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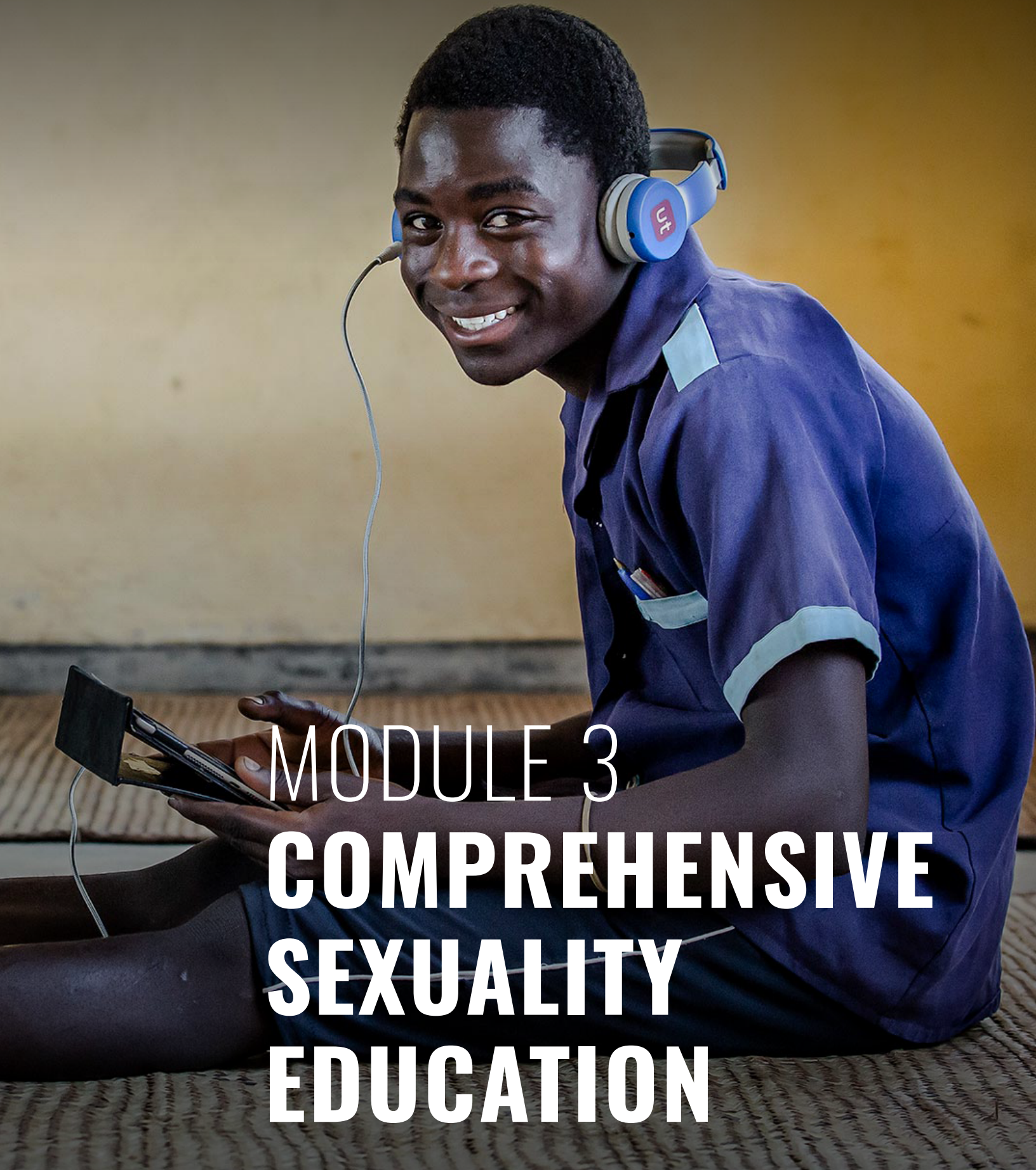**MY BODY, MY LIFE, MY WORLD**
OPERATIONAL GUIDANCE

MODULE 3
**COMPREHENSIVE
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COMPREHENSIVE SEXUALITY EDUCATION

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December 2022

ABBREVIATIONS

CSE	comprehensive sexuality education
HRP	UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
ITGSE	*International Technical Guidance on Sexuality Education*
LGBTQ+	lesbian, gay, bisexual, transgender, and queer/non-cisgender identities (such as gender non-binary/non-conforming and agender)
NGO	non-governmental organization
OOS Guidance	*International Technical and Programmatic Guidance on Out of School Comprehensive Sexuality Education*
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization
USAID	United States Agency for International Development

MY LIFE

MY BODY

1. ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

2. GENDER-BASED VIOLENCE

MY LIFE

3. COMPREHENSIVE SEXUALITY EDUCATION

4. HARMFUL PRACTICES

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COMPREHENSIVE SEXUALITY EDUCATION

UNFPA

INTRODUCTION

⟶ ## WHAT IS COMPREHENSIVE SEXUALITY EDUCATION?

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives. Although first introduced by the International Planned Parenthood Federation in 2006, this definition of CSE became widely used after 2014, when UNFPA published the *UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Rights and Gender*.

In-school CSE is CSE which is delivered at school to students as a part of the school curriculum (whether within or outside the regular school timetable). As the *International Technical Guidance on Sexuality Education* (or ITGSE, 2018) puts it, CSE delivered in school provides "an important opportunity to reach large numbers of young people with sexuality education before they become sexually active, as well as offering a structured environment of learning within which to do so".

Out-of-school CSE is delivered outside the school curriculum in non-formal settings. Out-of-school CSE programmes are particularly valuable because they can:

- provide CSE to children and young people in situations where it is not included in the school curriculum
- supplement in-school CSE, particularly in contexts where it is not comprehensive or of high quality
- provide CSE to children and young people who are not in school
- provide CSE that is tailored to the needs of specific groups of children and young people (see the box on p. 9).

