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CSE SCALE-UP IN PRACTICE

CASE STUDIES FROM EASTERN AND SOUTHERN AFRICA

2017





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ACRONYMS

ADH TWG	Adolescent Health Technical Working Group
AET	African Education Trust
AfriYAN	African Youth and Adolescents Network
ASC	Annual school census
ATLT	Adolescents HIV Prevention and Treatment Literacy Toolkit
AYFHS	Adolescent- and youth-friendly health services
ASRH	Adolescent sexual and reproductive health
ASRH&R	Adolescent sexual and reproductive health and rights
BGCE	Botswana General Certificate for Secondary Education
CANGO	Coordinating Assembly of Non-Governmental Organizations
CapEFA	Capacity Development for Education for All
CAPS	Curriculum Assessment Policy Statement
CBO	Community-based organization
CCC	Curriculum Coordinating Committee
CDC	US Centers for Disease Control and Prevention
CDC	Curriculum Development Centre
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CEI	Community Empowerment Initiative
CHAZ	Churches Association of Zambia
COES	Cadre d'Orientation de l'Education Sexuelle
COMNETA	Community Media Network of Tanzania
CRC	Convention on the Rights of the Child
CRHE	Centre for Reproductive Health and Education
CSE	Comprehensive sexuality education
CSO	Civil society organization

CSTL	Care and Support for Teaching and Learning	GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
DATS	Diagnostic and Advisory Services	HAKT	HIV and AIDS Knowledge Test
DBE	Department of Basic Education	HAMU	HIV and AIDS Management Unit
DCI	Direction des Curricula et des Intrants	HCT	HIV counselling and testing
DEF	Direction de l'Éducation Fondamentale	ICT	Information and communication technology
DES	Direction de l'Enseignement Secondaire	IEC	Information, education and communication
DHS	Demographic Health Survey	IFP	Institutos de Formação de Professores
DIPA	Departmental Integrated Performance Agreement	INFP	Institut National de Formation Pédagogique
DoE	Department of Education	ITGSE	International Technical Guidance on Sexuality Education
DoH	Department of Health	KAP	Knowledge, attitude and practice
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe initiative	KAPB	Knowledge, attitude, practice and behaviour
DSD	Department of Social Development	LBSE	Life Skills-Based Sexuality Education
ECD	Early Childhood Development	LSE	Life Skills Education
EDU	Elimu Dhidi ya Ukimwi	LSPBE	Life Skills and Peacebuilding Education
EFAR	Etablissement de Formation Agricole et Rurale	LSSHA	Life Skills, Sexuality, HIV and AIDS
EMIS	Education Management Information System	M&E	Monitoring and evaluation
ESD	Education for Sustainable Development	MAE	Ministry of Agriculture and Farming
ETGPS	Educational Testing, Guidance and Psychological Services	MDG	Millennium Development Goal
ETP	Education and Training Policy	MDGi	Millennium Development Goal Initiative
EU	European Union	MEETFP	Ministry of Employment, Technical Education and Vocational Training
EUP	Early and unintended pregnancy	MFMC	My Future is My Choice
ESA	Eastern and Southern Africa	MiET	Media in Education Trust
FBO	Faith-based organizations	MIGEPROF	Ministry of Gender and Family Promotion
FET	Further Education and Training	MINEDH	Ministry of Education and Human Development
FLE	Family Life Education	MoE	Ministry of Education
FORMAPROD	Improving Agricultural Productivity Programme	MoEAC	Ministry of Education, Arts and Culture
G&C	Guidance and Counselling	MoESAC	Ministry of Education, Sports, Arts and Culture
GBV	Gender-based violence	MoESC	Ministry of Education, Sports and Culture
GET	General Education and Training		



ACRONYMS

MoEST	Ministry of Education, Science and Technology
MoET	Ministry of Education and Training
MoEVT	Ministry of Education and Vocational Training
MoGE	Ministry of General Education
MoGEI	Ministry of General Education and Instruction
MoH	Ministry of Health
MoHCC	Ministry of Health and Child Welfare
MoHSS	Ministry of Health and Social Services
MoHTESTD	Ministry of Higher and Tertiary Education, Science and Technology Development
MoPSE	Ministry of Primary and Secondary Education
MYICT	Ministry of Youth and ICT
MYS	Ministry of Youth and Sports
NAC	National AIDS Council
NACA	National AIDS Coordinating Programme
NACC	National AIDS Control Council
NAPPA	Namibia Planned Parenthood Association
NDS	National Development Strategy
NCDC	National Curriculum Development Centre
NGO	Non-governmental organization
NIED	National Institute for Educational Development
NMSF	National HIV and AIDS Multisectoral Strategic Framework
NUL	National University of Lesotho
OEMC	Office de l'Éducation de Masse et du Civisme
OVC	Orphans and vulnerable children
PASHA	Prevention and Awareness Creation against HIV in Schools
PCAR	Primary Curriculum and Assessment Reform

PEPFAR	President's Emergency Plan For AIDS Relief (US Government)	STI	Sexually transmitted infection
PESC	Programme d'Education Sexuelle Complète	TACAIDS	Tanzania Commission for AIDS
PGB	Programa Geração Biz	TAYOA	Tanzania Youth Alliance
PIASCY	Presidential Initiative on AIDS Strategy for Communication to the Youth	TEP	Teacher Educator Programme
PopFLE	Population and Family Life Education	TESS	Teacher Education and Specialized Services
PORALG	President's Office, Regional Administrative and Local Government	TIE	Tanzania Institute of Education
PPAZ	Planned Parenthood Association of Zambia	TOT	Training-of-trainers
PPO	Pédagogie par les Objectifs	TTC	Teacher training college
PQA	Programme and Quality Assurance	TTI	teacher training institutions
PSI	Population Services International	TWG	Technical working group
PSS	Personal, Spiritual and Social	UMATI	Chama cha Uzazi na Malezi Bora Tanzania
PTA	Parent-teacher association	UNAIDS	Joint United Nations Programme on HIV/AIDS
REB	Rwanda Education Board	UNAM	University of Namibia
REPSI	Regional Psychosocial Support Initiative	UNDAF	United Nations Development Assistance Framework
SACMEQ	Southern and Eastern Africa Consortium for Monitoring Educational Quality	UN DOCO	UN Development Operations Coordination Office
SADC	Southern African Development Community	UNESCO	United Nations Educational, Scientific and Cultural Organization
SaFAIDS	Southern Africa HIV and AIDS Information Dissemination Service	UNFPA	United Nations Population Fund
SANAC	South African National AIDS Council	UNICEF	United Nations International Children's Emergency Fund
SE/CNLS	Secrétariat Exécutif du Conseil National de Lutte contre le Sida	USAID	United States Agency for International Development
SERAT	Sexuality Education Review and Assessment Tool	VCT	Voluntary counselling and testing
SHN	School health and nutrition	WASH	Water, Sanitation and Hygiene
SHP	School Health Policy	WHO	World Health Organization
Sida	Swedish International Development Cooperation Agency	YUNA	Youth of United Nations Association
SoE	Secretariat of Education	YWCA	Young Women's Christian Association
SRH	Sexual and reproductive health	YPSS	Y-Peer South Sudan
SSAC	South Sudan AIDS Commission	ZECF	Zambia Education Curriculum Framework
ST	Scientific and Technological	ZNASP III	Zimbabwe National HIV and AIDS Strategy III



1. COMPREHENSIVE SEXUALITY EDUCATION

1.1 *Defining comprehensive sexuality education*

Comprehensive sexuality education¹ (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 the knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity, develop respectful social relationships, consider the well-being of others affected by their choices, and understand and act upon their rights throughout their lives. It is education, delivered in formal and non-formal settings, that is scientifically-accurate, incremental, age- and developmentally- appropriate, gender-sensitive, culturally relevant and transformative.”²

CSE, which is grounded in human rights and the concept of sexuality as a natural part of human development, includes a recommended set of age-defined topics, which, when coupled with learner-centred teaching methodologies and non-judgemental attitudes, can lead to positive health and educational outcomes for learners.

While CSE is a globally recognized term, the terminology varies by country, and is also known as prevention education, relationships and sexuality education, sexual and reproductive health (SRH) education, population and family life education (FLE), life skills education (LSE), healthy lifestyles and the basics of life safety, etc. While its title may vary, there is internationally recognized guidance³ based on research and best practice to guide both essential content and methodology.

¹ Although the term CSE is not used in every country, it is a globally recognized term and for ease of understanding will be used in this document regardless of whether or not individual countries use this terminology.

² This definition of CSE was developed with stakeholders during the revision process for the International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators (UNESCO 2009), which is due to be published end 2017.

³ UNESCO. 2009. *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators*. Paris, UNESCO.

CSE is made up of concepts and learning objectives that are logically staged, starting with developmentally-appropriate concepts for younger children and building up to more complex concepts, information and activities for older children. Thus, when properly sequenced, CSE is in line with the age and cognitive abilities of learners. According to the *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators* (UNESCO, 2009), learning objectives can be organized under six main concepts:⁴

1. Relationships
2. Values, attitudes and skills
3. Culture, society and human rights
4. Human development
5. Sexual behaviour
6. Sexual and reproductive health

Within each concept, different topics can be addressed, for example, Relationships includes the topics of families, friendship, love and romantic relationships, tolerance and respect, and long-term commitment marriage and parenting. Given that the SRH needs of young people varies among countries, and even communities, and that countries are governed by different laws and policies, topics and learning objectives should be adjusted to the context in which they are provided and based on available local, national and international evidence.

1.2 Why provide CSE?

Eastern and Southern Africa (ESA) has 158 million young people aged 10-24; a number that is expected to rise to 281 million by 2050. Its high proportion of young people positions the region to benefit from the demographic dividend as a large labour pool in comparison to dependents can lead to increased productivity and lower costs for basic social services, which in turn will increase saving by households and governments. However, a large labour pool will only be beneficial for development if it is healthy, well educated, highly skilled, and has adequate quality job opportunities.⁵

Young people in ESA face a number of challenges, in particular with regard to their SRH. In 2014, nearly half the estimated 2 million global new HIV infections occurred in ESA,⁶ comprehensive HIV knowledge levels remain low, and AIDS is the leading cause of death for adolescent girls in the region. As highlighted in the *ESA Commitment Progress Review 2013-2015*,⁷ girls are particularly at risk, not only for HIV, but also for early and unintended pregnancies (EUP), sexually transmitted infections (STIs), gender-based violence (GBV) and child marriage. Adolescent girls (15-19 years) in the sub-Saharan Africa region experience the highest rates of pregnancy in the world,⁸ often unintended, and largely because sex, marriage, and pregnancy are often not voluntary or consensual for them, and many lack access to information to make informed decisions. Thus, more than a third (36%) of women aged 20-24 in ESA were first married or in union before the age of 18, and 10% before the age of 15.⁹ Child marriage is associated with higher rates of teenage pregnancy and fertility, resulting in girls having to care for many children while they themselves are still young. Early pregnancy poses life-threatening consequences in terms of SRH, and interrupts girls' education. Furthermore, child marriage is linked to higher exposure to commercial sexual exploitation as well as to intimate partner violence.¹⁰

HIV knowledge among young people (age 15-24) over a three-year period (DHS data, 2010-2014)



45% of young men (age 15-24) demonstrate comprehensive HIV knowledge levels.

42% of young women (age 15-24) demonstrate comprehensive HIV knowledge levels.

Knowledge levels remain low in the region. Lower HIV knowledge levels are consistent with higher rates of HIV infection among adolescent girls and young women.

⁴ *Ibid.* These concepts may vary slightly in the revised International Technical Guidance on Sexuality Education (ITGSE), but were not yet available at the time of writing.

⁵ AFIDEP and UNFPA. 2015. *Synthesis Report on the Demographic Dividend in Africa*.

⁶ UNAIDS Strategy for 2016-2021.

⁷ UNESCO, UNFPA and UNAIDS. 2016. *Fulfilling Our Promise to Young People Today. 2013-2015 Progress Review. The Eastern and Southern African Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people*. Paris, UNESCO.

⁸ UNFPA. 2013. *Adolescent pregnancy: A review of the evidence*.

⁹ <http://data.unicef.org/child-protection/child-marriage.html> (Accessed on 12 September 2016).

¹⁰ UNICEF. 2014. *Ending child marriage: progress and prospects*. New York, UNICEF; Kidman, R. 2016. *Child marriage and intimate partner violence: a comparative study of 34 countries*. International Journal of Epidemiology; Chaudhuri, E.R. 2015. *Unrecognised Sexual Abuse and Exploitation of Children in Child, Early and Forced Marriage*. ECPAT International, Bangkok, Plan International.

A global review conducted by UNESCO of existing evidence¹¹ concludes that CSE, when properly implemented, has a positive impact on SRH and contributes to reducing STIs, HIV, and unintended pregnancies. The review points out that CSE has also demonstrated impact with regard to improving knowledge and self-esteem, changing attitudes, gender and social norms, and building self-efficacy. In addition, CSE does not hasten sexual activity, has a positive impact on safer sexual behaviour, can delay initiation of sexual activity, and increase condom use. However, CSE on its own is not sufficient. Protecting the SRH of young people also requires access to and usage of SRH services and commodities.

Research has made apparent the need to link the provision of CSE and other complementary interventions to SRH services. This includes the need to: build awareness, acceptance, and support for youth-friendly SRH education and services among clients and their gatekeepers; address gender inequality in terms of beliefs, attitudes, and norms; target the early adolescent period (10-14 years); ensure health care providers are trained and supported in youth-friendly delivery of services, including being non-judgmental and friendly; and ensure that health facilities are welcoming and appealing.^{12, 13} In addition, adolescents need to be meaningfully involved, and a one-size-fits-all approach will not meet the needs and preferences of all adolescents.

ARE CSE AND AYFHS AFFECTIVE?



Comprehensive sexuality education can:

INCREASE...

- Abstinence
- Use of condoms and other contraceptives

DECREASE...

- Unprotected sex
- The number of sexual partners



Adolescent and youth-friendly health services can:

INCREASE...

- Use of condoms and other contraceptives
- Clinic attendance
- HIV testing

DECREASE...

- Early and unintended pregnancies

1.3 What CSE programmes work and how to scale them up

There is growing evidence of what does and does not work in terms of CSE provision, and school-based sex education programmes in particular. A review of 64 programmes¹⁴ found that students who received school-based sex education interventions had significantly greater HIV knowledge, self-efficacy related to condom use or refusing sex, fewer sexual partners, and less initiation of first sex during follow-up.

The authors conclude that **comprehensive school-based sex education interventions adapted from effective programmes and those involving a range of school-based and community-based components (e.g. training healthcare staff in youth friendly-service provision, condom distribution, and involving teachers, parents and community members in the design of the intervention) had the largest impact on changing HIV-related behaviours.**

¹¹ UNESCO. 2015. *Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education. A Global Review*. Paris, UNESCO.

¹² Chandra-Mouli, V., et al. *Twenty Years After International Conference on Population and Development: Where Are We With Adolescent Sexual and Reproductive Health and Rights?* Journal of Adolescent Health 56 (2015) S1eS6.

¹³ Chandra-Mouli, V., et al. *What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices*. Global Health: Science and Practice 2015, Volume 3, Number 3, p.333-340.

¹⁴ Fonner, V.A., Armstrong K.S., Kennedy C.E., O'Reilly K.R., Sweat M.D. 2014. *School Based Sex Education and HIV Prevention in Low and Middle-Income Countries: A Systematic Review and Meta-Analysis*. PLoS ONE 9(3): e89692. Doi:10.1371/journal.pone.0089692.

Another review¹⁵ found that sexuality and HIV programmes that **addressed gender or power were five times as likely to be effective as those that did not**, with 80% of them associated with a significantly lower rate of STIs or unintended pregnancy. In contrast, among the programmes that did not address gender or power, only 17% had such an association. The author therefore concludes that addressing gender and power should be considered a key characteristic of effective sexuality and HIV education programmes.

Now that research has shown what works and what can positively affect health and educational outcomes, the provision of good quality CSE and adolescent sexual and reproductive health (ASRH) services needs to be scaled up so that all young people can access and use them. This will require vertical scale-up, which refers to the institutionalization of interventions through national planning mechanisms, policy or legal changes, and adaptation and capacity-building of systems and structures, as well as horizontal scale-up, which refers to the expansion of the interventions to new geographic sites and populations.¹⁶ Both types of scale-up are required, as scaling up is not just about institutionalizing interventions in the relevant ministries, but also about ensuring high quality and nationwide coverage.

Providing effective school-based CSE to young people is contingent on a number of different factors which are under the direct control of the education system, as well as societal and environmental aspects which are beyond the control of the education system, but to which the system can contribute. Scaling up CSE within schools requires a plan and a methodology, including a budget (and resource mobilization) and a division of roles and responsibilities. Some of the key aspects that should be addressed for an effective scale-up include (see Chapter 2 for further details):

- Creating an enabling environment at national and school levels;
- Deciding whether CSE will be provided as a stand-alone subject or be integrated into several carrier subjects, optional or mandatory, and whether it will be examinable;
- Development and dissemination of a gender- and rights-based, non-judgemental, culturally- and age-appropriate phased CSE curriculum that is scientifically accurate;
- Development and dissemination of teaching and learning materials based on the curriculum;
- Human resource capacity-building (both in- and pre-service);
- Supervision and support of the classroom delivery of CSE;
- Monitoring and evaluation (M&E);
- Community and parental engagement; and
- Referrals/linkages to SRH services.

Horizontal scale-up



Expansion of the interventions to new geographic sites and populations

Vertical scale-up



Adaptation and capacity building of systems and structures



National planning mechanisms, policy or legal changes

¹⁵ Haberland, N. 2015. *The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies*. International Perspectives on Sexual and Reproductive Health 41 (1): 31-42.

¹⁶ WHO ExpandNet. 2009. *Practical guidance for scaling up health service innovations*.



2. SCALING UP CSE PROGRAMMES

2.1 *The ESA Commitment and its impact on CSE*

In 2013, in response to the projected growth of young people aged 10-24 years in ESA from 158 million to 281 million by 2050 and the impact of SRH issues on young people, 21 countries in the region came together to affirm their commitment to providing CSE and SRH services to adolescents and young people. The Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern African (ESA)¹⁷ had as one of its targets for the end of 2015 the establishment and implementation of a good quality CSE curriculum in each country. Medium-term (by 2020) targets were also established with regard to education (75% of all schools and teacher training institutions provide CSE) and access to services so as to reduce HIV and EUP rates, as well as eliminate GBV and child marriage. Achieving the 2020 target of 75% of educational institutions providing CSE requires a scale-up of provision within each of the countries. As can be seen in the case studies, the ESA Commitment has, in many countries, acted as a catalyst for action regarding scaling up CSE.

Other positive impacts listed in the case studies include:

- Providing an opportunity for advocacy;
- Providing a policy framework with set short- and long-term targets to facilitate the scale-up of CSE;
- Helping to fast-track the process of strengthening CSE in existing strategies, and especially in coordinating mechanisms;
- Facilitating and strengthening the collaboration between the Ministry of Education (MoE) and Ministry of Health (MoH) in the planning and delivery of CSE;
- Improving collaboration between different stakeholders, both governmental and non-governmental;
- Mobilizing donors around a common agenda and scale-up plan;
- Providing the opportunity for the development of country-specific annual work plans, with regular follow-up and tracking of the progress made towards realization of the ESA targets;
- The requirements for countries to periodically report on progress on the ESA Commitment targets, thus subjecting them to peer evaluation, has added impetus and consistency to the implementation of CSE.

¹⁷ <http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/HIV-AIDS/pdf/ESACommitmentFINALAffirmedon7thDecember.pdf>.

Of the countries that affirmed the ESA Commitment, most have developed a coordination mechanism to enable them to achieve the targets, more than half have a work plan, and 10 have mobilized resources for implementation.¹⁸

As reflected in the case studies, as well as the table below, most countries have some form of a CSE or LSE curriculum in place or have integrated CSE into carrier subjects, and are now working on scaling up CSE.

