiveness.

The outcome of the consultation is intended to guide country offices on how to more effectively programme education issues in the context of the Fund's priority areas of work. As a result, the review is expected to provide:

- Conceptual clarity: A common understanding on the role of education within the context of UNFPA-supported programmes and in light of the new Strategic Direction, ICPD follow up actions, and MDGs.
- Evidence-based programme experiences on sexual and reproductive health education to guide both policy development and programme design.
- Priority strategies and frameworks for the effective integration of education concerns in population, reproductive health, gender and HIV/AIDS programmes, especially as they relate to adolescents and youth, both in school and outside the formal system.

This report is organized around the major themes discussed in the meeting: a historical background on UNFPA support to population education; how best to create a supportive social and political environment; capacity building for curriculum development and teacher training; institutionalization of programmes; programming considerations such as HIV prevention, out-of-school programmes and links to other services; and strategic considerations in moving forward in this area. At the end, the report offers a list of recommendations for follow up actions. In addition, the report contains country case studies and a comprehensive assessment of the status of PopEd in Latin America and the Caribbean. These provide a wealth of information and lessons learned, which the consultation took into account in its discussions.

As the reader of this report will notice, education programmes are given a variety of titles reflecting their focus and local (cultural and other) preferences. In this report, in line with one of the recommendations emanating from the consultation, "population education"– PopEd – is used as a generic name for all education programmes concerned with population, reproductive health and gender issues. Moreover, as PopEd has been neglected in recent past, it is hoped that this report gives justice to the rich discussions that took place during the consultation and that it can provide some guidance on how to strengthen UNFPA interventions in education to support programmes addressing population, reproductive health and gender issues.

Acronyms

ARH	Adolescent Reproductive Health	NCDC	Center National Curriculum Development
ASRH	Adolescent Sexual Reproductive Health	NCERT	National Council of Educational Research and Training (India)
BCC	Behavioral Change Communications	NGO	Non-Governmental Organization
CARICOM	Regional Action Plan Youth Summit of the Caribbean	P.L.E	Primary Leaving Examination
CIEP	Intersectoral Commission on Population Education	PAHO	Pan American Health Organization
CO	Country Office	PAP	Population Action Programmes
CST	Country Support Team	PD	Population Development
DEMP	Direction de L'Éducation en Matière de Population	PIASCY	Presidential Initiative on AIDS Strategy for Communication to Youth
EFA	Education For All	PLANESA	National Plan for Sexuality Education and Love
FGM	Female Genital Mutilation	PNP	National Population Policy
FLACSO	Facultad Latinoamericana de Ciencias Sociales	PO Zorgaa	Mongolian Adolescent Reproductive Health Project
FLE	Family Life Education	ICPD PoA	ICPD - Programme of Action
FP	Family Practice	PopEd	Population Education
FRESH	Focusing Resources on Education on School Health	PRS	Poverty Reduction Strategy
GBV	Gender Based Violence	RH	Reproductive Health
GD	Geographic Division	SANEBA	Satisfaction of Basic Necessities of Learning
GDP	Gross Domestic Product	SCERT	State Council of Educational Research & Training
GIPE	Global Preventive Education Initiative on HIV/AIDS	SE	Sexuality Education
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome	SIMAC	System for Improving Human Resources and Curricular Adjustment
ICPD	International Conference on Population and Development	STI	Sexually Transmitted Infection
IEC	Information, Education, and Communication	TSD	Technical Support Division
INEE	Interagency Network on Education in Emergencies	UNESCO	United Nations Educational, Scientific and Cultural Organization
LAC	Latin America and the Caribbean	UNFPA	United Nations Population Fund
MCH/FP	Maternal and Child Health/Family Planning	UNGEI	UN Girls' Education Initiative
MDG	Millennium Development Goals	UNICEF	United Nations Children's Fund
MEBA	Ministry of Basic Education	UPE	Universal Primary Education
MESSRS	Ministry of Secondary and Tertiary Education and Scientific Research	USE	Universal Secondary Education
MOE	Ministry of Education	WB	World Bank
MOSTEC	Ministry of Science, Technology, Education and Culture	WFP	World Food Programme
MSCI	Margaret Sanger Center International	WHO	World Health Organization
MYFF	Multi-Year Funding Framework	WPPA	World Population Plan of Action
		YPEER	Youth Peer Education Electronic Resource for Eastern Europe & Central Asia

Executive Summary

Since the late 1960's, UNFPA has been active (both as the leading donor and provider of technical support) in the field of population education. Various titles such as Population Education, Family Life Education, Quality of Life Education, Adolescence Education, etc., the principal goals of such programmes were to promote the linkages between population dynamics and development, improve family welfare and reduce adolescent pregnancy. The 1994 International Conference on Population and Development created a paradigm shift in goals from fertility reduction to greater access to reproductive health services and family planning in the context of human rights and women's empowerment. Subsequently, a corresponding shift was reflected in population education programmes in the last decade to put greater emphasis on sexuality education, HIV/AIDS prevention, and the promotion of gender equality and equity.

At present, a variety of outcomes are sought by PopEd programmes in various countries according to local needs and conditions. For example, some emphasize knowledge of population and development; others focus on reproductive health, including the prevention of STI/HIV/AIDS. Most programmes have similar aims but put differential emphasis on some content areas and approaches based on specific national and local contexts.

UNFPA education programmes fall into three broad categories: *Population and Family Life Education*, *Sexuality Education* and *Life Skills Education*. Necessary components of all programmes include: Advocacy to promote an enabling social/political environment; capacity building (principally in curriculum and materials development and teacher training); and peer education.

Population education aims at promoting a greater understanding of the nature, causes and consequences of population changes. Family life education is concerned with marriage, parenting, relationships and responsibilities of family members, and overall family welfare. They are usually taught as part of courses in sociology, geography, home economics, health and hygiene, and so on.

Sexuality education is a teaching and learning process concerned with the biological, emotional and social dimensions of human sexuality and its expression. It aims to provide young people with a broad range of knowledge and skills crucial to their sexual health and personal development, including information about reproductive health, discussions of love and sexuality, cultural norms and social pressures, and gender roles and relationships. Activities take place in formal and non-formal settings and involve lectures, group discussions, role plays and elements of life-skills education.

Life skills education is an approach used to encourage healthy lifestyles through the development of knowledge, attitudes, and basic how-to skills to confront and deal with real life challenges. These skills are considered particularly relevant to young people, especially during their adolescent years, as they go through sometimes difficult transition from childhood to adulthood. A great variety of teaching and learning methods are used, mostly participatory, interactive and peer oriented approaches taught in both formal and non-formal settings. Unlike the first two approaches (PopEd and Sexuality education), life skills education is more about personal development skills, such as communication, problem solving and decision making, self-esteem building and assertiveness, crisis management and coping mechanisms.

The objectives of these programmes are *improved knowledge* concerning population and development issues, responsible sexual behaviour and relationships, various aspects of reproductive health, including pregnancy, family life, human sexuality, and prevention of STIs; *improved communication and negotiation skills*; and *healthier attitudes and behaviour* including respect for human rights and gender equity, drug/alcohol abuse prevention, and youth empowerment strategies.

By its very nature, PopEd is subject to controversy because of cultural and religious taboos. For this reason, the planning and implementation of PopEd programmes involve persuading important stakeholders (government officials, community and religious leaders, parent groups, etc.) of the benefits of such education. In addition, since government is the key implementer of education programmes, the latter require its continuous support and commitment at all levels. This can be achieved only through developing an understanding of the benefits of such programmes. Advocacy—to influence policy, build political commitment, address cultural sensitivities, challenge community norms and perceptions, promote consensus, build capacity, mobilize resources and support—therefore has been crucial for the success of PopEd programmes. The ultimate aim is the institutionalization of PopEd through supportive national policies and ownership of such programmes.

In addition to advocacy, programme activities in PopEd consist of curriculum and materials development (the integration of issues in the curriculum and textbooks), teacher training (both pre-service and in-service), design and implementation of out-of-school programmes and linking them with reproductive health services.

It was agreed that further follow-up on defining UNFPA's strategic position on education issues, in addition to what specific areas on which to focus, will be necessary. Priority setting will be required at the corporate level, with respect to UNFPA's

mandate and new strategic directions, and the country levels in terms of what can be achieved operationally and by whom. Participants also voiced the need to identify strategic partnerships such as with UNESCO and Ministries of Education, Health, Youth and Social Welfare in countries, and to capitalize on various entry points to establish policy and programmatic linkages. Participants underscored the role of UNFPA staff capacity and availability of resources as critical considerations for determining the most strategic education interventions. For example, some participants raised the issue of whether country offices have adequate staff capacity to make a difference in policy dialogues, while others encouraged UNFPA to continue to demonstrate its comparative advantage in quality programme delivery that best serve the needs of communities and target audiences.

There was consensus that Population Education is important enough for UNFPA to continue supporting through advocacy efforts. Advocacy on Education issues was noted as one of UNFPA's strengths at the country level that should continue as UNFPA becomes more engaged in policy dialogues. It was also suggested that advocacy efforts include extensive stakeholder and gatekeeper analysis in order to identify who are the key decision makers concerning Population Education, what are potential strategies to approach these stakeholders, and how to make the case to ensure Population Education receives adequate attention and funding.

Different technical areas for further follow-up were outlined. For example, participants agreed it was important to address gender dimensions in education efforts. UNFPA already has technical expertise in gender mainstreaming that could be applied to school-centered programmes against gender-based violence, teacher training, curriculum development and revisions, as well as life skills education. Moreover, the Consultation expressed the need for greater clarity on distinctions between UNFPA-supported activities in Education and

Behavioral Change Communications (BCC), as the latter could be a useful strategy in other areas beyond the education sector.

In terms of next steps, it was agreed that efforts should be undertaken to ensure a knowledge base on education issues within UNFPA. It was therefore suggested the participants could form a knowledge network of practitioners as part of a process to feed into UNFPA's knowledge-building and sharing strategy. Concrete products stemming from this work could be specific programming tools, training, and a policy guidance note to provide greater clarity to the organization on this area of critical concern. A knowledge asset could be developed to capture UNFPA's practical experiences on Population Education and to facilitate country offices' programming efforts in this area, with the country case studies serving as a starting point. Moreover, participants also raised the challenges of assisting countries "shift" from its traditional PopEd/FLE orientations towards a more reproductive and sexual health orientation, with strong focus on sexuality and lifeskills education.

Recommendations

In addition to recommendations on specific issues contained in various sections of this report, the Consultation concluded with the following principal recommendations:

Creating an enabling environment

- In order to secure an enabling environment for PopEd programmes, UNFPA should undertake more advocacy targeting policy makers, parliamentarians and opinion leaders at various levels, and to network and build coalitions with other partners in the field of education. UNFPA's agenda may be promoted and positioned in the context of interagency collaboration, global campaigns and initiatives such as the Education for All (EFA) movement, the UN Global Initiative on Girls Education, the Decade

for Literacy Campaign, and on-going inter-agency efforts to promote HIV/AIDS Prevention Education.

- Advocacy is considered one of UNFPA strengths, and can be used to leverage more support for its work in education. UNFPA should advocate for the inclusion of PopEd topics in education sector reforms, with emphasis on teacher training, curriculum development in these areas, as well as in examinations for respective carrier subjects. Once issues are made examinable they immediately become 'core' and are given due attention and priority by students and teachers.

Effective programming

- Advocacy efforts for PopEd should focus on building political support and social consensus; funding and technical support for curriculum development and teacher training; co-curricular activities and out-of-school programmes with links to ASRH services.
- UNFPA also needs to establish criteria for institutionalization, including issues such as political commitment, budget, administrative processes, human resources and sustainability. In this connection, UNFPA should ensure that the relevant administrative bodies have the capacity to implement PopEd programmes beyond their pilot phase.
- There should be greater attention to establishing links between education interventions within the formal school system, with those aimed at out-of-school population groups. Young people, both in schools and outside, need reproductive health education, but these may require different approaches, messages and activities.

Strategic Partnerships

- It is recommended that a part of this strategic positioning UNFPA could re-establish its strategic partnership with UNESCO with regard to education reform, ensuring that UNFPA concerns are adequately taken into consideration in this process especially at the country level. This can provide an opportunity to get involved in discussions on education sector reform to promote teacher training and curriculum development on PopEd issues.

Conceptual clarification

- The names of specific population education programmes should reflect national priorities in the context of the ICPD PoA. At this meeting, however, participants proposed the use of “Population Education” (PopEd) as the generic term for such programmes— since it is broad enough to cover the key issues, and at the same time is not controversial in regard to socio-cultural sensitivities.
- This recommendation should not preclude countries from adopting more specific titles or labels to reflect the nature, intent, and scope of their specific education programmes. As the case studies cited in this report would demonstrate, some countries like Mongolia have no problems with sexuality education, while Uganda, Yemen and Burkina Faso seem content with Population Education, and Peru has opted to keep family life education. Countries in Latin America have likewise adopted these different terms according to their socio-cultural contexts.

I. Background and History of UNFPA Support to Education

The first PopEd programmes date back to the late 1960s. By the mid-1980s, approximately 80 countries included population education in their schools (Sadik, 1991). There were many differences in the programmes, and goals and content of national PopEd programmes varied significantly. In some countries, lowering the population growth rate was the principal goal of PopEd, other countries were concerned with improving family health or lowering adolescent pregnancy rates. The programmes were variously titled Family Life Education, Sex Education, Quality of Life Education and Population Education, reflecting, among other things, areas of focus and cultural sensitivities.

Some of the first programmes initiated in the late 1960s and early 1970s were undertaken in Asia and the Pacific including India (1968), Malaysia (1973), the Philippines (1972), Singapore (1973), Sri Lanka (1973) and Thailand (1972). However, the Asia region had no sex education programmes in the 1970s (even though the Philippines and Singapore did teach some family life issues), whereas by the late 1980s the Philippines, Thailand and several South Pacific countries had incorporated family life content into their PopEd programmes. In other regions, programmes in Colombia (1971), El Salvador (1971) and Tunisia (1972) were among the first efforts (Sadik, 1991).

In sub-Saharan Africa, programmes were directed toward preventing early pregnancies, family life education and general population and development issues. However, initial efforts were scattered and characterized by little technical capacity especially in regard to the issue of modifying adolescent behaviour (Sadik, 1991).

The 1994 ICPD Programme of Action (PoA) is the key document on the international consensus on PopEd. However, long before the Cairo conference a number of international conferences confirmed the need for PopEd programmes, including the 1974 World Population Conference that adopted the

World Population Plan of Action (WPPA) and the 1984 International Conference on Population that voiced support for the WPPA and urged countries to ensure that adolescents, both boys and girls, receive adequate education, including family life and sex education.

UNFPA has been the leading donor in the PopEd field and it has made concrete and important contributions with regard to conceptual clarity and technical advice, either alone or in partnership with other interested parties. The first formal partnership between the Fund and another UN agency dates back to 1970, when UNFPA partnered with UNESCO to fund activities aimed at developing new and more participatory teaching methods and teaching materials (Cohen & Abrams, 2002).

As part of UNFPA-UNESCO cooperation, the First International Congress on Population Education was held on 14-17 April 1993 in Istanbul, Turkey. The resulting Action Framework for Population Education on the Eve of the Twenty-First Century, stressed that population issues must be seen from an interdisciplinary perspective, urging the appropriate preparation of all education personnel as a prerequisite to successful PopEd programmes. It further urged that such training be incorporated in programmes of pre-service training institutes, and that all practicing teachers be offered the appropriate in-service training (*First International Congress on Population Education*, 1993).

These and other recommendations were not universally adopted. Some countries fully endorsed the idea of teaching human sexuality while others were reluctant to do so. Consequently, PopEd developed differently in different regions and countries. (Sikes, 1993).

Two subsequent developments have influenced PopEd policies and programmes: the HIV/AIDS pandemic and the International Conference on Population and Development held in Cairo in 1994. As a result, PopEd programmes, both for in-school

and for out-of-school young people, have increased. UNFPA has funded programmes which have integrated PopEd into literacy and other programmes focusing on women, and the impact on literacy level, self-esteem and reproductive health, and access to modern family planning methods, has been very encouraging. Similarly, the Fund has funded programmes (more than 90 national education systems have benefited from these activities) in which PopEd has been integrated into the curriculum of national school systems providing students with much needed knowledge on issues such as gender equity, HIV/AIDS and other STIs, sexuality and health, pregnancy and family life, social relationships and ways to deal with adolescent life in general. In 2002, 75 countries benefited directly from programmes containing an in-school sex education component and 84 countries had UNFPA-funded PopEd programmes for in-school youth.

Education is explicitly mentioned in ICPD and ICPD+5 as an integral part of UNFPA's mandate. The PoA underscores the role of education in lowering population, promoting women's status in society, eradicating poverty and contributing to human development. It is an essential factor in developing health-seeking behavior, decision making on sexual and reproductive health matters and exercising the right to a wide range of development needs.

"Include at all levels, as appropriate, of formal and non-formal schooling, education about population and health issues, including sexual and reproductive health issues, in order to further implement the Programme of Action in terms of promoting the well-being of adolescents, enhancing gender equality and equity as well as responsible sexual behaviour, protecting them from early and unwanted pregnancy, sexually transmitted diseases including HIV/AIDS, and sexual abuse, incest and violence". (ICPD+5, 35b)

UNFPA education programmes fall into three broad categories: *Population and Family Life Education*, *Sexuality Education* and *Life Skills Education*. Necessary components of all programmes include: Advocacy to promote an enabling social/political environment; capacity building (principally in curriculum development and teacher training); and peer education.

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Life skills education is an approach used to encourage healthy lifestyles through the development of knowledge, attitudes, and basic how-to skills to confront and deal with real life challenges. These skills are considered particularly relevant to young people, especially during their adolescent years, as they go through sometimes difficult transition from childhood to adulthood. A great variety of teaching and learning methods are used, mostly participatory, interactive and peer oriented approaches taught in both formal and non-formal settings. Unlike the first two approaches (PopEd and Sexuality education), lifeskills education is more about personal development skills, such as communication, problem solving and decision making, self-esteem building

and assertiveness, crisis management and coping mechanisms.

The objectives of these programmes are *improved knowledge* concerning population and development issues, sexual behaviour and relationships, various aspects of reproductive health, including prevention of STIs; *improved communication and negotiation skills*; and *healthier attitudes and behaviour* including respect for human rights and gender equity, resisting drug/alcohol use and resisting pressure to have sex until ready.

The diagram in Figure 1 illustrates the relationships between UNFPA's programmatic approaches in education, their outcomes, the MYFF goals and outcomes, and the overarching development goals embodied in the MDGs.