COVID-19 AND CSE

The COVID-19 pandemic continues to have a tremendous effect on young people's lives, health and well-being, and its medium- and long-term impacts could be devastating if adequate measures are not taken to guarantee basic rights for young people. Periods of physical distancing measures and school closures have left many adolescents and young people across the world without access to essential sexual and reproductive health and rights (SRHR) information and services. In this context, out-of-school CSE, including CSE delivered by digital means, becomes more important than ever.

WHY DOES CSE MATTER TO UNFPA?

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"In 2019 I was trained as a peer facilitator for the Out-of-School project. I must say it was a learning experience for me. I was equipped with the right information in making my sexual decisions and how to help people of my kind – those also living with HIV – to do the same."

19-year-old woman, Ghana

The vision of "My Body" and "My Life" in UNFPA's global strategy for adolescents and youth, *My Body, My Life, My World*, is that "all adolescents and youth can exercise their rights to make informed choices over their own bodies [and] for a healthy life and successful transition into adulthood." The strategy recognizes sexual and reproductive health and rights (SRHR) as cornerstones of the transition from youth to adulthood:

"UNFPA will uphold sexual and reproductive health and rights to ensure that all adolescents and youth can make informed choices about their bodies. This depends on sexual and reproductive health services being responsive to the needs of adolescents and youth and provided in an integrated manner, accessible to all adolescents and youth [...]
Any approach to sexual and reproductive health and rights and well-being must recognize the larger environment influencing adolescents' and youths' opportunities, abilities and motivation to shape the lives they want. UNFPA's aim must be to reach and serve the whole adolescent person. This means mitigating adolescents' risk of developing harmful behaviours, while promoting positive, protective elements known to support youth development."

UNFPA's approach is to foster access to CSE, supportive families and peers, safe schools and spaces for adolescents, and the development of skills and other assets to set adolescents and youth on a positive trajectory to adulthood. UNFPA emphasizes respect for adolescents' agency and autonomy, partnering with them rather than serving them as passive beneficiaries.

UNFPA partners with other stakeholders to support countries in implementing in-school CSE at national level. UNFPA is also a recognized leader in helping countries provide community-based, out-of-school CSE and link it with the demand for youth-responsive services. CSE in and out of school is an essential part of UNFPA's Strategic Plan 2022-2025, which puts

adolescents and youth front and centre in all three outcomes. One of the strategy's principles is "leaving no one behind", and this determines another approach of delivering CSE – to cover all groups of young people, including marginalized and key populations.

HOW DOES CSE BENEFIT KEY POPULATIONS AND THOSE LEFT FURTHEST BEHIND?

Key populations are those groups that are epidemiologically considered to be at higher risk of HIV in all parts of the world. These include sex workers, men who have sex with men, transgender people, people who inject drugs and people in detention and other closed settings. "Young key population" refers to an individual young person who is a member of a key population, or a young key population group as a whole.

When CSE is delivered outside the school context, it is easier to tailor both the content and the delivery to the specific needs of groups of young people who are frequently neglected in educational settings, including for CSE. These include, among others:

- ↘ young key populations
- ↘ young people with disabilities
- ↘ young people in humanitarian settings
- ↘ Indigenous young people
- ↘ young LGBTQ+ people
- ↘ young intersex people
- ↘ young people living with HIV.

The good news is that there is plenty of guidance available for planning, designing and implementing CSE, whether in school or out of school. Key documents include:

- ↘ *International Technical Guidance on Sexuality Education* (ITGSE) (UNESCO, 2018)
- ↘ *International Technical and Programmatic Guidance on Out of School Comprehensive Sexuality Education* (OOS Guidance) (UNFPA, 2020)
- ↘ *Learning beyond the Classroom: Comprehensive Sexuality Education Programming during the COVID-19 Pandemic* (UNFPA, 2020).

The publication *The Journey towards Comprehensive Sexuality Education: Global Status Report* (UNESCO, WHO, UNFPA, UNAIDS, UNICEF and UN Women, 2021) gives an up-to-date view of the status of school-based CSE around the world. There is also a strong evidence base for in-school CSE: for example, see "Three decades of research: the case for comprehensive sex education" (Goldfarb E, Lieberman L; *Journal of Adolescent Health*, 2021; 68(1):13-27).

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The evidence based for the effectiveness of out-of-school CSE is being developed by implementers and researchers, including UNFPA and its partners in the UNFPA Multi Country Programme on Out of School CSE. Detailed information is available through the annual progress reports for 2019 and 2020, as well as case studies on each of the five countries that participated in the first phase of the programme – Colombia, Ethiopia, Ghana, Iran and Malawi.

This module does not seek to replicate the information and guidance available in these publications. Instead, it supplements it with examples of good practice from around the world for the stages of programme planning and implementation, preceded by some top-line strategies to consider, based on global experience. This module also considers some of the arguments that can be used to tackle the misconceptions that sometimes underlie opposition to CSE.

? TACKLING MISCONCEPTIONS ABOUT CSE

CSE programmes – whether in or out of school – sometimes face opposition from political, religious or civil society groups. This opposition is often based on a misunderstanding of the purpose or the content of CSE. In some regions, opposition to CSE is becoming increasingly outspoken and organized. So it is important that supporters of CSE themselves understand clearly the misconceptions – and the realities – about CSE.