¹⁸ UNESCO, UNFPA and UNAIDS. 2016. *Fulfilling Our Promise to Young People Today. 2013-2015 Progress Review. The Eastern and Southern African Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people.*

Table 1: Positioning of CSE in the curriculum in selected ESA countries

Country	Primary school (if integrated, please list the subjects)	Compulsory (yes/no)	Examinable (yes/no)	Secondary school (if integrated, please list the subjects)	Compulsory (yes/no)	Examinable (yes/no)
Botswana	Infused into all subjects: Science, Mathematics, English, Setswana, Cultural Studies, Agriculture, Moral and Religious Education, Guidance and Counselling (G&C), and Creative and Performing Arts	Yes	Yes, except G&C. <i>(Note: This is the carrier subject and its core content is examined. However, some CSE content could be covered in the examination.)</i>	Infused into subjects: Mathematics, Setswana, English, Cultural Studies, Moral Education, Religious Education, Physical Education, Music, Design and Technology, Biology, Geography, History, Chemistry, Physics, Development Studies, Social Studies, Agriculture, and Art. <i>(Note: some of these subjects are taught in junior school, others in secondary schools.)</i>	Yes	Yes, except G&C. <i>(Note: This is the carrier subject and its core content is examined. However, some CSE content could be covered in the examination.)</i>
Burundi	Integrated into carrier subjects: Civics, Biology, and Languages (French, Kirundi and English). <i>(from 3rd year of primary onwards)</i>	Yes	Yes	Integrated into carrier subjects: Civics, Biology, and Languages (French, Kirundi and English).	Yes	Yes
Kenya	Integrated into the Life Skills curriculum, as well as in Religious Education, Biology, and other core subjects.	Yes	No for Life Skills. Core subjects are examinable.	Integrated into the Life Skills curriculum, as well as in Religious Education, Biology, and other core subjects.	Life Skills is compulsory, but Religious Education and Biology are optional.	No for Life Skills Core subjects are examinable.
Lesotho	Integrated into personal, spiritual, social, scientific and technological learning areas in Grades 4-6. Taught as a stand-alone subject in Grade 7 (last year of primary school).	Yes	Not examinable, but assessed.	Taught as a stand-alone subject in secondary (Grades 8-10).	Yes	Yes

Country	Primary school (if integrated, please list the subjects)	Compulsory (yes/no)	Examinable (yes/no)	Secondary school (if integrated, please list the subjects)	Compulsory (yes/no)	Examinable (yes/no)
Madagascar	Infused into all subjects, from Malagasy to Physical Education.	Dependent on subject.	Dependent on subject.	Infused into all subjects, from Malagasy to Physical Education.	Dependent on subject.	Dependent on subject.
Malawi	Integrated into Life Skills Education. In addition, some elements of CSE are integrated into other subjects, such as Social Studies, Primary Science, and Home Economics.	Yes, it is a compulsory subject in all primary school classes where it is offered	Yes	Integrated into Life Skills Education. In addition, some elements of CSE are integrated into other subjects, such as Social Studies, Biology, and Human Ecology.	Compulsory at senior secondary level, elective at junior secondary.	Yes in senior secondary.
Mozambique	Integrated into several subjects: Portuguese, Social Science, Civic and Moral Education, and Natural Science.	Yes	Yes	Integrated into several subjects: Portuguese, History, Geography, and Natural Science.	Yes	Yes
Namibia	Integrated into Environmental Studies, Natural Science, Health Education, and Window of Hope (extracurricular) in Grade 1-3. Integrated into one subject, Life Skills, in Grade 4-7.	Yes	Environmental Studies, Natural Science, and Health Education are examinable. Life Skills is not examinable, but it is assessed.	Integrated into: Biology, Life Science, and Life Skills.	Yes	Biology and Life Science are examinable. Life Skills is not examinable, but it is assessed.
Rwanda	Integrated into: Sciences and Elementary Technology and Social and Religious Studies.	Yes	Yes	Integrated into: Biology and Health Sciences, General Studies and Communication Skills, and History and Citizenship.	Yes	Yes
South Africa	Integrated into one subject: Life Skills	Yes	Yes	Integrated into one subject: Life Orientation (Grade 8-12).	Yes	Yes
South Sudan	Integrated into: Life Skills and Peace Building Education and other core subjects (Biology, Languages etc.), as well as extra-curricular activities.	Yes	CSE is integrated in examinable core subjects, but Life Skills is not examinable.	Integrated into: Life Skills and Peace Building Education and other core subjects (Biology, Languages etc.), as well as extra-curricular activities.	Yes	Yes

Country	Primary school (if integrated, please list the subjects)	Compulsory (yes/no)	Examinable (yes/no)	Secondary school (if integrated, please list the subjects)	Compulsory (yes/no)	Examinable (yes/no)
Swaziland	Integrated into: Health and Physical Education, Languages, Expressive Arts, and General Studies.	Yes	Yes	Integrated into Life Skills Education, Languages, and Science.	Yes	Life Skills is not currently examinable (2016). It is examinable in subjects where it is integrated.
Tanzania	Integrated into (2005 curriculum): Science, Personality Development, and Sports. Integrated into (2015 curriculum): Uraia na Maadili (Civic & Moral Education) and Science na Teknolojia (Science & Technology). <i>Note: As of January 2017, primary school learners from Grade 4-7 are still using the 2005 curriculum.</i>	Yes	Yes	Biology and Civics (lower secondary). General Studies (for upper secondary).	Yes	Yes
Uganda	Integrated into: English, Science, Social Studies, Religious Education, and Geography. (Upper primary)	Yes	Yes	Integrated into: Life Education (which includes physical education and sexuality education). (Lower secondary)	Yes	Yes
Zambia	Integrated into: Integrated Science, Social Studies, Home Economics, and Religious Education.	Yes	Yes	Integrated into: Integrated Science (junior secondary), Biology (senior secondary), Social Studies (junior secondary), Civic Education (senior secondary), Home Economics, and Religious Education.	Yes, except for Home Economics and Religious Education.	Yes
Zimbabwe	A mixture of stand-alone and integrated. Zimbabwe is transitioning from the old curriculum to a new curriculum where cross-cutting issues are being integrated into general education and pathway subjects.	Yes	No	A mixture of stand-alone and integrated. Zimbabwe is transitioning from the old curriculum to a new curriculum where cross-cutting issues are being integrated into general education and pathway subjects.	Yes	Yes

The 2013-2015 ESA Commitment Progress Review¹⁹ noted that:

- 15 out of 21 countries report providing CSE/Life Skills in at least 40% of primary and secondary schools;
- All 21 countries report having CSE training programmes for teachers.

In terms of quality, the Progress Review highlighted that recent curriculum reviews done with the Sexuality Education Review and Assessment Tool²⁰ (SERAT) in five countries in the region found that most content for 9-18-year-olds could be considered moderate to strong, but that content for 5-8-year-olds is often missing. In addition, content for 12-15-year-olds, a key stage given the early age of sexual initiation in many countries, was missing some essential content in human development and sexuality and sexual behaviour e.g. the right to privacy, to not be harmed, and to be in control over your sexuality; biological and social aspects of sex and gender; and confidence in discussing and using different contraceptive and protection methods.

The Progress Review concludes that “while most countries now include CSE in the curriculum, a number of countries are yet to fully integrate CSE at scale, as this often happens in the context of a wider curriculum reform. Where CSE has been largely scaled-up, there is still a need to strengthen the quality of delivery to ensure that core essential topics are included and are taught early (before sexual debut).”

2.2 Lessons learnt from scaling up CSE programmes

CSE is not an isolated subject that needs to be forced into a school curriculum. This is evidenced by the fact that many CSE topics are already present in most school curriculums (e.g. reproduction), and that there is a large overlap between CSE and LSE. In some countries, scaling up CSE may just be a question of strengthening the existing curriculum and subject syllabi to include any missing topics, strengthening teaching methodologies, and insuring CSE is integrated into MoE systems. In others, it might require starting from scratch.

Once a decision has been made to scale up CSE in schools, a number of key decisions are required in the planning process. Along with the key aspects needed for an effective scale-up outlined in Chapter 1, a scale-up requires, *inter alia*:²¹

1) The creation of an enabling environment for the implementation of CSE programmes:

- Strong leadership
- Conducive legal and policy environment
- Allocation of an institutional home for CSE
- A situational analysis and costed scale-up plan
- Effective collaboration and coordination

2) Decisions on the different technical considerations that will affect the scale-up, such as:

- Development and contents of a CSE curriculum framework
- What CSE delivery model to use
- What CSE-related materials are required, and how they will be developed
- How teacher training (and other education sector cadres) on CSE will be provided
- An effective M&E system.

3) Addressing factors that affect the delivery of CSE, including through:

- Creating a conducive and safe physical and psychosocial environment in schools
- Community and parental engagement
- Linkages to SRH services
- Out-of-school delivery.

2.2.1 Creating an enabling environment for the implementation of CSE programmes

Leadership and advocacy

Nationwide scale-up of CSE is impossible without government ownership and leadership. For scale-up to be effective, it must be integrated into existing systems and become part of the core business of the MoE. As such, vertical scale-up requires changes to policy, laws, budgets, and so forth, which is impossible without high level leadership. In addition to addressing systemic issues, high level leadership and ownership contribute to changing the environment in which CSE is offered, and provide a mandate and justification to implementers to provide CSE. Government leadership and advocacy can also contribute to making the provision of CSE (and SRH services) acceptable to young people's gatekeepers.

¹⁹ UNESCO, UNFPA and UNAIDS. 2016. *Fulfilling Our Promise to Young People Today. 2013-2015 Progress Review. The Eastern and Southern African Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people.*

²⁰ SERAT is an Excel-based tool developed by UNESCO to review HIV prevention and sexuality education programmes and curricula based on international evidence and good practice.

²¹ This document concentrates on the provision of CSE within the formal education sector. While out-of-school provision of CSE is an essential component of a national response, it is out of the scope of this document.

While a number of ESA countries' Ministries of Education and Health have recognized the importance of, and affirmed their commitment to, CSE and improving access and usage of SRH services, not all parts of government may see these as a national priority. As such, leadership on these topics will be needed to ensure that they are part of the national agenda and receive the prioritization they require. This, in turn, **requires advocacy at all levels**, from parliamentarians to the press, and down to the communities and young people's gatekeepers.

Leadership and ownership at national level is a prerequisite for effective implementation, but it is **also required at provincial/district and local levels, as well as within schools**. Scale-up entails using existing systems in which human and financial resources are often already constrained, and difficult decisions sometimes need to be made. In addition, the school level needs to feel supported by its hierarchy, as they are the direct implementers and those most likely to be directly addressing any fears or misgivings of young people's gatekeepers.

Legal and policy environment

For CSE to be effectively delivered at schools, a conducive environment must be created at every level. The provision of CSE within the school curriculum must be governed by a MoE policy and disseminated as such, either through inclusion in something like an updated curriculum framework, or through a ministry directive. This not only makes schools and teachers accountable for its teaching, but also provides them with the mandate and justification for teaching CSE, which in turn makes it easier to justify to young people's guardians why it is being taught and its importance. This can be especially helpful if gatekeepers express resistance to young people receiving CSE.

MoE policies, as well as national laws, should be reviewed to ensure that they do not contain directives that would stop certain aspects of CSE being delivered. In addition, they should be supportive of the delivery of the CSE package, while clearly defining the parameters which govern the work of educators. If any impediment is identified, amendments of documents may be required, and the changes disseminated down to the school level. The aim of the review and amendment process is the removal of impediments to the school from pursuing its mandate on CSE.

Institutional home for CSE

Where CSE should be positioned within the MoE's administrative systems will be dependent on country contexts, however, there are general considerations that should be taken into account. For example, if a country is just starting and does not have an existing base to work from, positioning CSE within curriculum development and teacher training can facilitate the initial scale-up, as these are key technical considerations to be addressed in its early stages. However, staff from these divisions are unlikely to have the mandate and authority to work across other relevant divisions, such as standards, and it is therefore important that one unit has oversight of the whole process and can be held accountable.

Ideally, CSE should be positioned in the planning and policy section. Major decisions, such as which model to use, training implications, and so forth (refer to technical considerations below) need to be put into the larger perspectives of the needs of the ministry as a whole, and planning usually has oversight of the key functions required for a scale-up. This would allow the planning and policy section oversight of the whole process, enable effective cross-ministry cooperation, and facilitate accountability.

Scaling up the provision of CSE goes beyond curriculum, teaching materials and teacher training. It includes partnerships with civil society and other ministries, such as the MoH, to ensure, inter alia, linkages to ASRH services and demand creation. Thus, responsibility and accountability for CSE needs to be positioned in a unit that is able to work across the ministry, intersectorally, with national and international partners, as well as academia.

While the main costs of scaling up delivery of CSE are predominantly up-front (e.g. materials and curriculum development and teacher training) and are in many cases integrated into a wider curriculum reform process, there are likely to be some recurrent costs, such as for the review and development of new materials, additional in-service training (continuous professional development on CSE), and for coordination at all levels (national, provincial, district and local levels) to, for example, improve intersectoral collaboration with regard to access to SRH services. CSE therefore needs to be positioned within a unit/section in the MoE that has a budget, can decentralize the required funds to the different units supporting the scale-up, and is used to working on, and being accountable for, cross-cutting issues. In some countries, a natural home would be within an HIV and AIDS Management Unit (HAMU), although in many countries these units have either been integrated into other divisions or are no longer in existence as a result of financial and human resource constraints.²²

²² UNAIDS IATT. 2013. 2011-2012 *Education Sector HIV and AIDS Global Progress Survey, Progression, Regression or Stagnation*. Paris, UNESCO.

Another option could be within school health and nutrition (SHN), as, while it is often under-funded, it usually has a budget line and a health education and promotion mandate. However, this positioning will only be effective if the SHN unit: is adequately positioned (under the Principal Secretary or under planning and policy) to effectively coordinate and collaborate with all stakeholders; has a comprehensive SHN programme (and not just school-feeding, which is currently the case in a number of countries); and if the staffing and skills mix of the unit goes beyond medical and feeding competencies.

Situational analysis and costed scale up plan²³

Once a decision has been made to scale up CSE, a costed national CSE scale-up plan that defines the key components for the process should be developed. This plan could be a separate stand-alone plan or could form part of a curriculum-wide revision plan. The main components required for a national scale-up are:

- A good quality CSE curriculum framework and teaching and learning materials;
- Trained and supported teachers;
- Resources;
- M&E;
- Capacity and support from all levels of the system; and
- A strategy for community sensitization and the removal of gatekeepers' barriers.

The development of a costed scale-up plan starts with:

- A **situational assessment** that **establishes the needs** e.g. number of schools, learners, teachers, and teacher training institutions (TTIs) to be reached, whether schools are public or private, etc., as well as an;
- **Analysis of the burden of SRH** disease on young people and its **impact on their education** (e.g. drop outs, absenteeism etc.)

It also includes:

- A **review of existing CSE content** in all school syllabi and CSE and LSE materials to **assess what is missing, what is already in the curriculum and whether it is in line with international standards**, and thus what will need to be developed;
- A mapping of existing programmes;
- A mapping of possible partners and how they could contribute to a national scale-up; and
- An analysis of the acceptability of CSE for parents and communities to identify possible stumbling blocks that will need to be addressed to ensure an effective scale up.

Developing a scale-up plan requires a number of **decisions to be made on technical matters** (see section 2.2), such as which **delivery model** to use, which **training strategies** are the most appropriate and how the **delivery of CSE and its monitoring** can be integrated into ministry systems. A national scale-up cannot be achieved all at once, and thus decisions about how to **phase the roll-out** will be required. This can be done, inter alia, by grade or by geographical region, depending on the most pressing needs, financial resources and sustainability issues. As rolling out the provision of quality CSE to all schools in a country takes time, the ministry will need to collaborate with in-country partners working in this field to increase coverage, and the contribution of these partners should be integrated into the scale-up plan. Some countries may require a pilot phase for feasibility, which would need to be taken into consideration.

A scale up-plan should include at a minimum:

- The methodology, including M&E plans;
- The phased roll-out plan;
- The identification of all stakeholders and possible implementation partners and their roles and responsibilities;
- Coordination mechanisms;
- Clear targets;
- The actions required at national, provincial and local levels; and
- The estimated costs, what funding is currently available and its source, as well as the funding gap and possible resource mobilization strategies.

The MoE will then need to develop clear guidance for all levels on what each is expected to do and when, as well as where the funding should be coming from.

Collaboration and coordination

Intersectoral collaboration is essential for an effective and rapid scale-up and needs to take place at all the different levels; national, provincial/district and local. This is not only true for the provision of CSE, but also to improve access and usage of ASRH services. At the national level, internal coordination among the different units of the MoE, such as curriculum development, teacher training, planning, M&E, school health etc., is essential for the planning and implementation of the scale-up, as each has an impact on the other (for example, the curriculum and materials will impact on teacher training).

²³ As mentioned earlier, this document concentrates on the formal education sector and what a MoE can do to scale up CSE in schools. Should a national multisectoral CSE scale-up plan be developed, it should include in- and out-of-school delivery of CSE.

While internal collaboration at the national level is key, so is multisectoral collaboration. Collaboration with other ministries, such as the Ministries of Health, Youth, and Gender, will enable a faster scale-up reaching more young people, will link knowledge to services, and start to address some of the socio-cultural issues that affect young people's decision-making.

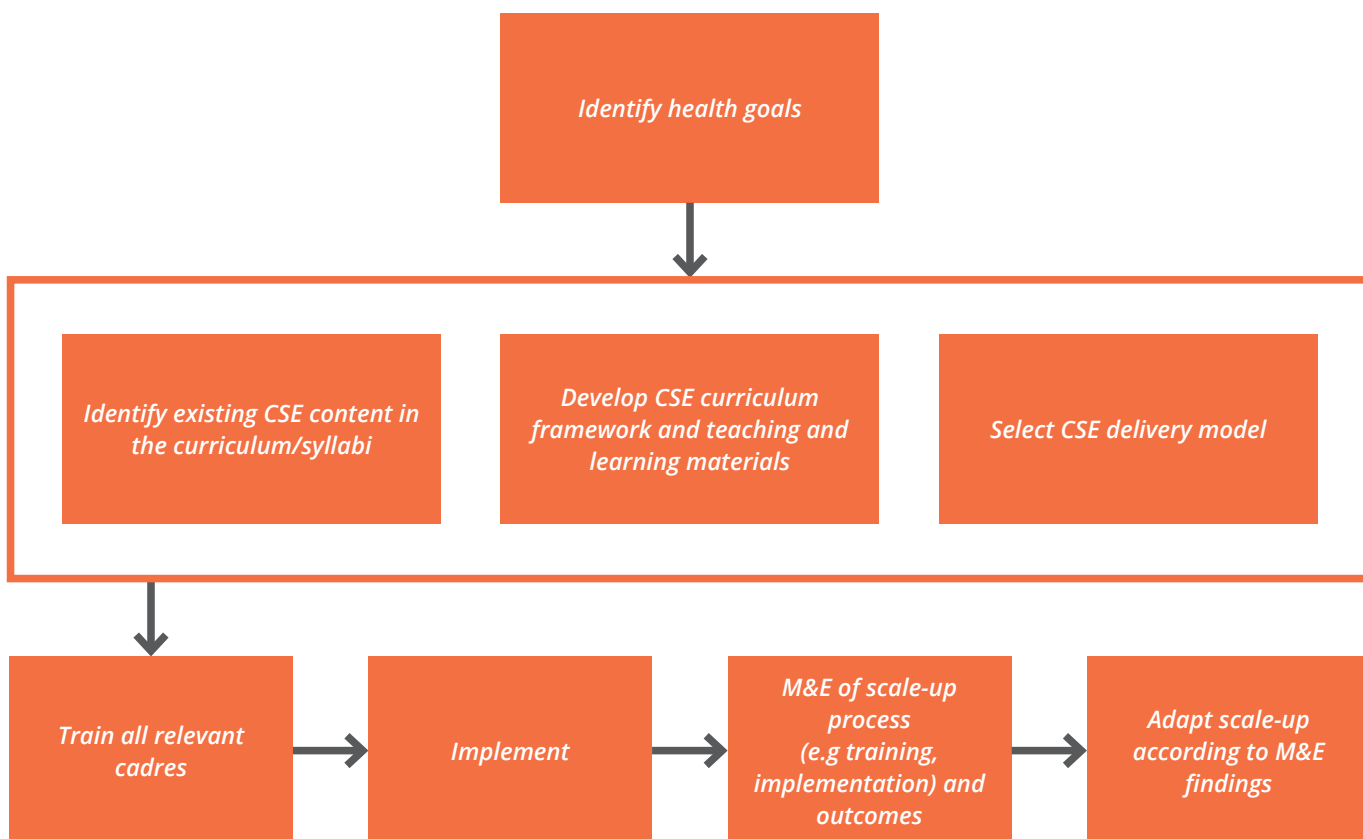
As mentioned earlier, national scale-up takes time and needs to be phased, which means that there are likely to be considerable gaps in the provision of CSE until the scale-up is complete. In order to ensure faster and greater coverage, as well as the standardization of CSE materials and programmes, the MoE will need to collaborate with partners, such as national and international organizations working in this field. These organizations, by virtue of their size and organizational set-up, can often mobilize and start implementation rapidly, and have an important role to play in providing greater coverage and services that may go beyond the mandate and resources of the education and health systems. Even after the scale-up is complete, these partners will remain key not only to access out-of-school youth, but also to reinforce in-school provision and extra-curricular activities.

As a result, clear guidelines will need to be developed as to what partners (both governmental and non-governmental) can and cannot do in schools, what they are expected to provide, and how their services will be provided within a school setting. The entity in the MoE accountable for the scale up of CSE will therefore need to have the skills and mandate to coordinate within the ministry, across sectors, and with non-governmental entities, and establish roles and responsibilities as well as guidelines for the implementation of the scale-up.

Coordination and collaboration is not only key at the national level, but also at the lower levels. While at the national level this will concentrate on policy, standardization, planning of implementation nationwide, guidelines etc., at the district and local levels it is needed to improve the provision and coverage of CSE and build synergies with extra-curricular activities and linkages between the schools and health ASRH services (both governmental and non-governmental). At this level, collaboration with health, social care, police etc., become essential to provide a complete package of support to young people.

2.2.2 Technical considerations

Figure 1: Overview of technical considerations for CSE scale up.



Identification of a country's health goals

Identifying the health burdens and health goals of the country is the first step in developing an effective CSE programme. Most countries have already identified the major burdens of disease and risk factors (including those that are not health-related, such as poverty, school drop-outs, etc.) for adolescent and children in their national health policy and strategies and adolescent health/SRH policies and strategies. Knowing the burden of diseases and risk factors enables a prioritization of content for CSE. For example, some countries have high levels of child marriage (while others do not), HIV levels vary, substance use may or may not be an issue etc. Knowing what diseases and risk factors need to be addressed and what outcomes are desired enables CSE curriculum developers to work backwards and identify what content is crucial for CSE in a particular country or context. To reduce future barriers to development and implementation, once the required content is identified it should be agreed to by key stakeholders.

CSE curriculum framework

CSE is a set of age-appropriate topics that should be provided in a building-block approach. However, as many CSE topics are often already present in the curriculum and subject syllabi, the first step is to review what is already included, whether the content is adequate, and what is missing. Because each country's context is different, countries will need to adapt CSE global guidance to tie in with a CSE curriculum framework by grade, which establishes what topics and sub-topics should be taught in what grades, what the priorities are, and what the desired outcomes are with regard to knowledge, skills and attitudes. The framework should be aligned with a LOGIC model approach which identifies specific health outcomes; be based on national and international evidence (e.g. whether early and unintended pregnancy or another health issue is a major concern in the country); be gender-transformative; age- and culturally-appropriate; and use a building-block approach to develop knowledge, skills and attitudes.

The development of the curriculum framework is an iterative process and is closely linked to the decision of what delivery model to use. It starts with an assessment of the existing, identification of options, decision on the delivery model, and the development of the curriculum.

CSE delivery model

A key decision to be made is what model should be used to deliver CSE. The three options are: 1) CSE is a stand-alone subject or integrated into one broader subject; 2) CSE is integrated into several carrier subjects; and 3) CSE is infused across all subjects. The model to choose is dependent on country-specific factors, such as existing CSE content in the curriculum and pressures on the curriculum, as well as the fact that CSE is predominantly competency-based learning and not fact-based, which requires specific pedagogical skills on the part of teachers. Each model has its advantages and disadvantages (see table below) that should be weighed-up according to the country's context, however, it should be highlighted that it is only if CSE is compulsory that all young people will be able to access knowledge, attitudes and skills for healthy decision-making.

In a **stand-alone** or **integrated into one broader subject** model,²⁴ CSE is introduced as a separate subject or **integrated into a broader subject**, for example, Life Skills Education or Health Education, that is large enough to accommodate CSE alongside related issues, such as in South Africa. In some cases, this subject is delivered by a specially trained teacher, such as in Namibia, and the subject can be compulsory and examinable, or not, depending on the country.

CSE can be **integrated into more than one existing subject** as appropriate, for example, Civic Education, Sciences, Home Economics etc. This is the case in a number of different countries, such as Botswana, the Democratic Republic of Congo, Ethiopia, Madagascar, Malawi, Mozambique, Rwanda, South Sudan, Tanzania, and Zambia. Some, if not all, of the subjects into which CSE is integrated are compulsory and examinable, although examination tends to concentrate on the subjects' core competency requirements, rather than CSE.

CSE can be **infused throughout the curriculum**, which means it will be integrated in most, if not all, subjects included in the curriculum, such as in Mauritius.