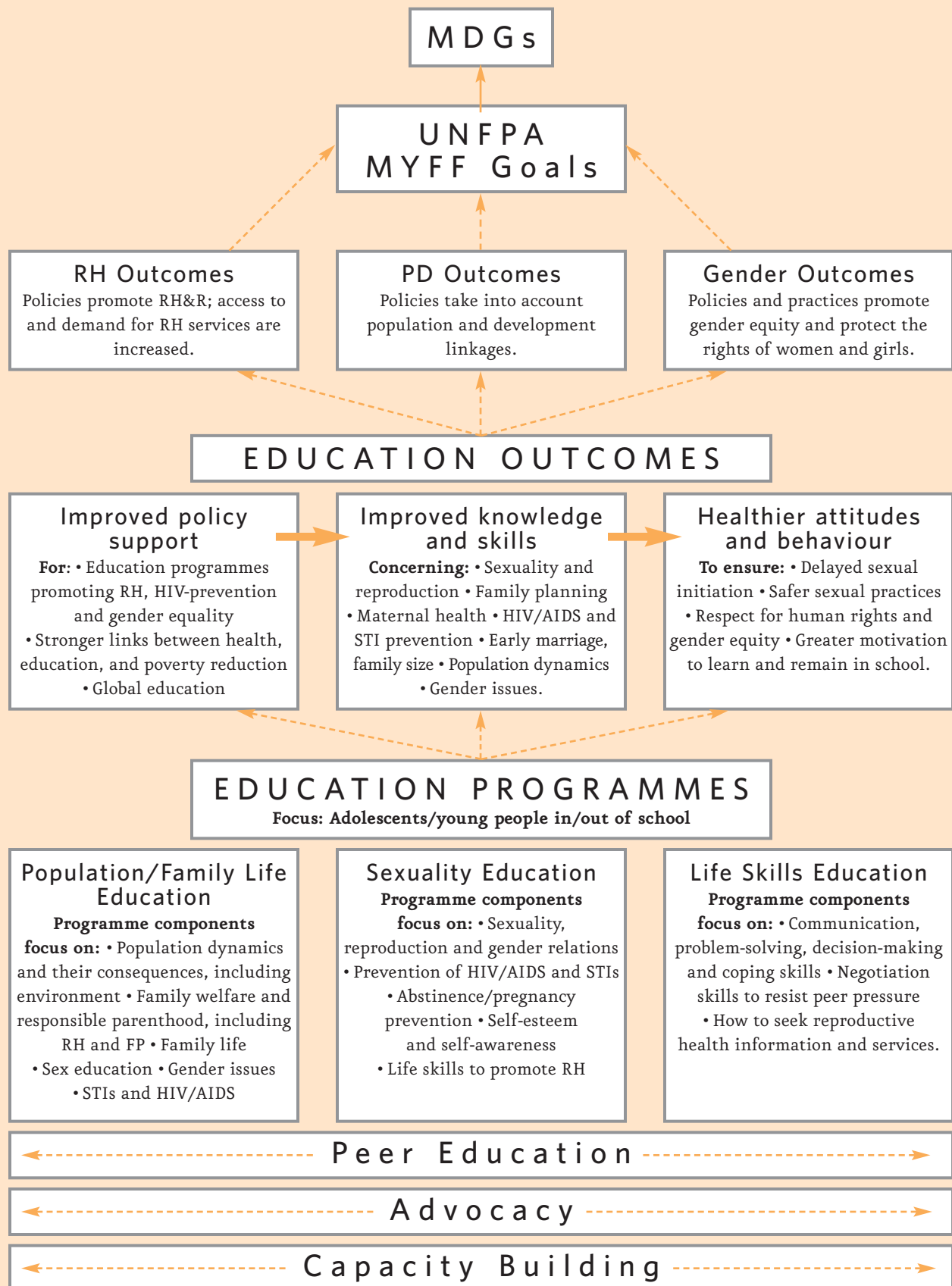
Given the long history UNFPA has with PopEd programmes it is remarkable that there is so far no comprehensive review of the PopEd sector. However, individual programmes have been evaluated and some trends can be identified. Despite many positive results, a review of PopEd impact studies (*Review of Population Impact Studies, 1994*) highlights some of the problems. They include:

- Limited transfer of knowledge to students,
- Knowledge transferred not applied, and consequently no resulting changes in attitudes and behaviour,
- Teachers and instructors feeling uncomfortable discussing PopEd issues with their students and limiting their discussion to a minimum, resulting in little impact on the target group.
- Challenges of the teaching profession in some countries, manifested in low salaries, insufficient professional formation, and heavy teaching loads hinder commitment to PopEd subjects, often considered additional and unpaid work (Moyano, 2003).

Similarly, the education sector itself is often facing serious problems. In light of the MDG goal on education, only 36 developing countries have achieved universal primary education and only 31

others are likely to reach this goal by 2015. At current trends, some 88 countries are unlikely to guarantee five years of primary education for all children by 2015. Many countries lack adequate resources to expand coverage and improve quality in education. Tax revenues are weak and education ministries often have to compete for domestic budget resources; funds are often not available at the school level, where they can do the most good. In many countries, gender disparities in education are seriously hampering girls' access to education. Other factors such as certain cultural practices (e.g. early marriage, son preference), and issues relating to safety and security, discrimination and gender-based violence are also limiting access to educational and other development opportunities, especially for young girls. Additionally, in some countries, lack of good data on learning achievement or on workable policies is weakening planning efforts and there is a strong need for gender disaggregated data and accurate census and population information in order to respond to programmatic needs (*Monitoring of Population Programmes Focusing on Population Education and Development, 2003*).

FIGURE 1. EDUCATION OUTCOMES AND LINKAGES WITH DEVELOPMENT GOALS



II. Creating an Enabling Environment

1. ADVOCACY FOR POLITICAL AND SOCIAL SUPPORT

Government is the key implementer of education programmes. Therefore, implementation of PopEd programmes requires its continuous support and commitment at all levels. This can be achieved only through developing an understanding of the potential contribution of sexual and reproductive health education to improve the quality of life for all citizens. Advocacy—to influence policy, build political commitment, address cultural sensitivities, promote consensus, build capacity, mobilize resources and support—is crucial for the success of PopEd programmes.

There are many examples where national authorities are committed to implementing a comprehensive national PopEd programme. For example, the Government of **Mongolia** took an explicit decision to support sexuality education in schools by deciding to establish a curriculum commission, which developed and tested course content and methodology with special attention to gender issues. Moreover, Mongolian parents have been involved, consulted and are supportive of the programme. Extrapolating lessons learned from such successful cases (including those of **Iran**, **Kazakhstan**, and **Mongolia**), requires UNFPA to identify important elements in the process of facilitating enhanced national commitment to comprehensive PopEd programmes, promoting national ownership of the curriculum development process, and providing national PopEd programmes with the necessary technical and administrative support.

The majority of Latin American and Caribbean countries have some legal or institutional support to the most controversial component of PopEd, namely, Sexuality Education (SE): (Moyano, 2003)

- 23% of total countries have policies (Chile, Costa Rica, Nicaragua, Peru, Dominican R.), but in 2 cases their approach is preventive or moralizing.
- 42% have Programmes and Plans (CARICOM, Colombia, Cuba, Ecuador, El Salvador, Honduras, Mexico, Nicaragua, Peru).
- 28% have approved curricular design and guidelines (Argentina, Bolivia, Brazil, Haiti, Paraguay, Venezuela).
- 33.3% have achieved the introduction of SE (Argentina, Brazil, Chile, Colombia, Cuba, Mexico, Peru).
- 52.3% are in process of including SE (Bolivia, Costa Rica, El Salvador, Guatemala, Haiti, Honduras, Paraguay, Venezuela).
- 14.2% haven't done activities related to curriculum design (Nicaragua, Dominican R., Uruguay).
- 19% have achieved generalization (Brazil, Colombia, Cuba, Mexico).
- 33.3% have achieved partial generalization (Argentina, Bolivia, Chile, El Salvador, Paraguay, Peru, Venezuela).
- 33.3% have developed demonstrative experiences (Costa Rica, Ecuador, Haiti, Honduras, Guatemala, Panama).
- 14.2% haven't implemented SE (Nicaragua, Dominican R., Uruguay).

Dealing with gatekeepers

By their very nature, components of population education concerned with reproductive and sexual health issues are subject to controversy. Because of cultural and religious taboos surrounding topics related to sex and sexuality, the idea of educating adolescents on these topics, even for their own health and well being, is met with resistance. For example, they may feel that reproductive health and sexuality education is the exclusive domain of health workers. Sometimes, the issue has to do with conflicting messages about these topics from various sources, i.e. from schools vs. those from homes or mass media. For this reason, PopEd programmes need to persuade important stakeholders (called ‘gatekeepers’—be they individuals or institutions) of the benefits of such education. Gatekeeping can be defined as the process of key stakeholders influencing or deciding what knowledge, attitudes, skills and behaviours students should acquire through PopEd programmes. They include:

- Government officials (specifically in ministries of education)
- Legislators and decision makers
- Faith-based institutions and religious leaders
- Traditional and cultural leaders
- Parents and families
- The media
- NGOs and civil society organizations
- Key members of the communities (local officials, elders, etc.)

In order for PopEd programmes to be effective, it is important that such key stakeholders actively support them, or that their resistance minimized to the extent possible. To pursue this goal, it is often conducive, in cooperation with the relevant national partners, to seek a constructive and continuing dialogue with them. In out-of-school community-based programmes such a dialogue is often explicitly included in the project design and continues through implementation. A PopEd programme

implemented in **Papua New Guinea** worked through the churches which identified and trained teams of parents to educate other couples in their congregations on the benefits of population and sexuality education.

Depending on the specific programme and conditions in the host country, programmes should seek cooperation with community leaders, elders, religious groups and other relevant stakeholders that have the potential to support the programme and contribute to the achievement of its goals. Another important area of work is strengthen dialogues with parents on the need for age-specific, gender sensitive, and culturally appropriate information and education on sexual and reproductive health issues. In addition, parents can be offered training in providing these types of sensitization and education to their children.

Regarding in-school programmes, especially when these are implemented on a national level, the issue of community participation manifests itself in fundamentally different ways. Even though many programmes are large scale, it is important to recognize the need for community discussions to facilitate implementation in the classroom and strengthen local communities’ engagement in the process. On the administrative level, it is possible to secure political and administrative commitment from the relevant authorities. On a public advocacy level, it will be helpful to seek support from a diverse range of civil society organizations, including parent-teacher organizations, and community advocacy groups.

A good strategy is to train teachers to engage in constructive dialogues with parents, community leaders and others, explaining the advantages of the PopEd programme in a way that is understandable and acceptable to them. In-service training of teachers should, in addition to providing them with the necessary technical skills on population issues, train them to mobilize support for reproductive health education among parents and community members. Enabling the teachers to handle this

communication task will greatly enhance community support for the programme. However, depending on local circumstances, this may not be an easy task.

Resistance to ‘sex education’ among parents or other relevant stakeholders is not an uncommon obstacle to PopEd programmes. In **Nicaragua**, the **Dominican Republic** and **Uruguay**, opposition from religious groups (e.g. the Catholic Church groups) have slowed down efforts in this regard. Some teachers have also resist in-school sex education programmes, thus seriously impeding generalization. On the other hand, **Brazil**, **Colombia**, **Cuba** and **Mexico** point the way to successful gatekeeper cooperation and support.

The last 30 years’ experience of programming in PopEd indicate some ways forward on this issue:

- Develop strategies for inclusion and involvement of gatekeepers in the programme from the beginning.
- Sensitize and engage in advocacy for policy dialogue with gatekeepers
- Promote parent education as a component of PopEd programmes
- Foster peer education among gatekeepers
- Strengthen partnership with the media
- Build capacity of curriculum developers, teacher counselors, teachers and school administrators in advocacy skills to engage the gatekeepers
- Promote a rights-based approach to PopEd among relevant gate keepers
- Build coalitions and networks of traditional, community and relevant organizations for advocacy in support of PopEd programmes.
- Support co-curricular activities and out-of-school PopEd programmes, linking PopEd with ASRH services as a main entry point for engaging gatekeepers in PopEd
- Encourage and support youth-adult partnerships to address these issues.

2. CAPACITY BUILDING

Curriculum development

The most effective strategy for ensuring that PopEd content actually reaches teachers and learners has been the integration of content into the curriculum and into the standard textbooks. This has also helped ensure that key content would survive changes (e.g. in personnel) over the years. Once in the textbooks (which in many countries are used by all teachers as the basis for classroom activity), population content can be revised and updated with each textbook revision.

Curriculum development is a crucial element of all PopEd programmes because choices made during the initial development process have consequences for the content, the continuous development of materials, and consequently the sustainability of the programme.

In **Kazakhstan**, in a programme funded by UNFPA and implemented by Pathfinder International, classroom on sexual education was developed by the British Know How Foundation and a local NGO and later approved by the ministry of education. The information in the materials was, after an initial survey conducted among Kazak youth, designed to respond to the needs of adolescents and included information on hygiene, anatomy, morality and sexuality, family planning, STIs and their prevention, risks connected to smoking, alcohol and drug abuse.

In **Uganda**, PopEd was integrated into the curriculum by stages. At first, HIV/AIDS issues were prioritized within the aegis of adolescent reproductive health. This was followed by the integration of five thematic issues: peer pressure, substance abuse, HIV/AIDS/STIs, rape and defilement, and nutrition in adolescence. Seven carrier subjects were selected: social studies and science for primary, biology, geography, agriculture, home economics and religious education for secondary level – they were integrated into existing subjects but were not made examinable.

A very different example is UNFPA's experiences with the programme in **Iran**, where curriculum development took place in close cooperation with the Ministry of Education. As a consequence of this approach the ministry has increased its capacity to develop PopEd curricula and to expand programmes applying its own resources and in defining ways to deal with sensitive issues. This example illustrates the need for UNFPA to find the most efficient way to work in each cultural context.

Teacher training

Teacher training is an integrated element of most PopEd programmes, often in the form of in-service training of teachers already practicing their profession. The teacher training components often receive very positive feedback and there have even been instances where the trained teachers took their own lifestyle up for revision and changed it in accordance with the new knowledge they had gained through the training sessions (*Evaluation of Population Family Life Education, 2002*). However, problems still exist. There are, probably due to insufficient training, regular reports of teachers who feel so uncomfortable discussing some PopEd subjects with their students, that they rush their teaching of the subject, thus limiting the benefits for the students.

A second problem is the scale of teacher training. Some programmes train teachers on a significant scale. One example is **Sri Lanka** where one element of an in-school PopEd programme was the training of more than 20,000 teachers in population and family life education. They also received a teacher's handbook on the subject giving instructions about how to integrate population and family life education into the existing curriculum. However, most programmes are less ambitious. A shared problem across programmes is that they depend on a few key people. The skilled project staff that train teachers is often limited in numbers (range from 20 to 200). Consequently, the efforts are vulnerable to staff

turnover, so that one skilled teacher trainer may be responsible for PopEd teacher training in an entire city or a whole province. In case that person decides to change career or becomes seriously sick, for instance - as is commonly the case in many African countries - as the result of AIDS, a city or even a province can suddenly be without a trained instructor. Similarly, the programme also suffers from the loss of trained teachers in countries where working conditions result in a high teacher turnover - which highlights the fact that training efforts should be carried out on a continuous and sustained basis.

UNFPA needs to identify:

- How the Fund can ensure that enough teachers are provided with in-service training to ensure that they will constitute a pool of human resource that is able to reproduce itself and to cover the intended institutions in a satisfying manner.
- How UNFPA programming can take into account the fact that some countries have a very high level of teacher turnover. For example, some African countries lose numerous teachers each year to HIV/AIDS deaths, and sometimes even more than they gain in new recruits.
- What are the good practices in the field and what constitutes a sufficient number of trained teachers and which considerations are relevant for determining the minimum scope of in-service as well as pre-service training.
- How to secure pre-service training of all students aspiring to become teachers at all teacher training colleges enabling them to meet PopEd challenges from the very beginning of their professional careers.
- What are the lessons learned and what are the good practices in the pursuit of comprehensive pre-service PopEd teacher training programmes.

Today, PopEd has overcome many of its starting difficulties and is to a large extent demand driven. Capacity building is visible in most countries and

PopEd/FLE teacher training has been integrated into many teacher-training colleges. In many countries, PopEd has been institutionalized as a subject and is expected to be part of the school curriculum. In most countries, the World Bank has supported the costs of education reforms, including in-service teacher training. Agencies like the UNFPA has provided technical assistance and programme support. However, to secure sustained capacity to conduct PopEd training, it is recommended that the Fund direct additional resources towards tertiary education, which is seen as a more cost-effective intervention.

3. INSTITUTIONALIZATION

To ensure maximum impact of PopEd programmes, it is imperative for them to be institutionalized in a sustainable way. The extent to which this goal can be achieved depends on a number of mutually inter-linked variables including funding, human resources, institutional capacity and political commitment, as well as the character of the obstacles the programme encounters during its implementation.

Institutionalization means that a program becomes a permanent feature of a ministry or another institution that is responsible for its implementation. Some indicators of institutionalization include:

- National ownership
- The programme becomes part of mainstream activities
- The government takes a leading role in its implementation
- Profile shifts from (UNFPA) project to national program
- Significant funding made available from national budgets

The following short summaries of experiences from a few countries will illustrate country experiences in dealing with the issues cited above.

The PopEd programme in **Iran** aims to strengthen reproductive health education in formal

and non-formal school systems. Booklets containing information on issues such as puberty, family planning, STIs – including HIV/AIDS – and gender discrimination have been published and disseminated in schools. Careful and sustained advocacy efforts have helped to highlight the demographic consequences of rapid population growth and convinced the government to discuss family planning and to incorporate PopEd elements in the national curriculum.

In **India**, the Government has decided to incorporate the activities into its 10th five-year plan – a most important indicator of institutionalization. However, limited resources have constrained scaling up efforts.

In **Vietnam**, a UNFPA programme funded the development of national population education teachers' manuals for kindergarten, primary, secondary, and teacher training levels; a book of background readings on population; and a set of posters and other teaching materials. In addition, a number of master trainers were trained. An evaluation of the project found that one component contributing to its relative success was the inclusion of the national PopEd plan which integrated the elements produced by UNFPA into the national curriculum.

The capacity of in-school PopEd programmes to reach out and disseminate important information on population and development issues is further highlighted by the experience of **Sri Lanka**, where an in-school PopEd programme, based on a study of knowledge, attitudes and practices, has assisted in curriculum development for the national education system. The curriculum has 6 main units, based on the results of the survey: basic demographic concepts; factors affecting population change; population and quality of life; the family unit; adolescence; and responsible parenthood. Later, the need to create awareness about HIV/AIDS resulted in the implementation of an accelerated HIV/AIDS education module.

The lessons that can be drawn from these examples include:

- UNFPA needs to establish the requirements defining institutionalization, including aspects of political commitment, budget, administrative resources, human resources and sustainability.
- UNFPA needs to identify more effective ways of collaboration with national counterparts and community stakeholders (e.g. parents),
- UNFPA should ensure that the relevant administrative bodies have the capacity to implement PopEd programmes beyond their pilot phase.

TABLE 1. PopEd COMPONENTS IN COUNTRY PROGRAMMES – IN-SCHOOL SEX EDUCATION

Countries, which have reported, that they had in-school sex-education programmes in the year 2002.