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MISCONCEPTION	REALITY
CSE forces children to learn about inappropriate issues around sexual intercourse.	↘ CSE content is designed to be appropriate for each age group. Concepts are introduced gradually, in line with the evolving capacities of the child. ↘ CSE is broader than issues related only to sex. For example, it teaches younger children about emotions, social awareness and relationships, positive behaviours, dealing with conflicts, bullying, understanding safety, bodily integrity, or where to turn for support in cases of sexual harassment or abuse. ↘ CSE supports young people's empowerment by improving their analytical, communication and other life skills for health and well-being, not just in relation to sexuality and sexual behaviour, but also healthy and respectful family life and interpersonal relationships, consent and bodily integrity, personal and shared values, and cultural and social norms. It also helps them understand how human rights apply to them, including gender equality and non-discrimination, and the importance of addressing violence and gender-based violence, and harmful practices such as child, early and forced marriage and female genital mutilation/cutting.
CSE increases sexual activity and exposes young people to risk-taking behaviour.	Evidence from rigorous trials and global systematic reviews shows that sexuality education programmes lead to: ↘ delayed initiation of sexual intercourse ↘ decreased numbers of partners and frequency of sexual intercourse ↘ reduced risk-taking, including for HIV ↘ increased use of condoms and use of contraception.

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MISCONCEPTION	REALITY
Teachers aren't equipped to provide education about sexuality and reproductive health, and they will always impose their own values and biases.	▶ Educators (teachers, peers, health professionals) who implement CSE curriculums in schools and non-formal settings can be capable and motivated. With appropriate training and support, they are able to clarify and separate personal values and attitudes from professional roles and responsibilities.
CSE usurps the role of parents and guardians in teaching their children about sexual matters.	▶ Parents have a crucial role in educating their children about health, including sexual health, and they are an important influence on young people's attitudes and behaviours. CSE does not replace the parents' role, but complements it, and it provides an additional space for children and young people to build their understanding about health, sexuality and responsible relationships, and to get their questions answered.
CSE programmes are too expensive to implement.	▶ School-based CSE has been shown to be a very cost-effective way to contribute to HIV prevention and to ensure the rights of young people to sexual and reproductive health (SRH) education and services.

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WHAT WORKS IN CSE PROGRAMMING?

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Here are some strategies that have proved to be effective in planning CSE programmes around the world. They are not the only considerations to bear in mind – see the ITGSE and the OOS Guidance for more – but they are worth highlighting.

↘ **Involve young people.** Young people are the key rights-holders of CSE, and involving them meaningfully in developing and delivering programmes is essential to ensure that the curriculum responds directly to their needs.

In many contexts, young people are already shaping decisions and actions relating to their access to CSE, through policy dialogue and political advocacy; peer learning, exchange and networking; community mobilization; programme design and delivery; research and strategic information; and monitoring and accountability.

↘ **Multicomponent programmes are important for reaching marginalized young people.** Sexuality education has the greatest impact when school-based programmes are complemented with community elements, especially those that link sexuality education with youth-friendly health services, including condom distribution, with providers trained to address the needs of young people respectfully and non-judgmentally.

↘ **Teachers and facilitators responsible for delivering CSE also require training.** This includes training on skills to address sexuality accurately and clearly; to consider their own attitudes and values in order to enhance their comfort in teaching; and to use active, participatory learning methods.

↘ **Programmes addressing both pregnancy prevention and sexually transmitted infection (STI)/HIV prevention are more effective than single-focus programmes.** For example, they can increase effective contraceptive and condom use and decrease reports of sex without a condom.

↘ **Gender-responsive programmes are essential to achieving important health outcomes** such as reduced rates of early and unintended pregnancy or STIs, and of gender-based violence. Such programmes are based on a gender- and age-responsive context analysis and include dedicated interventions for young women.

↘ **Implementation fidelity = impact.** When effective curricula are delivered as intended, without deviating from the original design, content or delivery approaches, they are much more likely to have the desired positive impact on young people's health outcomes.

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HOW TO PLAN AND IMPLEMENT CSE PROGRAMMES

There are several critical steps that should be followed for each stage of planning and implementing CSE programmes.

BUILDING SUPPORT

- Use what's there
- Build community support and address opposition
- Lobby for national policies

PROGRAMME DEVELOPMENT

- Know your goals
- Know your context
- Know your curriculum

PROGRAMME DELIVERY

- Establish systems for scale-up with government leadership
- Involve the community
- Establish a training system for teachers/facilitators

BUILDING SUPPORT

"People think it's too early to give children sex education. But I think it's important because it's the reality they will face in their life. Menstruation is something girls will face, and they should know what is actually going on with their bodies, instead of just leaving them confused."

21-year-old woman, Indonesia

⚠ CRITICAL STEPS

✓ COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE

USE WHAT'S THERE

Make use of existing international, regional and local frameworks and agreements supporting CSE to lobby for new or improved government policies

Key agreements on CSE include the following:

- Latin America and Caribbean Ministerial Declaration Preventing through Education (2010)
- ESA Commitment to scale up access to high-quality CSE (2013; reaffirmed 2016)
- Sub-Saharan Africa Regional Ministerial Conference on Education Post-2015 (2015)
- The Asian and Pacific Ministerial Declaration on Population and Development (2013)
- Montevideo Consensus on population and development (2013)
- Nairobi Statement on ICPD25: Accelerating the Promise (2019)

For a more extensive list of policy frameworks and international frameworks, see the Annex.

CRITICAL STEPS

BUILD COMMUNITY SUPPORT AND ADDRESS OPPOSITION

This requires proactive, ongoing efforts. Develop support and shared ownership for CSE scale-up among a range of stakeholders and gatekeepers: parents, teachers, community and religious leaders, media persons and policymakers. At the same time, be aware that political, cultural and religious conservatism may pose serious challenges that must be anticipated and appropriately addressed.

COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE

- As part of COVID-19 response, UNFPA Jordan conducted a campaign to promote parent–child dialogue on sexual health, with intergenerational messaging for parents in Jordan. The campaign targeted parents with the slogan "See it with their eyes", showcasing how adolescents view their parents if they are not listening or addressing risks during this phase of life. The campaign was launched before the end of 2020 and reached more than 2.1 million users on social media.

- In India, an agreement among UNFPA, Bihar State Madrasa Education Board and the Bihar Department of Education in 2019 led to Muslim traditional institutions opening their doors for interventions and assistance to empower young adolescents with accurate, age-appropriate and culturally relevant information to promote healthy attitudes and develop skills to respond to real-life situations positively and responsibly. Jamia Millia Islamia University in New Delhi and the Hyderabad-based Maulana Azad National Urdu University helped roll out the initiative.