²⁴ Information on the different models and which countries use them is taken from UNESCO, UNFPA, PEPFAR, USAID and Health Communication Capacity Collaborative. May 2015. *Comprehensive Sexuality Education in Teacher Training in Eastern and Southern Africa*.

Pros and cons of different CSE delivery models²⁵

TYPE	PROS	CONS
Stand-alone / integrated into one broader subject	<ul style="list-style-type: none"> • In-depth coverage of specific topics. • Easier to develop and implement a building-block approach to knowledge and skills development. • Teacher training is focused on specialized teachers (less teachers to train) who may choose to develop a career path in this area, and are thus more likely to be comfortable with the material and sensitive topics. • Easier to assess. • Easier to make compulsory. • Easier to develop and update the materials. • Can be integrated into a larger health education, promotion and literacy class, thereby creating synergies. • Potentially most cost-effective option in terms of numbers of teachers trained and dedicated teaching and learning materials. 	<ul style="list-style-type: none"> • Puts additional stress on the existing curriculum as it will require a reduction in time allocated to other subjects. • If CSE is non-compulsory, some young people will not be equipped with the knowledge skills and attitudes they need to make healthy decisions. • Not many tutors are specialized in this field of study (CSE). • Easily sacrificed if not examinable. • Extra budget implications for the school.
Integrated into several existing subjects	<ul style="list-style-type: none"> • Reduces pressure to create space in the timetable for a new subject supported by dedicated staff and new training needs. • Learners will learn aspects of CSE even if it is not compulsory. • All levels benefit from all topics of CSE, even though they are integrated. • Creates opportunities for learning across the curriculum. • Allows for the use of the existing assessment modalities. 	<ul style="list-style-type: none"> • Potentially less cost-effective as it requires training and monitoring larger numbers of teachers, and the production and regular update of more teaching and learning materials. • Larger number of subject syllabi and therefore exams that need to integrate CSE content. • Possibility of certain topics falling between the cracks or double teaching if the grade has more than one teacher and content is not coordinated. • Leaves the scope and depth of the curriculum at the discretion of the teacher. • Selective teaching is prevalent, which focuses on content that is less 'embarrassing' to talk about in class. • May be difficult to monitor, including at the level of the learner, as potentially more difficult to assess and examine because of the multiple carrier subjects.
Infused	<ul style="list-style-type: none"> • Greater opportunity for coverage of CSE. • Easier to institutionalize. 	<ul style="list-style-type: none"> • Dilution. • Leaves the scope and depth of the curriculum at the discretion of the teacher. • May be difficult to apply certain methodologies, like participatory ones, given the need to monitor larger numbers of teachers and produce more teaching and learning materials. • Harder and more expensive to monitor and evaluate.

²⁵ *Ibid.* This table is adapted from p.24.

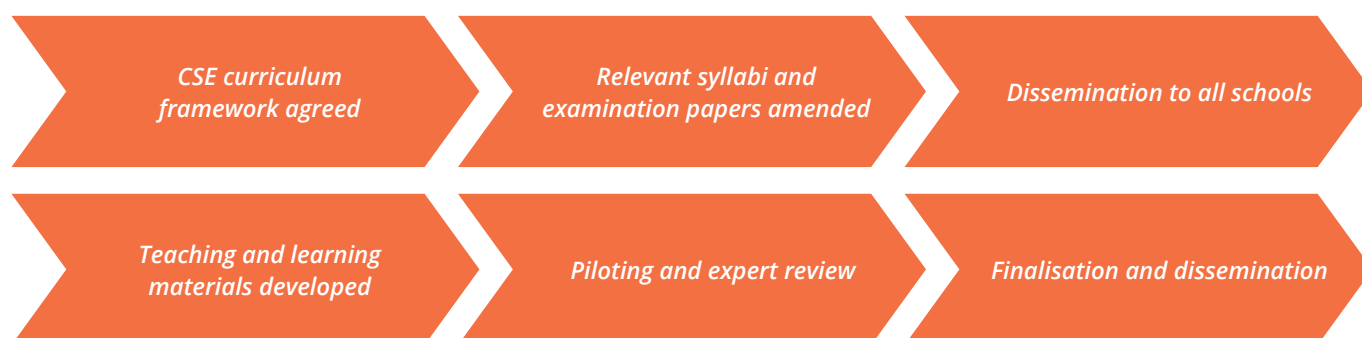
Key CSE-related materials and their development process

A number of materials will need to be developed or amended to enable scale-up. This includes a CSE curriculum framework; dependent on the CSE delivery model chosen, relevant subject syllabi and examination papers (if CSE is made mandatory); and teaching and learning materials by grade, to cover all the topics covered in the CSE curriculum framework, as well as teaching aids and example lesson plans.

The CSE curriculum framework and teaching and learning materials development process should include major stakeholders, such as teachers, young people, parents, national and international development partners etc., which will help identify cultural stumbling blocks and provide consensus among all possible implementers. It will also create a standard that all implementers should use regardless of whether they are governmental or non-governmental, and which could be used for accountability.

Once the documents have been developed/amended, they should be reviewed by external experts and piloted in different types of schools (with different demographics). After integration of comments and finalization of the documents, they will need to be printed and disseminated in sufficient numbers to all the schools in the country, including private schools, which in turn will have logistical and financial implications.

The decision on whether to develop the materials in house or to hire external consultants will be dependent on country context. If it is done internally, curriculum and support materials developers will need to be trained in CSE, and the opportunity costs of curriculum developers working on CSE rather than other subjects will need to be taken into account.



CSE teacher training

The ultimate success of CSE at the individual level is dependent on the quality of the CSE received, as well as the environment in which the individual lives. It is dependent on having capable, well-trained educators who are comfortable addressing sensitive topics, and who receive ongoing management, supervision and support from their hierarchies. Teachers, while knowledgeable, are often not transferring their knowledge to their learners,²⁶ and it has now become evident that training of teachers that concentrates on knowledge transfer alone cannot be successful. An individual's attitudes, prejudices and judgement need to be deconstructed to start to address some of the deep-rooted beliefs, attitudes and biases towards issues which culturally may be considered as taboos, and thus enable providers to deliver high quality CSE. In addition to being comfortable in the classroom, teachers providing CSE need to be able to effectively use participatory methodologies, develop skills in their learners (as CSE content is predominantly competency-based), and be able to evaluate whether skills are being acquired.

All teachers who will be delivering CSE in the classroom will require training, including G&C teachers, or any other member of staff responsible for the psychosocial support of learners. In addition to implementers, cadres responsible for providing monitoring, supervision and support will also require training, e.g. heads of departments, head teachers and their deputies, standards officers, district and provincial resource cadres, M&E cadres, syllabi and examination developers, etc. Lecturers at TTIs and universities will require training as well in order to enable a roll-out of pre-service training, and gatekeepers such as parents will need sensitization. The numbers to be trained will be dependent on the model of delivery chosen, with the integrated (unless it is integrated into only one subject, e.g. Health Education) or infused model requiring far larger numbers to be trained, which will in turn have an impact on overall costs, as well as speed at which the scale-up can occur, and what phasing will be necessary. It will also have an impact on the model of training to be used. There are three main types of in-service training possible, namely residential, cascade, and online. Each has its advantages and disadvantages that need to be weighed-up against outcomes, costs, and scalability.

²⁶ SACMEQ. 2010. *How Successful are HIV/AIDS Prevention Education Programmes?* SACMEQ Policy Issues Series, Number 3, September 2010.

Pros and cons of different training models

TYPE	PROS	CONS
Residential	<ul style="list-style-type: none"> • Quality assurance is easier to maintain. • Enables standardization and assurance that all the key components are covered. • Ease of monitoring, and thus ability to modify training according to findings and as needed. 	<ul style="list-style-type: none"> • Higher cost. • Takes trainee away from work. • Slower scale-up.
Cascade	<ul style="list-style-type: none"> • Lower cost. • Less disruptive to the school as trainees do not need to absent themselves. • Faster scale-up. 	<ul style="list-style-type: none"> • Quality can be compromised. • Time and other priorities often mean that not all key aspects of the training are provided. • Monitoring is harder, but more essential. • Reliant on prioritization at district and local level, which might not take place. • Requires district/local level to make human and financial resources available, which they may not have, and which can lead to trainings not taking place or being truncated. • Reliant on quality of master trainers, which can vary from location to location.
Online	<ul style="list-style-type: none"> • Lower cost. • Less disruptive to the school as trainees do not need to absent themselves. • Learning is broken down into small parts that can be accessed on demand. • Can be done in own time and at own pace. 	<ul style="list-style-type: none"> • Reliant on technology and internet connection, which is not available everywhere. • Requires computer literacy, which teachers might not have. • As it is self-directed, unmotivated trainees may not complete the course.

In addition to the initial CSE training, providers will require ad hoc in-service refreshers on CSE on a continual basis, which could easily be integrated into continuous professional development training. In order to cut costs in the longer term, and ensure that teachers receive appropriate training, pre-service training should be available in all TTIs and universities. Whether to make it compulsory or elective will be dependent on the model chosen, with an integrated or infused model requiring a majority, if not all, trainees to be trained. A stand-alone or integrated into one broader relevant subject model would warrant the development of a career path.

Given the number of partners that provide in-service training, such as non-governmental organizations (NGOs) and international organizations, **clear policies and guidelines** (including minimum standards for training) should be established for the training of teachers to **ensure not only quality, but also standardization.**

While training is essential for any effective scale-up, and can help teachers to address their own personal values and attitudes, provide them with knowledge, new skills and new teaching methodologies, and increase their confidence, it is not sufficient. They need supportive evaluations, feedback, and assistance in implementing remedial solutions. For this reason, as mentioned, heads of departments, standards officers, district and provincial resource cadres, M&E cadres, etc. also need training on CSE.

In addition, teachers face specific challenges that affect their ability to provide good quality CSE, such as the social, cultural and religious contexts in which they live and work, work and time pressures, and the need to prepare children to perform well in exams, among others. As a result, teachers need the support of colleagues and management. **School management plays a key role** in the effectiveness of a scale-up, as they make decisions that can positively or negatively affect not only whether CSE is taught, but also its quality. A supportive school management team can prioritize the implementation of CSE, help identify barriers and find solutions, and lead by example. In contrast, a non-supportive management team means that CSE is likely to be taught badly, if at all. Thus, a priority for countries should be to engage and sensitize school management teams and other key actors at the school and community level.²⁷ While many parents in the region approve of the provision of CSE in schools, teachers often do not feel this is the case, which can affect their comfort and willingness to address sensitive topics. Teachers need to feel that the community is in agreement with the teaching of CSE and their role as the providers (see section 2.3 for more details on building community support).

²⁷ UNESCO, UNFPA, PEPFAR, USAID and Health Communication Capacity Collaborative. May 2015. *Comprehensive Sexuality Education in Teacher Training in Eastern and Southern Africa.*

Monitoring and evaluation

M&E is an essential component of any scale-up. It enables an analysis of the process and outcomes, and thus adaptation of the scale-up and programme as required. M&E occurs on three levels, namely national, provincial/district and school. In many countries, lack of human and financial resources at all levels is affecting what M&E is taking place. Dependent on the country, some data may be being collected at the different levels, but quite often that data is neither transferred to a central location nor analysed, and thus no overview of the situation is possible.

If CSE is to be effectively scaled up, it will require integration of M&E into existing ministry systems. At the national level, tools such as the annual school census (ASC) and analyses by the Education Management Information System (EMIS) should include CSE components, and therefore forms and M&E training may need to be amended to reflect these additions. An education-sector specific M&E framework²⁸ has been developed which provides guidelines for the construction and use of core indicators. These indicators, if introduced via the EMIS, can help countries track CSE delivery and enable policy and programmes to be adapted as needed.

At the district and school levels, M&E and supportive supervision of CSE should be integrated into the work of standards officers, resource and in-service training and performance monitoring cadres, head teachers and their deputies, and heads of department. At a minimum, this will require:

- Rolling out training on CSE to the different education sector cadres responsible for supervision and performance monitoring, resource support, in-service training, and M&E.
- Adaptation of key forms, such as the ASC and the teacher/lesson and school inspection and/or monitoring reports, to include CSE.
- Putting in place systems and procedures to ensure remedial action is taking place at the school and classroom level.
- If compulsory, integrating CSE components into examination papers.
- At the classroom level, insuring that teachers know how to assess skills development in their pupils, and integrate CSE learning outcomes into regular learner assessments.

M&E should cover the scale-up process, and be able to evaluate skills development and learning outcomes at the individual level. While the education sector can and should collect data on indicators such as EUP to help in education planning and prioritization, it should not be held responsible for certain health outcomes. Rather, it is at the individual learning outcomes level that success should be measured.

The cost and breadth of M&E required will depend on the delivery model chosen. An integrated or infused delivery model requires, inter alia, more implementers to be monitored on a regular basis, which given human and financial resource constraints could result in M&E deficiencies.

2.2.3 CSE delivery

Many impediments to the effective delivery of CSE are environmental. Teachers are less likely to be willing to address sensitive issues if they feel their hierarchy and the community do not think they should be teaching these topics. Learners can become confused and unsure of how to act if the messages they are receiving at home and at school differ. In addition, gender and gender inequalities affect young people's ability to make and keep to healthy decisions. Addressing these issues only within the confines of a school, therefore, are insufficient for long-term success.

Creating a conducive and safe physical and psychosocial environment in schools

The school environment refers to aspects of the school or learning space that affect both the physical and psychosocial well-being of students, teachers and other school staff. For physical well-being, the school should be a place where all individuals are free from danger, disease, physical harm or injury, and to promote psychosocial well-being, the school should be a place where all are free from fear and exploitation. It is up to the school and the head teacher to create a conducive and safe environment. Teachers must feel mandated and supported to teach CSE, and actions to normalize it should be encouraged, such as addressing CSE issues during assemblies. Creating a safe physical and psychosocial environment also requires actions ranging from policy development (for example, a SHN policy or codes of conduct), to school level improvements (such as separate toilets to decrease the possibility of harassment). Codes against misconduct, bullying, violence, exploitation etc. must be developed, disseminated to the whole school community, and enforced. Each school should analyse its risk factors and needs for both girls and boys as they are affected differently, and develop a strategy to address them. In order to ensure the engagement of the school management, training or sensitization of head teachers on CSE should be prioritized. This can be very effective in reducing barriers to classroom level implementation, and increase prioritization at the school level.

²⁸ UNESCO. 2013. *Measuring the education sector response to HIV and AIDS. Guidelines for the construction and use of core indicators*. UNESCO, Paris.

Community and parental engagement

While a majority of the community and parents might be accepting of CSE being taught in schools, there will always be some that are not. Addressing their fears, providing answers to their questions, and sensitizing them to the need and importance of CSE is key. In addition, improving child-parent communication on SRH has been identified as a contributing factors to better health outcomes.

Engaging parents and the community can be achieved through a number of different strategies, including open days in schools, meetings with parent-teacher associations (PTAs), or use of drama and sporting events to highlight CSE. To effectively work with communities and parents will require inter-sectoral collaboration (health, police, social services etc.) and linkages with organizations working in the community, as well as leveraging community mechanisms such as headmen and councilmen. As there is a cost and an opportunity cost of school staff working with and in the community, it should be accounted for and recognized by the ministry as a core function. This could entail reviewing job descriptions to ensure that relevant staff members are made accountable, because without accountability, this responsibility can be overlooked and be superseded by other priorities.

Linkages to SRH services

Having the knowledge, attitudes and skills to make healthy decisions is insufficient. Protecting the SRH of young people also requires access and usage of services and commodities. Too often, young people access services when it is too late, in part as a result of fear, discomfort, embarrassment, and gatekeeper disapproval. The education sector has a role to play in improving linkages between schools and health care facilities, including through providing referrals. To that end, intersectoral collaboration, and in particular the relationship between the Ministries of Health and Education, must be improved.

Schools and health care facilities will need to develop and implement strategies to improve linkages. While solutions are context specific, a number of options are possible, such as joint CSE training of health care and education staff to build relationships, joint programming of activities both in schools and clinics, school visits to the health care facility with an explanation of all services provided, etc. However, at present, in most countries, this is not seen as either the responsibility of schools or clinics, causing it to fall between the cracks. In addition, many countries do not have clear guidelines on what can and cannot be provided in schools settings, thereby creating a barrier to effective implementation.

Given human and financial resource constraints in the health and education sectors, collaboration and coordination is especially important to improving linkages, and NGOs and community-based organizations (CBOs) can be key contributors.

Some organizations work directly with the health or education systems, and some develop very good relationships at the community level. Capitalizing on these relationships is key, as solutions can be identified and implemented rapidly, such as an NGO providing free transport to young people to the health care facility. Context-specific strategies to improve linkages will therefore need to be developed at the district and local levels, and accountability mechanisms established.

Out-of-school delivery

Although out-of-school delivery of CSE is beyond the scope of this document, it should be noted that a large number of young people are out of school, with their number swelling as they get older. The drop-out rate is especially high between primary and secondary levels, which is also often just at the time of, or just after, sexual initiation. This means that even if CSE is scaled up nationally, a large number of young people will not access it. Thus, there is a need for an out-of-school CSE delivery strategy that uses the CSE curriculum or similar content used in schools to ensure continuity from school to out-of-school CSE provision. As out-of-school CSE delivery is often not done by the education system, coordination and collaboration beyond the standardization of materials are key for effective implementation.

2.3 Aim of the document

Young people have a right to access quality education and lead healthy lives. CSE, if provided effectively, plays an integral part in achieving this and should therefore be scaled up nationwide in primary and secondary education. The aim of this document is to review lessons learned, identify key processes, provide a snapshot of the current situation, and document the course taken by 16 of the ESA Commitment countries to develop their current school-based CSE programme and its scale-up.

Chapter 2 uses the lessons learned from the 16 countries to provide an overview of the nature and extent of processes required to scale up the provision of CSE in schools once the decision has been made to do so, while Chapter 3, the country case studies, documents the path each country followed in implementing a CSE scale-up. The conclusion recaps the key messages that emerged from this documentation and review process.

The document is addressed not only to governments wishing to scale up the provision of CSE or see how other countries are doing it, but also to development stakeholders such as UN agencies and NGOs working in this field to improve collaboration and coordination and enable a more effective and complete scale-up at the national level.



3. COUNTRY CASE STUDIES

The case studies that are included in this document cover school-based provision of CSE, and do not aim to account for out-of-school provision of CSE within the country. They are based on available documentation and UNESCO country reports. They start by identifying the first-generation/initial programme that was implemented in the country, and then provide an overview of the current programme. In many cases, first-generation programmes commenced in the early 1990s in response to the high HIV infection rates.

While the various ESA countries are at different stages of scaling up CSE provision as part of the formal school curricula, nearly all have had some form of LSE for in- and out-of-school young people in place for a number of decades. These initial programmes, usually supported by development partners, did not have a common definition of life skills, but rather included a range of universally applicable and generic personal, interpersonal, cognitive, and psychosocial skills and knowledge. Although generic, LSE has mainly been introduced through thematic areas such as rights, sexuality education, HIV prevention, disaster risk reduction and environmental protection etc., with nationally prioritized sets of 'content-specific' life skills delivered in combination with relevant knowledge.²⁹ Content and the title/terminology used varied from country to country according to their priorities and which development partner was supporting the development of the programme. For this reason, programmes' titles included, among others, LSE, Population Education, and FLE.

²⁹ UNICEF Evaluation Office. 2012. Global Evaluation of Life Skills Education Programmes. Final Report. New York, UNICEF.

In 2012, UNICEF conducted a global evaluation of LSE programmes³⁰ that found, inter alia:

- In general, LSE was relevant to national priorities and the lives of learners. However, there appeared to be few opportunities for the meaningful and systematic participation of learners' voices in designing interventions that take into account their different contexts, needs and interests.
- Social norms (both supportive and constraining) impact on the design, implementation and outcomes of LSE, with conservative social norms limiting children's access to reliable SRH knowledge.
- Coverage is growing through integration in curricula, but implementation is variable. Evidence suggests that LSE is often squeezed out as a result of teacher shortages, overcrowded curricula, limited teaching material, and the focus on traditional examinations.
- While curricula are generally age-appropriate, there is a gap at pre-primary level, and the curricula is often not relevant for learners who are enrolled in classes for which they are over-aged.
- The content and delivery of LSE is often restricted in its capacity to move beyond knowledge and into the development of psychosocial skills, attitudes and behaviours.
- LSE is affected by the systemic resource constraints of many education systems in terms of human resources, teaching and learning materials, curriculum time, school capacities, etc.
- Thus, there is a gap between design and the realities of implementation that are affecting quality.

All the case studies below show that the first generation of CSE programmes started with LSE, or similar programmes (Civic Education, G&C etc. covering some key components of life skills), with thematic emphasis dependent on national priorities and timing. From the 1980s onwards, the advent of the HIV epidemic had a major impact on thematic content in ESA.

While the current generation of CSE programmes evolved in different ways (e.g. integrated into one or more carrier subjects, examinable or not, etc.), the case studies show that the second generation of CSE programmes often built on existing programmes and content. This is because CSE is not an isolated subject that needs to be forced into a school curriculum. Some CSE topics are already present in most school curriculums and there is a large overlap between CSE and LSE. The level of overlap between LSE and CSE is dependent on each country's context and the thematic areas that were prioritized for its LSE programme. In some, scaling up CSE has just been a question of strengthening the existing curriculum and subject syllabi to include any missing topics, and strengthening teaching methodologies.

Consequently, in many countries, the current programmes evolved from the strengthening of already existing LSE programmes, through the enhancement of CSE content. As noted earlier, while CSE is provided in most countries, a number of recent reviews have shown that some weaknesses in content persist.

The case studies highlight some of the key aspects and requirements of a scale-up, such as the importance of an enabling policy and legal environment, or the window of opportunity that was used to initiate the scale-up. Technical aspects of a scale-up, including whether CSE is provided within one broader subject or integrated into several carrier subjects, curriculum and teaching and learning materials, what strategy was used to scale up, and what key activities were implemented to support the scale-up (e.g. training of teachers), are highlighted. The case studies also list activities that have been initiated to ensure sustainability, as well as to monitor and safeguard quality at national, district, provincial and local levels (e.g. training of heads of departments in M&E, training and inclusion in standards officers' forms and supervision systems, integration in EMIS, etc.). The case studies identify the scale-up timeline, the key players involved, and where the resources came from. Where activities to build support for a scale-up occurred, they point out what was done with government, communities, parents, school heads etc. Countries that have initiated work to ensure equity and/or linkages to SRH services have also provided information on those activities.

The case studies conclude by identifying the enabling factors that facilitated the scale-up, as well as the challenges/barriers experienced, and provide a recap of results to date. As countries are at different stages of scaling up, in some countries certain sections may not be applicable or work has not yet started to address them (e.g. linkages between schools and SRH services). As such, the information provided varies, with countries more advanced in their scale-up providing more information and details than those at the beginning of the process.