Arab States and Europe

Albania
Algeria
Armenia
Azerbaijan
Bosnia Herzegovina
Bulgaria
Kazakhstan
Kyrgyzstan
Moldova
Palestine
Romania
Russian Fed.
Tajikistan
Turkey
Turkmenistan
Uzbekistan

Africa

Benin
Botswana
Cape Verde
Central African Republic
Congo
Cote D'Ivoire
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mozambique
Namibia
Niger
Nigeria
Cameroon
Sao Tome and Principe
Senegal
Sierra Leone
South Africa
Tanzania
Togo
Uganda
Zaire
Zimbabwe

Asia and the Pacific

Bhutan
Cambodia
Indonesia
Lao PRD
Malaysia
Mongolia
Nepal
Papua New Guinea
Philippines
South Pacific
Sri Lanka
Thailand

Latin America and the Caribbean

Bolivia
Costa Rica
Cuba
Dominican Republic
El Salvador
English Speaking Caribbean
Guatemala
Haiti
Honduras
Jamaica
Mexico
Panama
Paraguay
Peru
Venezuela

In addition to the 75 countries that have reported they had in-school sex education programmes an even higher number of countries 86 in total reported that they had out-of-school peer education programmes (see annex 2). Some countries reported they had in-school programmes, but did not label these as sex-education programmes. These countries are: Bangladesh, Belarus, Burkina Faso, Burundi, Chad, China, Comoros, Djibouti, Egypt, Georgia, India, Iran, Lebanon, Lithuania, Maldives, Mauritius, Morocco, Myanmar, Seychelles, Swaziland, Tunisia, Ukraine, Uruguay, Viet Nam, Yemen, Zambia. The individual country surveys are available at the UNFPA intranet. See Update 2003: UNFPA & Young People for further discussion of survey methodology and findings.

4. LINKING EDUCATION, POPULATION AND OTHER DEVELOPMENT GOALS

In order for UNFPA to place PopEd in a strategic framework it has to be integrated into the Fund's Multi-year Funding Framework (MYFF). The integration into the MYFF secures policy attention, coordination and support within the larger context of broader population and development goals. In this connection, it is important to note the following:

- UNFPA is moving away from smaller projects towards programme approach
- Emphasis is on identifying and developing strategic partnerships
- There is a need to tie programme support to UNFPA policy work, and use evidence and lessons learned for advocacy
- UNFPA needs to link its interventions, including on education, to national development plans and strategies, in a way that they can effectively contribute to poverty alleviation and the achievement of the other millennium development goals.

The contribution that a comprehensive population education makes to realizing UNFPA's goals and outcomes is revealed in selected indicators used in the MYFF. It is critical to *lowering adolescent fertility rates* (RH goal indicator), and thus by slowing population growth, to *lowering the youth-dependency ratio* (PD goal indicator). This, coupled with a reduction in reproductive-health related disease burden, has a positive impact on *poverty reduction* (PD goal indicator).¹ Education programmes help to raise the *literacy rates among 15-24 year old females* (gender goal indicator), to decrease the *unmet need for family planning* and *HIV prevalence among 15-24 year old pregnant women* (RH goal indicators). Many of the MYFF outcomes, as reflected in their indicators, also depend on education: *delay in age at marriage, contraceptive*

prevalence rate, condom use at last high-risk sex, proportion of clients with STIs who are appropriately diagnosed and treated, proportion of women who have final say about their own health care, proportion of population aged 15-24 with correct knowledge of HIV/AIDS (RH outcome indicators). As several of these are also MDG indicators, UNFPA education programmes directly contribute to the attainment of related international development goals.

- Linking PopEd programmes with the MYFF implies that interventions need to take place within national planning and capacity development efforts – securing ownership, sustainability and institutionalization. In order to do this, evidence-based policy advocacy is crucial.
- UNFPA will need to document its progress, to identify where the challenges are and what capacity development efforts are necessary.
- Poverty is one crucial issue and the Fund needs to think about how to demonstrate PopEd's contribution to the elimination of poverty and gender disparities. Similarly, the Fund needs to develop arguments for its policy dialogue in a way that highlights the importance of what UNFPA does in the area of PopEd and its contribution to overall programme priorities of the organization, and within the general development framework of MDGs.

¹ See the UNFPA Information Note *Promoting Reproductive Health As a Poverty Reduction Strategy*, UNFPA/TSD intranet on bbs.unfpa.org.

III. Issues in Effective Programming

1. ADDRESSING HIV/AIDS PREVENTION

The need for HIV education as a component of PopEd is made urgent by the fact that adolescents are entering puberty earlier and marrying later, thus increasing the likelihood for sexual encounters. More than any other time, adolescents during this period need to learn about the characteristics of the HIV/AIDS epidemic, its modes of transmission, and how they can protect themselves from risks. Some of these ways may include abstinence, negotiation skills for safer sex, and avoiding multiple partners. As part of an overall prevention strategy, HIV education can serve as an entry point facilitating a broader and more comprehensive educational efforts to address other sexual and reproductive health issues.

- UNFPA has to act fast, since the number of adolescents infected with HIV is rapidly increasing. Education is the best defense against the disease. Since nothing is more educating than people speaking from their own experience, some youth infected with HIV could serve as peer educators in HIV-prevention programmes.
- ICPD and ICPD+5 clearly provide UNFPA with a mandate for HIV education, and the Fund needs to push forward the agenda of HIV education for all. The challenge is how best to provide this education within the formal school system and in non-formal settings to reach out-of-school youth and the most vulnerable groups.
- Schools are often looked upon as safe havens for young people, and they should be. However, in some cases, violence, discrimination and abuses take place also in the school setting. UNFPA needs to address this problem to ensure that schools remain avenues for providing a safe and supportive environment for young people to socialize, learn and acquire new skills.

2. PROMOTING GENDER SENSITIZATION

Education is an investment that can have multiple and long-lasting effects. Educated women often have more decision-making power, and as a result, they tend to marry later and have fewer children. Similarly, relating to HIV/AIDS, schooling can be seen as a social vaccine. However, we need to take into account that girls are usually in more vulnerable conditions than boys, and reports show that they have a higher HIV infection rates than boys (5-6 times higher). Additionally, we need to pay attention to gender biases in school curricula and to drop-out rates among girls that are generally much higher than those of boys.

Girls have also dropped out of schools for many reasons (e.g. due to pregnancy, domestic responsibilities, sexual harassment, early marriage, etc.). Up to one third of girls (according to one study) reported that they had experienced forced sexual initiation, and that the perpetrators were often teachers.

Reflecting on this fact, UNFPA needs to:

- Redress gender biases in school curricula, materials and approaches
- Promote schools that are more girl-friendly, e.g. starting later, to enable girls who often have to fetch water and clean house in the morning, to be able to arrive in school on time.
- Advocate for policies that keep girls in school after they get pregnant, or to provide educational support to those who are forced to drop out of schools
- Ensure that gender sensitivity is taught in schools, which aim also to sensitizing young men and boys.
- We should advocate for women teachers. In Africa, primary school teachers are predominantly women, but at the secondary school level, the opposite is the case.

3. LINKING IN-SCHOOL EDUCATION WITH OUTREACH AND PEER EDUCATION PROGRAMMES

In-school population/RH education reaches a larger number of young people than programmes for young people not in school. Many countries where UNFPA is active have achieved almost universal primary education and a very high percentage of the nation's children will complete at least six or seven years of schooling. However, in other countries, this is not the case. Still, a significant number of countries in sub-Saharan Africa and South Asia, have serious gender disparities in education, leaving many girls out of schools. Catering to the needs of those who left school early or never went to school, an out-of-school programme is essential. These population groups are often exposed to high risk behaviours and live in vulnerable conditions. To reach them effectively with information, education and services require a variety of outreach strategies and communication approaches.

Many out-of-school programmes include peer education, or youth-to-youth information sharing and guidance programmes. The logic behind peer education is that young people generally prefer to receive information from people of their own age, and are more comfortable and trusting of their peers, especially when it comes to socially taboo issues such as sexuality, reproductive health and social relationships.

UNFPA in collaboration with its partner, YouthNet, has developed Y-PEER: Youth Peer Education Electronic Resource for Eastern Europe and Central Asia. This initiative brings together over 3,300 peer educators from over 250 non-governmental organizations and governmental agencies in 27 countries of the region through a Web Site (www.youthpeer.org) and in-person training workshops. The goal of Y-PEER is to promote peer education networking, knowledge sharing and mutual support of youth involved. The web site, which is available in Russian and English languages to everyone with an internet connection, provides information on sexual and reproductive health as well as on culturally appropriate and gender-sensitive techniques of peer education.

One of the major challenges of peer education is the high turn over rate of trained peer educators who grow older and consequently no longer are considered "peers" and have to be replaced by others. Similarly, the organizational structure of peer education programmes, based on a degree of voluntarism, does not fit with government structures, making this approach difficult to institutionalize.

Linkages between in-school programmes and the out-of-school programmes can add value to both, enabling them to complement each other in a number of ways. Institutionalized information sharing can be mutually beneficial and can help enhance the quality of both programmes. Secondly, if the out-of-school programme operates with peer educators, these could be invited to talk to students at the in-school programme, adding value to the teaching. Finally, if the out-of-school programme has a service delivery component, then the in-school

programme could refer students to it. Such a possibility would significantly add value to the programme, facilitating the students' ability to apply knowledge gained.

UNFPA needs to identify lessons learned and good practices in regard to coordinating in-school and

out-of-school programmes ensuring that resources are applied in the most efficient way and facilitating a positive spin-off between the programmes. Finally, regarding behaviour change communication (BCC) initiatives, UNFPA should aim to generate the highest level of synergy between in-school, out-of-school and

TABLE 2. PopEd COMPONENTS IN COUNTRY PROGRAMMES – OUT-OF-SCHOOL PEER EDUCATION

Countries, which have reported, that they had out-of-school peer education programmes in the year 2002.

Arab States and Europe

Albania	Morocco
Algeria	Romania
Armenia	Russian Fed.
Belarus	Tajikistan
Bosnia Herzegovina	Tunisia
Bulgaria	Turkmenistan
Egypt	Ukraine
Georgia	Uzbekistan
Kyrgyzstan	Yemen
Lithuania	
Moldova	

Asia and the Pacific

Bangladesh	Nepal
Bhutan	Papua New Guinea
Cambodia	Philippines
China	South Pacific
India	Sri Lanka
Indonesia	Thailand
Jordan	Viet Nam
Lao PRD	
Malaysia	
Mongolia	
Myanmar	

Africa

Benin	Malawi
Botswana	Mauritius
Burkina Faso	Mozambique
Burundi	Namibia
Cape Verde	Niger
Central African Republic	Nigeria
Chad	Cameroon
Congo	Rwanda
Cote D'Ivoire	Sao Tome and Principe
Eritrea	Senegal
Ethiopia	Seychelles
Gambia	South Africa
Ghana	Swaziland
Guinea	Tanzania
Guinea-Bissau	Togo
Kenya	Uganda
Lesotho	Zaire
Liberia	Zambia
Madagascar	Zimbabwe

Latin America and the Caribbean

Dominican Republic	Honduras
El Salvador	Jamaica
English Speaking Caribbean	Nicaragua
Guatemala	Peru
Haiti	Uruguay

other BCC programmes. The use of proven communication approaches and strategies (e.g. use of print media, electronic media, interpersonal communication, traditional/folk and other special media) could enrich educational approaches in the classroom as well as in non-formal settings. In addition to generating synergy between programmes, such an approach will also enable PopEd programmes to apply BBC materials developed for the media, thus providing teachers with additional teaching and learning resources.

The benefits of peer education extend beyond health. When it is comprehensive, it deals with life in all its complexity, not just with adolescents' sexual and reproductive health. Most programmes include a lifeskills component where peers learn about how to deal with basic life situations. To ensure its effectiveness, training should be followed by proper support and supervision, and impact evaluations periodically carried out.

4. IMPROVING DEMAND AND ACCESS TO REPRODUCTIVE HEALTH SERVICES

Ideally, PopEd programmes should have a close working relationship with youth-friendly services for young people. Often however, such services do not exist, or are not youth-friendly. A number of projects, especially out-of-school projects, include referral systems for relevant health services. Some school based programmes are also tied to youth clubs which provide a range of youth-oriented activities (e.g. sports, arts, music, income-generating activities), some counseling, and health services.

In **Haiti**, a PopEd project was established using peer educators reaching out to poor out-of-school and unemployed urban youth. Later, specialized adolescent reproductive health clinics were added as a component of the project. This included both clinical and psychological support, and programmes for the prevention of sexually transmitted infections, HIV/AIDS and early pregnancies. Consequently, an

important question for further discussion is in which cases it is appropriate to include links to services and the modalities for ensuring access and use.

When appropriately implemented a more efficient and effective approach would be to link PopEd activities to existing reproductive services and sensitize both educators and service providers on this important linkage. One example of such a strategy is a project implemented in **Bolivia** (Chuquisaca and Potosi Departments), which had included a component providing 1,000 local health personnel with up-to-date reproductive health knowledge and skills taking into account the specific needs and wishes of the ethno-cultural groups they serve. In some cases, it is recommended that specialized youth friendly reproductive health services be provided outside the established system, i.e. through community based networks, NGOs, or existing youth centers.

5. ENSURING AGE-SPECIFIC INTERVENTIONS

Education, particularly where it concerns reproductive and sexual health, need to be gender sensitive, culturally appropriate, as well as age-specific. As far as the timing of PopEd interventions are concerned, although students in secondary schools are more likely to face reproductive health problems, the general consensus is that PopEd programmes (with age-appropriate information) should be introduced at the primary level, with additional knowledge imparted during secondary school. The main reason is that enrolments in primary school are considerably higher, with many students not even completing it, let alone progressing on to a secondary level of education. Consequently, many, and in some cases most children, will leave school without receiving even the most basic information on reproductive health issues. In-school PopEd programmes should take this social fact into consideration and should be designed to equip the children in the best possible way and as early as possible according to their evolving capacities and development needs.

6. SPECIAL CONSIDERATIONS IN SITUATIONS OF EMERGENCY AND CONFLICT

In the early 1980s, the government of **Liberia** requested UNFPA to fund a series of basic needs assessments which included the need for increased PopEd efforts. Consequently, a three-year pilot project was formulated and approved for implementation in schools between 1988 and 1990. Unfortunately, the project had to be terminated before time, due to the outbreak of civil war. The Liberian example illustrates an obstacle which UNFPA unfortunately has to come to terms with in many countries in emergencies or conflict situation.

The Fund needs to increase its capacity to deliver in-school and out-of-school PopEd programmes in crisis situations where the infrastructure to disseminate information is not in place or has recently broken down. Safe learning environments can shield children and adolescents from ongoing insecurity, exposure to landmines, recruitment into militias and gangs, and sexual violence. PopEd programmes in particular can also play an essential role in delivering vital messages concerning reproductive and sexual health issues, including HIV/AIDS, sanitation, nutrition, and landmine dangers to children, parents and communities (Sommers, 2003).

In actual emergencies, UNFPA interventions have mostly been targeted at adolescents and youth, recognizing them as a particularly vulnerable group due to loss of structure and absence of the traditional means of support. UNFPA has projects in 7 countries funded by the Belgian government, mostly working with adolescent refugees: In **Colombia** activities focus on rights of adolescents through the innovative medium of theater. In the **Democratic Republic of Congo**, UNFPA works with a youth centre that incorporates education initiatives on health. In **Sierra Leone**, the NGO Women In Crisis works with former sex workers (bush wives), who receive education on skills and health. In **Liberia**

and **Burundi** activities focus on peer education, and mostly on the issues of HIV prevention and gender-based violence.

- UNFPA needs to investigate how it can implement PopEd programmes under circumstances where very few structures are in place, such as conflict and emergency situations.
- PopEd could also be more adequately reflected in UNFPA policies for humanitarian situations.
- There is ongoing work to establish minimum standards for education in emergencies through the Interagency Network on Education in Emergencies (INEE), hosted by UNESCO, in collaboration with other UN agencies, including UNFPA, and NGOs. In this effort, UNFPA provides relevant inputs to ensure education on sexual and reproductive health is included.
- A strong focus on prevention of HIV/AIDS and gender-based violence is likewise needed in all education efforts, especially in these settings.

7. RESEARCH CONSIDERATIONS

Research to enhance knowledge in support of programmatic activity is a continuing priority for UNFPA. Research is important for the situation assessment that precedes programme design, for an effective implementation based on the knowledge of obstacles revealed by research, and for programme evaluation. Research in the field of population education is carried out in order to learn about the characteristics of targeted beneficiaries, their beliefs and values, their levels of knowledge (e.g. concerning STIs/HIV), their behaviour patterns (e.g. what percentage is sexually active) and their needs. Concerns include lack of data, underutilization of available data for policy and programme development, as well as lack of baselines to measure programme impact.

8. DOCUMENTING AND SHARING GOOD PRACTICES AND LESSONS LEARNED

Analyzing the experiences UNFPA has compiled regarding the development, implementation and evaluation of its PopEd programmes, a number of common trends emerge. These include factors that have contributed to success as well as common challenges.

- The personal motivation of staff, when coupled with good training, can ensure the survival of the essence of a project, therefore, it is crucial that staff motivation be given high priority and taken into account in teacher recruitment and training and addressed in relation to turnover of staff.
- The integration of PopEd as early as possible in the development of national development policies, plans and strategies, can help ensure national support, ownership and sustainability.
- Successful programmes have included good monitoring and evaluation plans and adequate technical and programme support from UNFPA offices. Data can provide solid arguments to counter conservative beliefs that sexuality education promotes early sexual initiation or promiscuity.
- Building on the strength of NGOs to reach communities, and apply greater flexibility and innovativeness in programme approaches can complement the often times more rigid nature of government bureaucracies.
- The links between ministries of health and education are important, and so are partnerships with specialized agencies of the UN are also equally important. For instance, UNFPA is part of a collaborative activity with UNICEF, WHO and UNESCO aimed at developing a skills based education on health issues. This approach is now being implemented in a number of school systems, with technical support from these agencies.
- All contents and approaches have to be appropriate to the age groups, and take into account both gender and cultural sensitivity, and should be given high priority in teacher training and materials development. The opportunity remains important, both for school and non-formal activities.
- Systemic knowledge sharing of good experiences, lessons learned and strategic opportunities need to be encouraged between and among countries, within regions or across continents.
- The support to specific projects does not guarantee institutionalization of changes and its sustainability. PopEd requires political support and social consensus. UNFPA's advocacy efforts will help neutralize resistance from ultraconservative groups.
- Efforts should also address the problem of the 'hidden curriculum', and how to change biases and discriminations, taboos and misconceptions, and deeply rooted cultural beliefs. The solution to this problem lies in the education of the teachers themselves—in institutes, faculties of education and pedagogical universities. This is why it is important to integrate appropriate sexual and reproductive health education in pre service and in-service programme for teachers, especially those at secondary level.