- In Pakistan, Aahung and Rutgers Pakistan built community support for large-scale sexuality education programmes by strategically choosing which issues to address in the curriculum, framing their work with care to acknowledge sensitivities around terminology, having sensitive content vetted, and reaching out to gatekeepers to improve transparency and understanding. They dealt with backlash by using supportive media persons as intermediaries, arranging for journalists to visit schools and see the programmes for themselves, and organizing information-sharing and discussion sessions.

- UNFPA Paraguay has supported training teachers in CSE and developing a CSE Policy Framework, but currently the country does not have a CSE public policy. In response to strong opposition, UNFPA, the Ministry of Education and the Ministry of Health jointly developed other strategies, such as a new curriculum for technical graduates in health that incorporated CSE, a communications plan, and the establishment of an educational network in human rights. However, the government suspended these efforts because of pushback and lack of political support. The national authorities that took office in August 2018 have stated their support for implementing sexuality and life project education programmes for children and adolescents, including implementing CSE and HIV laws. Conservative groups still continue to oppose any formal integration of CSE, and therefore, although UNFPA Paraguay continues to advocate for CSE in schools, UNFPA and the Ministry of Education have decided to develop and implement out-of-school rather than in-school CSE.

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⚠ CRITICAL STEPS

LOBBY FOR NATIONAL POLICIES

Create or strengthen policies that support the provision of CSE to put it on the national agenda. Coalitions of "policy entrepreneurs" can lobby decision-makers and other influencers.

☑ COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE

↘ Malawi has been a champion of youth policy in the East and Southern Africa region since launching its first out-of-school CSE programme in 1996, the "Family Life Education Programme for Out-of-School Youth". An approved CSE curriculum is now delivered at the community level by youth facilitators, and youth corners, clubs and networks. Since 2014, UNFPA's Safeguard Young People Programme has been implemented in eight southern African countries, including Malawi. The programme addresses the SRHR of adolescents and young people and includes CSE for in- and out-of-school young people.

↘ In Nigeria, a group of non-governmental organizations (NGOs) led by Action Health Incorporated demonstrated the need for CSE by using HIV as the entry point, along with the feasibility and effectiveness of CSE in projects, and formed a national coalition to advocate for a national policy and strategy. The coalition worked with internal and external change agents for eight years to contribute to a policy and national scale-up plan. To build engagement with stakeholders during scale-up, the coalition used state-level advisory and advocacy committees involving teachers unions and parents groups, while engaging and consulting with supporters and opponents of CSE.

↘ In 2016, UNFPA, with UNDP and UN Women, signed a Memorandum of Understanding with Georgia's Ministry of Education, Science and Culture (MoESC) to integrate healthy-lifestyle, SRHR, and gender-equality standards into formal, non-formal and vocational education systems. Through the partnership with the MoESC, UNFPA facilitates technical exchange on the latest research and examples of good practice in the field of CSE, and promotes networking. As a result of UNFPA's advocacy, for the first time ever in the country and in the Eastern Europe and Central Asia region the SRH and HIV prevention needs of young key populations were reflected in the national HIV/AIDS Strategic Plan 2019-2022 and in national HIV standards for young key populations, followed by guidelines and protocols to promote comprehensive sets of HIV prevention services and prioritize high-impact, low-cost HIV prevention interventions.

👍 DO

✓ Conduct a community needs assessment to identify the unique needs of each social context

✓ Involve young people in the development, leadership, and delivery of CSE materials and programmes, and be mindful of their different experiences and needs

✓ Also involve governments, relevant ministries, communities, faith-based organizations, families and health-care providers, and adapt CSE to what is right for the specific young people of each community

👎 DON'T

✗ Assume that stakeholders are familiar with the purpose and content of CSE – even if they say they are

✗ Underestimate the deep-seated discomfort about adolescent sexuality and the political and cultural resistance to CSE at global, regional, national, and local levels

✗ Assume a one-size-fits-all model of sexuality education curriculum

✗ Make assumptions about the CSE needs of various groups of vulnerable youth

PROGRAMME DEVELOPMENT

"I knew a little bit about how a baby is made, but not much. I had no education about this at school, no lessons at all related to this topic. Nothing".

19-year-old mother, Timor-Leste

"Through the out-of-school CSE programme (…) I started to visit group counselling, where I met new friends with whom I can share my feelings and discuss challenges that go along with transactional sex. Now I'm a peer educator myself".

Young sex worker, Ethiopia

⚠ CRITICAL STEPS

KNOW YOUR GOALS

Develop a theory of change before deciding on the specific interventions you will implement

✓ COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE

The best theories of change are developed by diverse groups who bring many perspectives. Start by defining the long-term goals of the programme, then map backwards to identify the outcomes (of interventions) that are preconditions for reaching those goals. The theory of change shows the causal links between longer-term, intermediate and shorter-term outcomes. Define your outcomes clearly: for example, they may be biological, behavioural or health-related; or they may be related to knowledge, attitudes, values, skills, self-efficacy and intentions. It is then possible to design interventions leading to the desired outcomes. In the theory of change, elements are mapped graphically to show each outcome in logical relationship to all the others in a chronological flow. The theory of change helps to ensure that programmes are logical, evidence-based, focused and measurable. For an example, see the Theory of Change for the UNFPA Multi Country Programme on Out of School CSE.