³⁰ *Ibid.*



Botswana

First-generation programme

Botswana's initial programme was known as FLE in the 1980s and focused mainly on preventing EUP and other social ills that affected young people's education. It was taught both at primary and secondary school levels. The programme was sponsored by the Government of Botswana. In 1999, the School Health Policy (SHP) was formulated and adopted with a view to addressing the challenges facing learners such as EUPs, STIs, hygiene, etc. The SHP is coordinated by three Ministries, Education, Health and Local Government, each with a specific role to play.

Current programme

As a result of the rate and effect of HIV and AIDS on young people, the MoE and the National AIDS Coordinating Programme (NACA) formulated Botswana's Programme of Living: Skills for Life/Botswana's Window of Hope in 2005 (supported by the US government). This programme infused HIV and AIDS education and life skills across the school curriculum. The programme also emphasized empowering learners to develop cognitive and learning skills to enable them to cope with daily life situations and challenges. Following a review of Life skills/CSE programmes in 10 countries in the region, this programme was recognized as one of the best initiatives and described by UNESCO as "multi-dimensional and well-structured."

The increase in HIV infections, especially among young people and learners, led many stakeholders to initiate school-based projects, but using different life skills models. As a result, in 2010, the MoE developed, through a participative process, a comprehensive National Life Skills Framework. The rationale behind the framework was to guide and coordinate the development of relevant and culturally-sensitive content on life skills. This process was supported by the US government and UNICEF.

Other instruments that facilitate the provision of life skills within the school curriculum are: the Moral Education Syllabus, The Living-Window of Hope, as well as G&C Guidelines that are implemented by G&C teachers in primary and secondary schools. All these documents were reviewed to test the level of integration of CSE and were deemed of good quality, although gender was a weak component. The contents cover personal development lessons and life skills, such as self-awareness, self-esteem, confidence, negotiation, and communication with peers and others in the community. These life skills emphasize abstinence, but also provide students with an understanding of protection methods against HIV and other STIs, as well as early pregnancy.

They also learn how to care for their bodies, plan for their future careers, manage their personal finances, and behave in an acceptable manner in and out of school. In addition, schools work closely with CSOs to facilitate the provision of life skills, including for out-of-school youth.

While the Life Skills programme has been ongoing, with some improvements since 2005, it has entered a new scale-up phase. The adoption of the ESA Commitment in December 2013 has helped the country to fast-track the process of strengthening CSE in its existing strategies, particularly its coordinating mechanism. The Ministries of Education and Health, which had been running parallel programmes on life skills, are now working together.

Operating environment

The environment for CSE has been very conducive in Botswana in terms of the political and legal aspects. The Constitution of the Republic of Botswana provides its citizens the right to life and health, and these are provided through various legal instruments and mechanisms under a number of ministries, such as the Ministries of Education; Health; Local Government and Rural Development; Youth, Sports and Culture; Labour; and Home Affairs, among others. Supportive laws and policies include the: 2013 revised Public Health Act, Education Act, Children's Act, Domestic Violence Act, SHP, Revised Education Policy, National Youth Policy, and the Ministry of Education AIDS Policy (under review).

Institutionally, the environment is supported by existing strategies and programmes such as:

- The Ministry of Education and Skills Development HIV and AIDS Strategic Framework (2011-16), which provides for CSE to be introduced from pre-school through to tertiary education. Specific reference is also made to the integration of Sexuality and Life Skills Education into teacher education.
- The National Strategic Framework for HIV and AIDS (2009-2016), which has prioritized the prevention of new infections, especially among young people.
- The ASRH Implementation Strategy (2012-2016) and the SRH Policy Guidelines and Service Standards.

The recognition and inclusion of CSE and Life Skills in various curriculum components, as well as their integration into the newly revised SHP, demonstrates the MoE's commitment. Responsibility and accountability for Life Skills lies within the Curriculum Department and the Department of Special Support Services, and for teacher training within the Department of Teacher Training. Politically, the ESA Commitment, which Botswana endorsed in December 2013 and adopted in January 2014, provides a policy framework with set short- and long-term targets to facilitate the scale up of CSE. The interministerial committee and national technical working group (TWG), comprised of stakeholders from the Ministries of Education, Health, Local Government, Home Affairs, and Youth, as well as developmental partners, the UN family and CSOs, are in place and functional, and there is an annual plan and annual reporting from Botswana and the region.

Positioning in curriculum

CSE is taught as Life Skills and infused in all subject through the Living-Window of Hope curriculum: Mathematics, English, Geography, Science (Physics, Chemistry and Biology), Setswana, and Social Studies.

These subjects are compulsory and are taught from upper primary to junior secondary. In addition, learners are reached through CSE-infused moral education and G&C teachers using the G&C Guidelines, from primary through to senior secondary schools.

Level and age of schooling covered

- From upper primary to junior secondary through integration into carrier subjects.
- From primary through to senior secondary in moral education and through G&C.

Scaling-up strategy

The scaling-up strategy is to strengthen the existing Life Skills programmes through, among others:

- Training of teachers training college lecturers, as well as the integration of CSE in the college curriculum for pre-service (maximum of five days training);
- Training of in-service teachers, particularly G&C teachers, through normal training, as well as online CSE training (maximum of five days training);
- Training for in-service teachers on Adolescents HIV Prevention and Treatment Literacy Toolkit (ATLT) to support learners living with HIV (maximum of five days training);
- Capacity-building of EMIS staff at both headquarter and regional levels on the integration of HIV core indicators, and the ultimate integration of 11 out of 15 indicators in the ASC.

Following the results of an output of the ESA Commitment (a regional report on CSE teacher training), the MoE built a core group of trainers to support the training of pre-service level institutions and to infuse CSE in the teacher training curriculum. The in-service teacher training plan started to be implemented in 2014 through the training of in-service teachers, with the aim of cascading training into the education regions. Most of the teachers were trained through the CSE online course. Training is likely to be ongoing until 2018. Scaling up CSE also focuses on strengthening coordination nationally between key players, such as the Ministries of Education and Health, as well as other partners. This is being achieved through interministerial coordination under the ESA Commitment arrangements. There is a national plan to scale up CSE aligned to the ESA Commitment targets that is supported by ministries, other partners, and the Global Fund.

The national plan includes the review of all existing Life Skills documents; the Life Skills Framework; the Moral Education curriculum, and G&C Guidelines. In addition, the MoE Curriculum Department is developing a new curriculum for senior secondary schools named the Botswana General Certificate for Secondary Education (BGCE), which integrates CSE. Unlike the current Life Skills/CSE programme, which is not assessed, it is envisaged that the BGCE will have an assessment component requiring students to demonstrate Life Skills/CSE knowledge, as opposed to a written test/examination alone.

This curriculum is planned to be launched in 2018. Upon finalization of the BGCE, the junior secondary curriculum revision will start, followed by the primary curriculum review. However, none of these processes are affecting the review of the LSE/CSE documents or the planned capacity-building of in-service teachers.

Time period of scale-up

There were two scale-up periods. The first was in 2005, when the Living Curriculum was developed as a way to scale up HIV prevention and build life skills. This was followed by the development of the Life Skills Framework and other resources. The second period of scale-up started in 2014, following the ESA Commitment, and is ongoing.

What was done to build support?

Community and parental support had already been built through the development of the Life Skills Framework, as the process took a very broad and all-encompassing approach, which included various government ministries, development partners, UN agencies, and CSOs, among others. In terms of the current scale-up of CSE, the ESA Commitment consultations were broad and targeted key partners, including Ministers of Education, Health, Youth, Home Affairs, and Gender; parliamentarians, in particular the specific committee dealing with HIV and AIDS, health and education; the House of Chiefs (Ntlo Ya Dikgosi) as custodians of culture; young people themselves, both in and out of school; political councillors; religious organizations; CSOs; school management; teachers; social workers; parents; and other professionals.

As part of the ESA Commitment plan, dialogue meetings or sessions are held by the MoE with parents, students, out-of-school youth, and CBOs on child-parent communication (15 students, 15 out-of-school youth, 10 CBO members and 10 parents). These sessions are planned to cover all education regions through Global Fund funding.

Activities to ensure sustainability

The following activities guarantee sustainability of CSE in government systems:

- Mainstreaming of CSE in the budgets of both the Ministry of Education and Skills Development and the Ministry of Health;
- Integration and strengthening of CSE in existing Life Skills instruments, as well as within the M&E framework under the EMIS department;
- Political ownership by Ministers and Health and Education, made possible by the ESA Commitment;
- Continued support from UN agencies, especially UNESCO and UNFPA, and other development partners, such as the US government, Southern African Development Community (SADC), European Union (EU), and the Global Fund;
- Ownership of CSE by CSOs and its integration in their planning processes.

Activities to monitor and safeguard quality

M&E was strengthened through:

- Adaptation of 11 out of the 15 HIV core indicators into the ASC;
- Training of five EMIS staff at headquarter level to coordinate the national process;
- Training of 30 education officers and 31 EMIS regional officers to form regional teams to coordinate the process;
- Data collection in 2015 from all the schools in the country on the 11 indicators integrated into the ASC.

CSE for out-of-school youth

The Ministry of Education and Skills Development has formulated an Inclusive Education Policy that ensures that all learners, children, and young people have access to all educational services without any form of discrimination. This includes young people with disabilities, orphans and vulnerable children (OVC), and out-of-school youth. The Ministry has a department that caters for learners with disabilities, while there are specific programmes for OVC within the Ministry of Local Government and Rural Development. In addition, following capacity-building of about 500 teachers to be able to address challenges facing learners living with HIV in schools, the ATLT curriculum has been integrated into classroom lessons. Furthermore, the regional CSE curriculum for out-of-school youth will soon be adapted in Botswana, in collaboration with youth-based CSOs.

Linkages to SRH services and demand creation

Schools and health facilities have always worked closely in addressing health challenges facing learners. This has been strengthened by the adoption of the ESA Commitment. The recent move towards hiring nurses to cover schools has enabled learners to receive some services within their schools, as opposed to going to health facilities, which might interfere with their studies. In schools, G&C teachers work closely with the nurse (if present in the school) or external health care service providers, as they are the ones responsible for the health and welfare of students. Government, and in particular the MoH, is establishing or integrating youth-friendly services in all health facilities to address the specific challenges of young people and students in accessing ASRH services. The SHP, which was reviewed in 2016 and is scheduled to be launched, has integrated linkages to SRH services.

Key players (implementers and donors)

Members of parliament and ministers (provide a platform for the formulation of laws and a legal framework to scale up life skills and CSE):

- Ministry of Education and Skills Development (provides the policy framework for the education sector, develops the curriculum, facilitates implementation, including capacity-building of teachers on CSE, and provides resources);

- Ministry of Health (provides resources, such as money to support the training as well as health education materials it has developed e.g. on ASRH);
- UN agencies (provide technical advice on CSE, financial resources, and capacity-building, as well as educational materials on CSE);
- CSOs working with young people in and out of school;
- National PTA (encourages parents to be part of the education of their children through attending PTA meetings and playing a meaningful and active role in the implementation of CSE);
- Chiefs or traditional leaders (have a role to play in helping to address socio-cultural practices that facilitate abuse of young people, such as child marriages, genital mutilation, and others);
- Donors such as the Swedish International Development Cooperation Agency (Sida), Global Fund, US government/ President's Emergency Plan For AIDS Relief (PEPFAR), and private sector co-sponsorship.
- The time factor is another major hindrance, in that a G&C lesson where CSE is taught by G&C teachers is only offered for 40 minutes a week, which is insufficient to enable behaviour change or even for students and teachers to take it seriously;
- CSE as a subject, or G&C/Life Skills as it is called in Botswana, is not examinable and thus not taken seriously by teachers and students, mainly because theory alone will not show if a person will change their behaviour. This has prompted a change in strategy, and the current BGCE curriculum which is being developed will incorporate a practical assessment of CSE/Life Skills, as opposed to a normal assessment or examination.

Enabling factors that facilitated scale-up

Political commitment at parliamentary, council and community levels:

- Government commitment, represented by relevant ministries, including Education; Health; Local Government and Rural Development; Youth, Sports and Culture; and Gender;
- UN agency support, especially UNESCO, UNAIDS and UNFPA;
- Civil society commitment;
- The persistent challenges facing learners and young people, such as EUP, HIV, STIs, and GBV, has helped communities see CSE as a remedy for these problems;
- Support from parents, particularly from the national PTA, which motivates other PTAs to change focus and prioritize the welfare and education of their children.

Challenges/ barriers in scaling up CSE

Minimal resistance from the community, mainly from a few traditional chiefs and politicians with less influence:

- The perception of some people that feel CSE fuels homosexuality;
- Some parents (few) who still feel CSE encourages early sexual debut;
- Financial resources to scale up capacity-building of teachers, although the Global Fund has managed to close some financial gaps.

Barriers to CSE classroom delivery

- Lack of training of G&C teachers on CSE leads to some level of discomfort and, as a result, the infusion of CSE into subjects is not realized;
- Culture and tradition contributes to the inadequate delivery of CSE, as some CSE content, more specifically on sexuality, is difficult for teachers to teach and discuss with their students. There is a belief that it is not appropriate for this type of interaction to take place;

Results so far

- 40 teacher training college (TTC) lecturers from four TTCs as well lecturers from the University of Botswana trained on the regional CSE pre-service curriculum at training-of-trainers (TOT) level, reaching out to 120 college lecturers and resulting in 600 trainee teachers trained on CSE;
- CSE integrated into the TTC curriculum;
- 110 in-service teachers from all 10 education regions trained on CSE, reaching out to 500 teachers in their schools, through a cascade model of training, reaching out to 50 000 learners;
- 210 teachers from all 10 education regions capacitated on CSE through the online course, thus reaching out to about 10 000 learners;
- 140 teachers' competency and capacity to support learners living with HIV was strengthened (using ATLT). These teachers further trained 600 teachers who are peers in their schools and clusters, thus reaching about 24 000 learners through the ATLT training package;
- CSE is being integrated into the new BGCE and is planned to include an assessment component that will require demonstrating Life Skills/CSE, as opposed to just a written evaluation.
- Global Fund to support the evaluation of all MoE Life Skills documents to align with current CSE curriculum content.

Sources of information: Comprehensive Sexuality Education in Teacher Training in East and Southern Africa. 2014. *Volume 2: Country Summary Reports*; Ministry of Education and Skills Development HIV and AIDS Strategic Framework (2011-2016); Botswana National HIV and AIDS Strategic Framework (2009-2016); Ministry of Education and Skills Development AIDS Policy; School Health Policy; National Life Skills Framework; ESA Commitment Annual Country Reports of 2014 and 2015; ESA Commitment Country National Plan; Living Life Skills Curriculum-Window of Hope; UNESCO UBRAF HIV and Health Education Office Annual Reports 2014 and 2016.



Burundi

First-generation programme

Prior to the ESA Commitment, the MoE (Ministère de l'éducation, de l'enseignement supérieur et de la recherche scientifique) had developed a Civics Education curriculum which included practical skills, such as peace building and other general life skills. This curriculum was complemented by sexuality education interventions/activities implemented in partnership with CSOs and development agencies. At the time of the ESA Commitment endorsement, the government was in the process of revising the national youth strategy, which focused on improving multisectoral coordination and scaling up education and health services.

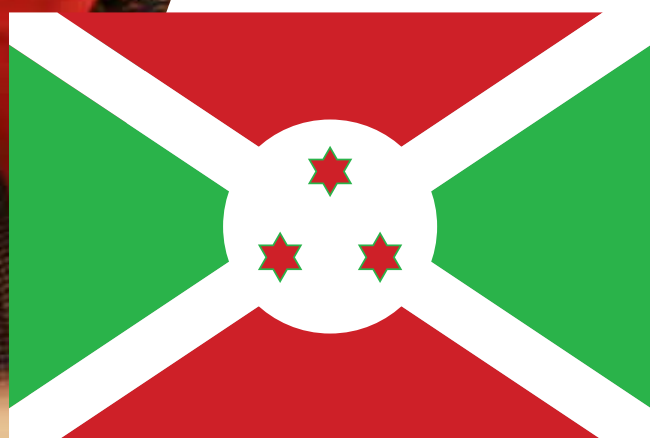
Current programme

As of 2014, Burundi had integrated CSE (known as ESSR) into the secondary school curricula. This integration complements the country's community social networking strategy, which focuses on efforts to promote and support youth-friendly health centres in communities across the country. In 2014, the MoE and the National Programme for Reproductive Health developed a teaching guide entitled *Education sexuelle et santé sexuelle et de la reproduction des adolescents et des jeunes – Fiches pédagogiques à l'intention de l'Enseignant* (SRH and sexuality education for adolescents and young people – Teaching aides for teachers). Modules are age-appropriate, with emphasis placed on knowing your body at the primary level, on SRH and decision-making at the secondary level, and on assisting victims, among other topics, at the post-basic education level.

Operating environment

Existing MoE and MoH policies and strategies have provided an enabling environment for the scale-up of CSE. These include the National Strategic Plan on Holistic Programming for Condom Use, Strategic Plan for Reproductive Health, and Policy on HIV and AIDS and Sexuality Education in the Formal and Informal Education Sectors of April 2013 (*Politique Sectorielle en matière de VIH/Sida et Education sexuelle pour le Secteur de l'Education formelle et non formelle*). In addition, in 2010, a ministerial decree instructed the integration of SRH into the school curriculum (Civics and Humanity).

The affirmation by the MoE and MoH of the ESA Commitment in December 2013 was, and continues to be, an opportunity for advocacy to scale up CSE. As ESSR is being integrated into subject curricula across the different grades (and non-formal education), coordination is the responsibility of the *Direction Générale des Bureaux Pédagogiques* (Curriculum Development).



Positioning in curriculum

ESSR is integrated into the following carrier subjects: Civics, Biology and Languages (French, Kirundi and English). These subjects are compulsory and examinable. It is expected that about one hour a week is spent on CSE topics integrated into carrier subjects.

Level and age of schooling covered ESSR is taught from the third year of primary school (approximately 9 years old) till the end of secondary school (20 years old).

Scaling-up strategy

The main strategy has been to integrate ESSR into both the formal and non-formal education curricula. In the formal education sector, this has been through the integration of CSE into Civics, Biology and Languages curricula. To that end, the MoE, with technical and financial assistance from UNESCO, trained curriculum developers (primary and secondary school levels) on the integration into curricula of HIV and AIDS, SRH and CSE for young people.

While teacher trainees receive CSE which can provide them with the knowledge attitudes and skills to protect their own health, it is insufficient to enable them to effectively teach CSE in their classrooms. To ensure quality implementation and reinforce teachers' ability to teach SRH, CSE and HIV prevention related life skills, teachers were trained on CSE through a cascade methodology and through a pilot of the online training programme. If funding is made available, the aim is to train at least one teacher per post-basic school (or approximately 1 340 teachers). To improve acceptance and understanding of ESSR, media trainings were also conducted.

This curriculum-based strategy reinforces existing extracurricular activities such as Health and Stop AIDS clubs. In addition, linkages and referrals between schools, youth centres and adolescents are being emphasized to enable a complete package of services.

Time period of scale-up

2013 - 2015.

Activities to ensure sustainability

The integration into curricula is seen as an effective way to ensure sustainability as it is anchored in existing ministry systems. In addition, support is provided to extracurricular activities, and linkages and referral systems are being put in place.

In an effort to improve implementation, all 120 directeurs communaux de l'enseignement (local education authorities) were sensitized on CSE, and the MoE would like to expand this training to school management committees (comités scolaires de gestion), which include parents. However, a lack of financial resources is affecting implementation of this aspect of the scale-up.

Activities to monitor and safeguard quality

The divisions within the MoE responsible for curriculum development and school/teacher supervision (les bureaux pédagogiques et l'inspection générale de l'enseignement) are responsible for the monitoring of activities in school and the training of teachers.

CSE for out-of-school youth

The sector's policies on HIV and AIDS and sexuality education cover both formal and informal education, and emphasize equity and gender. Training targets include both formal education personnel and extra-curricular stakeholders.

Informal and formal CSE programmes use different materials: one manual has been developed for health care providers and another one for teachers, and peer educators in the community also have their own materials.

Part of the scale-up strategy is to create linkages between adolescent- and youth-friendly health services (AYFHS), schools, and youth centres.

Linkages to SRH services & demand creation

Linkages and referral systems between schools, youth centres, and AYFHS are being piloted. Currently, there are 56 AYFHS centres that cover neighbouring schools and communities.

In an effort to improve linkages, the country would like to implement joint trainings between education sector staff and health care providers, however, financial and human resource constraints are affecting implementation.

Key players (implementers and donors)

Key government players include the MoE and MoH. In addition, and of special importance to the work on linkages, the Ministries of Youth, Sports and Culture; Human Rights and Social Affairs; Gender; and the Interior (Ministère de la Jeunesse, des sports et de la Culture, le Ministère des Droits de la Personne Humaine, des affaires Sociales et du Genre et le Ministère de l'Intérieur) are also key partners.

A number of NGOs, such as Care International Burundi, Cordaid, ABUBEF, RBP+, SWAA Burundi, RENAJES, Population Media Center Burundi (funded by the Netherland Development Cooperation), various youth organizations, UNESCO, UNFPA, and Belgium's bilateral programme are also active.

Enabling factors that facilitated scale-up

- Political will is present. For example, in July 2016, Minister of Education Dr Janvière Ndirahisha set up a team that ensures supervision, coordination, and M&E of all activities related to sexuality education and AYFHS. This team works under the direct supervision of the Assistant Minister.
- Technical and financial partners, such as UNESCO, UNFPA and the Netherlands' Development Cooperation, are assisting the government to scale up CSE.

Challenges/barriers in scaling up CSE

- Insufficient human and financial resources for a complete scale-up;
- Mixed messaging and viewpoints between what is said and done in schools and in the home (parent/child communication on SRH and sexuality education is commonly seen as a taboo in the country.)

Barriers to CSE classroom delivery

- The major barrier to classroom delivery is the lack of training of teachers on CSE, both on content and CSE participative teaching methodologies. This means that many still feel discomfort when teaching certain topics;
- The lack of training, discomfort and mixed messaging between what is said and done in schools and in the home mean that taboos persist.

Results so far

- ✓ 112 curriculum developers were trained on integrating HIV prevention, SRH and sexuality education (2013);
- ✓ Curricula and teaching materials have been developed/improved for the primary school level as well as the 7th, 8th and 9th years of secondary school;
- ✓ 180 teachers were trained on CSE using a training module developed by UNESCO Burundi (2015);
- ✓ 44 (out of the planned 100) teachers were trained using the online training programme;
- ✓ 1200 peer educators have been trained;
- ✓ 20 youth centre facilitators and 12 members of the media were trained in life skills for SRH, sexuality education and HIV and AIDS (2015);
- ✓ Linkages and referral systems between schools, youth centres and AYFHS are being piloted.