IV. The Way Forward: Strategic Opportunities, Challenges and Recommendations

Strategic positioning

UNFPA has gained a great deal of experience with PopEd and the programmes certainly contribute to addressing some of the challenges formulated in the ICPD Programme of Action. However, it also appears that UNFPA is facing a strategic choice regarding future interventions in PopEd. The Fund has initiated a new wave of interventions (after ICPD+5) aimed at reaching out-of-school adolescents and youths, and many countries appear to be considering to drop in-school programmes either because they have been ‘institutionalized’ or because long-term support is not considered to provide the expected results. Consequently, some countries are focusing on interventions directed towards out-of-school youth considering that they are in more difficult and vulnerable situations, with less financial resources, and often involved in risky behaviour. In light of the HIV/AIDS pandemic, there is also heightened need for sexuality education programmes that include lifeskills, negotiation skills for safer sex (among girls in particular), gender sensitization and emphasis on informed choice. Consequently it is necessary for UNFPA to identify:

- What it wants to achieve in the education sector and to identify the actions necessary to achieve this on national, regional and global (Headquarters) levels;
- What it sees as its comparative advantage or niche(s);
- Its position vis-à-vis other partners within the UN family, with civil society groups including NGOs, the media and the private sector;
- More recently, a UNAIDS interagency task team on HIV/AIDS and Education has been looking more closely at education programmes as part of the global initiative to prevent HIV/AIDS, especially among young people. UNFPA is an active partner in this effort.

- UNFPA COs are normally rather small. Consequently, there is a definite limit to what UNFPA can do alone. However, UNFPA is able to move forward specific agendas and thereby have significant impact on the efforts of the collective. It is suggested that the Fund focus on technical assistance and programme interventions in education as they relate to sexual and reproductive health, STIs and HIV/AIDS, gender issues and population-related matters.
- UNFPA should decide what it can do by itself as an agency and with other agencies. It should participate in the mapping of stakeholders and develop a strategy for effective collaboration especially in light of several major global education efforts (e.g. EFA, UN Girls Education Initiative). It has to operationalize a knowledge-sharing strategy which also support the accumulation of evidence of effective programming around education that fall within the UNFPA mandate.
- UNFPA should ensure that ICPD concerns, which are central to poverty alleviation and sustainable development, are adequately taken into consideration at the time of educational reform.

Areas in which UNFPA has comparative advantages:

- Advocacy for sexual and reproductive health education within the broader framework of an HIV prevention strategy
- Collection and analysis of educational data, particularly those impacting on poverty reduction
- Promotion of a rights-based programming, especially in terms of addressing the development and participation rights of young people, particularly girls
- Adolescent reproductive health, including the provision of information, education, counseling and services.

Major constraints and successes

A number of constraining factors have been observed:

- While PopEd and sexuality education are included in a great many school systems around the world, there are still countries where little progress has been made;
- Negative attitudes of parents and society at large towards issues of sexuality;
- Lack of teacher competence in teaching RH education in the classroom;
- Traditional myths and misconceptions related to RH carried over from generation to generation, and cultural and religious taboos in talking about sexuality and RH issues;
- Inadequate resources;
- Lack of effective co-ordination mechanisms at all levels;
- Incorporation of new messages in the teaching and learning materials usually takes around 5 years to be completed;
- Lack of legislation regarding Adolescent RH and Rights and also within sectoral policies (e.g. health, education, employment/labor, youth sector, etc).

Despite these, the following successes can be noted:

- Programme management has generally improved;
- Integration of population education messages in curricula and textbooks at most levels has been completed in some countries;
- National population and sectoral policies already in place in certain countries;
- Youth issues are beginning to be addressed in health, education, employment and social welfare sectors
- Redefinition of population education in keeping with the ICPD POA;
- Advocacy among stakeholders has improved.
- Successful initiatives on sexuality and lifeskills education are already developed and are better documented in certain countries.

Strategic partnerships

UNFPA has a long-standing strategic partnership with UNESCO and has funded a number of PopEd projects which have been implemented by UNESCO, especially in the fields of securing girls' education and integrating reproductive health issues into out-of-school literacy training. Examples include programmes in **Cambodia, India** and **Syria**. In addition, UNFPA has worked with other specialized UN agencies such as the ILO, FAO and WHO (Cohen & Abrams, 2002). Further, it is suggested that UNFPA:

- Continue to work with partners, i.e. WHO, UNICEF, UNESCO, World Bank and others on the FRESH Project – Focusing Resources on Education on School Health;
- Using its comparative advantage in advocacy and SRH education, continue to support global partnerships around EFA, the Girls Education Initiative, Literacy Decade, Education for Sustainable Development, and Preventive Education on HIV/AIDS.
- Specifically with UNESCO, and in light of ongoing education sector reforms in countries, strengthen cooperation in the area of curriculum development and teacher training.

An important national partner is the Ministry of Education. However, in some countries the political commitment to PopEd programmes is unclear. This is often reflected in their reluctance to address some key content areas such as sexuality. In such cases, it is important to provide the Ministry with the evidence-based information necessary to convince the political authorities of the advantages of comprehensive PopEd programmes.

One important obstacle in cooperating with the Ministry of Education is that reproductive health issues normally belong to the Ministry of Health and programmes unfortunately suffer from high vertical implementation strategies. The benefits of greater horizontal coordination need to be promoted and supported through the establishment of appropriate intersectoral coordination mechanisms, notably

between these two large Ministries. Such collaborations are significant and may be able to accomplish results which are far beyond what could be achieved separately. More recently, ARH programmes have engaged Ministries of Youth, and of Labour and Employment as key partners in efforts, not only to improve access to education and health services, but overall, in terms of promoting youth participation and leadership. Consequently, UNFPA should encourage inter-ministry collaboration regarding reproductive health issues and the Fund should aim to identify strategies to overcome obstacles, including compiling lessons learned and identifying good practices.

UNFPA also cooperates with a number of international NGOs involved in reproductive health issues and the Fund has supported a number of programmes implemented by such organizations. Such funding is often the result of long-term relations including funding, shared goals and additional partnerships advocating the ICPD Programme of Action.

UNFPA also implements programmes in cooperation with local NGOs. Such partners constitute a diverse group of organizations such as churches in **Papua New Guinea**, the Catholic Church and Protestant Churches in **Guatemala**, Koranic schools in **Senegal**, and Muslim organizations in **Thailand**. In **Mongolia**, the success of its sexuality education initiative has been largely due to the support of both the government, the UN, and local communities, including parents. The numerous partners on the local level constitute a vast resource base for advocacy and other kinds of support, and increased efforts should be directed towards identifying good practices for establishing, maintaining, and when needed, energizing cooperation with local NGOs.

Recommendations

In addition to recommendations on specific issues contained in various sections of this report, the Consultation concluded with the following principal recommendations:

Creating an enabling environment

- In order to secure an enabling environment for PopEd programmes, UNFPA should undertake more advocacy targeting policy makers, parliamentarians and opinion leaders at various levels, and to network and build coalitions with other partners in the field of education. UNFPA's agenda may be promoted and positioned in the context of interagency collaboration, global campaigns and initiatives such as the Education for All (EFA) movement, the UN Global Initiative on Girls Education, the Decade for Literacy Campaign, and on-going inter-agency efforts to promote HIV/AIDS Prevention Education.
- Advocacy is considered one of UNFPA strengths, and can be used to leverage more support for its work in education. UNFPA should advocate for the inclusion of PopEd topics in education sector reforms, with emphasis on teacher training, curriculum development in these areas, as well as in examinations for respective carrier subjects. Once issues are made examinable they immediately become 'core' and are given due attention and priority by students and teachers.

Issues in effective programming

- Advocacy efforts for PopEd should focus on building political support and social consensus; funding and technical support for curriculum development and teacher training; co-curricular activities and out-of-school programmes with links to ASRH services.
- UNFPA also needs to establish criteria for institutionalization, including issues such as political commitment, budget, administrative processes, human resources and sustainability. In this connection, UNFPA should ensure that the relevant administrative bodies have the capacity to implement PopEd programmes beyond their pilot phase.

- There should be greater attention to establishing links between education interventions within the formal school system, with those aimed at out-of-school population groups. Young people, both in schools and outside, need reproductive health education, but these may require different approaches, messages and activities.
- To measure the impact of PopEd programmes on the target beneficiaries, it is crucial for UNFPA to strengthen its capacity in monitoring and evaluation. A strategy for the collection and dissemination of evidence should be incorporated in the design of programmes. It is suggested that UNFPA cooperate with relevant partners to develop relevant indicators, especially for measuring the impact of sexual and reproductive health education programmes.
- Additional costing tools should be created by linking with the on-going RH Costing Initiative to gain the capacity to properly cost PopEd programmes.
- Efforts should be undertaken to document experiences to build a knowledge base on education issues within UNFPA.
- UNFPA needs to clarify how it will move forward with regard to PopEd in emergencies. There needs to be more guidance on capacity building in COs for programming in RH and HIV education in conflict settings.
- It is recommended that a part of this strategic positioning UNFPA could re-establish its strategic partnership with UNESCO with regard to education reform, ensuring that UNFPA concerns are adequately taken into consideration in this process especially at the country level. This can provide an opportunity to get involved in discussions on education sector reform to promote teacher training and curriculum development on PopEd issues.
- As UNFPA moves away from smaller projects towards evidence-based policy oriented programming and strategic partnerships, there is a need to tie programme support to UNFPA policy work and to link its interventions to the main development agenda, such as poverty reduction, and to frame these issues within the context of national development plans and strategies.

Strategic opportunities and challenges

- UNFPA should pursue a strategy to apply its expertise and comparative advantage in population and SRH areas, including HIV/AIDS, to support education efforts at different levels. It can also make use of its expertise in population data analysis to support the collection and analysis of educational data, especially concerning the impact of PopEd on poverty reduction and MDGs, and through participation in common monitoring and evaluation mechanisms.

Conceptual clarification

- The names of specific population education programmes should reflect national priorities in the context of the ICPD PoA. At this meeting, however, participants proposed the use of “Population Education” (PopEd) as the generic term for such programmes—since it is broad enough to cover the key issues, and at the same time is not controversial in regard to socio-cultural sensitivities.
- This recommendation should not preclude countries from adopting more specific titles or labels to reflect the nature, intent, and scope of their specific education programmes. As the case studies cited in this report would demonstrate, some countries like Mongolia have no problems with sexuality education, while Uganda, Yemen and Burkina Faso seem content with Population Education, and Peru has opted to keep family life education. Countries in Latin America have likewise adopted these different terms according to their socio-cultural contexts.

Education is EMPOWERMENT

V. CASE STUDIES

Selected Case Studies on Population Education



Country experiences in
addressing family life, sexuality,
reproductive health, gender
and lifeskills education



INDIA



Institutionalizing Population Education in India

I

1. Institutionalizing Population Education in India²

Initial activities

India was the scene of the world's first National Seminar on Population Education, held in Bombay in August 1969. But nearly a decade would pass before a national PopEd programme would be designed and submitted to UNFPA for funding. Despite the fact that UNESCO's General Conference had endorsed population education for all school systems worldwide in 1968, there was little official Government interest in developing a programme in India. An important shift occurred when, in 1976, India's new National Population Policy incorporated reference to the importance of population education. Subsequent revisions of the policy have continued to include reference to the importance of PopEd, and this has provided important policy support for national PopEd activities.

Launching the project

The first project was launched in April 1980, and it was intended to cover all states and union territories. Due to the size of the country, and the awareness that the area was new to the school curriculum, the National Council of Educational Research and Training (NCERT) opted for a phased approach. Only a few states were chosen to start, with the rest to be phased in as experience was gained. However, the plan was disrupted when several neighbouring states heard about the new project and wanted to launch activities earlier than planned.

So expansion was more rapid than foreseen, covering some 30 states and territories in a period of less than 4 years. This desire of state departments of education to participate in the project was surely a significant factor in the continuation of commitment and local support in later years.

During the first phase of project implementation (1980-85), project activities consisted of setting up infrastructure, training of key resource persons, preparation of basic materials and promoting the introduction of PopEd concepts in school syllabi and textbooks of primary, upper primary and secondary levels. Population education cells were set up in each State Council of Educational Research & Training (SCERT). Baseline and benchmark surveys were carried out, state profiles were prepared to assess progress in different states and evaluation tools were prepared.

The second phase (1986-92) saw the development of action at the higher secondary level and a move into the non-formal education sector. Teacher training was the key element in this phase, as it involved training huge numbers of teachers. The non-formal sector was a major challenge in the early years, but later it was to become more efficient and productive.

The National Education Policy of 1986 identified 10 "core curricular areas," half of which related to population issues. The National Curriculum Framework, prepared in 1987, stated that "School curriculum should...help promote in the learner an appreciation of various consequences of large families and over population, and the development of...a proper understanding about the role and importance of sex in human life and healthy attitude towards sex and members of the opposite sex..."

The third phase (1993-97) covered the period leading up to and immediately following the Istanbul Conference on Population Education (1993) and the ICPD (1994), and it involved taking stock and accommodating emerging population issues. Large numbers of teachers were reached through an

² Case study conducted by O.J. Sikes, Consultant, with support of the UNFPA India Office, particularly Francois Farah, Representative, and Miridula Seth, National Professional Staff



integrated teacher training approach, and the project placed greater emphasis on co-curricular activities. The significance of the latter was that it enabled the project to go beyond the bounds of the established curriculum by

introducing cross-cutting issues, many of which were emerging at the time and should not have to wait for major curriculum reform in order to be addressed in the classroom through textbooks. Additionally, many co-curricular activities encouraged interaction, reflection and discussion which were intended to have greater impact on attitude formation than might standard curricular activities alone.

Recent Years

In the fourth phase (1998-2002), the project responded to the paradigm shift that followed the adoption of the ICPD Programme of Action, directing more attention to adolescent reproductive health and life skills.

In 1993, India witnessed a growing recognition of the need for Indian young people to obtain knowledge and skills regarding sexual and reproductive health. The advent of HIV/AIDS on the sub-continent took many by and the education system was faced with the tremendous challenge of preparing adolescents to cope with it. That year, a national seminar on Adolescence Education was organized by the PopEd project. The term “Adolescence Education” was arrived at after a long search for a term that was thought to be more acceptable in the Indian context than “sex education” had been.

But it was not until 1998 that Adolescence Education was made the major thrust of the project. Teachers to be trained were selected carefully, in view of the potentially sensitive nature of the subject matter, and choosing two teachers per school

in selected districts, training began. By the end of 2002, five thousand resource persons and 17,000 teachers had been trained. Due to the slow process of curriculum change, and the need to do research on adolescent reproductive health issues in India and how they would be received in the classroom, a co-curricular approach was taken (see below). Preliminary research indicated a high level of interest in these issues among students and their parents and co-curricular activities are proceeding.

Materials development

Educational materials, including both print and audio-visual materials, have been developed by the NCERT. They have been translated into regional languages and used at state level to guide the process of integration of content into state syllabi, textbooks and teacher education courses. NCERT materials have also been used extensively in universities and for adult education.

Training

Training in a project of this magnitude has been a challenge from the start. It was handled by breaking down the various groups that needed training, according to their function and location. NCERT trained its own staff at state level. In addition, NCERT has trained textbook authors, audio-visual materials designers, key state officials and others.

Over 3.4 million educators have received in-service training and over 60% of all classroom teachers in the country have been trained at least once. Add to this the pre-service training given to young people preparing for a career in the teaching profession, and the number of trained education personnel grows considerably. The cascade approach has been complemented by separate training activities for newer content such as that required for “adolescence education,” and in many instances, PopEd content and methodologies have been incorporated into training activities of a more general nature in order to reach greater numbers of teachers.

Opposition

There has been no organized opposition to PopEd or to the project. The ministry took great care to carry out good advocacy in communities before introducing the new topics. Communities then welcomed the initiative. Obviously, there will continue to be a need for good advocacy in communities where these topics have not yet been introduced, but the ministry has now learned the importance of advocacy and how to do it effectively.

Impact evaluation

Impact of PopEd and Population Communication activities has always been difficult to measure. Because so many factors influence individuals' and couples' decision-making, it is usually impossible to determine the relative weight of any one intervention. Out-of-school young people and adults may be exposed to similar messages from health workers, radio, television, relatives, friends, etc., all of which re-enforce each other and lead the individual to take a specific reproductive decision.

For this reason, a small study conducted by UNFPA in the early 1990s took on particular significance. The study attempted to measure the impact of what had been learned in school, on the reproductive decisions of young people once they left school and began to form their new families. At that time, it was still possible to find remote areas in India that (a) had not designed communication messages for young, nulliparous couples, but (b) where one could find population education concepts being taught in the classrooms. Since no IEC messages on reproductive health for young people were available in these areas, the likelihood of being able to determine the real source of influence, if any, was enhanced.

Researchers examined family planning clinic records to learn which couples with no children were using contraceptives, and which couples with only one child had begun practicing family planning immediately after the birth of the first child. They then interviewed those couples. Only the young

husbands would consent to being interviewed, but they were willing to answer the question, "What influenced your decision to plan your first birth (when traditionally, this was unheard of)?"

Invariably, the answer was that they had learned in school that pregnancy before the young woman is physically mature enough may be harmful to the young woman and/or the infant. And they, being recently married, did not want any harm to come to their new wives or their children. They wanted them to be healthy. Those that had begun spacing immediately following the first birth, had learned the benefits of spacing in school.

These findings, and similar findings from research carried out by the project shortly afterwards, were of great benefit to the project. It meant that in rural areas of India, where one would assume that such messages would have little impact on centuries-old traditions, young people were making decisions based upon what they had learned in the classroom.

Analysis and Lessons Learned

- The importance of the early development of a strong policy base for PopEd cannot be underestimated. The fact that PopEd was part of India's National Population Policy (and many states' policies) and later was made a part of the National Education Policy, surely played an important role in maintaining its high profile in the country and in its survival through numerous changes in government. Changes in high-level personnel responsible for the programme are always a potential challenge. An established policy helps prevent or overcome such difficulties, although internal advocacy is often required as well.



- The most effective strategy for ensuring that PopEd content actually reached learners and teachers has been the strategy of integration of content into the curriculum. This began early and has also helped ensure that key content would survive changes over the years. Once in the textbooks (which are used by all as the basis for classroom activity), population content could be revised and updated with each textbook revision.
- Large numbers of young people in India leave school at age 15. Those who decide to continue their education later, join the adult education programme at age 20, on average. This leaves a 5-year gap during which they are at high risk, in terms of reproductive health. *Preparing them while they are still in school, before they drop out, is crucial to reducing their RH risks.* This means that school programmes will need to be aware of the special RH education needs of this group and to make certain that school programmes offer them what they need before they drop-out.
- After they drop out of school, it is *extremely* difficult to reach them in large numbers. Therefore, diverting funds from school programmes to out-of-school programmes, while not a complete waste of money, is definitely not the answer to the problem of how to reach young people who need reproductive health education. *Both school and non-school activities are needed.* Neither one can replace the other.
- This means that there is a flaw in the traditional thinking that, since there are more adolescents

out-of-school than in school, the out-of-school channel is the logical one to pursue to reach



adolescents in need of reproductive health education. True, the numbers are large, but the reality is that projects can only reach a very small percentage of them, and can hold only a portion of those long enough to provide them with a little meaningful education.