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⚠ CRITICAL STEPS

✓ COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE

KNOW YOUR CONTEXT

- ↘ Conduct a situation analysis
- ↘ Assess the social and SRH needs and behaviours of children and young people targeted by the programme, based on their evolving capacities
- ↘ Consider how to integrate CSE with existing programmes
- ↘ Facilitate access to existing SRH services

In Ghana, baseline research for an out-of-school CSE project was conducted in focus group discussions with young people living with HIV at the Senior Correctional Centre in Accra and in Kumasi in the Ashanti Region. The methodology used is known as participatory action research.* Care was taken to provide a Twi-speaking translator for those more comfortable answering in their first language. The interviews were coded to protect the young people's privacy, then transcribed in English and analysed by themes such as knowledge of SRH services, challenges in accessing them and the quality of information provided. The participants helped validate the analysis and collaborated with the research team to develop recommendations for potential interventions to improve young people's access to SRH services. Recommendations included closer coordination with the Ghana Health Service, and engaging nurses, doctors, midwives and other frontline providers to provide welcoming, gender-sensitive and youth-friendly services to young people living with HIV. The report recommended reducing stigmatizing attitudes among health-care providers through training to improve their knowledge and increase their empathy with young people living with HIV. The report also suggested engaging more deeply with parents and communities to generate awareness and encourage discussion about SRH, including HIV and AIDS.

*Participatory action research (PAR) advocates that those who are the subjects of research should be involved in the process actively throughout the cycle. Key features of PAR are that it enables action through a reflective cycle, whereby participants collect and analyse data, then determine what action should follow. PAR balances power between the researcher and the research subjects: selecting the research topic, collecting and analysing data, and deciding what action should happen as a result of the research findings are all done together.

KNOW YOUR CURRICULUM

- ↘ Use the ITGSE and OOS Guidance to ensure that your curriculum covers a comprehensive range of topics
- ↘ Involve experts on human sexuality, behaviour change and related pedagogical theory
- ↘ Make sure the content is culturally relevant

The ESA Regional Comprehensive Sexuality Education Resource Package for Out of School Young People was developed according to age- and developmentally relevant international standards, as a comprehensive set of teaching and learning materials for use in East and Southern Africa, in settings outside the formal education sector. Several countries in the region have adapted the materials for nationally endorsed implementation. The Resource Package comprises a Facilitator's Manual, Participant's Workbook, Sexual and Reproductive Health Programme Guide for working with out-of-school young people, Training of Trainers Facilitation Guide, three posters, four pamphlets, CSE observation and monitoring tool, and the iCAN package for young people living with HIV.

👍 **DO**

- ✓ Focus on clear goals and learning outcomes at each age level

- ✓ Include younger children in CSE, develop age-appropriate content, and facilitate access to related services for all age groups

- ✓ Consult with parents/guardians and offer parent-focused CSE to parents of young children or even newborns

- ✓ Address how biological experiences, gender and cultural norms affect the way children and young people experience and navigate their sexuality and their SRH in general

- ✓ Centre a human rights perspective

- ✓ Use CSE to encourage advocacy to address broader structural goals, such as changing social norms and policies, reducing stigma and discrimination, and advocating for adolescents and young people's access to SRH services

- ✓ Assess the resources (human, time and financial) available to develop and implement the curricula

- ✓ Partner with young people to design the curriculum

- ✓ Build on what already exists, and plan for sustainability and scale

- ✓ Look for opportunities for CSE provided by new living circumstances and changed routines, such as settings for young refugees or displaced people

- ✓ Cater to different identities and address diverse needs by including young LGBTQ+ populations in determining CSE content (with consideration of the legal framework)

- ✓ Assess services to ensure that referrals are made to trans-friendly services, where needed

👎 **DON'T**

- ✗ Provide the same CSE to all age groups, since various age groups have different CSE needs

- ✗ Exclude parents or family members in community engagement

- ✗ Focus only on individual knowledge

- ✗ Blame participants for structural problems, such as criticizing young men for attitudes that are harmful to girls and women

- ✗ Start from scratch – instead, consider the existing systems and resources that can be built upon to integrate or form CSE programmes

- ✗ Assume that CSE cannot be provided in unstable contexts, or that sexuality cannot be addressed with people from conservative cultures

- ✗ Assume that all identities under LGBTQ+ have the same needs and interests

- ✗ Use male and female labels when talking about sexual and reproductive anatomy in CSE for young transgender people

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PROGRAMME DELIVERY

"At first I thought, 'How are they talking about these things, why aren't they shy?' During the first lesson I couldn't even look at the teacher's face. [But] we found out that this is all natural, so I thought, 'Why should we be shy about it?'"

Student, Nepal

⚠ CRITICAL STEPS

✓ COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE

ESTABLISH SYSTEMS FOR SCALE-UP WITH GOVERNMENT LEADERSHIP

Careful planning, including costed plans, can ensure that scale-up is effective and sustained. Pay attention to both vertical and horizontal scale-up, as well as to securing national and local ownership of the programme. Regular monitoring and evaluation, and documentation of results, are essential from early on in the scale-up process.

↘ In Zambia, the education sector's review and revision of the national curriculum provided a window of opportunity to scale up CSE throughout the Ministry of General Education's systems, including national policy, teacher training, monitoring and evaluation, school supervision, primary- and secondary-level curricula and examinations. Engagement with the ministries of health, education, community development, and youth and sport – as well as with NGOs and cooperating partners – enhanced programme ownership and sustainability, strengthened linkages between schools and SRH service providers, and catalysed the development of a complementary CSE framework for out-of-school young people.

↘ The Colombian PESCC programme (Project for Sexuality Education and the Construction of Citizenship), implemented by the Ministry of Education with UNFPA's assistance, started as a pilot project and was then expanded to 71 out of the country's 94 Education Departments. PESCC is a practical example of a multisectoral approach: aimed at developing critical thinking, the programme is rights-based and gender-focused and provides training on sexuality education, human rights and the prevention and mitigation of school-based violence.

INVOLVE THE COMMUNITY

This can include parents, teachers, community leaders, religious and faith-based organizations, media and other gatekeepers.

The family-based curriculum developed by the government of Zimbabwe and implementing partners with support from UNFPA contains 11 units to enhance communication on SRHR and sexual and gender-based violence (SGBV) at family and community levels. The methodology brings parents and adolescents together through facilitated group meetings: these are a platform for open dialogue on issues around SRHR and SGBV and a social support network within their own community.