Sources of information: Ministères de l'Éducation Nationale et de la Santé Publique. UNESCO, UNFPA, Coopération Belge.





Kenya

First-generation programme

LSE, which covers aspects of sexuality education, was introduced into the Kenyan curriculum in 2008. It targets learners from Standard 1 to Form 4, which is the highest level in secondary school. Previously, HIV and AIDS education had been integrated into the school programme for all grades, and the Primary School Action for Better Health, a programme to train teachers to deliver HIV-prevention education in upper primary school grades, was implemented from 2001-2007, when it was integrated into the MoE.

Current programme

The MoE recently recommended using the terminology Family Life Education.

Operating environment

A number of policies, guidelines and strategic frameworks exist to regulate the provision of sexuality education, including:

- Education Sector Policy on HIV and AIDS 2013
- National Adolescent Sexual and Reproductive Health Policy 2015
- Kenya's Fast-track Plan to End HIV and AIDS Among Adolescents and Young People 2015

The ongoing curriculum reform and the worrying statistics on HIV infections among young people, as well as adolescent pregnancy rates which stand at 18%, have provided the necessary evidence to advocate for the provision of FLE in the country. In addition, the leadership taken by MoE in rolling out the ESA Commitment is catalysing action. The MoE's AIDS Control Unit within the directorate of Policy, Planning, Partnership and East African Affairs has been responsible for rolling out FLE. The unit's positioning within the directorate of policy enables it to work across all directorates of the ministry and with all education sector partners. The unit is headed up by a senior assistant director supported by four senior staff.

The MoE, supported by a TWG, leads the roll-out of FLE. Other TWGs addressing sexuality education as a cross-cutting issue include one for ASRH, led by the MoH, and the multisectoral working group on public sector, led by the National AIDS Control Council (NACC).

Positioning in curriculum

Sexuality education is integrated into the Life Skills curriculum, as well as in Religious Education, Biology, and other core subjects. Life Skills is compulsory (but not examinable) at all levels, while Religious Education and Biology are optional subjects in secondary schools that are examinable.



Level and age of schooling covered

While the education system covers children and young people from approximately the age of 3 to 24 years old, LSE is taught from Standard 1 to Form 4, covering the ages of 6 to 18 years.

Scaling-up strategy

Kenya is currently undertaking a curriculum reform process and, to ensure that FLE is factored in, questions related to sexuality education were included in the national curriculum needs assessment. The findings indicate that sexuality education is an emerging issue among the cross-cutting issues and should be taken into consideration. As a result, Human Sexuality and Life Skills have been included in the curriculum reform framework.

In order to enable a scale-up of FLE in the country, Kenya aims to incorporate it in the reformed curriculum. To achieve this, strategic information was generated through a situational analysis on HIV among learners; curriculum developers were sensitized on sexuality education; consultations with religious leaders were conducted to allay misconceptions and address any possible barriers; and parents were engaged through the Kenya National Parents Association. In addition, CSOs and faith-based organizations (FBOs) are already providing sexuality education through extra-curricular activities and digital platforms.

The MoE and MoH has a memorandum of understanding on the HIV response among adolescents and young people in the education sector. Under the auspices of this framework, NACC is negotiating with the MoE on scaling up a digital platform on HIV and AIDS developed by the agency to enhance learners' access to information.

While the development of the reformed curriculum is ongoing, its piloting was scheduled to start at the beginning of 2017. Teachers training will take place once the curriculum is finalized and teaching materials will be developed once the curriculum is in place. The development of parent and community guides on FLE are planned, as is the development of standardized manuals for CSOs on FLE.

Time period of scale-up

The reformed curriculum will be scaled up in 2018 after the pilot phase.

What was done to build support?

A consultative process led by the MoE took place with key stakeholders, including religious leaders, parents, and school heads.

Activities to ensure sustainability

Integrating FLE and Life Skills in the revised national curriculum will increase sustainability as they will automatically be integrated throughout the MoE's systems, such as in the curriculum for pre-service training.

Activities to monitor and safeguard quality

Engagement with the MoE's quality assurance department has taken place to include HIV and SRH indicators in the school monitoring tool. In addition, engagement with the MoE's planning department is ongoing to integrate HIV indicators in the EMIS.

CSE for out-of-school youth

Although CSOs provide sexuality education, this is not coordinated by the MoE and the curricula used are not standardized. For example, Africa Alive offers outreach for out-of-school youth in slum areas. There are proposals to develop standardized materials to be used by all CSOs, however, through a government-led process. In addition, the MoH and I Choose Life, with support from UNFPA, have developed an SRH module for out-of-school youth to be rolled out through Ministry of Youth structures. Similarly, four digital innovation platforms have been piloted by Nailab with UNFPA's support. These platforms will contribute to a national scale-up by reaching out-of-school young people with sexuality education.

Linkages to SRH services & demand creation

The MoH has piloted AYFHS in nine facilities and some CSOs are also offering youth-friendly services. In addition, the MoH has revised the national guidelines for provision of AYFHS, and is in the process of revising the training module for health care providers. A mass training of providers, including through virtual means, will be rolled out in 2017. Advocacy efforts are ongoing for the integration of AYFHS modules into the pre-service training curricula of nurses and clinical officers, and the MoH is proposing a model where youth-friendly services are integrated into public health facilities.

The MoH is also planning to undertake a geo-mapping of schools and health facilities to identify how to increase uptake of treatment among learners living with HIV. Health workers are expected to support schools in creating awareness on prevention, stigma and discrimination. Once this is established, it is also expected to provide a mechanism for addressing ASRH.

Key players (implementers and donors)

- MoE (policy guidance and coordination);
- MoH (complements MoE efforts and provides adolescents and young people with SRH information and services);
- UN agencies (provide technical support);
- CSOs (provide sexuality education through extra-curricular activities and act as advocates);
- Parents' associations (enable sensitization of parents).

The organizations supporting FLE-based sexuality education used their core resources to scale up activities. Other support came from UNESCO's STOP AIDS NOW!, the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF), the Sexual and Reproductive Health and Rights Alliance, UNFPA, MoE in kind, and CSOs.

Enabling factors that facilitated scale-up

- Policy frameworks on sexuality education;
- Available data on SRH and HIV among young people;
- Digital programmes by CSO platforms to reach young people.

Challenges/barriers in scaling up CSE

Sexuality education is still regarded as a sensitive subject, necessitating wider consultations. This has affected the rate of scale-up.

Barriers to CSE classroom delivery

As a result of cultural taboos, sexuality education is a subject that is not discussed openly by parents or teachers with young people. Some believe that the provision of sexuality education contributes to increased sexual activity among young people, although evidence points to the opposite. There is therefore the need for continued engagement with key stakeholders and delivery of sexuality education through a multi-pronged approach.

Results so far

- ✓ 40 partners were galvanized to support implementation of the ESA Commitment to enhance synergy and leverage resources;
- ✓ Development of draft guidelines on age-appropriate CSE through the adaption of UNESCO's International Technical Guidance on Sexuality Education (ITGSE) and other relevant documents for local contexts;
- ✓ In 2014, during the Kenya National Parents Association annual general conference, one of the resolutions passed by the delegates was on the provision of sexuality education. As a result, over 25 780 parents were sensitized on sexuality education through the Association's subsequent meetings at local levels. In addition, some parents have been sensitized through CSOs;
- ✓ Over 2 million adolescents have been reached through digital platforms belonging to the Centre for Adolescent Studies (a CSO);
- ✓ Over 100 religious institutions were sensitized on sexuality education;
- ✓ 121 out of 125 curriculum developers trained on sexuality education in readiness for the curriculum reform process;
- ✓ Draft guidelines on school re-entry (after pregnancy) have been developed;
- ✓ Documentary highlighting voices for learners living with HIV produced;
- ✓ Teaching and learning health education materials developed and in the process of being evaluated by the Kenya Institute of Curriculum Development.

Sources of information: Kenya Demographic Health Survey; Centre for the Study of Adolescents Annual Unite for Body Rights (UfBR) Report (2015); UNESCO. 2015. *A report on HIV and AIDS technical support in Kenyan education sector.*





Lesotho

First-generation programme

Elements of LSE have been part of the Lesotho curriculum from as early as 2003, when the content was infused across carrier subjects such as Science and Religion. There were also some curriculum projects akin to LSE, including Population and Family Life Education (PopFLE), which was supported by UNFPA. Later, this was followed by G&C. In 2004, the Ministry of Education and Training (MoET) took a clear decision to introduce the LSE curriculum as a stand-alone subject, which was supported by UNICEF and the Global Fund. The aim of the curriculum was to “equip learners with skills to deal effectively with the many demands and challenges that they encounter in their everyday life” and it was developed for Grades 4-7 (9-12-year-olds) in primary and Form A-C (13-15-year-olds) in secondary education. Implementation of this curriculum was, however, fraught with challenges. As a result, although the original plan was to pilot-test the curriculum in 2007 and roll it out nationwide in 2008, it was never completely rolled out, and until 2012 the number of schools teaching LSE was unknown.

Achievements of the LSE curriculum

- Laid a foundation and formed a basis for the revised Life Skills-Based Sexuality Education (LBSE) that incorporates sexuality education;
- Led to the inclusion of LBSE in the Curriculum and Assessment Policy (2009) as a compulsory subject.

Challenges that the LSE curriculum encountered

- Limited capacity of teachers to deliver the new curriculum effectively because the in-service training they received was inadequate and incomplete;
- Teacher training institutions were not on board, so they did not prepare teachers or produce teachers who could teach the subject;
- Schools and teachers did not receive sufficient support for implementation of this new subject during the pilot and, as a result, many schools pulled out of the pilot;
- Inadequate support from schools’ management for teachers implementing the pilot of the new LSE syllabus;
- Teachers’ guides and learners’ books and syllabuses were not available in some schools, which made the teaching of the subject difficult;
- No clear guidelines for assessment of learners’ progress in the subject;
- The curriculum was found to be weak on content relating to sexuality, human development, communication, SRH, HIV and AIDS, and gender education.

Current programme

An opportunity to scale up CSE came when the MoET adopted a new Curriculum and Assessment Policy in 2009.



As a result of this policy, the whole national curriculum was reviewed and revised to respond to the current needs of the country. The policy directed that LSE would be one of the compulsory subjects in the new curriculum. UNESCO and other partners supported the MoET to review the LSE curriculum developed in 2006 as part of the overall curriculum review. Development of the LBSE, the current CSE programme, started in 2012 and was integrated into Personal, Spiritual and Social (PSS) and Scientific and Technological (ST) learning areas in Grades 4-6. It is offered as a stand-alone subject in Grade 7 through Grade 10 (current Form C), and its goal is to equip learners with knowledge, skills, and values to enable them to exercise their human rights, adopt healthy lifestyles, make responsible choices, and become forces for positive change.

The learning outcomes of the LBSE curriculum address transmission of knowledge and critical thinking; development of life skills; and values, attitudes and behaviour change through content that is organized around six interrelated themes:

- Knowing oneself and caring for others
- Human rights and child protection
- Gender norms and gender equality
- Sexual and reproductive health
- HIV and AIDS and STIs
- Drug, alcohol, and substance abuse

Operating environment

Provision of CSE in Lesotho is supported by the following strategic and policy documents: Curriculum and Assessment Policy (2009); Education Sector HIV and AIDS Policy (2011); National Minimum Standards for Provision of Adolescent-Friendly Health Services; National Action Plan for Women, Girls and HIV and AIDS; Behaviour Change and Communication Strategy; Draft School Health and Nutrition Policy; and Draft Adolescent Health Strategy.

The curriculum was informed by evidence from results of studies such as the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) HIV and AIDS Knowledge Test (HAKT) and the Lesotho Demographic Health Survey (DHS 2009), which showed very low levels of comprehensive HIV prevention knowledge among adolescents and young people. A curriculum scan undertaken by the Population Council which audited the LSE curriculum also revealed that it was weak in content relating to sexuality, human development, communication, SRH, HIV and AIDS, and gender education. The emergence of international best practice in CSE in the form of UNESCO's ITGSE in 2009 and the affirmation of ESA Commitment in 2013 also added impetus to and consistency in the development and implementation of the CSE curriculum in Lesotho.

The National Curriculum Development Centre (NCDC) bears the primary responsibility for implementation of the CSE curriculum.

Apart from ensuring that a good quality CSE curriculum is in place, the NCDC works in collaboration with Teacher Training and Development of the Teaching Service Department and Inspectorate to coordinate in-service training in the subject. The NCDC has also developed a framework/guideline for in-service training of teachers in CSE in collaboration with other stakeholders, which outlines the content to be covered in CSE training of in-service teachers, methodologies that teachers need to be skilled in, values, attitudes and behaviours that the CSE curriculum must address, and the minimum duration of CSE training of teachers.

Positioning in curriculum

CSE is integrated into the PSS and ST learning areas in Grades 4-6 and offered as a stand-alone subject in Grade 7-10. It is compulsory and assessed.

Level and age of schooling covered

The LBSE (CSE) curriculum in Lesotho covers Grades 4-7 (9-12-year-olds) in primary and Grades 8-10 (13-15-year-olds) at lower secondary.

Scaling-up strategy

Based on lessons learnt from the failed implementation of the previous curriculum, efforts were made to ensure that the revision followed established processes for development and revision of subject curricula. An extended subject panel was established following the MoET guidelines and the revision followed overall government timeframes and regulations. Accordingly, the curriculum for each grade was developed and pilot-tested for a year in 70 primary schools before being rolled out the following year. Capacity building of curriculum developers took place to enable them to integrate CSE content using a logic model to address health outcomes, and UNESCO supported the recruitment of an expert to support the MoET in its revision and review of the new curriculum.

The revised Grade 4 LBSE curriculum that incorporates sexuality education was first taught as a pilot in 2013 in 70 primary schools, and subsequently rolled out to all 1 478 primary schools in 2015. The roll-out (including teachers' guides and learners' books) was funded by the government, including the teacher training that accompanied it. Assessment packages were also developed to go with the curriculum. As a result, LBSE has been effectively institutionalized into Lesotho's curriculum. To date, LBSE that incorporates sexuality education has been rolled out for all learners in Grades 4-6 and is currently undergoing pilot testing for Grade 7.

The strategy has thus been to phase the scale-up on a grade by grade basis, starting with the lowest grade (4) and commencing with each subsequent grade as the curriculum for the previous grade is finalized and rolled out. The roll-out involves printing and dissemination of syllabi, teachers' guides, and learners' books. The strategy also involves orientating teachers before they teach the subject.

In this way, the government has integrated in its systems not only the scale-up, but also its costs. With the support of Population Services International (PSI), through the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) initiative, 1 564 primary school teachers in Berea and Maseru districts were set to receive a complete training on CSE between December 2016 and January 2017 in preparation for the 2017 school year, while resources from the Global Fund through Pact are being mobilized for training the other 4 348 primary schools teachers in 2017. In addition, the UNESCO and UNFPA sponsored online CSE training module has built the capacity of more than 250 secondary school teachers. Other activities to support the scale-up include orientation of school principals and school boards to improve understanding and buy-in.

Time period of scale-up

The scale-up of the LBSE curriculum in Lesotho started with the development of the Grade 4 curriculum in 2012. It is expected that LBSE will be offered to all learners from Grade 4-9 by the end of 2017.

What was done to build support?

Evidence was presented to all relevant stakeholders to build support for the revision and scale-up. Stakeholders' involvement helped to build consensus on CSE content, and dialogues were facilitated among gatekeepers in both education and SRH, including school proprietors (in the case of Lesotho they are churches), community leaders, parents, health professionals, teacher representatives, teacher educators, and curriculum developers, which seems to have helped with acceptance and support for the subject. Available financial and technical support as well as capacity-building for key stakeholders in the subject also built support.

Activities to ensure sustainability

- Relevant stakeholders such as curriculum developers and teacher educators, as well as teachers themselves, were trained in CSE;
- A functional LBSE subject panel was established following the normal processes of subject panels;
- LBSE is integrated into the curriculum and is included in assessment packages;
- There are plans to build capacity of assessment and inspection officers in CSE;
- There are plans for the TTIs to review their programmes to fully incorporate CSE.

Activities to monitor and safeguard quality

- Assessment packages have been developed for each of the grades where CSE is taught;
- HIV-related indicators have been incorporated into the EMIS;
- HIV and AIDS knowledge indicators have been incorporated into the National Education Assessment;
- There are plans to include CSE-related indicators in inspection tools.

CSE for out-of-school youth

To ensure that CSE scale-up was inclusive, youth-led and youth-serving organizations were incorporated into the extended LBSE subject panel. They were involved in the writing of the curriculum, teachers' guides and learners' books. The curriculum thus addresses issues of learners with disabilities very well. With UNFPA support, a CSE manual for out-of-school is currently being adapted. This tool will be used by all stakeholders who work with young people out of school.

Linkages to SRH services & demand creation

The draft School Health and Nutrition Policy which is due for approval this year stipulates some of the services that can be offered on-site at school. It is hoped that once this policy is approved, the linkages with services and demand creation will be strengthened.

Key players (implementers and donors)

- MoET (formulates education-related policies and designs and implements the LBSE curriculum and assessment packages, coordinates the LBSE subject panel, and approves curricula);
- MoH (provides youth-friendly services and information to ensure healthy lifestyles and participates in and provides expertise for the extended LBSE subject panel);
- School proprietors (participate in the Education Advisory Council that approves curricula, as well as the National University of Lesotho (NUL) Faculty of Education Board that approves courses to be taught to pre-service student teachers at NUL);
- Teachers' organizations (participate in the panel and bring in experiences from the classroom, as well as support teachers who deliver the subject);
- Schools principals and school boards (provide support and supervision to teachers implementing the subject and create space in the timetable);
- CSOs (which are usually youth-led and therefore bring the voice of youth into the extended panel. They also have experience in participatory methods of delivering CSE);
- UN agencies (provide normative guidance, international best practice, technical expertise, and some financial resources).

Resources that were used for the scale-up came from: the Lesotho government, World Bank, UNESCO, UNFPA, UNICEF and PEPFAR (in 2016 under the DREAMS Initiative).

Enabling factors that facilitated scale-up

- Availability of compelling evidence;
- Curriculum and Assessment Policy;
- Affirmation of the ESA Commitment;
- Availability of funding;
- Availability of normative guidance and expertise.

Challenges/ barriers in scaling up CSE

- Inadequate resources (financial), especially for capacity-building of key players such as teachers and inspectors;
- Inadequate human resources, especially teachers to deliver the subject (there are no LBSE-designated teachers).

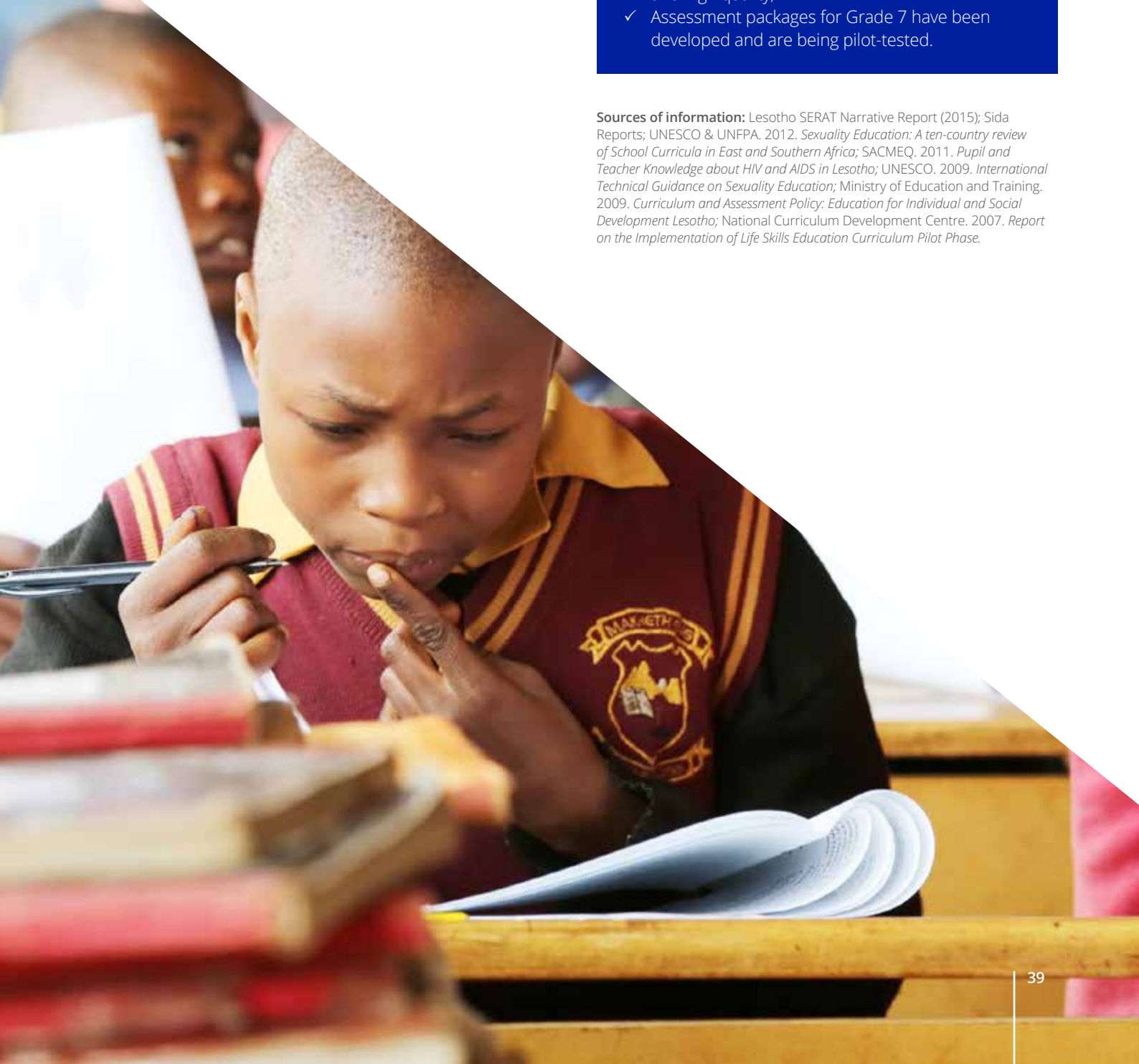
Barriers to CSE classroom delivery

- Weak capacity of primary schools teachers in particular to effectively deliver CSE;
- Weak capacity of school inspectors to effectively support and monitor implementation of CSE in schools.

Results so far

- ✓ To date, LBSE that incorporates sexuality education has been rolled out (syllabi, teachers' guides and learners' materials developed, piloted, printed and distributed) for all learners in Grades 4-6 and is undergoing piloting for Grade 7;
- ✓ Between 2013 and 2015, 1 900 pre-service teachers at the Lesotho College of Education and 4 504 in-service primary school teachers have been reached with CSE and are currently reaching 167 311 primary school learners (9-12-year-olds);
- ✓ 313 secondary school teachers have received training on CSE and are reaching 33 248 Grade 8 learners (13-year-olds);
- ✓ A recent assessment of Lesotho's LBSE curriculum using the SERAT revealed that it is of acceptable and high quality;
- ✓ Assessment packages for Grade 7 have been developed and are being pilot-tested.