- UNFPA funding for the national project discontinued after the last cycle. However, due to the strong public and official support the project has amassed over the years, and the solid policy base for it, the Government has incorporated it into the 10th Five-Year Plan. This is an important indicator of institutionalization. Still, it will be important for UNFPA to maintain contact with the NCERT regarding key needs for funding that might not be met from Government resources, as a way of (1) protecting years of investment, and (2) maintaining the strong ties with Government that have facilitated the remarkable progress that has been made to date. This is a difficult, even delicate juncture, and it calls for continued ties between NCERT and UNFPA, ties that demonstrate UNFPA's continued moral support (and technical support, if requested), even in the absence of a "project."



MONGOLIA



Mongolia's Sexuality Education in Schools

2

2. Mongolia's Sexuality Education in Schools³

Background and history

Mongolia's sexuality education programme began in 1997 when the Ministry of Health and the Ministry of Enlightenment (recently renamed the Ministry of Science, Technology, Education and Culture or MOSTEC) established a joint initiative to promote the country's new commitment to a preventive approach to public health care. The Ministries gave initial approval to the curriculum in June of 1999.

A key part of this initiative was to design a primary and secondary school health education programme that would address the most pressing public health concerns facing young Mongolians. In partnership with the World Health Organization, the Mongolian Government identified 10 thematic areas to include in a comprehensive health education curriculum. One of these areas was reproductive health (the other topics were infectious disease prevention, mental health, nutrition, smoking, alcohol and substance abuse, hygiene and sanitation, physical exercise, healthy lifestyle, and first aid.).

In 1998-99, twenty Mongolians participated in a seven-week Master Training course covering a full range of sexuality and teaching and learning topics, from puberty to sexual behaviour, from experiential learning to classroom management. Participants undertook practice teaching in secondary schools and a supervised teacher training practicum to become Master Trainers.

The Master Trainers, together with members of the working group that developed the secondary school health education curriculum and methodology



in 1998, revised and expanded the reproductive health module into a comprehensive sexuality education curriculum. Designed for the 3rd through the 10th grade, the curriculum covers the knowledge, attitudes and skills young people need to protect their sexual health and take control of their lives.

Approved by the Ministry of Science, Technology, Education and Culture and the Ministry of Health for piloting during the 1999-2000 school year, it was initially to be taught in 12 selected schools in Ulaanbaatar and several provinces or aimags. However, at the request of the Ministries, the curriculum and education materials were distributed to all schools. The project team organized a 3-week training for the teachers of the pilot schools. The provision of educational equipment and support for the trained teachers in using the new methodology contributed to a solid beginning for the programme.

In addition, teacher background materials, audio-visual materials and two student books for younger and older students, have been developed and provided to all schools.

Main programme components

The goal of the reproductive health curriculum was to enable adolescents to reduce risk-taking sexual behaviour, with the ultimate objectives of reducing rates of adolescent pregnancy, sexually transmitted disease, and physical abuse.

To support the implementation of the curriculum and related work on adolescent reproductive health, the government sought to collaborate with UNFPA. The resulting Mongolian Adolescent Reproductive Health Project, nicknamed PO Zorgaa, originally had four components:

³ Case study conducted by Delia Barcelona, Senior Technical Officer, and Dr. O. Bayar, ARH Technical Adviser, UNFPA Mongolia, along with the national project team

- 1) Formal education (implementing the curriculum as a pilot program in selected schools and then making it available nationwide);
- 2) Informal education (working with non-governmental organizations to reach young people not in school)
- 3) Information and communication (print and electronic media)
- 4) Clinical services

To ensure that every Mongolian student learns about reproductive health and sexuality from a well-trained teacher, the master trainers worked to develop a corp of specialized health education teachers who have learned to teach this curriculum specifically. Therefore, once the first group of schoolteachers began teaching the curriculum, the trainings expanded to include teachers from schools not in the pilot aimags, as well as some health professionals.

The government's goal is to provide each of the 683 secondary schools in Mongolia with at least one qualified sexuality educator or staff. As of early 2002, the master trainers have trained about 300 secondary school teachers. However, at least an equal number of teachers are using the curriculum without the benefit of training.

Another important achievement has been the project's collaboration with the Ministry of Education to institutionalize sexuality education in teacher-training programmes. The Pedagogical University in Ulan Bataar now requires all students training to become primary school teachers to take a 60-hour course on reproductive health and sexuality education. The University has also started to offer a course on these topics for biology teachers.

Key factors contributing to success

Like many post-socialist countries, Mongolia has a typically high rate of female education, together with relatively low fertility. Nonetheless it is facing many of the same challenges as the rest of the world in safeguarding the sexual and reproductive health of the next generation: rising STI rates, earlier ages of sexual debut, sexual violence, and a barrage of confusing and exploitative messages about sexuality in the media.

The courageous example of the Mongolian

Government is extraordinary in several key aspects:

- The government made an explicit policy decision to support sexuality education for every Mongolian school-child every year, starting in third grade;
- Rather than depend solely on outside experts to design the curriculum, the government invested in training a team of local experts who then developed and tested their own curriculum;
- The curriculum pays significant attention to the issue of gender;
- Mongolian parents have been more involved and supportive of the programme than many officials had expected.

The dedication of local exerts hired for the project, with the help of a resident technical advisor through a joint partnership established by UNFPA with the Margaret Sanger Center International (MSCI) largely contributed to the successful development of the programme.

Four years after the project was initiated, the school sexuality education programme and a newspaper for teenagers have been the most innovative and successful elements of the project.

Another very successful aspect of the Mongolian programme is the involvement of young people themselves through what is called the “Teen Board”. The Teen Board is a non-formal committee that provides on the ground guidance and assistance in the implementation of services for adolescents. They work in close collaboration with the clinic and project staff. The Teen Board members are an integral part of the operation of the clinics, helping to ensure staff responsiveness to the clients. The Board consists of 6-8 members from different grade levels, but primarily from 6-8 grades.

Lessons, key challenges and constraints

Initially, the Ministry of Health encountered some resistance from the Ministry of Enlightenment about the inclusion of reproductive health, and in particular, about sexuality education. For years, Mongolians have avoided public (and much private) discussion of these issues. Extensive dialogue, joint participation in international meetings, and a review of the literature on this topic led, however, to a consensus that the culture was already in transition, and that effective education could reduce rates of unwanted pregnancies and sexually transmitted infections.

Although the necessity of revising the curriculum was clear, the project staff and their government colleagues realized that there were really no sexuality education experts in Mongolia. They agreed on the importance of international technical assistance, but were committed to building local expertise and enabling the development of culturally appropriate materials. So the plan was set up to train an initial

corps of “master trainers”, who would become Mongolia’s experts on sexual and reproductive health education.

An ad in the newspaper requesting people



who were committed to education and the promotion of reproductive health issues for adolescents to apply drew a good response. The majority of the applicants for the master’s training were medical doctors. A huge surplus of doctors exists in Mongolia, and many are keen to work in nonclinical programmes that draw upon their expertise.

The staff also worked with MOSTEC to select four pilot aimags, or provinces, including the capital city and a western aimag with a significant Kazakh population. Staff traveled to each aimag and met with government officials to select pilot schools in the area. Then they met with the school principals to secure their support and commitment. The Reproductive Health Working groups set up for the purpose of curriculum development, by and large, worked on their own with little sense of precisely what they should produce. The Reproductive Health Working Group was charged with developing a basic reproductive health education curriculum that would be available to primary and secondary school teachers. In going about their task, the working group was guided by the key question: “What do our teenagers need to know?”

In the beginning, the trained teachers raised serious concerns about the very technical nature of the materials and their lack of guidance about how to present the information. Much of the information in both the reproductive health and mental health curricula drew on outdated materials inherited from the Soviet era. The project staff and the master training team also thought that the classroom time allotted for teaching the curriculum (36 hours) was not enough to cover all the topics. The number of hours needed to be doubled at least.

The second constraint concerns content. With officials from the Ministries of Health and Education, the project team worried that some of the topics might be considered controversial (or in some cases, not essential) for inclusion in the required curriculum. Guided, therefore, by a sense that maxi-

mizing the likelihood of the project's acceptance among the nation's schoolteachers and parents was advisable, the team designated eight potentially sensitive topics as elective (not required) elements of the curriculum. Withdrawing these topics from the standard curriculum resolved the problem of how to fit the required curriculum into 36 hours. In a way, this reclassification of certain topics as electives was a major setback in the development of a comprehensive sexuality education programme.

In spite of all these, Mongolia is beginning to receive the attention it deserves for the first stages of its reproductive health and sexuality education programme, but considerable efforts are still needed to sustain and upscale the interventions already started. It should also be pointed out that local expertise, which allows for local ownership, is key to a programme's being culturally relevant and appropriate. Although the development of local expertise may require high initial investments in funding and energy, the process is beneficial in terms of developing national ownership and capacity.

National and international support

Based on the framework developed in partnership with WHO, the programme also received initial support and technical assistance from the Mongolian Foundation for an Open Society. It was also actively supported by UNESCO through its non-formal distance education and informal learning programme. Several activities were outlined to increase knowledge and awareness of out-of school learning programmes for both adolescents and their parents. Campaign materials especially targeted to parents proved to be very effective in opening up dialogue among parents, the community and the young people.

Another factor contributing to the success of the programme was the strong support from the Ministry of Health and local governments (at the aimag or provincial level). A visit to the Arkhangai aimag showed how dedicated the local health officials are to the adolescent friendly health center. The local government itself has committed both the physical facilities for the adolescent clinic as well as the staff support and other resources needed to operate the center. This is clearly a sign of commitment on the part of the government, and a good example of the outcomes of successful advocacy on the part of UNFPA.





UGANDA



Population Education in Uganda

3

3. Population Education in Uganda⁴

Background

The government of Uganda, with the financial assistance of UNFPA and technical support of UNESCO, introduced population education in the formal education system in 1988. For the first two phases (1988–1992; 1993–1996) the project activities were confined to primary six and seven grades. The coverage was restricted to 16 pilot districts comprising 43 trial schools. That period can best be described as a preparatory phase. During the third phase (1997–2000) there was expansion in terms of classes covered. The primary schools programme was expanded to include primary five while the secondary schools coverage was from senior one to four.

According to the project agreement, UNFPA support, in the first two phases (1988–1996), was for establishing the project, building technical and institutional capacity, development and trial testing of instructional and other support materials. The understanding was that government would take over the responsibility for mass production of materials and expansion of the programme nationwide. So in the two phases UNFPA funded the activities of the project on a pilot basis.

The early phase

The immediate objectives of the project in its early phase were:

- Training 556 Ugandans to plan and implement the national in-school population education programme;
- Prepare instructional materials such as teachers' guides, illustration kits, student texts, etc., for use in the implementation of the project in the pilot schools and colleges;
- Implement the project in all 80 primary schools and 45 secondary and teacher training colleges in nine selected districts;

- Test the feasibility of introducing population education into the entire formal education system of Uganda through an evaluation of the effectiveness of the strategies proposed in the project document.

Implementation of activities began with conducting a baseline survey which identified possible carrier subjects and crucial content areas. The carrier subjects identified for primary schools were social studies and science education, while those for secondary schools were biology, geography, agriculture, home economics and religious education.

An official project launch was held in 1990. Among other things, the launch was used as an opportunity to sensitize key stakeholders, enlist political, legislative and community support and create public awareness and visibility of the project.

A training of trainers was conducted with technical support from UNFPA Regional Office in Nairobi. A total of 40 teachers were trained. These were drawn from teacher training colleges and pilot primary and secondary schools. Sensitization workshops were also conducted. These were meant to create the necessary knowledge base and needed support for the programme. The key target groups were the head teachers, district education officers, and classroom teachers of participating schools. A resource book to be used as a teacher's guide was also produced. Support materials covering 12 themes were developed. The programme used the opportunity of a national curriculum review conducted in 1996, to integrate PopEd/FLE issues, including HIV/AIDS in the social studies and science education curricula of primary schools. A strategy to integrate the curriculum in all schools and expand the implementation of the programme nation-wide was also

⁴ Case study conducted by Richard Kawooya, consultant, with support from the UNFPA Uganda Office.

designed. By 1996 major preparatory activities had been accomplished and the programme was ready to take off for nation-wide coverage.

Recent years

There was a paradigm shift during the 4th County Programme of the GOU/UNFPA (1997-2000). Emphasis and priority was given to reproductive health as the key thematic area. The PopEd project had to review its operations and strategy so as to refocus on those activities deemed to be directly contributing to the achievement of the RH sub-programme objectives.

The 'generic' population and development support activities, which the project had been working on in the previous phases, had to be 'abandoned' as the new funding arrangement of UNFPA did not cover them. The expected government support for the expansion of the programme did not materialize either. So all developed and tested materials as well as the nation-wide expansion strategy remained on the drawing board. A new approach centered on guidance and counseling was preferred for the period (1997–2000). How could the PopEd programme contribute to ASRH improvement? This became the key question that PopEd planners and managers were challenged to answer.

HIV/AIDS education at the center stage

Although HIV/AIDS issues had always been included in the thematic areas, they did not take center stage as priority areas for GOU/UNFPA country programme focus in the early stages (1988–1996). In response to the new paradigm shift (1997–2000), the National

Curriculum Development Center (NCDC), with support from UNFPA, designed a new project for ASRH guidance and counseling interventions in schools.



The school system, no doubt, is one of the most viable entry points for HIV/AIDS prevention. HIV/AIDS education through the formal and informal school system is poised to be one of the major contributors to an accelerated reduction in HIV/AIDS prevalence and its associated problems. The school system offers a one-stop service delivery point where students, teachers, parents and head teachers can be reached all at the same time.

However, for a comprehensive HIV/AIDS education programme to be successful, it would require provision of adequate resources that would cover the needs of a nation-wide programme. Among other things, it would mean a strategy for timely integration of HIV/AIDS issues in the formal education curricula at all levels of intervention including teacher training and primary and secondary school education. It would mean sensitizing members of curriculum development/review panels, training master trainers, training a large number of teachers of carrier subjects to cover all schools in the country and producing necessary support materials in sufficient quantities. The big question is: how ready is the donor community to take up the challenge? What is the role that UNFPA can play and how far should it go in its support and coverage?

Building blocks

Luckily for Uganda, the political environment is very conducive to any well-meaning donor to come in and help. There is a high level of political support and commitment to the fight against HIV/AIDS. Right from the president, through the cabinet ministers and parliamentarians to the technocrat in various ministries and other government institutions, there is unequivocal support for programmes meant to reduce HIV/AIDS and its impact. The religious and cultural institutions are, in principle, also supportive—there are only minor differences regarding the form of intervention.

The Universal Primary Education (UPE) drive initiated by the government in 1997 has enabled most children of school age to enroll for primary education. This means that HIV/AIDS education can target primary-school-age children (6 – 13+ years) and will surely catch the biggest percentage of that age group in the formal school system. The first lot of UPE pupils has sat for their primary leaving examination (P.L.E). Related to this, the government has already begun the consultative and strategy development process to also institute Universal Secondary Education (USE). As of today, there are over 7 million pupils in primary schools and one million students in secondary and tertiary institutions.

The President of the Republic of Uganda initiated and launched a youth-specific HIV/AIDS education programme early this year. The programme dubbed “Presidential Initiative on AIDS Strategy for Communication to Youth” (PIASCY) is a directive to teachers to ‘talk regularly and directly’ to the young people about HIV/AIDS. Young people constitute up to 33% of the population in Uganda.

Under PIASCY, two resource materials were developed and produced with the purpose of intensifying teaching of reproductive health and HIV prevention. The first one “PIASCY: Helping Pupils to Stay Safe” is a resource on reproductive health and how to teach it. It contains 24 key messages for assemblies, clubs and classrooms. The second book “PIASCY: Teacher’s Manual” contains separate messages and activities for primary 3 – 4 and primary 5 – 7 classes. This is a very good starting point for regenerating the drive for an expanded HIV/AIDS education.

Lessons learned

Once issues are made examinable they immediately become ‘core’ and are given due attention and priority by students and teachers. The teachers will spare no energy in ensuring that they build their knowledge base and effectively teach an examinable topic in any given subject. The students on the other

hand, will always seek as much information as possible on a given topic once they know that it has a direct effect on their grades and overall performance.

In an integrated cross cutting HIV/AIDS education approach, where students, teachers and parents are consulted and involved in the programme, awareness is raised, stigma eroded and a critical mass needed for support is formed. This makes it easier for individuals to fit in the community as well as cope with individual situations, however challenging.

Future outlook

The expansion of HIV/AIDS education to cover all schools is long overdue. To implement the necessary interventions would require a corresponding provision of adequate resources devoted to HIV/AIDS education. Apart from resources that would be directly channeled into guidance and counseling services, there is need for funding complementary advocacy and IEC activities meant to create public support for HIV/AIDS education.

The human resource capacity built in the past phases is still available. The personnel are specialists who can effectively revive the plans for nation-wide integration of PopEd/FLE activities in schools. Government has provided a permanent office and continues to pay the salaries of existing staff of the PopEd/FLE unit.

One of the surest ways of prioritizing HIV/AIDS education is to revise the curriculum, give the issue prominence and include it in the examinable subjects. In so doing, the teachers will be obliged to internalize it thoroughly in order to teach it well, while the students will be motivated to acquire as much knowledge as they can on the subject in order to do well in the exams.





The on-going senior secondary curriculum review exercise is a golden opportunity to include critical areas currently relevant and most pertinent to young people in Uganda. These

should include: HIV/AIDS,

teenage pregnancies, early marriages, female genital mutilation, life-planning skills, rape and defilement.

Support should be given for advocacy to make certain that a policy framework is put in place to ensure that the major issues in HIV/AIDS education are examinable at all levels of intervention. This would also call for the adequate sensitization and training of curriculum development and review panels of NCDC.

Adjunct community programmes should be initiated to complement the schools programme. The complementary role that cultural and religious institutions can play should be examined and feasible support interventions promoted as well.

Prior to launching a full scale HIV/AIDS education programme, a more comprehensive study of national coverage should be conducted to compare and contrast pilot and non-participating schools, and analyze past experiences in the design, planning, management and implementation of PopEd programmes in the country. In addition, it will also help to document best practices and key lessons learnt with a view to building upon 'what works' and reviewing and redesigning those aspects that failed to work. A thorough examination of programme design and implementation modalities should be undertaken to ensure that available relevant materials are built upon, existing gaps are addressed and a mechanism is put in place to prevent premature death of the programme as well as to ensure sustainability and desired impact.



BURKINA FASO



Population Education:
The Experience
of Burkina Faso

4

4. Population Education: The Experience of Burkina Faso⁵

Introduction

Efforts to institutionalize population activities in Burkina Faso since 1976 culminated in 1991 in the adoption of the National Population Policy (PNP), which was revised in December 2000 to take into account the ICPD PoA. The PNP is implemented through the Population Action Programmes (PAP); and all population activities fall within the current PAP, 2001-2005, where much importance is given to PopEd. Indeed, the decision-makers in Burkina Faso are giving more and more attention to population education because they believe that it is a means to change mindsets, attitudes and behaviour.