ESTABLISH A TRAINING SYSTEM FOR TEACHERS/ FACILITATORS

Ensure they are culturally competent and can communicate clearly with participants.

It is crucial to identify, train, support and retain teachers and facilitators who are motivated, skilled and have an appropriate attitude, and to ensure that they adhere to the curriculum. An example of a resource is the Training of Trainers Facilitator's Guide (2017) developed by UNFPA Regional Office for East and Southern Africa for trainers who are training facilitators on the use of the Facilitators Manual for CSE with out of school young people.

⚠ CRITICAL STEPS

✓ COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE

USE DIGITAL TECHNOLOGIES

Digital platforms and tools offer opportunities for reaching young people and engaging with them in innovative and interactive ways, as a complement to in-person CSE.

↘ Assess the need for, use of and access to technology to support CSE that can reach the particular group you are targeting.

↘ Make the digital intervention youth-centred: ensure that young people (including ones from marginalized populations) are part of the planning and development process.

↘ Build on what already exists, and use platforms that are used by young people. Explore the impact and effectiveness of existing digital spaces, including social media and dating apps.

↘ Ensure that digital CSE programmes are curriculum-based. Just as with in-person CSE, adapt them to the local context.

↘ Assess and address privacy and security to ensure confidentiality and safety for all users.

↘ Invest in understanding the impact of digital platforms and effective ways of reaching audiences. Take advantage of individualization and interactivity.

↘ Build monitoring and feedback systems into the digital platform to gather data for improvement.

↘ Plan for adequate content management and product maintenance.

↘ Conduct quality assurance checks of any digital platform/application you promote.

↘ Monitor interventions such as group pages, blogs and interactive forums. When participants engage in live chat or provide information to each other, consistent monitoring by knowledgeable staff is critical to ensure the accuracy and integrity of information presented.

👍 DO

✓ Provide inclusive and comprehensive HIV education, including to young people living with HIV

✓ Deliver high-quality training to teachers and peer educators to create safe spaces

✓ Use trauma-informed methods and empowerment approaches

✓ Consider using peer educators to deliver CSE, especially to young key populations

✓ Select peer educators from a broad base of potential candidates

✓ Use a variety of methods to identify candidates suitable for different groups of vulnerable youth, and include young people from the target population in the process

✓ Make use of social media to find candidates

✓ Deliver CSE regularly (preferably weekly) to provide participants a greater opportunity to learn, reflect and to assimilate the curriculum

✓ Use digital CSE as a supplement where there is reduced or no access to face-to-face CSE in and outside school settings.

✓ Take advantage of a range of methods appropriate to participants' literacy levels

✓ Match methods and materials to the resources available

✓ Have single-gender sessions as well as CSE sessions for all genders together

👎 DON'T

✗ Assume that young people living with HIV are already well informed

✗ Avoid sensitive or difficult topics

✗ Use stigmatizing language or a judgmental view of sexuality in CSE curriculum

✗ Use just one approach to identifying candidates for peer educators, such as expecting them to respond to a notice

✗ Overestimate the impacts of peer education on young people. Studies have found that while it increases knowledge, and in some cases changes attitudes and intentions, it does not have a significant effect on behaviours, such as the use of condoms or other contraception. However, the effects of peer education on young key populations are somewhat greater, suggesting that it may be a more effective approach for marginalized or hidden populations

✗ Place all CSE sessions over several consecutive days, unless this is unavoidable because participants must travel a long distance to attend

✗ Rely solely on digital technologies to reach young people, as there are still disparities in Internet access by geography, gender, levels of literacy etc.

✗ Assume that all participants will have the same learning style and preferences

✗ Assume that computers, projectors or electricity will be available in all locations where CSE is taught

✗ Rely solely on gender-segregated programmes

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👍 DO

- ✓ Consider appropriate, inclusive teaching and learning methods if delivering CSE to young people with and without disabilities together

- ✓ Be aware of how particular disabilities affect sexuality

- ✓ Use "people-first" language (e.g. "young person with a disability", not "disabled young person") and adopt the language preferred by young people to refer to them

- ✓ Use gender-neutral language when delivering CSE to young transgender populations

- ✓ Emphasize risk reduction for young people who use drugs, acknowledging that abstinence may take multiple attempts

- ✓ Maintain a comprehensive approach and try to adopt empowerment approaches to facilitate social change in CSE with young people who sell sex

👎 DON'T

- ✗ Segregate participants based on ability when providing CSE to young people living with and without disabilities together

- ✗ Assume that you know which population a young person identifies with. An individual may have overlapping identities, not all of which are obvious (e.g. blind and gay, Indigenous and selling sex) – or they may not identify with a specific group at all

- ✗ Assume that abstinence from drug use is a realistic goal

- ✗ Focus solely on HIV and STI prevention in CSE with young populations who sell sex

"Most people look at me and hear me say I'm queer, and instantly eyebrows are raised, especially on this side of the world. That for me is exactly why we need comprehensive and inclusive sexuality education programmes for out of-school youth. I am friends with and work with a lot of young people with disabilities, [and] guardians limit their access to sexual and reproductive health services, or health practitioners do not have the proper tools or approach, thus discouraging them from even seeking those services. There are not enough, if any, spaces offering CSE services specialized or inclusive of young people with disabilities – or lesbian, gay, bisexual, transgender and intersex young people, for that matter."

Hlobisile Masinga, 25, founder, Pink Roses Foundation, South Africa

MONITORING AND EVALUATION

There are many guides available for monitoring and evaluation, both for programmes generally and for CSE specifically. Examples include:

↘ Inside and Out: Comprehensive Sexuality Education (CSE) Assessment Tool (IPPF, 2015)
↘ Sexuality Education Review and Assessment Tool (SERAT) 3.0 (UNESCO, 2020)
↘ *M&E Fundamentals: A Self-Guided Mini-course* (USAID & MEASURE Evaluation, 2016).