Sources of information: Lesotho SERAT Narrative Report (2015); Sida Reports; UNESCO & UNFPA. 2012. *Sexuality Education: A ten-country review of School Curricula in East and Southern Africa*; SACMEQ. 2011. *Pupil and Teacher Knowledge about HIV and AIDS in Lesotho*; UNESCO. 2009. *International Technical Guidance on Sexuality Education*; Ministry of Education and Training. 2009. *Curriculum and Assessment Policy: Education for Individual and Social Development Lesotho*; National Curriculum Development Centre. 2007. *Report on the Implementation of Life Skills Education Curriculum Pilot Phase*.





Madagascar

First-generation programme

Elements of sexuality education have always been present in the formal education sector in Madagascar, although it was not titled as such. The contents were cross-cutting and integrated into the Natural Sciences curriculum. The objective was to impart knowledge on human and animal biology and physiology (puberty, menstruation, genital organs etc.) It should be noted, however, that this content was only taught by science teachers and did not address sexuality education in terms of behaviour, relationships, values, attitudes, etc. In addition, there was no project developed to ensure implementation or that any financing was made available.

Current programme

Following the Millennium Development Goals (MDGs), this approach was abandoned and the Direction of Curricula and Inputs (Direction des Curricula et des Intrants [DCI]) within the MoE developed a new curriculum and programme.

With support from UNESCO and UNFPA, starting in 2012, the DCI developed:

- A framework/curriculum for CSE called the Cadre d'Orientation de l'Education Sexuelle (COES);
- A document to support implementation of the CSE programme, the Programme d'Education Sexuelle Complète (PESC);
- A teacher's guide on how to use the framework.

These documents were developed based on the ITGSE guidance, and respect the socio-cultural context of the country. They are also in line with the national convention on education and the country's move towards education for sustainable development.

The curriculum highlights values such as self-respect, respect for others, respect for life, and respect for human dignity. It aims to reduce the risk of EUP; the increase in STIs and HIV rates; violence and sexual abuse; all forms of discrimination; and to provide scientifically accurate information to children and young people to enable them to protect themselves in everyday life.

At the pilot sites (V7V and Atsimo Andrefana), all teachers for all subjects, in collaboration with other education cadres such as principals, administrators, supervisors, secretaries, head teachers and other educational support and school health staff members, are involved in the implementation of the CSE curriculum.

Operating environment

There is an enabling legal and policy environment for the development of the new CSE programme which includes:



- Loi d'orientation 2008-2011, a law on the education system, including teacher training;
- The National Convention for Education (Convention Nationale pour l'Éducation [CNE]) of 2015;
- The establishment by decree in 2015 of the teaching by objectives (Pédagogie par les Objectifs [PPO]) methodology, which strengthens and provides an opportunity for the integration of CSE into the legal and policy framework of the country.
- The ESA Commitment of 2013.

The DCI has so far been responsible for the development of the CSE programme, support materials, and the current pilot phase. Once the pilot phase is over, the directorates of basic and secondary education (Direction de l'Éducation Fondamentale [DEF] and Direction de l'Enseignement Secondaire [DES]) will be responsible for implementing CSE.

Coordination and collaboration between the DCI and the Ministry of Youth and Sports (MYS) is particularly strong, which is enabling the development of an out-of-school component.

In addition, efforts to reform sexuality education have been strengthened by the government's affirmation of and support for the objectives of the 2013 ESA Commitment.

Positioning in curriculum

As a result of the new pedagogical approach (teaching by objectives), the MoE decided that CSE would be cross-cutting, and as such would be integrated/infused into all subjects, from Malagasy to Physical Education.

Level and age of schooling covered The curriculum covers all levels and ages, from early childhood to adolescence. It is divided into four age brackets: 5-8 years, 9-12 years, 12-15 years, and 15+, in accordance with the official education programme.

Scaling-up strategy

The reform of CSE is just one aspect of the ongoing education reform based on achieving Education for Sustainable Development (ESD), as elaborated in the CNE strategy document of November 2015.

Currently there is no specific scaling-up strategy, as CSE is being integrated within the school curriculum and the programme is still at the pilot stage. However, it is envisaged that CSE will be fully integrated within ministry systems and that all personnel, teaching and administrative, participate in its implementation.

To that end, all the documents produced, and in particular the guide, were developed for use by all education sector cadres, be they teachers, principals, supervisors, regional level personnel, national level ministry personnel or even administrative staff members. In addition, work has started on integrating CSE into subject specific syllabi.

A work plan for 2017 has been developed which covers the finalization of all the key documents; a needs assessment for training on CSE; the development of training modules and their piloting; and the transfer of the programme to the Institut National de Formation Pédagogique (INFP), which is responsible for training, and the Office de l'Éducation de Masse et du Civisme (OEMC), which is responsible for civic education and working with parents on CSE, both of which will be responsible for the training of education sector staff and the sensitization of parents on CSE.

The CSE programme was piloted during the 2015-2016 school year in four schools from two different regions. The two pilot sites were chosen as a result of UNFPA's close collaboration with the communities. Through the training they received, teachers in the pilot schools were able to develop their own lesson plans in line with the socio-cultural context in which they function. The pilot phase gathered comments and findings on the documents developed so far, which was used to finalize the documents.

As a result of the pilot, 3 000 learners are currently receiving CSE, 158 teachers are integrating CSE in their classes, and more than 300 parents and community members have been sensitized on CSE. One of the recommendations that emerged from the pilot was the need for communications materials on CSE in the local language, Malagasy, for parents.

To ensure buy-in and increase sustainability, two workshops were held in early 2017 with key stakeholders, including relevant departments of the MoE (e.g. Inspectorate, DEF, INFP, M&E etc.); other ministries, such as Youth; and CSOs (e.g. representatives from Catholic Anglican and Adventist schools as well as other CSOs). The main aims of the workshops were the technical validation of the documents developed (COES, PESC and the teacher's guide); developing a common understanding of CSE and the programme being put in place and agreeing on terminology; and the development of communication materials on CSE in Malagasy for parents.

A future scale-up will require close collaboration with the institutions responsible for teacher training. Thus, once the pilot phase is complete and the documents (curriculum, syllabi, guides etc.) have been finalized and approved, they will need to be officially handed over to the INFP (which is responsible for teacher training) to be integrated into training. As the INFP contributed to the development of the CSE documents, buy-in and ownership already exists, which should enable a more rapid integration.

As mentioned previously, a future scale-up will be the responsibility of the DEF and the DES and will be dependent on available financing.

It will require a number of different future actions including, inter alia: printing and dissemination of adequate numbers of these documents; sensitization and agreement of all key stakeholders (government, community, parents, teachers, etc.) around the concept of CSE; ownership by the authorities and improved sustainability through a full integration in government systems; development and implementation of an in- and pre-service teacher training plan; and training of other education sector cadres. To that end, the DCI and the INFP will work closely to develop and implement a training plan and monitor its impact.

Other key activities to support not only the provision of CSE, but access and usage of SRH services by youth, include:

- Creation of youth centres and youth corners. The MYS has taken this opportunity to implement small projects, such as a creation of youth centres in remote regions;
- Strengthening the capacity of youth on life skills to enable them to be peer educators (financed by UNFPA and UNICEF);
- Mobilization strategy conducted by PSI and Secrétariat Exécutif du Conseil National de Lutte contre le Sida (SE/CNLS), for example, through their mobile video unit since 2007;
- Community outreach and sensitization by NGOs (PSI Madagascar, Telma Foundation, etc.);
- Trainings through the Etablissement de Formation Agricole et Rurale (EFAR) training centre, and for community leaders by UNESCO;
- Integration of family planning and STI services.

Time period of scale-up

Efforts to reform sexuality education began in July 2012, and are currently in a pilot phase. It is expected that the key documents will be finalized in the first half of 2017, and a training plan developed during the second quarter of 2017. Scale-up will, however, be dependent on available financing.

What was done to build support?

A sensitization meeting with the communities surrounding the pilot schools was held to explain and discuss CSE. Linking CSE to values such as human dignity, respect for life, etc. convinced the communities and teachers of the importance of CSE and the need to overcome the cultural taboos that exist around sex and sexuality. The CSE programme highlights the need for the schools to conduct sensitization meetings with parents and the community on CSE, and it will be up to each school to take the lead on organizing and implementing the meetings.

During the pilot phase, meetings with parents and community leaders led to requests for more information on CSE in Malagasy so that they could participate in their children's education on CSE and ensure that teachers do not go beyond the planned content. Communication materials on CSE for parents, developed by the DCI, are currently being finalized, and the OEMC, with support from UNFPA, will initiate parental and community sensitization initiatives to support the scale-up of CSE.

In addition, as mentioned above, two workshops were held in 2017 to increase buy-in and ensure a common understanding of CSE by all key stakeholders.

Activities to ensure sustainability

The integration of CSE into the curriculum and education sector systems should ensure not only sustainability, but also implementation. In addition, it is envisaged that CSE will be integrated into the education sector plan that is currently being developed, which would not only demonstrate government commitment, but ensure full integration and long-term sustainability.

Sustainability is also being established through the institutional strengthening provided by technical and financial partners to ministry staff through annual planning and budgeting, expansion of pilot activities, and improved coordination with local NGOs. These activities will help the respective ministries to ensure continuity of their activities in this field.

Activities to monitor and safeguard quality

Monitoring, supervision and evaluation took place in the two pilot sites, and the findings informed the finalization of documents and the future scale-up.

The DCI's M&E plan integrates key performance indicators with regard to supervision and evaluation of activities, as well as impact on learners starting at the primary school level. In addition, the DCI and INFP are planning to monitor the roll-out of training.

CSE for out-of-school youth

The MoE targets all children and young people in schools, while the Ministry of Employment, Technical Education and Vocational Training (MEETFP), the MYS, and the Ministry of Agriculture and Farming (MAE) integrate CSE as a cross-cutting issue in their vocational training as well as reaching out-of-school youth with sexuality education. The MYS has been closely involved in the development of the CSE programme and documents to enable their use for out-of-school youth.

In addition, the MoE plans to develop and implement an Educational Quality and Inclusive Education Policy, and scale up the capacity of teachers on these issues. The involvement of all entities, including regional and local authorities, decentralized services, and the media help the government to ensure equity for disabled, marginalized, and out-of-school youth.

Linkages to SRH services & demand creation

In addition to classroom teaching, the CSE programme includes activities to be held at the beginning of each week to supplement what is learnt in the classroom and contribute to demand creation. These activities are run by peer educators with teachers facilitating the process.

The CSE programme highlights the need for resource personnel (especially medical) to implement activities in schools upon request by the teacher/head teacher. This could include a visit by a nurse or doctor to sensitize learners on a particular topic or provide them with information on where to access specific services.

The MYS peer education project is also contributing to the transfer of knowledge on SRH services.

Key players (implementers and donors)

As a result of the need for multisectoral collaboration, the government has allocated responsibilities among relevant ministries:

- The Ministry of Education is the lead regarding the development of CSE documents and materials, piloting of materials for an eventual scale-up, and development of the curriculum, implementation strategies and M&E;
- The Ministry of Health and Family Planning is responsible for providing and distributing commodities such as condoms and supplies, as well as managing implementation of family planning services;
- The SE/CNLS is responsible for coordinating policy and implementation of activities within the framework for HIV and STIs.

UN agencies such as UNFPA, UNESCO and UNICEF are the main contributors for technical and financial support, and international and national NGOs are also active in the field of ASRH education and services.

Enabling factors that facilitated scale-up

While scale-up has not started, good progress has been as a result of highly motivated DCI staff, ready and willing to improve and promote the strengthening and implementation of CSE. The high level of motivation among stakeholders has been catalytic, and enabled rapid progress on the finalization of documents. Following various training activities, monitoring, and mentoring educators in the pilot schools, education sector staff and the community are requesting a rapid scale-up of CSE.

Challenges/ barriers in scaling up CSE

Some systemic barriers have slowed down the development and implementation of the CSE programme. These include different systems used by stakeholders for the implementation of activities, different concepts of the deliverables, differing priorities, and an underestimation of the amount of work and time required to develop and finalize the CSE programme.

Barriers to the implementation of activities include:

- Insufficient data and statistics to inform policy and programming;
- Low capacity of NGOs and CSOs;
- Budgetary restrictions;
- Insufficient availability of the different documents.

Only 38 TOT received the CSE documents; the head teachers and/or teachers made copies of the various CSE documents for use in their schools at their own cost.

An additional barrier is the use of the term sexuality education, as sex and sexuality are taboo subjects in the Malagasy culture. The workshop in 2017 enabled a debate and the development of a common terminology, but this still requires validation.

Barriers to CSE classroom delivery

The major barriers to CSE classroom delivery are the lack of availability of documents (COES, PESC and teacher's guide) and the capacity of teachers. Many have difficulties understanding and teaching a syllabus, regardless of whether it includes CSE. To address this issue, the DCI has been revising the guide to simplify it and ensure a better understanding by teachers, and the printing and dissemination of the documents has now been prioritized.

Difficulties linked to piloting include the inability of the DCI to provide regular support to the pilot schools due to human and financial constraints. As the programme is still in its pilot phase, more barriers might be identified and will need to be addressed within an eventual scale-up.

Results so far

- ✓ Development and validation of a CSE framework/ curriculum (COES);
- ✓ Development and validation of the CSE programme (PESC);
- ✓ Development and validation of a guide for educators;
- ✓ Development of communication materials on CSE for parents in Malagasy;
- ✓ TOT for 38 educators by the DCI;
- ✓ Training of 120 educators through cascaded training by the TOT in the pilot sites;
- ✓ Piloting of the CSE programme, the curriculum, and the teachers' guide in four schools;
- ✓ Monitoring, supervision and evaluation in the two pilot sites;
- ✓ CSE training for 1 500 youths in rural schools and 30 educators through the Capacity Development for Education for All (CapEFA) programme of the Improving Agricultural Productivity Programme (FORMAPROD) project.

Sources of information: Rapport d'activités du second trimestre du Service de l'Éducation Sexuelle de la Direction des Curricula et des Intrants du Ministère de l'Éducation Nationale.



Malawi

First-generation programme

Malawi introduced LSE and SRH education in 2000. The objective of the LSE/SRH education was to empower pupils and their teachers and provide them with the knowledge, values, attitudes and skills for HIV prevention and on SRH and sexuality issues, and enable them to cope with the challenges of everyday life.

The Ministry of Education, Science and Technology (MoEST) then decided to combine LSE and SRH education to ensure a more integrated delivery of closely-related topics.. The ultimate goal was to develop and sustain positive behaviours in youth through their active involvement in the teaching and learning process. By 2004, LSE was a compulsory subject in schools, and with the curriculum reform and the roll-out of the Primary Curriculum and Assessment Reform (PCAR), LSE became a core learning area in 2006. In 2010, LSE became an examinable subject, compulsory for the end of primary, junior secondary and senior secondary examinations.

LSE aims to equip learners with decision-making and problem solving skills, effective communication, stress and anxiety management, conflict resolution, morals and values, interpersonal relationship, planning and entrepreneurship, self-esteem and assertiveness, and good health habits. It is made up of six core elements namely: Health Promotion, Growth and Development, Entrepreneurship and the World of Work, Personal Development, Moral Development, and Sex and Sexuality. UNICEF provided technical and financial support for the development and institutionalization of LSE and, although it used to be donor-driven, it is now fully integrated within the MoE as a core curriculum subject.

Current programme

The current CSE programme in Malawi is still called LSE and is based on the initial programme, although the original curriculum has been reviewed and amended. The PCAR was completed in 2009. All subjects from Standard 1-7 were reviewed, including the LSE curriculum, which starts from Standard 2, and new content was incorporated. The content in LSE was reviewed to include topics such as: basic facts about HIV and AIDS, gender and HIV, sexuality, home-based care, drug and substance abuse, and inter-personal relationships. The national primary curriculum for Standard 8 still needs to be reviewed.

In 2013, the MoE and other stakeholders undertook a Secondary School Curriculum Review and Assessment for all subjects, including LSE, to bring the curriculum in line with the changes made during the primary school curriculum review. Following the review, it was agreed that an additional core element, Sex and Sexuality, should be added to the secondary school LSE curriculum. This content had been partially present in the previous curriculum.



Operating environment

The Government of Malawi, and the MoE in particular, has demonstrated a political will to push the LSE agenda in formal and non-formal education, despite some reluctance from religious groups to address sexuality in schools. LSE and life skills-based HIV prevention are two key governmental strategies, identified as such in most education and health policies and strategic plans, such as the: National HIV and AIDS Strategy, National Education Sector Plan, MoE HIV and AIDS Mainstreaming Strategy, National Youth-Friendly Health Strategy, and the National Youth Policy.

LSE is a nationally recognized strategy for students' personal development, increased citizenship, and HIV prevention. It has the full support of parents, teachers, and other stakeholders, except with regard to the early teaching of Sex and Sexuality and the promotion of condom distribution in schools. Nevertheless, Sex and Sexuality as a core element is included in the secondary school curriculum, and as the review of syllabi and books is taking place, it has also been included as a core element in the primary school curriculum. The need for LSE in the fight against HIV is widely recognized and echoed in the press, on TV and radio, where a number of shows and soaps specifically address the issue of HIV prevention and LSE in schools.

The school curriculum is a strategic framework for Malawi, and therefore the inclusion of LSE represents high-level commitment on the part of government.

While the secondary school curriculum review was a window of opportunity for the scale-up of CSE, it also demonstrated the government's commitment to include issues of sexuality education so that young people have access to correct and scientifically-proven information regarding their sexuality. The endorsement by the MoE of the teaching of content on sex and sexuality in secondary schools has also enabled stakeholders to scale up activities.

In addition to a very supportive senior management in the MoE, the endorsement of the ESA Commitment has catalysed a renewed commitment to the scaling-up of CSE among stakeholders. The ESA Commitment coordination mechanism includes a coordination committee made up of: UNESCO, UNFPA, UNAIDS, and the Ministries of Education, Health and Youth. CSO will be included in the mechanism in 2017.

The SHN department in the MoE manages other health-related programmes in schools, such as deworming campaigns, school feeding, micro-nutrient supplementation, HIV prevention programmes for staff, vision and hearing screening, and water and sanitation. As LSE is a subject within the curriculum, it is managed by the Directorate of Inspection and Advisory Services, which is responsible for all curriculum-related activities. The Department of Teacher Education, which has the mandate for teacher training, covers issues related to training.

Positioning in curriculum

LSE is a stand-alone subject, but content is also integrated in other carrier subjects such as Biology, Home Economics, Geography, and Social Studies etc. LSE is compulsory in primary and senior secondary, optional in junior secondary, and examinable at all levels.

Level and age of schooling covered The official primary school age group in Malawi is categorized as 6-13 years. LSE is taught from Standard 2 (approximately from age 7), and the official secondary school age group is defined as 14-17 years. However, ages vary drastically as many children don't leave primary school until they are much older.

Scaling-up strategy

The main aspect of the scaling-up strategy was the revision and roll-out of the new LSE curriculum by government, and thus the continued integration of LSE in government systems. CSE has been scaled up through the introduction of Sex and Sexuality in the secondary school LSE curriculum. Although LSE was already taught in both primary and secondary schools, content did not adequately cover sex and sexuality.

The MoE finalized the revision of the secondary school curriculum in 2013 and implementation of the new curriculum started in 2016. To support the roll-out of the new curriculum, orientation of all secondary school teachers on the new curriculum has taken place using various methodologies, including residential face-to-face and online training. UNESCO has also provided supplementary support for the orientation of teachers in select schools from all six educational divisions by providing additional training on how to deliver the revised LSE curriculum at classroom level. In addition, UNFPA supported the online training of teachers. To ensure long-term sustainability, principals, tutors, and head of departments from all 15 TTCs in Malawi have also been trained. As a result, LSE is now being taught in all TTCs and is a compulsory subject for primary school teacher trainees.

Through the National Education Sector Plan, government has planned to train more teachers on LSE. The MoE HIV Mainstreaming Strategy has also pointed out the need and importance of training more teachers to deliver LSE, and this will contribute to the scaling-up of CSE.

With support from UNESCO, the MoE has revised a teachers' manual to aid the delivery of the new element, and the Ministry also plans to revise/produce learner materials to support the new curriculum. At the primary school level, a review of learners' materials is ongoing.

Time period of scale-up

The scale-up started in 2013 with the revision of the secondary school curriculum, and implementation in schools started in 2016.

What was done to build support?

Building partnerships between government and stakeholders has established CSE as one of the priorities in the education sector. The MoE, with support from UNESCO, has engaged parents from PTAs by orienting them on LSE. The orientation was done for PTA members from select schools in Malawi with the aim of informing parents of the content in the revised LSE curriculum and to get their support for the teaching of the subject. In addition, through a radio programme supported by UNESCO, communities have been sensitized to issues of CSE and SRH for young people. There have also been dialogue sessions on CSE and SRH with members of communities from select areas.

The United Nations Development Assistance Framework (UNDAF) HIV cluster on prevention is also a good collaboration mechanism on CSE. Other players in the cluster continue to support CSE. In addition, the UN TWG on Youth has also provided a platform to build support on issues concerning youth, including CSE.

Activities to ensure sustainability

LSE is integrated into the ministry systems and anchored in the primary and secondary schools and TTC curricula, ensuring long-term sustainability. Capacity-building of teachers by the MoE is taking place, and pre-service training on LSE will also ensure sustainability and increase coverage in a cost-effective way.

Activities to monitor and safeguard quality

Joint planning and monitoring of government and stakeholder activities is taking place. In addition, the inclusion of staff from the Department of Inspectorate and Advisory Services in all training activities ensures that division managers are involved. Six division inspectors have been trained so far. This ensures that trained teachers are regularly supported and supervised. To improve supervision, the MoE, with support from UNESCO, has developed a CSE monitoring tool.

CSE for out-of-school youth

The Ministry of Youth, with support from UNFPA, has developed a CSE manual for out-of-school youth, and district youth officers have been trained on CSE to enable them to deliver CSE to out-of-school youth as well.

While children with disabilities or special needs and those marginalized are often identified or mentioned in policy documents and ministry initiatives, there is little specific detail on how these children are to be included or how their needs are met in terms of LSE teaching and learning.

Linkages to SRH services & demand creation

There are peer education programmes that aim to create demand, but they are school-specific initiatives.

Key players (implementers and donors)

- Ministries of Education, Science and Technology, and Sports (provide policy guidance and financial and human resources to implement programmes);
- Ministry of Youth (provides policy guidance on issues pertaining to young people and on implementing CSE for out-of-school youth);
- MoH (provides youth-friendly services and information);
- Joint UN Programme of Support on AIDS (financial support and collective advocacy for CSE and other areas concerning young people);
- UN agencies such as UNESCO, UNFPA, and UNICEF (financial and technical support);
- International and national NGOs (implementation).