The Directorate of PopEd (DEMP) was established in 1986, with the objectives to: (a) contribute to the debate on population policies; (b) integrate population issues into education programmes; (c) ensure teacher's training in PopEd; (d) develop PopEd curricula; (e) assist in the preparation of PopEd materials; and (f) establish a population documentation centre. The Directorate is institutionally within the Ministry of Secondary and Tertiary Education and Scientific Research (MESSRS), and has the overall responsibility to provide technical assistance to the Ministry of Basic Education (MEBA) and MESSRS.

In basic education programmes, health, nutrition and AIDS are integrated into the following PopEd modules:

- Population and development
- Population, sexuality, family and social life;
- Population, health and nutrition,
- Population and environment

Brief history and current status

The first project, to create population awareness among nationals and trainers, consisted in the organization of two seminars. The first aimed to create awareness of population issues among nationals through:

- Sharing population census data, and socio-cultural research findings on beliefs and values in three zones;
- Assessing the national demographic situation;
- Making recommendations for action in population and development.

The meeting recommended to (a) define a PopEd policy; (b) develop a PopEd programme; (c) integrate PopEd into school curricula; (d) pilot PopEd; (e) strengthen PopEd activities supported by the UN, national authorities and voluntary international organizations; (f) exchange experience with other countries that are active in PopEd; and (g) expand the scope of the survey on socio-cultural values.

- The theme of the second seminar was how to introduce sex education in the formal and non-formal system of education. The seminar recommended to (a) introduce sex education into professional training programmes; (b) train trainers; (c) create awareness of cadres, educators, parents and the public at large. The training began in 1980 with a multi-disciplinary commission being made responsible for drafting the reference book. Those activities resulted in an explicit commitment of national authorities to population issues. The National Population Council was created on 18 February 1983 and the National Population Education Programme was adopted on 14 March 1983.

⁵ Case study undertaken Genevieve Ah-sue, Representative, UNFPA Burkina Faso Office, with support from national staff and counterparts

National Population Education Programmes

A strategy for the introduction of PopEd into the formal education system (primary and secondary) was devised and a calendar of activities was agreed upon. The activities included:

- Training of educators and supervisors;
- Expansion of the pilot to other zones;
- Establishment of the *Ministère de l'Education Nationale* as focal point for PopEd activities in formal education, with the *Ministère de l'Essor Familial et de la Solidarité Nationale* for non formal education;
- Elaboration of sex education curricula;
- Research and analysis of 65 studies;
- Production of technical papers on PopEd strategies;
- Analysis of the decentralization option;
- Step-by-step strategy to introduce innovative subjects into the school system, namely: research, sensitization; development of didactic material, teacher training, and monitoring and evaluation.

Introduction of PopEd into the formal system (Summary of achievements)

Since 1976, much has been achieved in introducing and institutionalizing PopEd:

- Over 2 million students, parents, teachers and opinion leaders are sensitive to population issues;
- Over 100 teacher trainers, 200 counsellors and inspectors, 3,500 teachers in secondary schools are knowledgeable on PopEd;
- Over 1,000 secondary and tertiary level teachers and researchers are trained in IEC for HIV/AIDS, community responsibility, and strategic planning;
- Issuance in 1998 of a ministerial decree that generalized PopEd in secondary schools;
- Issuance in June 2003 of a joint MEBA/MESSRS ministerial decree to make it mandatory for those secondary teachers that have been trained in PopEd, including the fight against FGM, to integrate these contents into their teachings. They will reach 500 teaching institutions and 300,000 students;

- Approximately 1,000 pedagogic coaches, and 18,000 teachers in primary schools will have been trained in PopEd by 2004.

The 1996 impact evaluation noted the following as successes:

- 80% of primary and secondary teachers rated the effect of PopEd on their teaching activities as “positive” or “very positive”;
- 82% of secondary school teachers and 97.5% of primary school teachers use the PopEd didactic material in their teaching sessions;
- Students that attend PopEd classes display a higher sense of responsibility, wider curiosity, better maturity and larger enthusiasm; they have a lower rate of early unwanted pregnancy, have improved boy-girl relationships and heightened interest in the natural environment;
- Comparison of data between the 2000 baselines and 2002 evaluation gave encouraging conclusions for educational approach to fight against FGM.

Objectives and contents of population education

The national authorities made the strategic choice to begin with sex education, the most sensitive issue first, in aiming at population education. The positive experience with the initial efforts convinced those who were initially skeptical.

The following goals and outcomes were defined in the strategy for introducing population and development topics into the formal education system (1985):

- Give ownership to individuals and communities through change in attitude and behaviour;
- Improve the quality of health and environment through personal and environmental



- hygiene and cleanliness, good nutritional practices, and good health and MCH/FP practices;
- Promote family life and women's status through sound concepts about femininity and masculinity and improved boy-girl and parent-child relationships;
 - Protect nature and the environment through renewed relationships between people and environment, and restore natural balance lost through deforestation, soil degradation and fauna destruction;
 - Contribute to social, economic and cultural development through dissemination of population and development notions, explanation of their interactions, research and training in appropriate technologies, and communication.

Socio-cultural surveys and research were carried out to feed into the development of relevant PopEd contents. The following four PopEd components emerged from the results of these surveys and the 1975 population census, for the development of pedagogic modules:

- *Population and development* – population dynamics; population, education and employment; population and food; population and development.
- *Population, Sexuality, Family and Social Life* – sexuality and human reproduction; sexuality and family life; sexuality and social life.
- *Population, Health, and Nutrition* – population and health; population and nutrition.
- *Population and Environment* – population and environment; demographic growth and ecological balance.

Training of teachers

During the 1980-84 period, 200 secondary school teachers were trained. By October 2003, 14,913 of the 18,000 primary school teachers had been trained. It is anticipated that the training of the remainder of the primary school teachers will be conducted in November/December 2003.

The main teachers' training modules consist in: (a) PopEd in Burkina Faso; (b) demographic situation and population issues; (c) population; health and nutrition; (d) sex education and family life education; (e) population and environment; (f) population and development; (g) problem solving and values; (h) evaluation of PopEd learning; (i) gender and development.

Links with non-formal education

Peer education: Periodic monitoring missions revealed that in many secondary schools, the teachers and their students take good initiatives. These led to the favourable evolution of PopEd. The students have benefited from peer education training with the assistance of partner NGOs. Teachers who are trained in PopEd/FLE supervise the youth in clubs, associations and youth centres. Various ministries and associations were involved, including Ministries of National Education, of Health, of Sports and Leisure, of Family Welfare, of National Solidarity; Parent-Teacher Associations, Federation of Women of Burkina; religious organizations. Some of the education themes—family planning, contraception and child health—have been translated into national dialects and disseminated through pamphlets, and have also been promoted in mass media. Although there is no official policy to make it compulsory to include PopEd in the exams, for the last fifteen years, PopEd concerns have been inserted into examination questions of carrier subjects.

Key constraining factors

Implementation difficulties: The theme of sex education is shrouded in a veil of taboo. Those teaching this topic were subjected to suspicion. At first, some parents did not authorize their children to attend the sex education classes that were optional. Four years later, the trend was reversed and it has become difficult to meet the demand for sex education.

At the time when the pilot of sex education was found to be successful and the educators were mastering the concepts, the decision to expand it to population education was a challenge. Given the added complexity and expanded scope, it was decided to limit PopEd to the formal education sector.

Pedagogic difficulties: Among the difficulties that constrained the activities in PopEd were: Insufficient educational materials such as books, posters, slides, and films; insufficient number of educators to meet the increasing demand; difficulty to find a francophone country with which to share experiences; and absence (till 1985) of a documentation and reference centre.

If the decision to integrate PopEd into existing carrier subjects is to assure the inter-disciplinary nature of PopEd, it is also true that this approach results in a dispersion of the contents and a lack of visibility of the objectives of PopEd, particularly those relative to attitudinal and behavioural change.

Institutional difficulties: When partnering with UNESCO, the nationals' lack of knowledge about the rules and procedures of this agency led to operational delays. Since 1999, the clustering of activities under the programme approach was problematic and resulted in delays in PopEd activities in the formal education system. However, it is noted that while these difficulties delayed activities, they have never put into question the need to introduce PopEd in Burkina Faso. The political commitment and the cumulated experience are building blocks for the generalization of PopEd in the formal education system.

Financial difficulties: PopEd implementation and progress towards its generalization in the educational system are constrained by limited funding. The need for PopEd training for primary and secondary school teachers, schoolmasters, and pedagogical coaches is high, thus posing a problem of finding adequate financial resources. Furthermore, the integration of emerging topics requires periodic refresher training.

Conclusion

The strategic direction taken in PopEd by Burkina Faso is well received by all layers of society. The positive reaction to population issues by students and teachers, the development of numerous youth associations, clubs, committees, centres, and the involvement of numerous institutions and NGOs are all testimony to interest in the subject. It is noteworthy that the Government of Burkina Faso supports population education according to its means and seeks bilateral and multilateral partners to implement its PopEd programme.





PERU



Family Life Education in Peru

5

5. Family Life Education in Peru⁶

Background and history

Population education (PopEd) activities in Peru began in 1983 with encouragement from UNESCO's regional advisers whose job it was to introduce the concept to countries in the region. Activities had begun more than 10 years earlier in countries such as El Salvador, Chile and Colombia, but in 1983 the notion of addressing population issues in school curricula was still uncharted territory.

Following the first national workshop on PopEd, a project request was prepared, submitted to UNFPA and funded. It identified three major areas of study: (1) Family & Sexuality, (2) Demography and (3) Population & Environment, using UNESCO documents as reference materials.

The topic of sex education was, and continues to be, a controversial one in Peru. Today, it has more public support than it did in 1984, but organized opposition to it still exists. A change of label from "Sex Education" to "Family Education" made it more acceptable to key decision-makers and to the public who were interested in family issues but were uncomfortable with sex education. Demography and Population & Environment became areas that cut across a number of school subjects.

Once materials were designed and approved, teacher-training activities were initiated, with priority given to the secondary level. Liaison with the Catholic Church was established. This was important because it allowed the project staff to mention, whenever they felt it appropriate or useful, that the project had been working with the Church, and this opened doors for collaboration which might have otherwise been difficult or impossible.

In 1987, a new minister took charge of the Ministry of Education. She was a dynamic woman

who was interested in gender, especially women's issues. She participated in numerous project events, to give them high visibility and to demonstrate her support. This sent an important signal to the participants and to the rest of the ministry that PopEd was a high priority.

At the same time, a new minister took charge of the Ministry of Health, and this minister was especially interested in family planning. This was significant because during this period, numerous alliances were formed with NGOs and other ministries including the Ministry of Health, that would ensure a broader base of support, both immediately and in years to come.

During this period, and with the aid of the UNESCO regional PopEd team funded by UNFPA, the project staff published materials for primary, secondary, adult education and literacy, and teacher training. The technical assistance provided taught the project staff innovative techniques in the preparation of teaching materials. Contents in these materials were cross-cutting, to illustrate their relevance across subject areas.

In 1990, the newly elected government included a minister of education who did not want the project to continue and the ministry gave no support to PopEd during the first 5 years of the new government. But in 1995, the new President became the only head of state to address the Beijing conference and upon his return to Peru, he created a women's ministry and became an enthusiastic supporter of family and sex education.

The President's new stand was not without opposition. When the Ministry of Education produced new manuals, a Catholic Bishop (who later became the country's Cardinal) made a special appearance

⁶ Case study conducted by O.J. Sikes, Consultant together with Jairo Palacio, Representative, UNFPA Peru, with support from national staff and counterparts



on national television, where he made a great show of throwing the manuals into a trash can. He later designed his own book on family education which is used in Catholic schools.

The Current Project

With the advent of changes in global trends promoted by the international community, Peru has seen changes in focus in recent years, moving towards more emphasis on life skills and the adoption of healthy life-styles. Multi-agency interest has implied, among other things, the financial and technical benefits that accrue when agencies combine forces, as has happened in the Office of Counseling and Prevention, which is now responsible for the project in the MoE. The Office of Counseling and Prevention, which assumed responsibility for the project in 1998, administers not only the National Sex Education Programme, but Drug Abuse Prevention and Peace Education as well. In the project's first years, it was called a PopEd project. In later years, referring back to the national population law that mandates a sex education programme, the project became the National Sex Education Programme.

A number of positive developments have been associated with the Programme in its current form:

- In 2002 an agreement signed by the country's major political and social leaders proposed a national policy on sex education, lending substantial support to the area and maintaining a high profile for it. This is part of a long-term agreement covering a number of policy efforts, and it can be used as a reference for support in future years.
- The proposal for Education for All (EFA), prepared by Peru's EFA Forum, includes endorsement for strengthening school education with emphasis on sexual and reproductive health education.

- The government's policy of decentralization has permitted different regions of the country to have a degree of autonomy, which is particularly necessary in a country as culturally diverse as Peru. The regions are exercising their authority and demonstrating their commitment. Generic materials are sent from Lima to the regions and the regions are encouraged to adapt them to their needs. Technical back-stopping is available from the MoE project staff (when funds permit). This has resulted in enthusiastic acceptance of project activities. When the Counseling office lacked funds in 2003 to provide technical assistance to regions in the country, some regions offered to pay mission costs.
- The National Sex Education Programme is the only nation-wide programme in the Ministry of Education. At this point, it is active in all of the country's 25 regions. Unfortunately, financial constraints have meant that only 10 can receive face-to-face training and other benefits that may be costly, but all regions are covered in one way or another.
- There is a significant level of inter-agency collaboration as well as collaboration with NGOs, e.g. in workshops where NGO technical specialists help teach key concepts related to their fields of expertise.
- Collaboration with the Ministry of Health has been particularly productive, leading, for example, to work with PAHO in sex education, the prevention of domestic violence and the Life Skills approach.
- The country has adopted legislation prohibiting discrimination against pregnant girls who want to continue their schooling.
- There has been an increase in legal accusations regarding domestic violence since the year 2000, coinciding with wider teacher and leader training and national television broadcasts on the issue.
- In 1996, the Church prohibited the design and use of teaching materials on family and sexuality education, and the ministry stopped production. Civil society protested the Church's stand and supported sex education. The principal advisor to

the President of Peru signed a statement supporting the National Sex Education Programme. Now, the project staff no longer feel such an intense degree of pressure.

- There is an attempt to involve community leaders and parents in project activities (carried out by the counselors in local schools).
- Some private schools are addressing the prevention of HIV/AIDS, but there is no complete information on the extent to which private schools are addressing the contents of family and sex education.

Constraints

- One of the greatest difficulties, in the context of the country's current economic difficulties, is that the project has almost no financial support from the ministry and a number of technical professionals have been lost. Two technical officers are now responsible for the work 12 did earlier.
- Changes of government have resulted in changes in technical staff. This has slowed progress significantly. Personnel changes become an even more important obstacle when they are accompanied by lack of commitment.
- Changes of government over the years have also resulted in changes in policies and practices, resulting in loss of project momentum.
- At one point recently, a new Minister of Health wanted to take over the National Sex Education Programme so that he could introduce his "Abstinence Only" curriculum in the school system. He was unsuccessful in his attempt, but this underlines the need for constant vigilance, training and advocacy.
- When the Minister of Health's effort to subvert the Programme failed, "Abstinence Only" groups drafted materials and asked UNFPA to publish them. UNFPA's reply was that technical consultations were needed before the Fund could agree to publish materials of that nature. The "Abstinence Only" group refused to have their materials reviewed by specialists, and the materials were not published.

- Ultra-conservative opposition is still strong, challenging gender concepts, accusing sex education as being responsible for early and irresponsible sexual behaviour, etc.
- UNFPA is the only donor for Sex Education, which means that UNFPA funds go into the integrated (life skills) approach. Since this is a larger area, the funds for sex education specifically, are more limited and not easy to pull out and identify. This is, in part, a response to pressures extant at the time of project formulation. "Life Skills" was becoming a popular concept internationally at the time, and was deemed the best way to avoid yet another attack and still accomplish the objectives of family & sex education. This is not necessarily entirely negative, as the approach has allowed the project to benefit from the technical advice of PAHO regional advisors and others. But there is some risk of losing sight of specific sex education activities.

Dealing with obstacles

In recent years, the programme has been reduced in size and assigned to the Counseling unit, rather than being present in other units in the MOE as it was in the past. Project staff are constantly looking for ways to accomplish project objectives with limited resources. For example, the "radio school" is carrying family & sex education to listeners, and collaboration with NGOs via membership in the Programme's Technical Consultative Committee has allowed NGO technical specialists to help the project staff fill gaps, carrying out training and materials design. The staff considers all of these efforts to be far from adequate, but they are making a difference and keeping the project from stagnating.

The national programme, as currently designed, is urban-oriented. There is



recognition that rural areas have different needs, and the programme's technical staff have collaborated with Rural Education staff. However, the core programme (materials and most of the activities) has remained urban-oriented. This is understandable, in view of the high level of urban concentrations in the country, but rural areas suffer significantly higher health and education deficiencies and need more attention.

The possibilities for this exist, and steps are being taken to reach more rural areas, but much remains to be done. One encouraging step in this direction is a plan for a diversified curriculum for rural schools which will take account of diverse ages and the need to reach those who drop out before they complete school.

Current baseline data are weak but this is widely recognized and efforts are underway to strengthen them. The staff is in the process of designing indicators for learners, to measure changes resulting from educational activities. Teachers are allowed to use their creativity with impressive results, and examples of this creativity are being documented to improve the future performance of others.

Over the years, the thematic focus of the project has changed. From the emphasis on three key content areas initially, the project moved to one: Family & Sex Education, with an emphasis on gender. Today, the focus of the National Sex Education Programme is on life skills, but information of sex education is readily available to teachers and counselors, and materials are offered to teachers

who want them, even if intensive training is not available.



Lessons and further analysis

- Repeatedly in Peru and elsewhere, personalities have played a crucial role in the progress, success or failure of activities and projects. Advocacy with important political leaders can be a crucial element in the success and survival of project activities. In this case, the President of the country took a personal interest in the subject area, and he was instrumental in its revival when there was no other official interest in it.
- A national policy that includes PopEd, or whatever component of it the country deems most appropriate, can help ensure its survival, if not “institutionalization.” In Peru, the adoption of a PopEd Policy in the Ministry of Education and the incorporation of a decree in the National Population Law mandating a National Sex Education Programme, made it possible to keep the programme from disappearing on a number of occasions when opposition was strong. Clearly, this was not the only thing that kept the project alive. Motivated high-level political leaders played a key role.
- In the same vein, advocacy with religious leaders can be important, especially where there are close ties between the Church and the state. It can undermine opposition, at least temporarily (like political leaders, religious leaders also change). In Peru, advocacy with key religious leaders was instrumental in getting the project off the ground. Unfortunately, when personalities changed, so did support for the project. So advocacy with other key decision-makers had to make up for the absence of the religious leaders' support.