Consider using these existing tools, as well as integrating into the National Education Management Information System (EMIS) or other national measures of education quality.

Note that out-of-school programmes may be more challenging to monitor and evaluate, for example how much of the programme has been delivered to each participant; whether the same young people are attending multi-session programmes; and the long-term effects of the programme. Identify ways to follow up with participants from the beginning. Setting up and working through community-based youth groups is one approach that has been useful. To measure whether CSE has increased the use of SRH services and assess the types of services and commodities young people seek, programmes may partner with local health-care facilities.

Evaluation measures how well the programme activities have met expected objectives and/or the extent to which changes in outcomes can be attributed to the programme or intervention. There are good resources available from UNFPA to guide you in evaluating your programmes, such as *The Evaluation of Comprehensive Sexuality Education Programmes* (2015).

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IMPLEMENTATION RESEARCH

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Implementation research examines what happens when the theory behind a health programme meets the realities on the ground. Problems in implementation often result from factors that were overlooked at the planning stage, or that simply haven't been captured by previous research. Analysing, reflecting on and understanding what has happened during implementation – from the perspectives of multiple stakeholders, including the intended beneficiaries of the programme – can therefore be helpful not just for evaluating the programme itself, but as a way of building knowledge for future programmes, both locally and in other contexts. Consider partnering with researchers to conduct rigorous assessments of effectiveness and build the evidence base to inform policy debates.

UNFPA's Multi Country Programme on Out of School CSE has integrated implementation research into its results framework, ensuring data and evidence generation and dissemination from programme interventions across five regions. In collaboration with WHO/HRP and national research institutions, implementation research is being conducted in programme countries, focusing on how to overcome implementation barriers among CSE facilitators, which previous research and programme implementers have identified as a major challenge to successful programming. The objective is to determine whether the activities used to train and support facilitators are feasible, appropriate, acceptable and effective in enabling them to engage a defined group of young people, deliver CSE to them in the out-of-school context, and assist them in obtaining relevant services. For an example of how to integrate implementation research into a theory of change, see the Theory of change for the UNFPA Multi Country Programme on Out of School CSE. For a guide, see *Implementation Research in Health: A Practical Guide* (WHO, 2013).

CLOSING THE RESEARCH GAPS

The ITGSE and the OOS Guidance outline next steps and current gaps in the literature and research that are critical to strengthening the evidence base and making programmes more successful. Given the constantly changing contexts for CSE, ongoing research is an essential component of developing and implementing CSE programmes that meet the evolving needs of young people, strive to leave nobody behind, and are adapted for each community's unique social and cultural needs. Strengthening the evidence base is also important to inform governments, create policy change and advocate for CSE, both in and out of school.

Conducting research on CSE can sometimes seem a daunting task, given unfriendly social and political climates, stigma and the difficulty of reaching marginalized youth. However, with many agencies around the world now working to implement sexuality education programmes in their communities, and an increased presence of youth leadership, there is great potential to substantiate the evidence base surrounding CSE and fill critical research gaps. Outlined below are the current gaps identified in the guidance documents that point to research needs, as well as proposals for research topics addressing these areas.

GAPS IN RESEARCH ON CSE

- Longitudinal studies on the long-term effectiveness of CSE on SRH outcomes
- Research on primary and secondary outcomes of out-of-school CSE in low- and middle-income countries, particularly in Asia, the Middle East, and Australia and the Pacific
- Effectiveness of curriculum design and implementation in areas such as teacher effectiveness and student learning outcomes
- Evidence to demonstrate the link between the demand-creation potential of CSE and the provision of youth-friendly SRHR services and commodities
- Best practices for involving parents in areas with negative cultural attitudes towards sexuality
- Evidence-based best practices to overcome barriers for youth with disabilities to access SRH services and information
- Effectiveness of disability-focused dialogues on local mass media at empowering youth with disabilities and their families
- Approaches for dealing with stigma and discrimination in CSE for marginalized youth at social and cultural levels, and a better understanding of the impact on access to services
- Best practices for combining digital technology with other approaches, such as face-to-face CSE
- Evidence on CSE outcomes with young people with disabilities and in humanitarian settings
- Research on the cost-effectiveness and efficiency of various aspects of CSE

RESEARCH PROPOSALS

LONGITUDINAL STUDIES

↘ Longitudinal study in multiple countries with standardized categories of measurement and outcomes (primary and secondary)

↘ Long-term effects of CSE to strengthen the evidence base for CSE as gender-based violence prevention, while considering the policy and cultural frameworks in each region as confounding factors in the relationship

STUDIES OF SPECIFIC MARGINALIZED GROUPS IN OUT-OF-SCHOOL CSE

↘ Impact of sexuality education on the behaviours and decision-making of people with disabilities, as well as general best practices and effective methods for delivering education

↘ Outcomes effectiveness of programmes in humanitarian settings in the short and long terms

↘ Effectiveness of disability-focused dialogues in local mass media at empowering youth with disabilities and their families

↘ Multi-country research on the most accessible types of digital CSE and how youth engage with media, which platforms are preferred and which are the most effective at connecting youth with CSE and SRHR services

OTHER EFFECTIVENESS RESEARCH

↘ Cost-effectiveness research on in-school and out-of-school CSE programmes, including components such as gender and power approaches

↘ Young people's perceptions of teacher effectiveness, and teachers' own perceptions

↘ Database of the political context in each country implementing CSE programming, linked with how the political climate impacts service availability and use

COMBATING STIGMA

↘ Longitudinal study of how CSE impacts long-term negative/positive perceptions of sexuality at different social and cultural levels

↘ Effectiveness of reducing stigma with health-care providers in increasing service access, specifically relating to youth living with HIV, transgender youth, and other marginalized groups receiving out-of-school CSE

↘ Effectiveness of trauma-informed approaches and empowerment approaches in building trust with adolescent women to talk openly about their sexuality, in contexts where sexuality is regarded negatively

ANNEX: POLICY AND INTERNATIONAL FRAMEWORKS

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This is a list of relevant agreements and frameworks that include a strong commitment to promote the provision of CSE for young people, and that can be used in human rights-based CSE advocacy. Universal Periodic Review processes and the specific recommendations coming out of the country reviews can be used at the national level to inform and develop CSE programmes. For further information on relevant paragraphs, see Appendix 1 in the ITGSE.