Enabling factors that facilitated scale-up

- Wide political support for LSE, with its inclusion in MoE and MoH policies, plans and strategies;
- LSE is now compulsory in primary and senior secondary, optional in junior secondary, and examinable at all levels;
- Government (MoE) leadership in planning activities for LSE scale-up;
- Provision of resources by partners like UNESCO and UNFPA;
- LSE is a compulsory subject in pre-service TTCs for primary school teachers;
- Inclusion of LSE in the UNDAF.

Challenges/ barriers in scaling up CSE

- Misconceptions from some quarters about content of LSE materials;
- Policy on no condom distribution in schools;
- Inadequate teacher/learner materials on CSE;
- Sometimes uncooperative parents who refuse to have the subject taught at their school;
- Ongoing challenges of sustaining adequate levels of resources and support (particularly in teachers' professional development) to maintain the effectiveness and quality of LSE during the scale-up.

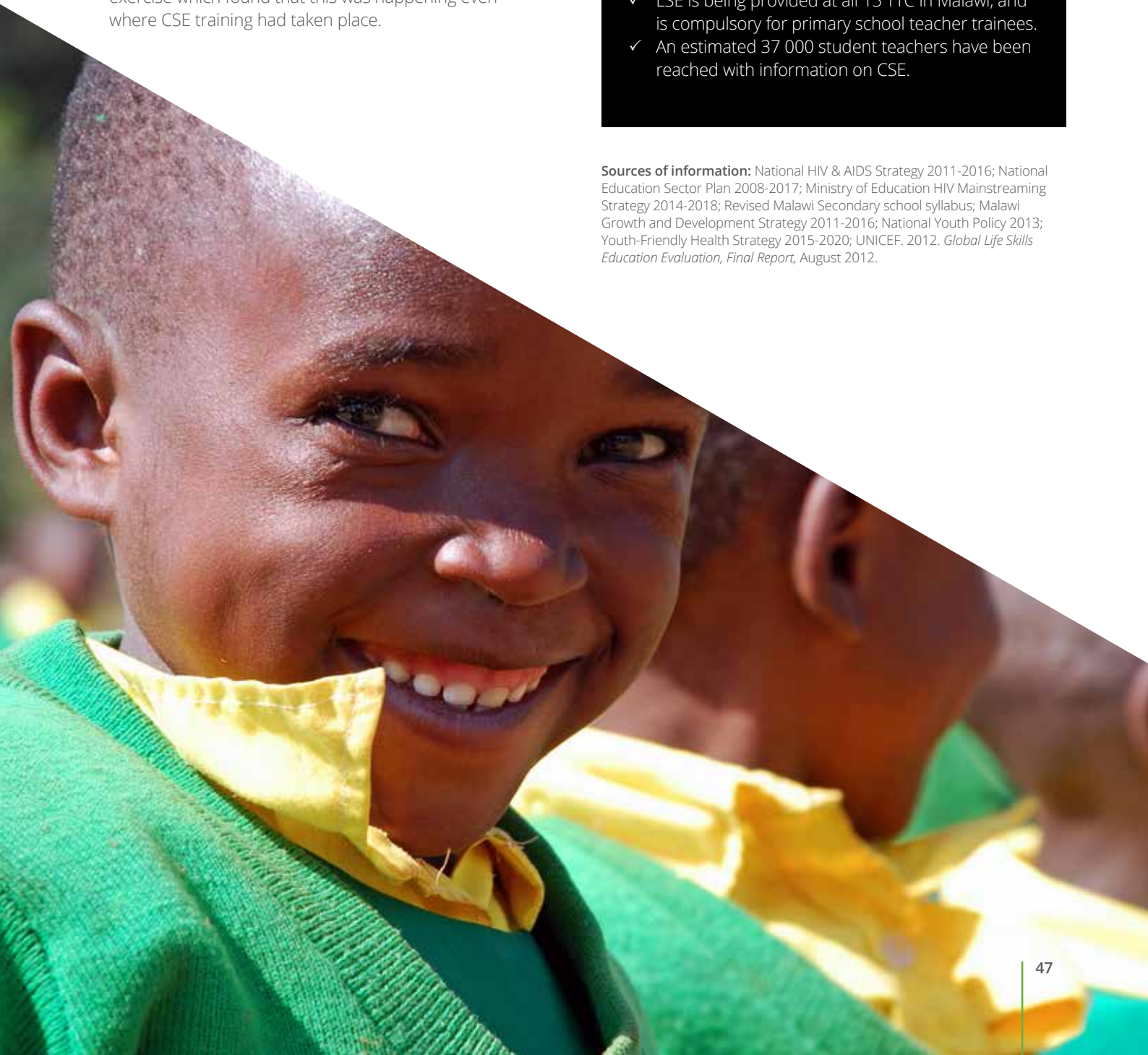
Barriers to CSE classroom delivery

- Many parents are uncomfortable discussing sexuality with their children. This also becomes a barrier for teachers who don't have the full support of parents to teach this subject;
- Certain areas rely on initiation ceremonies as the legitimate way of delivering CSE and assume classroom information is irrelevant;
- Some argue that as the subject is not directly relevant to any career it should not be prioritized;
- Some teachers are uncomfortable teaching sensitive topics and so will not teach them;
- CSE is perceived as controversial by some, and in some instances head teachers will not provide the support required to deliver it. Thus, trained teachers will be deployed to deliver other seemingly more important subjects, such as Biology, with CSE being left out. This was highlighted in a recent CSE delivery monitoring exercise which found that this was happening even where CSE training had taken place.

Results so far

- ✓ The new LSE curriculum, which incorporates Sex and Sexuality at the secondary level, was rolled out in 2016;
- ✓ 455 secondary school teachers received CSE training;
- ✓ 239 secondary school teachers received CSE online training;
- ✓ Revision of the teachers' manual;
- ✓ 6 principal inspectors of schools (responsible for a particular division) trained on CSE;
- ✓ CSE is being taught in 100% of primary schools and more than 60% of schools at secondary school level;
- ✓ A total of 60 lecturers, principals and heads of departments from government and private led TTCs have been trained on CSE;
- ✓ LSE is being provided at all 15 TTC in Malawi, and is compulsory for primary school teacher trainees.
- ✓ An estimated 37 000 student teachers have been reached with information on CSE.

Sources of information: National HIV & AIDS Strategy 2011-2016; National Education Sector Plan 2008-2017; Ministry of Education HIV Mainstreaming Strategy 2014-2018; Revised Malawi Secondary school syllabus; Malawi Growth and Development Strategy 2011-2016; National Youth Policy 2013; Youth-Friendly Health Strategy 2015-2020; UNICEF. 2012. *Global Life Skills Education Evaluation, Final Report*, August 2012.





Mozambique

First-generation programme

Before 2004, there were no curriculum-based programmes, although there was a multisectoral initiative called the Programa Geração Biz (PGB), which adopted a three-pronged approach to reaching young people with SRH interventions in health clinics, schools, and the community. The school-based aspect of the programme was implemented by peer educators (or *ativistas*) and selected teachers who were trained to provide SRH education in secondary schools.

However, LSE has been part of the formal education programme since 2004, when the Ministry of Education and Human Development (MINEDH) revised the curricula and integrated Life Skills. The LSE programme was developed to enable learners to acquire sufficient knowledge, values and skills to develop a positive change in attitudes and well-being. The main challenge has been to empower teachers with the LSE contents. The ministry is now addressing this challenge, with more teachers being trained on LSE.

Current programme

The current CSE programme is LSE. Before 2004, there was no CSE/Life Skills programme.

Operating environment

- Strategic Plan for the National Response to HIV and AIDS (Plano Estratégico Nacional de Resposta ao HIV e Sida) 2015-2019;
- Strategic Plan for Education (Plano Estratégico de Educação) 2015-2019;
- Curriculum Framework (Plano Curricular);
- The MINEDH's Directorate of School Health and Nutrition (Direcção de Saúde Escolar e Nutrição) with a Department of School Health.

Positioning in curriculum

LSE is integrated in some subjects and is examinable. It is taught to different degrees in subjects such as Portuguese, Social Science, Civic and Moral Education, History, Geography, and Natural Science.

Level and age of schooling covered

Students range between the ages of 6 and 24 years.

Scaling-up strategy

Some LSE content had previously been taught in primary and secondary schools but in 2004, the MoE revised the curricula and integrated Life Skills. The main strategy for the scaling-up of LSE has been to integrate it throughout the school curriculum and in teacher training. The MINEDH has a Directorate of School Health and Nutrition in which the Department of School Health (Departamento de Saúde Escolar), in collaboration with the National Directorate of Teacher Training (Direcção Nacional de Formação de Professores), are responsible for the training of teachers on LSE. These Directorates have been working since 2012, primarily with the Pedagogic University (Universidade Pedagógica) on the methodology and contents of the Life Skills training package. The Directorate of Teacher Training and the Department of School Health are now leading the training of teachers.

The MINEDH has been training teacher trainers from the TTIs (Institutos de Formação de Professores [IFPs]) to improve the quality of training. Pre- and in-service training on content and teaching methodologies using the revised curricula, has also been ongoing. Head teachers/principals, curriculum designers, and examination designers have been trained as well. The training has been done through a cascade methodology, predominantly through residential training and for an average five days each.

Time period of scale-up

2004 – ongoing.

What was done to build support?

Partnerships between government, NGOs and other partners were built.

Activities to ensure sustainability

Leadership by the MoE is important for sustainability. As such, capacity-building of staff from the ministry has been key. The MINEDH has developed a training plan which it is now implementing for all relevant cadres, both pre- and in-service.

Activities to monitor and safeguard quality

Joint planning and monitoring of activities with government takes place on a regular basis. The main departments involved are the Department of School Health (Departamento de Saúde Escolar) and the National Directorate of Teacher Training (Direcção Nacional de Formação de Professores).

CSE for out-of-school youth

The MYS has been working towards ensuring out-of-school youth have sufficient knowledge of CSE. Building on the PGB, a number of partners now support the Rapariga Biz programme, which also targets out-of-school youth. Disabled and special needs children require more attention as very little is currently done to address their CSE needs.

Linkages to SRH services & demand creation

The MINEDH, in close collaboration with the MoH, are working towards providing youth-friendly services in schools. The dissemination of information, education and communication (IEC) materials has also been important. Communication materials, such as sensitization pamphlets, as well as male and female condoms provided by UNFPA, are increasingly being made available.

Key players (implementers and donors)

The MINEDH received support from other ministries, such as the MoH, as well as from organizations such as UNESCO, UNFPA, Save the Children, and others.

Enabling factors that facilitated scale-up

- Strong political will for LSE;
- Revision of school curricula, which enabled integration;
- Strong technical and financial support for LSE from partners, welcomed by government.

Challenges/ barriers in scaling up CSE

- Cultural traditions and taboos;
- Lack of financial resources.

Barriers to CSE classroom delivery

Cultural taboos and traditions around sexuality education among the teaching force is affecting the teaching of certain topics and concepts in school settings.

Results so far

- ✓ The revised curricula, which integrates updated CSE content, is being rolled out in schools nationwide;
- ✓ Primary school: Facilitators from the Pedagogic University trained 800 primary school teacher trainees from the IFPs;
- ✓ 33 secondary school teacher trainers were trained on SRH and HIV and AIDS content to facilitate its integration in all secondary school subjects;
- ✓ Development and widespread dissemination of materials on SRH and HIV and AIDS, as well as other cross-cutting issues;
- ✓ The development of a methodological manual covering transversal approaches for integrating SRH and HIV and AIDS content for primary school teachers.

Sources of information: Plano Estratégico Nacional de Resposta ao HIV e Sida (2015-2019), by CNCS; Plano Estratégico de Educação (2015-2019), by MINEDH; Plano Curricular, by MINEDH.



Namibia

First-generation programme

LSE, the main carrier of CSE content, is part of the formal life skills programme in Namibia. After independence in 1990, Life Skills was offered as a separate subject in Grades 8-12, and in Grade 7 as part of Social Studies. From 2006, Life Skills was also introduced in Grades 5-7 as a separate subject. In 2016, Grade 4 was added. It is now offered from Grades 4-12, as a compulsory support (non-promotional) subject. The LSE programme is financed by government as an integral part of the basic education curriculum.

Since 1990, the basic aims of the Life Skills curriculum focused on the optimal holistic development of all learners. The Life Skills subject consisted of three domains, namely Career Guidance, Daily Living Skills, and Personal-Social Skills, and the content focused on study skills, health care, family life and finances, self-awareness, relationships, respect, and citizenship. However, as a non-promotional subject without a full-time responsible teacher, the implementation of the Life Skills programme was limited, and teachers would often use Life Skills classes to teach their promotional subjects.

In the late 90s, the Ministry of Education, Arts and Culture, in partnership with UNICEF, introduced My Future is My Choice (MFMC) as an extra-curricular programme. The programme reinforced and deepened what was learned in other subjects, such as Life Skills, Biology and Life Science, and was designed to reach young people at secondary level with sexual health information, as well as to strengthen young peoples' communication, negotiation and decision-making skills so that they could make safe choices related to their sexual health and associated risk behaviours. While the programme enabled important positive and health promoting changes among participants, there were various obstacles which compromised its effective delivery and implementation, such as the fact that only a small proportion of the target group was reached, since the programme was only offered as an extra-curricular (after school) activity and was not integrated into the main school curriculum. Uneven M&E and insufficient quality control were also barriers to successful implementation. It was therefore decided to offer the programme to all Grade 8 learners, during school hours, at a time that suited each particular school.

At primary school level, learners were reached through Window of Hope, which was introduced in 2004. The programme has four windows (sections) which are delivered throughout junior primary level. It is an afternoon programme and learners have to sign-up for the programme. The programme helps learners to increase self-esteem and acquire knowledge and skills to protect themselves against HIV, as well develop compassion for those living with the disease. This programme is still being offered at junior primary level.



Current programme

Currently, CSE is still offered through the Life Skills subject. Biology and Life Science at secondary school level and Environmental Study at primary school level serve as carrier subjects for some components of CSE. In the new curriculum, which was revised in 2012/13 as part of the overall education sector reform, CSE content was strengthened in the Life Skills subject, and some components/modules of MFMC were also integrated into the programme. CSE components are being further strengthened through the current curriculum reform that started in 2016.

Life Skills as a subject now covers three main domains, namely Career Guidance, Holistic Wellness, and Civic Affairs, and aims to develop learners holistically and empower them with information and skills to make responsible decisions in life. It supports learners in realizing and fulfilling their potential, enjoying a healthy life, and becoming responsible citizen. It provides learners with information about everyday issues they will face at school, at home, and in their interaction with friends and the wider community. Topics covered from upper primary to secondary school level include: generic life skills; adolescent and reproductive health; sexual orientation; gender equality and empowerment; teenage pregnancy and child marriage; and HIV and AIDS and other STIs. The teaching of values and norms forms the core of Life Skills, as it guides learners in giving meaning to life.

In 2011, recognizing the importance of the programme, the Namibian government started appointing full-time Life Skills teachers to support implementation of the programme in all schools. Schools with over 250 learners can qualify for a full-time Life Skills teacher, and those that don't qualify must have a designated teacher/counsellor to offer Life Skills and counselling services, besides teaching one or more other academic subjects. The Life Skills teachers ensure that the subject is taught and learners are provided with counselling and referred to relevant available health and other services. Time allocation for the life skills subject is one period per five-day cycle for Grades 4-7, and two periods per seven-day cycle for Grades 8-12. Each period is 45 minutes.

The programme is backed up by the school health programme, however, implementation of the school health programme is limited in some regions as a result of a lack of human resources.

Operating environment

The overall curriculum review of 2012/3 provided an opportunity for strengthening CSE content within the Life Skills curriculum. The development of an integrated school health training manual also presented an opportunity to include sexuality education and information about adolescents' reproductive health and services within the school health programme.

In addition, the ESA Commitment, which Namibia endorsed in December 2013, has provided a policy framework and a set of targets towards scaling up CSE, and has enhanced and intensified collaboration between the Ministries of Health and Education and other line ministries, including CSOs working with young people and youth-led organizations.

Namibia has a well-developed policy framework which guides the delivery of CSE and provision of youth-friendly SRH services, which includes the: National Strategic Framework for HIV and AIDS; Combination Prevention Strategy; HIV and AIDS Policy for Education Sector; National School Health Policy; Prevention and Management of Learner Pregnancy Policy; OVC Policy for Education Sector; Sector Policy for Inclusive Education; National Standards for Adolescent-Friendly Health Services; HIV Counselling and Testing (HCT) Guidelines; National Policy on Reproductive and Child Health; and National Guidelines on Family Planning. All these policies and strategies underscore the importance of the provision of CSE and SRH services for young people.

The Life Skills school curriculum for upper primary and secondary schools is the strategic framework for providing CSE to in-school youth. It spells out the content and context within which to provide sexuality education in schools. It is informed by the UNESCO ITGSE and the National Strategic Framework for HIV and AIDS in Namibia.

CSE falls under the Programme and Quality Assurance (PQA) Directorate in the divisions of Diagnostic and Advisory Services (DATS) and the HAMU within the Ministry of Education, Arts and Culture (MoEAC). The national school health task force, which is chaired by the MoEAC together with the Ministry of Health and Social Services (MoHSS), is responsible for the coordination of the ESA Commitment and both the HAMU and the PQA represent the MoEAC on the task force. At regional level, ESA Commitment coordination mechanisms have been established within all 14 regions and are at various levels of functionality. Annual work plans have been developed and there is regular follow-up and tracking of the progress made towards the realization of the ESA targets.

Positioning in curriculum

CSE is integrated in the Life Skills subject. It is not examinable but it is assessed. Some elements of CSE are also integrated into academic subjects such as Biology, Life Science, and Environmental Studies, which are examinable.

Level and age of schooling covered

CSE is offered from upper primary to secondary school (Grades 4-12). Learners in junior primary (aged 7-9 years) are reached through the Window of Hope programme, Environmental Studies, Natural Science and Health Education.

Scaling-up strategy

The scaling-up of sexuality education was supported by UNESCO and UNFPA through various interventions, such as the Ten-country review of school curricula in East and Southern Africa, commissioned by UNESCO with the aim of supporting countries to improve the quality of gender-sensitive, life skills-based SRH education, which set the basis for scaling up CSE in Namibia.

The curriculum review presented an opportunity to strengthen CSE content within the LSE curriculum, which was done as a collaborative effort between UNESCO, UNICEF, UNFPA and CSOs, together with the National Institute for Educational Development (NIED) in 2012/13. The results from the review informed the crafting of the new Life Skills curriculum, which was supported by capacity-building of curriculum developers in CSE. Life Skills officers/curriculum developers from the NIED were capacitated on CSE curriculum development and in the utilization of the logic model.

In order for effective teaching and learning to take place, materials were/are being developed and some revised, and teachers are being trained/capacitated in the delivery of the new curriculum, including through the online CSE training module. Due to the lack of technical equipment, those receiving online training did so over four days in a residential setting that was appropriately equipped. The University of Namibia (UNAM), a TTI, was also capacitated in CSE with a view to preparing it to introduce/integrate CSE in its teacher education programme.

Beyond strengthening the curriculum, developing teaching and learning materials, teacher training, and the appointment of Life Skills teachers, the scale-up included:

- The integration of components of CSE and SRH services in the school health programme;
- Awareness-raising on CSE among stakeholders;
- Training of school health focal persons;
- Reaching out to community members, including school board members, with CSE packages;
- Youth and community engagement;
- The strengthening of CSE monitoring by integrating HIV indicators in the EMIS; and
- The establishment of coordination mechanisms on young people's health-related activities at both national and regional level under the umbrella of the ESA Commitment.

The aim of the multisector approach is therefore to ensure that all school-going children and out-of-school youth have access to the right information and are referred to available AYFHS.

Time period of scale-up

The scale-up, through the Life Skills programme, started in 2012/13 with the curriculum review, and was boosted after the signing of the ESA Commitment in December 2013.

What was done to build support?

- Advocacy sessions were set up with key government ministries to present existing and new evidence/data;
- Working sessions were carried out with existing structures that are involved in sexuality education and adolescent sexual health at both national and regional level, for example, the National School Health Task Force;
- The roll-out/popularization of the ESA Commitment at regional level was successfully carried out and resulted in the establishment of coordination mechanisms in some regions. These were established in order to guide and coordinate ESA Commitment-related interventions, including the delivery of CSE to in- and out-of-school youth. This was made possible by the ongoing support and leadership from the lead ministries, namely Health and Education;
- Orientation of community members, including school board members, on CSE.

Activities to ensure sustainability

Sexuality education is mainstreamed in government programmes, namely school health and the Life Skills programme. In addition, advocacy for UNAM to introduce/integrate CSE in teacher education has been ongoing.

Activities to monitor and safeguard quality

Sexuality education indicators are integrated in the EMIS, and responsible officers are trained in the collection and reporting of these indicators. In addition, the school health programme is monitored through the MoH monitoring systems.

CSE for out-of-school youth

The Ministry of Sports, Youth and National Services is responsible for provision of CSE to out-of-school youth. With support from UNFPA, the out-of-school CSE curriculum was developed, and several NGOs support efforts of the sector to strengthen the delivery of CSE and SRH services to out-of-school youth. For example, through the partnership between the Namibia Planned Parenthood Association (NAPPA), the Ministry of Sports, Youth and National Services, and the Ministry of Health and Social Services, out-of-school youth are provided with youth-friendly services at NAPPA youth-friendly clinics which are operating in youth centres in some parts of the country. In addition, the Ministry of Gender Equality and Child Welfare, which is a member of the National School Health Task Force and is also represented in some of the regional ESA Commitment coordination structures, has a specific OVC programme within its portfolio.

Linkages to SRH services & demand creation

While there are no formal referral agreements between the schools and the Ministry of Health and Social Services, at school level the Life Skills teachers, who also act as teacher counsellors, refer learners in need to different available services, such as health, social workers, and other social benefits e.g. social grants for OVCs, disability grant, etc.

Key players (implementers and donors)

- Ministry of Education, Arts and Culture (designs and implements the LSE curriculum and school health programmes);
- Ministry of Health and Social Services (provides youth-friendly services and information to ensure healthy lifestyles and school health programmes);
- Ministry of Sports, Youth and National Services (provides CSE and SRH services to out-of-school youth through youth centres in partnership with NAPPA);
- African Youth and Adolescents Network (AfriYAN) (advocates for youth involvement and for the implementation of the ESA Commitment);
- CSOs (provide youth-friendly services (NAPPA) and advocate for resources and provision of CSE to community members and out-of-school youth);
- Star For Life (supports CSE delivery at school level, including capacity-building of teachers);
- Joint UN Team on HIV and AIDS (mobilizes resources and collective advocacy and technical support for CSE in Namibia);
- Funding for the programmes come from a number of sources, including government, UNESCO, UNFPA, UNICEF, Global Fund, and resources from partners for co-sponsorship.