- Initially, Demography and Population & Environment were two of the Peru project's three main content areas. Demography (and the implications of population change) is now found only as a brief component in the project's fourth year secondary school materials. Population & Environment seems to have disappeared completely, although the project staff member who was responsible for this area initially made certain that it received some attention in another project. In view of the major demographic and environmental changes that have taken place in Peru in the past few decades, the significant reduction of attention to these two areas may not be in the country's best interests. Nevertheless, these are decisions that can only be taken by governments. The international community may suggest or advise, but must respect national decisions.
- The repeated references to PopEd, Sex Education and Family Education in policy documents and national agreements underlines the importance of a project strategy that includes the early establishment of a policy base and a legal base from which to operate. These legal documents can offer at least a degree of protection to a project, and in the worst case scenario, can provide a legal basis for reintroducing the theme after it has been set aside by the opposition.



YEMEN



Education Case Study:
Reflections from
UNFPA Yemen

6

6. Education Case Study: Reflections from UNFPA Yemen⁷

Context

To understand the challenges of implementing population education and/or family life education in formal school settings in Yemen a brief context is provided below:

- The Republic of Yemen is a least developed country with a per capita GDP of \$450, and approximately 40% of the population living in poverty. Fertility rates and population growth rates are high with 6.2 and 3.5% respectively. Yemen has a young population with 46 % of its total population of 19.4 million under 14 years.
 - In general, Yemen's public administration suffers from weak institutional capacities, underpaid and poorly motivated civil servants, inadequate training, inefficient procedures and overall weak management systems.
 - Illiteracy is high, especially among women (76%).
 - Sharp disparities in enrollment exist between girls and boys as well as between rural and urban populations. School enrollment in 2001 reached 46.7% for girls and 76.6% for boys. High dropout rates remain.
 - Currently there are 12,969 schools, of which only 269 are secondary, with 156,000 teachers (20% female).
- The National Population Council and its Technical Secretariat, which were created following the Population Conference, included in its mandate the coordination of IEC activities to create public awareness on population issues and increase community participation. Various government institutions share responsibility, such as Ministry of Public Health, Information, Agriculture, Education and Youth.
 - UN agencies, particularly UNFPA and UNESCO took the lead to support population education programmes which were first executed by UNESCO and later transferred to national execution. A population education unit was established within the Ministry of Education.
 - Currently, and with UNFPA support, efforts are under way to assess and reformulate population education efforts to:
 - Better reflect the post ICPD understanding as well as the emerging Yemeni population priorities, including HIV/AIDS, FGM, GBV, Adolescent RH and life skills, among others
 - Re-define the strategy for integration in the curriculum as part of the educational reform and basic education strategy.

Population Education

- Population Indicators, including high fertility, high population growth and migration, as well as alarming health and social indicators, have caused concern in Yemen since the late 80's. In response, the first Population Conference was held in 1991 as well as a conference of religious leaders endorsing Family Planning as in line with Islamic teaching in 1993.

The UNFPA country programme 2001-2002 follows a result-based programme approach in which the outputs include increased knowledge among young people on population, RH and gender issues. To this end, in school and out of school population and RH education are combined in one project to foster inter-linkages at central and district levels. A rapid assessment research recently undertaken in 17 districts among women, men and community leaders, including teachers, will provide relevant baseline information.

⁷ Case study by Bettina Maas, Representative, UNFPA Yemen Office, with support from national staff and counterparts

Main programme components

- The development of a national source book and six self-learning modules on population, for integration into the curriculum in the areas of geography, sociology and biology. The modules were developed by the Ministry of Education (MOE) with technical support from UNFPA. The source book included six chapters, namely: population education, population problems in Yemen, population and environment, population and development, population and health, population and values (Islam).
- Teachers and student guides were selected and trained on the use of these materials.
- Parallel to the population education programme in formal education, efforts were carried out by the Ministry of Youth and Sports to adopt peer education approaches through the Boy Scouts and Girl Guides Association and the Ministry of Agriculture through its agricultural extension workers.
- Other non-formal education efforts were carried out through integrating population/RH concepts and messages within illiteracy eradication initiatives. The Ministry of Social Welfare also carried out population/RH education linked with some forms of income generating activities. Many other non-formal education activities were carried out by a number of governmental and non-governmental organizations.

Constraints and challenges

- Linkages between population education in the formal and non-formal education sectors has been almost absent.
- The linkages of the Population Education Unit at the MOE with other key departments of the MOE were weak. Personnel involved in other programmes supported by the MOE, such as curriculum review and teacher training, were not aware of the existence of a population education programme or unit.

- Population education topics that were integrated are found in most textbooks (particularly at secondary level). However, students are not examined on them.
- The training relied largely on a cascade approach whereby those teachers introduced to the reference materials were to further transmit their knowledge to other teachers. Given the weak monitoring and performance measurement it is not clear how effective this was. Generally, and given the overall low capacities, it can be assumed that the quality of training dropped with each layer. Most likely, and even considering the low quality of teacher's preparations, a more effective approach would have been to integrate it within the official teacher training structure/institutions.
- Community leaders and parents are generally not involved in education or educational institutions as a whole. Only few urban, mostly private schools, have some sort of parent-teacher associations. Programmes did not set a priority to reach out to parents nor did it make the linkages with other programmes, for instance those advocating for girls' education supported by UNICEF, WFP and others, or with non-formal education programmes.
- There has not been a clear opposition to the programme neither within the Ministry nor outside the Ministry. However, given the lack of information on what parts of the content are actually being covered and how they are being addressed, and the fact that the programme is not well known, the lack of opposition cannot necessarily be taken as a evidence of full endorsement.
- The education sector has a weak monitoring structure, which also affects population education as such. The teacher training has focused on imparting knowledge to teachers without due



attention to addressing the attitudinal and the skills dimensions. Performance evaluation of teachers following training has been absent.

- Overall, an integration of population, RH and gender in the development agenda is still not fully operational.

National and international support

- The population education component pre- as well as post-ICPD has basically been driven by UNFPA/UNESCO and has not been taken up by those partners who are heavily investing in the education sector, e.g., WB, Germany, Netherlands, UNICEF.
- Support to the education sector is a key element of the PRS and the government has to increase its budgetary allocation (although with 6% of GDP it already meets UNESCO standard set at 4%). Nevertheless, the overall funding for the education sector reform and the basic education strategy is largely donor dependent.
- Political commitment at highest level is given to address population growth and to provide education and services to people particularly with regard to family planning.
- There are, however, still divergent opinions on the objectives and content of population education. The political decision for mandatory population education in secondary school follows an agenda of population growth control and is not necessarily a rights-based approach. There is still more advocacy that needs to be carried out to improve cultural acceptability of a more comprehensive SRH education.

Recommendations for discussion

- Given the still low level of secondary enrollment in Yemen, there is an urgent need to achieve consensus on an appropriate curriculum for pre-adolescents and young adolescents.
- Linkages between out-of school population education programmes and advocacy, IEC initiatives, with those of secondary and university programmes, need to be strengthened.
- For UNFPA, and from the lessons learned, population education in Yemen must be mainstreamed in the efforts of education reform. This entails that population education will form part of a revised teacher training, distribution, curriculum, and monitoring system.
- UNFPA should hence involve in policy dialogue, provide the technical expertise and the evidence so that key players take the concepts and content of population education on board. To do so there should also be a broad agreement among agencies that sexual health and reproductive rights are important components of basic and secondary education. This would be backed by an enabling environment where population, RH and gender are recognized as a key component for Yemen's Poverty Reduction Strategy (PRS) and MDG goals.





LATIN AMERICA AND THE CARIBBEAN



Review of Experiences
in Latin America
and the Caribbean

7

7. Review of Experiences in Latin America and the Caribbean⁸

Background

Over the last few years, UNFPA has been playing a significant role in processes of policy formulation and implementation of educational reforms in the region. The agency has provided support to curricular transformation and to the integration of Sexuality Education into the formal education systems – from the basic level to teacher training – as well as supporting programmes and projects in the non-formal sector.

Sexuality Education has had a long history in the region, evolving from a biological approach at the beginning of the 1960s to a preventive approach in the 80s, to consolidate itself in the 1990s as part of an integral formation, with formative objectives in terms of competencies for the exercise of a healthy, free, responsible and enjoyable sexuality. It includes information about sexual and reproductive health and the promotion of attitudes and values for practicing gender equity.

The open question is whether the work to be promoted is going to be the Population Education approach, or that of Sexuality Education, or indeed if work will continue as it has up to date, with UNFPA working on both thematic issues according to requirements in each country. The decision to work on either Population Education or Sexuality Education has been a country programme choice. The countries which continue to work on Population Education are Guatemala, Haiti, Mexico, Nicaragua and Peru⁹.

Right now, gender equity is a great challenge, even though significant progress has been made in the last few years. Education levels not only influence

the possibilities for employment and political and cultural integration of women, but also the exercise of their sexual and reproductive rights. In Latin American and Caribbean countries, women constitute the majority of the illiterate population. Although data on schooling in the region shows equivalent rates for girls and boys, which would suggest important achievements in terms of gender equity, girls and teenagers integrated into the formal education system suffer, in a lot of cases, the consequences of explicit or implicit biases in the curricula and school practices.

Another problem surfacing strongly is that related to the need of men, teenagers and boys in matters of Sexuality Education, including sexual and reproductive health, with a view to promoting a change in attitudes and cultural conceptions deeply rooted about relations between the genders, thus contributing to blurring stereotyped roles.

This document attempts to systematize the strategies used in the last ten years in Latin America and the Caribbean to generalize Sexuality Education in the area of policies, educational reforms and teacher formation and training. It aims to contribute to an understanding of the role of Education, Sexuality Education and Reproductive Health within the UNFPA mandate and to gather arguments for the Country Offices in the region to make progress in the generalization of this component in an integral quality education system.

In order to facilitate the analysis, UNFPA strategies to generalize sexuality education in the region have been classified on three levels: Policy, educational reform and teacher training.

⁸ This review was undertaken by Martha Falconier de Moyano and is based on the document co-produced with Beatriz Castellanos: *Systematization of Experiences in Latin America and Caribbean Countries*, EAT/UNFPA/LAC (2001). Special acknowledgement also goes to Marisela Padron, Director, Latin America and Caribbean Division, and Rogelio Castilla-Fernandez, Director, Country Support Team in Mexico, for their (and their staff) support to this initiative

⁹ In 1996, Peru created a National Programme on Sexual Education in addition to its previous Population Education Programme which was part of its Population Policy.



The Policy Sphere

Since the 1980s, UNFPA has been promoting the creation of supportive policies in sexuality education with the active participation of

civil society institutions and actors. In some countries, the agency's role in this sphere has been significant, as in Guatemala, Ecuador, Nicaragua and Peru.

In 2000¹⁰ a "Systematization of Sexuality Education experiences in Latin American and Caribbean countries" (Bolivia, Cuba and Guatemala) was conducted, and a table was drafted on the state of sexuality education in all countries in the region. It was found that except in Uruguay, countries have some type of institutional legal base that serves as a platform for the development of Sexuality Education in basic education. The legal base tends to be very diverse and ranges from national or sectoral policies, to laws, decrees, resolutions, plans and programs, amongst others. The study found that:

- Five countries (23.8%) have policies relating to sexuality education: Chile (Policy for Sexuality Education), Costa Rica (Policies for Integral Education of Human Sexuality), Nicaragua (National Population Policy), Peru (National Population Policy) and Dominican Republic (Teenage and Youth National Policy). In some cases, like Costa Rica, Nicaragua and Dominican Republic, the policies are based on reductionist approaches to sexuality education, or are characterized by an information-prevention and moralizing approach.
- At the same time, nine countries (42.8%) have programs or plans that include sexuality education in an integrated form and with more general objectives: CARICOM (Regional Action Plan Youth Summit of the Caribbean), Colombia

(National Plan of Sexual Education), Cuba (National Program of Sexuality Education), Ecuador (National Plan of Sexuality Education and Love), El Salvador (National Program of Education for Life), Honduras (National Action Plan for Human Development, Infancy and Youth), Mexico (National Population Program), Nicaragua (Sexuality Plan) and Peru (National Program in Sexual Education and National Population Program).

A lot of countries lack policies, plans and national programs, even though they have support from educational reform laws and from the curricular design and guidelines officially approved, as is the case of Argentina, Bolivia, Brazil, Haiti, Paraguay and Venezuela.

Ecuador

A case to be highlighted is **Ecuador's** in which UNFPA played a very important facilitating role. Initial negotiations with the Government started in 1999 by the UNFPA office. When the decision – at ministerial level – was taken to include this educational component, with the support of UNFPA's Technical Support Team for Latin America and the Caribbean (UNFPA-CST for LAC), a technical pedagogic dialogue was established at the level of the National Education Directorate. It was suggested that a national consultation be convened on the subject with the aim of obtaining the widest possible representation of society (teachers, parents, pupils, universities, indigenous groups, etc.), at the same time minimizing actions by ultra conservative groups. In the first instance, a group of national experts was convened (educators, sexologists, psychologists, representatives of professional associations, government officials) who, in a three-day seminar together with the Ministry of Education and technical assistance by UNFPA, prepared a draft of what would be the Policy of Sexuality Education. A plan was also designed for the national consultation. This first

¹⁰ Castellanos, Beatriz and Falconier de Moyano, Martha, EAT/UNFPA/LAC, 2001

proposal was submitted for consideration to all teachers, universities, parents' associations, and other civil society organizations during six months in municipalities and departments all over the country. The document was enriched by them and a second draft was produced which was also submitted for discussion in a National Forum (in year 2000), in which representatives of the same actors participated, as well as churches, the Armed Forces, women's groups, and others. It must be pointed out that the Catholic Church sent to this Forum five people who represented the whole spectrum of positions within the Church itself. The democratic way in which the consultation was conducted, giving sectors the opportunity to voice their points of view, helped to neutralize extreme positions. A total of almost 100 people approved, after three days intense work, a final version which today guides the actions of Sexuality Education in the country and which was called National Plan for Sexuality Education and Love (PLANESA). This experience shows that an important role for UNFPA is that of promoting consensus and the formulation of policies to guide the work on sexuality education. Civil society organizations are generally cutting edge in such processes, and thus working with them is useful and necessary.

Guatemala

An attempt at formalizing sexuality education in **Guatemala** took place in 1985 within the framework of population education, but it was interrupted in 1986 by a decision made by education authorities. In 1989, these authorities redefined their objectives and activities, and decided to incorporate the subject matter into the educational reform under way within the System for Improving Human Resources and Curricular Adjustment (SIMAC). For the first time in the country, some contents of sexuality education were included in the curriculum, but not without difficulties and ideological discussions. To overcome these difficulties, in 1992 the Ministry of Education, with the support of UNESCO and UNFPA,

created the Intersectoral Commission on Population Education (CIEP) made up of representatives from: the Metropolitan Archdiocese (Catholic Church), the National Teachers' Assembly, the Evangelical Alliance, the Association of Journalists, the Academy of Mayan Languages, the Episcopal Confederation, the Confederation of Trade Union Unity, the Workers' Trade Union, the Federation of State Workers, FUNDAZUCAR, the Human Rights Ombudsman, the University of San Carlos, the University Rafael Landívar, and the University del Valle. The CIEP drew up the population education curriculum for pre-primary and primary level education, and educational materials as teacher aids. This process facilitated the integration of curricular contents in schools located in 14 out of the 22 departments in the country, with 27,000 teachers and 350 central level technical staff trained. A demonstration project was also carried out in Mayan communities, from which stemmed recommendations that the Formative Axis on Population Education was to be included in the Agenda of the Parity Commission between the Government and Indigenous People, as part of the issue of how to implement the Educational Reform. These processes facilitated consensus in Guatemalan society on traditionally controversial issues like Population and Sexuality Education.

Nicaragua

In **Nicaragua**, during the 1980s, sexuality education, within the framework of population education, had an important development with the support of UNFPA: Despite the pro-natalist positions current at the time, its content became part of a study programme and educational materials were produced to support its implementation in the classrooms. At the same time TV programmes were broadcast about sexuality education. The change of government in 1990 led to substantial changes which, up until today, make it difficult – as in no other country in the region – to work on these

issues. In the period 1990-1995 the Ministry of Education approved and applied a policy on sexuality education based only on abstinence, and only parents would be responsible for teaching and educating their children on these issues. This policy had limited support from the UNFPA and the actions carried out by the Ministry of Education were not widespread. Towards 1995, the country began to formulate a National Population Policy which was approved in 1997. This policy is part of its Poverty Reduction Strategy and contains principles upon which population and sexuality education are based. The Action Plan of this policy indicates that it will be implemented through three sub-programmes: Population and Sexuality Education, Reproductive Health, and Spatial Distribution of the Population. The implementation of the sub-programme Population and Sexuality Education, supported by UNFPA, was difficult due to the ideological pressure of Ministry of Education representatives. Finally, this sub-program was approved in 2001, and the Ministry of Education is responsible for its implementation in the formal education system. However, training courses were postponed by the authorities and stirred some controversies through the mass media. The result was a public debate in which the President of the Republic intervened, saying the manual had to be withdrawn for his review. The Ministry of Education did so and a commission, with participation of PROLIFE/PROVIDA members, is currently in charge of that review. The case of Nicaragua is an extreme case in the region given the participation of PROLIFE/PROVIDA at almost all levels of the Government, and the political power the Catholic Church.

The experiences mentioned briefly in this section show us that when it comes to generalizing sexuality education, it is necessary to establish a dialogue as well as to mobilize political support, reach consensus, and establish alliances with a wide spectrum of civil society, including the Catholic Church.

Educational reform

Sexuality education is one of the common themes integrated over the last few years into the curricula by many countries in the region. Although different strategies are being used, these point towards two trends, mainly: cross-cutting curricula and incorporation of Sexuality Education contents into specific knowledge areas or subjects.

Amongst the conceptual, procedural and attitudinal contents introduced in school plans at different educational levels, the following subject matters are relevant:

- Sex, human sexuality, functions of sexuality. Gender, gender roles, gender equity. Culture and citizenship; human rights, sexual and reproductive rights, children's rights.
- Self-determination and freedom to make decisions and choose life projects.
- Relationships, falling in love, marriage, family; coexistence and communication.
- The human body and body identity; anatomical development; adolescent changes; biological and sociocultural determinants in human reproduction; sexual and reproductive health: sexually transmitted infections and HIV/AIDS; sexual relations, fertility, high risk pregnancies and births; family planning; contraception; responsible parenthood.
- Gender and family violence; sexual abuse.
- Respect, responsibility, solidarity, cooperation, acceptance, tolerance, equity.

To date, the state of curriculum design is as follows:

- Seven countries, 33.3%, have managed to complete introducing Sexuality Education components in their curriculum: Argentina, Brazil, Chile, Colombia, Cuba, Mexico and Peru.
- Eleven countries (one is a sub-region), representing 52.3%, are in the process of curriculum design: Bolivia, CARICOM Region, Costa Rica, El Salvador, Ecuador, Guatemala, Haiti, Honduras, Panama, Paraguay and Venezuela.