GLOBAL

- United Nations (2015). *Transforming Our World: The 2030 Agenda for Sustainable Development* (A/RES/70/1). https://sdgs.un.org/2030agenda

- United Nations Educational, Scientific and Cultural Organization (2015). *Education 2030 Incheon Declaration and Framework for Action for the Implementation of Sustainable Development Goal 4: Ensure inclusive and Equitable Quality Education and Promote Lifelong Learning Opportunities for All.* https://iite.unesco.org/publications/education-2030-incheon-declaration-framework-action-towards-inclusive-equitable-quality-education-lifelong-learning/

- United Nations General Assembly (2016). *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight Against HIV and to Ending the AIDS Epidemic by 2030* (A/RES/70/266). https://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf

- Committee on Economic, Social and Cultural Rights (2016). *General Comment No. 22 on the Right to Sexual and Reproductive Health.* https://digitallibrary.un.org/record/832961?ln=en

- Human Rights Council (2016). *Accelerating Efforts to Eliminate Violence against Women: Preventing and Responding to Violence against Women and Girls, including Indigenous Women and Girls* (A/HRC/32/L.28/Rev.1). https://digitallibrary.un.org/record/845742?ln=en

- Human Rights Council (2017). *Accelerating Efforts to Eliminate Violence against Women: Engaging Men and Boys in Preventing and Responding to Violence against All Women and Girls* (A/HRC/35/L.15). https://digitallibrary.un.org/record/1305180?ln=en

- Committee on the Rights of the Child (2016). *General Comment No. 20 (2016) on the Implementation of the Rights of the Child during Adolescence* (CRC/C/GC/20). https://digitallibrary.un.org/record/855544?ln=en

- Human Rights Council (2016). *Protection against Violence and Discrimination based on Sexual Orientation and Gender Identity* (A/HRC/32/L.2/Rev.1). https://digitallibrary.un.org/record/1639754?ln=en

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↘ Human Rights Council (2014). *Human Rights, Sexual Orientation and Gender Identity* (A/HRC/27/L.27/Rev.1).
https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/27/L.27/Rev.1

↘ Committe on the Elimination of Discrimination Against Women (1999). *General Recommendation No. 24: Article 12 of the Convention (Women and Health)* (A/54/38/ Rev.1, chap. I). https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_ Global/INT_CEDAW_GEC_4738_E.pdf

↘ United Nations (2006). Convention on the Rights of Persons with Disabilities.
https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

↘ UN Women (1995). Beijing Declaration and Platform for Action. https://www.un.org/ womenwatch/daw/beijing/platform/. Outcome documents of subsequent review processes available at https://www.un.org/womenwatch/daw/beijing/index.html

↘ United Nations Population Fund (2014). *International Conference on Population and Development (ICPD) Programme of Action (PoA), Twentieth Anniversary Edition.* https://www.unfpa.org/publications/international-conference-population-and-development-programme-action

↘ Commission on Population and Development (2014). *Assessment of the Status of Implementation of the Programme of Action of the International Conference on Population and Development* (Resolution 2014/1). https://www.un.org/en/development/ desa/population/pdf/commission/2014/documents/CPD47_Resolution_2014_1.pdf

↘ Commission on Population and Development (2012). *Adolescents and Youth* (Resolution 2012/1). https://www.un.org/en/development/desa/population/pdf/commission/2012/ country/Agenda%20item%208/Decisions%20and%20resolution/Resolution%202012_1_ Adolescents%20and%20Youth.pdf

↘ United Nations Population Fund (1999). ICPD + 5 Review.
https://www.unfpa.org/events/icpd5-review

↘ Nairobi Statement on ICPD25: Accelerating the Promise (2019).
https://www.nairobisummiticpd.org/content/icpd25-commitments

REGIONAL

↘ United Nations Educational, Scientific and Cultural Organization (2013). *Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern African (ESA).* https://healtheducationresources.unesco.org/library/documents/ministerial-commitment-comprehensive-sexuality-education-and-sexual-and

↘ Economic Commission for Africa (2013). *Addis Ababa Declaration on Population and Development in Africa beyond 2014.* https://www.unfpa.org/resources/addis-ababa-declaration-population-and-development-africa-beyond-2014

- UNESCO Regional Bureau of Education for Latin America and the Caribbean (2008). *First Meeting of Ministers of Health and Education to Stop HIV and STIs in Latin America and the Caribbean: Ministerial Declaration: Preventing through Education.* http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Santiago/pdf/declaration-preventing-education-english.pdf

- Economic Commission for Latin America and the Caribbean (2013). *Montevideo Consensus on Population and Development (First Session of the Regional Conference on Population and Development in Latin America and the Caribbean: Full Integration of Population Dynamics into Rights-based Sustainable Development with Equality: Key to the Cairo Programme of Action beyond 2014).* https://www.unfpa.org/resources/montevideo-consensus-population-and-development

- Economic and Social Commission for Asia and the Pacific (2014). *Report of the Sixth Asian and Pacific Population Conference, 16-20 September 2013, Bangkok.* https://www.unescap.org/sites/default/files/Report%20of%20APPC%202013.pdf

- *Nairobi Declaration and Call for Action on Education: Bridging Continental and Global Education Frameworks for the Africa We Want* (2018). https://www.inclusive-education-in-action.org/resources/nairobi-declaration-and-call-action-education-bridging-continental-and-global-education

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