- Three countries – 14.2% - do not currently have plans regarding curriculum design: Nicaragua, Dominican Republic, and Uruguay.

Regarding implementation, the following progress can be noted:

- Four countries, or 19%, have managed to generalize at the national level: Brazil, Colombia, Cuba and Mexico.
- Seven countries, 33.3%, have achieved partial generalization: Argentina, Bolivia, Chile, El Salvador, Paraguay, Peru and Venezuela.
- Seven countries, 33.3%, are or have implemented demonstration projects: CARICOM Region, Costa Rica, Ecuador, Haiti, Honduras, Guatemala, and Panama. In some cases, these demonstration projects have been a point of departure to validate designs and apply them in a generalized manner in schools, as is the case in Ecuador where the projects sponsored since 1993 by UNFPA, UNESCO and NGOs make up the basis for generalization of the framework of PLANESA. However, in other cases, such as CARICOM, Panama, and Haiti, these have not managed to make progress due to complex factors such as lack of political support, resistance on the part of conservative sectors, the Ministries of Education and the teaching profession, the lack of an educational structure that makes viable the application of the curricula in all schools, amongst other reasons.
- Finally, three cases, representing 14.2% of the region, where there are no implementation actions: Nicaragua, Dominican Republic, and Uruguay. It is important to note that these countries do not have curricula design in Sexuality Education.¹¹

Some cases of educational reform and curricular transformation in which UNFPA has participated actively, are reviewed below:



Bolivia

In Bolivia the Law of Educational Reform, approved by the National Congress in 1994,¹² recognizes that education is the most important function of the State, that it is both a right and a duty of all citizens, and that it has a universal, free, compulsory character at primary level. Thus it has become a state policy, which subsequent Governments have continued to implement. In the 70s and 80s, NGO¹³ initiatives emerged promoting studies and research, as well as activities with different sectors, especially with women, teenagers, and young people.

During the 1990s, the Ministry of Education, with UNESCO and UNFPA support, implemented a process of raising awareness, building consensus and alliances at national and intersectoral level, opening up important spaces for dealing with problems relating to sexual and reproductive health and sexuality education in the formal and alternative areas, and in the media.

The project has accompanied the educational changes in the country contributing to the institutionalization of sexuality education in the formal education system. In effect, the National Education Secretariat decided in 1994¹⁴ to integrate its contents and methodologies as part of the curricular transformation of the educational reform, as well as in teacher training curricula. At the same time, the project team was given responsibility for advising and assisting the corresponding technical bodies of the national education system.

¹¹ Although in the case of Nicaragua, the National Education Plan 2000 and the Strategy for its Implementation, 2002, state that Population Education and Sexuality Education will be part of the curricula to be transformed.

¹² Law No. 1565 7th July 1994

¹³ Bolivian Association of Sexual Education (ABES), Bolivian Gynecological and Obstetrics Society, Pediatric Society, Center for Research, Education and Services (CIES), Center for Multiservices and Educational Services (CEMSE), Services for Research and Population Action (SIAP), Bolivian Society for Sexual Education (SOBES), amongst others.

¹⁴ Secretariat Resolution No. 989 12 October 1994.

The projects supported by UNFPA have worked along the lines of curriculum design and teacher training, and the training of pedagogic advisors as well as school principals. Also, contributions have been made to the conceptualization of sexuality education, based on the principles and guidelines of the World Conference on Education for All (Jomtien, 1990), promoting the approach of satisfaction of basic learning needs (SANEBA) and a pedagogy based on respect for human rights and the recognition of diversity.

The case of Bolivia makes clear the need to establish a political and technical dialogue with the educational authorities to negotiate the incorporation of sexuality education. In this country, both the Government and the World Bank have acknowledged UNFPA as the agency that has comparative advantages in this matter and this agency was charged not only with the formulation of the cross-cutting issue for its insertion in the curricula, but also with the evaluation of its implementation in the framework of bi-annual evaluations that take place.

Cuba

UNFPA assistance has been a determining factor in exploiting opportunities that cropped up during the 1990s, to the extent that it made possible the design, implementation and evaluation of a methodological strategy. Considering the results achieved, the strategy of the project “Formal Education for a Responsible Sexual Behaviour” was extended to all levels of general education through Resolution No. 90/98 of the Ministry of Education, adopting as strategy the Sexuality Education Program in the School.

In the curriculum, sexuality education was integrated into the curriculum with the understanding that it does not constitute an independent discipline and that its contents “favor the development of respect for the human dignity of both men and

women and cultivates equality amongst both sexes, at the same time as it offers information about the reproductive phenomenon, emphasizing affectivity and the value that sexual relationships have for enriching the personality”.¹⁵



The proposals for curricular integration, centrally drafted and approved by Ministry of Education teams, of the Pedagogical Universities and the National Center for Sexual Education, have flexible nature, encouraging teachers to adapt them creatively in order to serve the diversity of schools, communities, families and individuals. Although the project initially covered only the work with basic secondary level (with the targeting of teenagers between 10 to 14 years old as the main beneficiaries), the support lent by UNFPA made it possible to include primary school and pre-university schooling. Afterwards, teachers’ guides of all three levels were produced.

The results obtained after the implementation of the strategy were examined during an intensive national evaluation¹⁶, carried out in 1998, where it was corroborated that a deep and systematic incorporation of the sexuality education contents had been achieved in the curricular and extracurricular activities. The Cuban experience shows that good results can be achieved when a country is fully committed to this issue.

Guatemala

A Consultative Commission asked parents, teachers, and the general community about the contents they each thought should be included in the new curricula. The results of this National Consultation (which took place at the departmental and municipal level) show that 96% of parents think that

¹⁵ Ministry of Education (1976): *Report on Sexual Education within the National Education System*, p.4.

¹⁶ Annual Reports and Final Evaluation document of the Project “Formal Education for a Responsible Sexual Behavior”.

sexuality education contents ought to be incorporated into the study programs at all levels of the education system, and that 74% of municipalities were in favor of this subject matter.

This consultation was undertaken based on the mandate established by the Guatemalan Political Constitution, which in Articles 47 and 51, guarantees “the protection of the family, especially responsible parenthood and the right of people to decide freely the number and spacing of their children, as well as the right to an education,” and which says that “education is a fundamental human right, that the family is the source of education, that parents have the right to choose what will be taught to their underage children, and that people have the right and obligation to receive pre-primary, primary and basic education”.¹⁷

The Law of Social Development, approved in October 2001, provides a solid platform for sexuality education and reproductive health. In the Guatemalan curricular proposal, sexuality education is included in the cross-cutting axis of Family Life, whose thematic components are: Family Organization, Rights and Obligations of the Family, Family Economy, Health Education (including reproductive health), and Sexuality Education. In multicultural and multilingual societies like Guatemala, with a great deal of influence by the Catholic Church, UNFPA’s advocacy work acquires more importance in order to build consensus around these issues. The support provided for post graduate courses not only increased the levels of expertise and knowledge on this subject, but also eradicated deep-rooted prejudices about the subject. The demonstration projects in rural and urban schools, including indigenous communities, which also had UNFPA’s support, had positive effects for the current incorporation of sexuality education into the curricula of the educational reform.

Teacher training

For a long time, UNFPA supported population education projects that included a component of in-service teacher training. This training was usually isolated from the training processes that the ministries themselves conduct to update staff capacity. This is why their cost has always been high and why the totality of teachers could not be covered. The most widely used strategy was cascade style training: training of trainers, who in turn would replicate the training received. It has been shown that in the cascade the conceptual frame gradually gets lost, because the “trainers” who attend a five-day training seminar cannot develop the competencies necessary to become a proper trainer.

Teaching sexuality education require competencies that need to be internalized and contextualized according to socio-cultural realities of communities being served. If teachers are unable to break down the sociocultural barriers they already have about the issue, due to their own socialization, they will be unable to deal with the subject matter in the classroom. Thus, teacher training is a key strategy for its institutionalization and generalization.

Despite the important role teachers play in sexuality education, in the study previously mentioned, which was carried out by the UNFPA-CST LAC in 2001 to systematize experiences in Sexuality Education in the Region, it was found that:

- 52.3% of countries do not have formal actions by the ministry of education regarding formation of pedagogical staff. In 11 countries, the systems for teacher training do not include in their curricula sexuality education. Such is the case in CARICOM, Chile, Costa Rica, Ecuador, El Salvador, Haiti, Honduras, Nicaragua, Dominican Republic, Venezuela and Uruguay.

¹⁷ Op. Cit. P. 1.

- On the other hand, 7 countries – or 33.3% - included these contents in the curricula of initial and continual training: Argentina, Cuba, Bolivia, Guatemala, Peru, Panama, and Paraguay. However, in the case of Argentina, Guatemala and Paraguay¹⁸, the curricula are not applied.

Cuba

In Cuba, the teacher training curricula include cross-cutting contents and a Seminar/Workshop for the integration of sexuality education. At the same time, there are postgraduate options, such as courses, diplomas, masters, doctorates, as well as training actions supported by UNFPA in the context of the Formal Education Project for a Responsible Sexual Behavior. During the 1970s and 1980s, the Ministry of Education and the Pedagogical Universities implemented several actions aimed at preparing the pedagogical staff for the tasks of Sexuality education in the schools. To date, UNFPA continues its collaboration with the Ministry of Education. It has assisted with the proposal for population education and it is supporting the participation of the Population Education Project in the process of teacher professionalization.

Panama

Panama is one of the countries where these issues began to be addressed at the level of teacher training with UNFPA's support. The teacher training school J. Arocmena introduced population education in the 80s. But this represents an experience that has



suffered from lack of continuity and which requires some updating given the advances made in ICPD and ICPD+5. The UNFPA office in Panama managed to ensure that population education

and sexuality education became thematic part of the Dialogue for Education convened by the President of the Republic and implemented by UNDP. Decisions were taken in relation to curricular transformation in 2001, and include the theme of sexuality education, which is why the opportunity to provide follow up and achieve generalization is still open.

Honduras

The Population Education Project of the Honduran Ministry of Education, with support from UNESCO/UNFPA, managed to introduce a class of Family Education in teacher training schools throughout the country. The class included the themes of sexuality education. The efforts made by ultraconservative groups at seminars and workshops in which they participated were neutralized by civil society representatives, with lay support from the Christian Family Movement, who had the backing of the Catholic Church. In 1987-1988, Honduras had undergone an intense public debate which helped population education to position itself as a necessary theme in the curricula, and became the subject of an Intersectoral Agreement on Population Education. Unfortunately, these actions have not had follow up since the mid-90s.

Conclusions and Lessons learned

UNFPA has had an important role in the education sector reforms, especially in formal education, and this translates into the fact that most countries in the region have incorporated sexuality education into their curricula.

In terms of the design and implementation of sexuality education as a cross-cutting issue, important progress has been made in the region, often with UNFPA support. Some countries, like Brazil, Cuba and Mexico, have managed to generalize it at the national level; others are at the stage of initial or partial generalization (Argentina, Chile, Bolivia,

¹⁸ Paraguay began in 2002 an experience to introduce Sexuality Education in some Pedagogical Institutes, with a view to evaluating the experience and later on, proposing its generalization.

El Salvador, Paraguay, Peru and Venezuela), whilst a third group of countries are working at the level of demonstration projects and drafting of curricula (CARICOM, Costa Rica, Ecuador, Guatemala, Haiti, Honduras and Panama). However, in the Dominican Republic, Nicaragua and Uruguay, there are no actions whatsoever in this area.

One of the other great challenges UNFPA faces in its work in the region is changing concepts, attitudes, and the practice of people involved, at different levels, in the process of curriculum design and implementation of sexuality education, as well as of those sectors that intervene in the formulation of laws, decrees and resolutions relating to this area of work. This remains an important challenge for the agency, for the effectiveness its impact can have, and for the sustainability of its actions.



DAY 1

- 9:30-10:00** **Opening Session**
Opening remarks - Kunio Waki, DED
Workshop overview and expected results - Mari Simonen, TSD Director
Introduction of participants
- 10:00-12:00** **Session 1: Population and Education - the global challenge**
Chair/Moderator: Asia Division
Rapporteur: Peter Lunding, TSD
- 10:00-11:00 Global perspectives: Panel discussion:
Population and education review - OJ. Sikes, Consultant
Global educational initiatives - Delia Barcelona, TSD
Partnership with UNESCO - Daphne de Rebello, formerly UNESCO TAS
- 11:00-11:15 Coffee break
- 11:15-12:00 General discussion
- 12:00-5:00** **Session 2: Programme review - presentation and discussion of a regional study and selected case studies**
Chair/Moderator: Makane Kane, CST Dakar
Rapporteur: Annemieke de los Santos, TSD
- 12:00- 1:00 Regional Perspectives - Latin America - study and presentation by Martha Moyano.

General discussion
- 1:00-2:00 Lunch break

2:00-5:00 Case studies: afternoon session:

Presentations of case studies: Approximately 50 minutes each including comments and discussions:

Case Study 1: Institutionalizing PopEd in India – to be presented by OJ Sikes (who did the case study)

Case Study 2: Family Life Education in Peru – to be presented by OJ Sikes (who did the study)

Case Study 3: Sexuality Education in Mongolia – Dr. Bayar ARH Adviser and Master Trainer, UNFPA Mongolia

3:15-3:30 Coffee break

DAY 2

9:30-12:00 Case studies: morning session:
Chair/Moderator: Hedia El-Ghouayel, DASE
Rapporteur: Srdjan Stakic, TSD

Presentations of case studies: Approximately 50 minutes each including comments and discussions:

Case Study 4: PopEd/FLE in Burkina Faso – Genevieve Ah-sue, Representative, Burkina Faso

Case Study 5: HIV/AIDS education in Uganda – Richard Kawooya (Consultant, Uganda CO) /Barnabas Yisa, CST Addis Ababa

Case Study 6: PopEd/FLE in Yemen – Bettina Maas, Representative, Yemen

General discussion

10:30-10:45 Coffee break

12:00-5:00 **Session 3: Post ICPD Challenges: General discussion to define concepts and create strategies for future programming**

12:00-1:00	<p>Opening discussion Chair/Moderator: Wasim Zaman, CST Director, Kathmandu Rapporteur: Peter Lunding</p> <ul style="list-style-type: none"> • What has happened to PopEd/FLE? • What exactly is sex education and is “sex education” the right label? • What kinds of content and approaches to sexual and reproductive health education should be introduced in the curriculum? • What are teachers actually teaching in the classroom? • How does peer education support classroom teaching? • What are the teachers actually teaching, and is this situation satisfying? • What kind of pre- and in-service training is needed to prepare teachers to effectively deal with SRH related issues? How is education linked to health service provision? How are emerging issues addressed (gender, human rights, others) in educational interventions? What does it mean to institutionalize a programme? How to ensure sustainability? <p>Discussants: Diego Palacios (SPO), Claude Georges (Former CST Dakar)</p>
1:00-2:00	Lunch break
2:00-3:45	<p>Group work: Conceptual refinement and strategic advice - building on the morning discussion.</p> <p>Group 1: STRATEGIC OPPORTUNITIES What is the future for PopEd and how can it contribute to fulfilling the ICPD and MDGs? What needs to be done (or undone?) in terms of policy and programming to address these concerns in UNFPA. (Proposed chair: Mere Kisekka, CST Bangkok)</p> <p>Group 2: CONTENT AND APPROACHES Clarification of concepts, content areas and approaches for supporting education efforts in UNFPA programmes, including aspects of institutionalization and sustainability. (Proposed chair: Robert Thompson, CST Bratislava)</p>
3:45-4:00	Coffee break
4:00-5:00	Reports from group work and general discussion - refined concepts and strategic advice

DAY 3

- 9:30-1:00** **Session 4: Special considerations**
Chair/Moderator: Uche Azie, CST Harare
Rapporteur: Saskia Schellekens. TSD
- 9:30-11:00 Population and education programmes - adapting to the environment: Panel discussion:
Dealing with gatekeepers - Barnabas Yisa, CST Addis Ababa
Teacher training and materials development - Martha Moyano, CST Mexico
Linking in-school programmes with out-of-school peer education - Srdjan Stakic, DASE
- General discussion
- 11:00-11:15 Coffee break
- 11:15-1:00 Addressing emerging issues:

Education and HIV prevention, Dr. Julitta Onabanjo, TSD
Education and Gender issues, Aminata Toure, TSD,
Education in Emergencies, Tania Durrani, HRU/ODED
- General Discussion
- 1:00-2:00 Lunch break
- 2:00-3:00** **Session 5: Closing session**
Chair/Moderator: Uchie Azie, CST Director, Harare
Rapporteur: Sylvia Wong, TSD
- 2:00-2:30** Presentation of the key points discussed so far - Peter Lunding, TSD
- 2:30-3:30 Key recommendations and action points - general discussion
Delia Barcelona/Peter Lunding, TSD
- 3:30-3:45 Coffee break
- 3:45-4:15 Closing remarks
Mari Simonen
Kunio Waki

ANNEX 2

List of Participants

CSTs

1)	Uche Azie	Director	Zimbabwe-CST
2)	Makane Kane	Regional Advisor	Senegal-CST
3)	Mere Kisekka	Regional Advisor	Thailand-CST
4)	Robert Thomson	Regional Advisor	Slovak Republic-CST
5)	Barnabas Yisa	Regional Advisor	Ethiopia-CST
6)	Wasim Zaman	Director	Nepal-CST

Country Offices

7)	Genevieve Ah-sue	Representative	Burkina Faso-CO
8)	Richard Kawooya	Consultant	Uganda-CO
9)	Bettina Maas	Representative	Yemen-CO
10)	Bayar Oyun	ARH Advisor	Mongolia-CO

Headquarters

11)	Delia Barcelona	Senior Technical Adviser	RHB/TSD
12)	Lindsay Edouard	Senior Technical Adviser	RHB/TSD
13)	Annemieke de los Santos	Technical Specialist	RHB/TSD
14)	Saskia Schellekens	JPO	RHB/TSD
15)	Srdjan Stakic	Technical Specialist	RHB/TSD
16)	Peter Lunding	Consultant	RHB/TSD
17)	Yegeshen Work Ayehu	Programme Officer	INT/TSD
18)	Julitta Onabanjo	Technical Advisor	HIV/TSD
19)	Andre De Clercq	Senior Technical Adviser	HIV/TSD
20)	Aminata Toure	Senior Technical Adviser	CGHR/TSD
21)	Diego Palacios	Senior Strategic Planning Advisor	SPO
22)	Hedia El Ghouayel	Deputy Director	DASE
23)	Tania Duranni	Programme Staff	HRU
24)	Sylvia Wong	Project Officer	RHB/TSD

Resource Persons

25)	Claude Georges	Former PopEd Adviser, CST Senegal (retired)
26)	Martha Moyano	Former PopEd Adviser, CST Mexico (retired)
27)	Daphne de Rebello	Former PopEd Adviser, TAS/UNESCO (retired)
28)	OJ Sikes	Former Chief, Educ/Comm/Youth Branch, UNFPA/TSD (retired)

ANNEX 3

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