Enabling factors that facilitated scale-up

- Political commitment and government ownership;
- Joint UN Team on HIV and AIDS and development partners group that provide opportunity for coordinated response and sharing of information and knowledge;
- High rates of teenage pregnancy, high incidents of baby-dumping, and increased new HIV infection among young people, coupled with high stigma and discrimination against people living with HIV and AIDS.

Challenges / barriers in scaling up CSE

- Lack of specialized CSE programmes at pre-set level;
- In-service training for teachers is a costly exercise;
- Limited funding allocation by government for both school health and Life Skills programmes;
- Limited funding for CSOs.

Barriers to CSE classroom delivery

There are several barriers that contribute to the slow or insufficient classroom delivery of CSE. For example, the amount and breadth of CSE content in curricula may not be sufficient. Some questions highlighted below require answers to be able to address barriers that may be affecting successful and efficient classroom delivery of CSE.

These are:

- Does sensitive content get taught across the multi-cultural spectrum of the country where certain taboos are still present?
- Do cultural taboos stop teachers from teaching CSE, even when trained?
- Is the time allocation (two periods per seven-day cycle) enough?
- How well are teachers trained to teach? (Are teachers comfortable and able to address sensitive subjects?)
- Does the curricula emphasize knowledge or does it also take the time to develop skills?

Results so far

- ✓ CSE is integrated/mainstreamed in government Life Skills and school health programmes and is available to all school going children;
- ✓ Full-time Life Skills teachers are in place to implement the Life Skills programme;
- ✓ HIV and CSE indicators are integrated in the education monitoring system;
- ✓ Teacher training (in-service) is ongoing. To date, 439 senior primary Life Skills teachers were trained (in 2015) on the revised LSE curriculum;
- ✓ More than 80 junior secondary TOTs were trained (in 2016) for the junior secondary Life Skills curriculum;
- ✓ 221 Life Skills teachers completed the online CSE module;
- ✓ 43 TOTs, the school health focal points, have been trained on integrated school health;
- ✓ A Memorandum of Understanding on the implementation of the school health programme was signed by the ministers of health and education;
- ✓ An ESA Commitment subcommittee was established under the school health task force.

Sources of information: Life Skills syllabi for upper primary and secondary school level; My Future is My Choice; Window of Hope; National School Health Policy; National Strategic Framework for HIV and AIDS in Namibia.



Rwanda

First-generation programme

Reproductive health, gender, and HIV and AIDS topics were integrated in the previous curriculum and some LSE was provided by the MoE and partners through extra-curricular activities, although no formal structure or programme was in place for these, such as the Anti-AIDS Clubs, which were dependent on a school's initiative. In addition, some NGOs provided support in the localities in which they worked, but this support was very fragmented.

While different policy documents pointed out the need to implement CSE both in and out of school, little guidance and support was provided. Thus, the decision to teach it was entirely dependent on the passion of the teacher, or concern over the HIV rates and EUPs in schools. Furthermore, teachers did not have any formal training on CSE, and therefore lacked the confidence to teach some sensitive topics. The previous curriculum did, however, cover many CSE topics, such as relationships and communications skills, among others.

Current programme

The current programme is called School-Based Comprehensive Sexuality Education, and is integrated into primary and secondary school curricula. Advocacy for the integration of CSE started in 2013 with the orientation of curriculum developers on CSE (in preparation for its integration into the new competency-based curriculum) and awareness-building of stakeholders and youth through public events. In addition, a review of the existing syllabus and the identification of needs was performed to enable the development of content for the new curriculum. As a result of these activities, CSE was integrated across a number of different subjects in the new competency-based curriculum of 2015.

Operating environment

Rwanda has a conducive policy environment for the scale-up of CSE. The National School Health Policy and Strategic Plan, developed by the MoE, outlines the need and provides guidance for the implementation of CSE in schools. In addition, other line ministries, such as the MoH, Ministry of Gender and Family Promotion (MIGEPROF), and Ministry of Youth and ICT (MYICT) have specific policy documents that support and/or complement efforts for the implementation of School-Based CSE, such as the Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Policy and Strategic Plan, National Youth Policy, National Girls Education Policy, National Gender Policy etc.

The development of the new 2015 competency-based school curriculum was a window of opportunity for the integration of CSE as a cross-cutting issue, which was one of eight cross-cutting topics that were integrated into the curriculum.



The conducive policy environment enabled the integration of CSE across a number of different subjects at both primary and secondary school levels. The Rwanda Education Board (REB) of the MoE, which is responsible for curriculum development, setting quality standards, development and management of teachers, assessment, etc., is responsible for the implementation of CSE and has, with the support of UNFPA, hired a CSE coordinator.

Existing coordination mechanisms, such as the ASRH&R TWG, provide guidance to all stakeholders working on ASRH, including CSE. The ASRH&R TWG, which is chaired by the MoH, is composed of line ministries within the social cluster, such as the MoE, MYICT, and MIGEPROF, as well as NGOs and development partners, including the UN. Under the MoE, there are a number of education sector working groups where CSE is positioned.

Positioning in curriculum

CSE is integrated in five subjects, two in primary school (Science and Elementary Technology, and Social Studies and Religion) and three in secondary schools (Biology and Health Sciences, General Studies and Communication Skills, and History and Citizenship). The subjects are compulsory and examinable in the relevant grades.

Level and age of schooling covered

6-18 years old i.e. primary and secondary education.

Scaling-up strategy

As a result of the new competency-based curriculum, CSE was integrated across a number of different subjects' 2015 syllabi. This integration across primary and secondary levels institutionalizes CSE within the MoE's systems.

To support the scale-up of CSE, a total of 30 master trainers in CSE from the REB have been trained to roll out the training of teachers. In 2016, training for 1 327 deputy head teachers in charge of studies from secondary schools from all 30 districts in the country were conducted by the REB master trainers with the support of staff from UNESCO and UNFPA. These deans of studies will in turn cascade the training to other teachers in their respective schools and monitor implementation. In addition, between September and October 2016, the REB trained 2 373 subject teachers from upper primary schools teaching Science and Elementary Technology and/or Social and Religious Studies with the support of UNFPA and UNESCO staff. The training again covered all 30 districts of Rwanda, with one teacher from each of the 2 020 primary schools participating.

As the training lasted three days, it was done in cycles to accommodate the numbers to be trained. Moreover, training sessions on use of sign language were also extended to teachers from special needs schools. In addition to training head teachers from all secondary schools in the country, plans are also under way to train head teachers from primary schools who will also support cascaded trainings and oversee the roll-out of CSE in their respective schools.

The University of Rwanda is reviewing its curriculum for teacher training to fit with the recently revised primary and secondary school competency-based curriculum, and is investigating how CSE could be integrated. This might be done through the introduction of the CSE online course. The development of learning and teaching materials, including lesson plans and support materials (e.g. IEC materials), to guide and support teachers and students in the learning process are also planned. The REB has already adapted scripted lesson plans developed by UNESCO, UNFPA and advocates for youth for primary and secondary schools.

Partners have also engaged the network of young people living with HIV to reach out to communities with information on CSE, particularly on responsible sexual behaviours and making the right choices, through community radio programmes and outreach activities targeting young people in schools. In June 2016, an information workshop was organized for FBOs which brought together 100 representatives from FBOs, the media, and CSOs. Plans are underway for more engagement with FBOs to support the implementation of CSE through advocacy meetings, and civil society has been gradually engaged, starting with the development of the new curriculum, which was a participative process.

Time period of scale-up

2013 to date.

What was done to build support?

Advocacy and mobilization meetings were held targeting curriculum developers specifically on the need to integrate CSE in the curriculum following successful efforts to integrate it in the overall education sector policies and policies by other line ministries, including active participation in the education sector working groups. In addition, awareness-building of stakeholders and youth was done through public events. As mentioned, a high-level information meeting on the role of FBOs was held in June 2016, and the network of young people living with HIV has also been actively reaching out to communities through live call-in radio programmes with messages on CSE and sensitization on HIV prevention, and to schools with messages on living with HIV and preventing HIV infection and pregnancies.

Activities to ensure sustainability

CSE is integrated in the overall national primary and secondary curriculum and there is an ongoing effort to build the capacity of teachers, develop materials, and engage communities to support and sustain the initiative.

The integration of CSE within the reformed curriculum has led to its integration within the MoE's systems and budgets.

Activities to monitor and safeguard quality

CSE, like other subjects in the new competency-based curriculum, will be assessed and is examinable.

A knowledge, attitude, practice and behaviour (KAPB) survey is planned and will provide the baseline data needed to be able to measure the impact of the CSE programme over time. The training of head teachers from all secondary schools, as well as the ongoing training of head teachers from primary school, will provide them with the tools to effectively supervise and support teacher provision of CSE. The integration of CSE in pre-service training will also contribute to improving quality.

CSE for out-of-school youth

One of the other considerations of the new competency-based curriculum is inclusive education, which is also a key element in the teaching and learning materials developed for the curriculum. Efforts are underway to develop a teacher's guide on inclusive education and to train teachers on this, as it is one of the new components of the curriculum.

Out-of-school youth are being catered for primarily by the MYICT, with the support of other line ministries within the social cluster group and other partners, such as NGOs. This is being done through youth development centres, youth corners at health facilities etc.

Linkages to SRH services & demand creation

Work is ongoing to establish and strengthen youth-friendly corners at health centres and youth centre levels, and improve linkages between schools and SRH services provision. The current revision of the ASRH&R Policy and Strategic Plan will enable stronger linkages to be established.

Key players (implementers and donors)

Within the Delivering as One framework of the One UN in Rwanda, UNESCO, UNFPA and UNAIDS are supporting the REB to implement School-Based CSE. This partnership also includes the engagement of communities through CBOs for young people, the media, and FBOs to support the promotion of CSE.

Resources have been mobilized from respective UN agencies' core resources, as well as funds jointly mobilized by UNESCO, UNICEF and UNFPA in 2014, and UNESCO, UNFPA and UNAIDS in 2015 from the Delivering Results Together Fund of the UN Development Operations Coordination Office (UN DOCO). Agencies have also collaborated with other partners and NGOs to use available funds to advance the CSE-related agenda. However, more financial resources will be required to respond to huge capacity gaps in CSE and learner-centred methodologies, now and for a number of years to come.

Enabling factors that facilitated scale-up

The development of the new curriculum provided a window of opportunity to integrate CSE, but efforts to roll out the new curriculum necessitate urgently building the capacity of teachers to deliver CSE, and therefore the collaboration of all stakeholders in scaling-up CSE.

Challenges/ barriers in scaling up CSE

This is a very new component of the new curriculum that needs massive and long-term investments with regard to technical and financial support in order to be effectively implemented at the school level. The implementation of activities by REB has relied heavily on the CSE coordinator paid by UNFPA. As this funding may not be available beyond 2017, and/or not covered by the Ministry, the sustainability of the programme could be affected.

Barriers to CSE classroom delivery

- Lack of materials for use by educators and students;
- Low quality of CSE content in textbooks;
- Large number of students in classes;
- Teachers' religious or moral values opposed to CSE;
- Time allocated insufficient to develop skills and effect change.

Results so far

- ✓ Integration of CSE as a cross-cutting issue in the new 2015 competency-based curriculum, across a number of different subjects at primary and secondary school levels;
- ✓ A total of 30 master trainers in CSE from the REB have been trained to support the training of teachers in the future;
- ✓ Training of 1 327 deputy head teachers in charge of studies from secondary schools from all 30 districts in the country were conducted in March 2016;
- ✓ 2 373 upper primary school teachers teaching Science and Elementary Technology and/or Social and Religious Studies trained on CSE;
- ✓ Networks of young people living with HIV have been engaged to reach out to communities through community radio programmes and outreach activities targeting young people in schools;
- ✓ Advocacy meeting with FBOs to support the implementation of CSE;
- ✓ CSE teachers' toolkit, covering 15 CSE-related topics, developed;
- ✓ As a result of the activities listed above, there is now wide support for CSE and a better understanding of its value. This will in turn effect positive change in the long run.

Sources of information: Report on training of CSE master trainers; Report on training of deans of studies; Report on training of subject teachers; Report on training in sign language for teachers from special needs schools; CSE Teachers' Toolkit.



South Africa

First-generation programme

The HIV and AIDS LSE programme in South Africa began with the process of developing the National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions (1999). The goals of the policy were to provide information on HIV and AIDS so as to reduce transmission; develop life skills, such as communication and decision-making that would result in healthy behaviour in youth; and create an environment of awareness and tolerance in youth for those infected and affected by HIV and AIDS. The policy was initiated to respond to the fight against HIV and AIDS and identified as one of the then Department of Education's (DoE) priorities.

In its initial phase, the HIV and AIDS LSE programme was implemented mainly in public institutions in the General Education and Training (GET) Band, targeting learners in Grades 4-9. The programme focussed mainly on sexuality and health education (including HIV and AIDS), substance abuse, child abuse, peer education, assertiveness, peer pressure, anti-bias, gender issues, and other skills needed by children and youth to cope with difficult everyday situations. At first it was implemented as a curriculum support activity, and later as part of the Life Orientation subject.

Current programme

Currently, sexuality education is integrated into two stand-alone subjects: Life Skills for Grades R-7 (primary level); and Life Orientation for Grades 8-12 (secondary level). These subjects have been taught in class since the revision of the curriculum in 2000 (a second curriculum revision which included Life Skills and Life Orientation took place in 2009).

The Life Skills and Life Orientation curricula specifically deal with the holistic development of the learner from childhood. They equip learners with knowledge, skills and values that assist them to achieve their full physical, intellectual, personal, emotional, and social development, and cover how these facets are interrelated. They focus on the development of self in society, promote self-motivation, and teach learners how to apply goal-setting, problem-solving and decision-making strategies in their everyday life. They also emphasize respecting other's rights and values, promoting lifelong participation in recreation and physical activity, and making informed choices about personal and environmental health, study opportunities, and future careers.

Life Skills and Life Orientation both deal with a diverse number of topics which are subdivided under the following categories in the different phases of learning:

- Foundation Phase (Grades R-3): Beginning knowledge, creative arts, physical education, and personal and social well-being;



- Intermediate Phase (Grades 4-6): Development of the self, health and environmental responsibility, and social responsibility;
- Senior Phase (Grades 7-9): Development of self in society, health, social and environmental responsibility, constitutional rights and responsibilities, and world of work;
- Further Education and Training (FET) Phase (Grades 10-12): Development of self in society, social and environmental responsibility, democracy and human rights, careers and career choices, study skills, and physical education.
- The National Integrated Plan of 2000-2005, which focused on provision of LSE in primary and secondary schools, HCT in the population at large, and community and home-based care.
- HIV and AIDS LSE in the curriculum via Life Orientation, which was introduced in 2000;
- The Integrated School Health Policy (2012), which seeks to address health problems of learners and promote health education on various topics, including SRH;
- The ASRH&R Strategy Framework (2015-2019), which is a multisectoral framework to scale up access to CSE and SRH services for adolescents and youth.

Under each of the subdivisions a number of topics are covered, ranging from conception of self, goal-setting, decision-making, sexuality, relationships and friendships, sexual behaviour and sexual health, HIV and AIDS, and other chronic illnesses, to human rights, nation-building, cultural diversity, dealing with abuse, health and safety related to violence, among others.

Operating environment

South Africa has a very strong legal and policy environment to facilitate the scale-up of CSE. It mandates the government, and specifically the education, social development and health sectors, to combine efforts to address the general health and well-being of South Africans, and in particular on sexuality education, life skills, and prevention, care and support for HIV, STIs and TB. The country's Constitution and Bill of Rights captures the right of all citizens to life, freedom of expression, and health, including reproductive health care and education, with specific guarantees for children.

The South African Schools Act (1996) forms the basis upon which the curriculum is determined through the National Curriculum Statement and its norms, standards, and outcomes. The 2003 National Curriculum Statement for Grades R-12 for Life Skills and Life Orientation provides the backbone upon which they are implemented.

The implementation of Life Skills and Life Orientation, including access to SRH services, is supported by a number of national strategic and policy documents such as:

- The National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions (1999), which was the first effort to equip learners with knowledge and skills to protect themselves against HIV infection;
- The Department of Basic Education (DBE) Integrated Strategy on HIV, STI and TB 2012-2016, developed by the DBE in 2012, which aims to improve coordination and mainstreaming of the basic education sector's response;
- The National Strategic Plans (2007-2011; 2012-2016), which provide guidelines for a multisectoral response to HIV and AIDS, STIs and TB;

In addition, the ESA Commitment, which South Africa endorsed in December 2013, further provides a policy framework and sets targets towards scaling up CSE and access to SRH services. Efforts are currently being made in South Africa to integrate the ESA Commitment in the multisectoral structures that exist in the country.

In 2015, as a result of the development of the ASRH&R Strategy, an interministerial technical committee, led by the Social Development Populations Unit, was established. It is made up of the Department of Social Development (DSD), DoE, and Department of Health (DoH), and civil society to support scale-up of CSE and SRH services, and ensure collaboration and coordination.

The implementation of CSE (as a part of Life Skills and Life Orientation) as a curriculum component lies within the mandate of the Curriculum Policy, Support and Monitoring Branch at the national level. It falls under the Chief Directorate of Care and Support in Schools, which has a dedicated deputy director who manages and guides provincial life skills coordinators on the implementation of the HIV and AIDS LSE programme. These coordinators are responsible for ensuring the implementation of CSE through the Life Skills and Life Orientation subjects in schools, and, to that end, work in collaboration with district coordinators who then support Life Skills and Life Orientation in schools.

The Integrated School Health Programme has a dedicated deputy director who is responsible for the interaction with the DoH, DSD, and other external stakeholders, such as NGOs that support the DBE in the implementation of CSE in schools.

Positioning in curriculum

Life Skills and Life Orientation are taught as compulsory stand-alone subjects and are examinable.

Some content is also integrated in other subjects to strengthen teaching and learning.

Level and age of schooling covered

Life Skills covers Grades R-7 (primary level), and Life Orientation Grades 8-12 (secondary level). They are provided in all public schools.

Scaling-up strategy

The 1999 policy on HIV and AIDS for the education sector was the first opportunity to respond to HIV in the schooling system, and it advocated for the provision of LSE in primary and secondary school, although in 2000 LSE was only taught in Grades 4-6. The National Integrated Plan of 2000-2005 and the 2002 curriculum review provided further opportunities to scale up CSE and LSE to the other grades, both in primary and secondary school.

The scaling-up strategy relies on integration throughout the education system. Through the 2012 Curriculum Assessment Policy Statement (CAPS), which stems from the curriculum review of 2009, all learners in South African public schools have access to information on Life Skills and CSE. In addition, the Integrated Strategy on HIV, STIs and TB (2012-2016), the Integrated School Health Policy, and the new DBE National Policy on HIV, STIs and TB advocate for scale-up of CSE and access to SRH services for learners in schools. The scale-up of the LSE programme in South Africa came after the curriculum review of 2002, and in 2005 was extended from the GET Band (Grades 4-6) to the Foundation Phase (Grades R-3) and FET Phase (Grades 10-12).

After the release of the ITGSE by UNESCO in 2009, South Africa undertook a process of reviewing the Life Skills and Life Orientation curricula against these guidelines in 2011. Where gaps were identified, scripted lessons plans were developed and are currently being piloted with the aim of integrating them into the curricula, thus ensuring alignment to international standards. Existing teaching and learning materials are supplied by the DBE to all schools.

Training of district officials as master trainers is also done by the DBE, and they in turn train teachers to teach the programme as an integral part of the curriculum. These district officials are subject advisors who provide support on a quarterly basis to educators through supervision meetings on continuous assessment, where the educators submit the work done in the previous quarter. UNESCO and UNFPA have also supported the DBE to train teachers through an online course on CSE. The plan is now to roll out the online course nationally. Pre-service training of teachers is not yet institutionalized, although it is currently being investigated.

In addition, through the Peer Education Programme, learners are also trained to support the implementation of CSE in schools.

Through the Inclusive Education Support Programme, the DBE ensures that all learners, including learners with special needs, have access to CSE, however, implementation in schools for learners with special needs has met with some challenges.

Time period of scale-up

The scale-up followed the introduction and implementation of the National Curriculum Statement (2002) and took effect from 2012 after the review of the National Curriculum Policy Statement (CAPS) in 2009.

What was done to build support?

Through the establishment of the various national policies and strategies, including the CAPS, the DBE has engaged a number of stakeholders, such as teacher unions, religious leaders, civil society, and school governing bodies, in the content and implementation of Life Skills and Life Orientation in schools. Through the Life Skills Programme (implemented through the Life Skills and Life Orientation subjects), school community members and parents are also mobilized to support the implementation of CSE in schools. In addition, parental/community participation is integrated into events on the health promotion calendar, such as dedicated prevention and campaign days (e.g. Condom Week, AIDS Memorial Days, World AIDS Day, etc.), which are used as an opportunity for sensitization on CSE and to increase acceptability of the delivery of CSE in schools.

Activities to ensure sustainability

CSE through Life Skills is integrated throughout the DBE's systems and is funded by government through the conditional grant, thereby ensuring long-term sustainability. In addition, continuous capacity-building of teachers and government officials to implement CSE ensures it is implemented and is part of the curriculum.

Activities to monitor and safeguard quality

- The Life Skills and Life Orientation curricula are assessed and monitored by curriculum specialists within DBE and through the implementation of the Curriculum Assessment and Policy Statement;
- Regular training and capacity-building is provided to teachers to ensure quality implementation and up-to-date information and methodology are used;
- The DBE provides quarterly monitoring visits to provinces and schools through the national coordinator of the Life Skills Programme;
- Inter-provincial meetings are held on a six-monthly basis to share information and best practice, and to assess progress and gaps on implementation.

CSE for out-of-school youth

The ASRH&R Strategy Framework (2015-2019) identifies strategies for the scale-up of CSE for learners in schools as well as out-of-school youth. The DSD is responsible for working with out-of-school youth, and an interministerial task team which includes the MoE, MoH, and CSOs, is currently developing a CSE curriculum for out-of-school youth. At present, out-of-school youth are catered for by CSO programmes.

Linkages to SRH services & demand creation

Learners seeking SRH services are referred to health facilities outside school. The recently approved HIV, STI and TB Policy of the DBE provides for access to SRH services through the Integrated School Health Programme, however, implementation is a challenge, partly due to the scarcity of human resources from the DoH.

In addition, to expand the scope of the LSE programme, the DBE and provinces implement the integrated service delivery day events during which all government departments, NGOs, and development partners provide services to learners at a central venue. Through the implementation of the new DBE National Policy on HIV, STIs and TB, this will also serve as a mechanism through which learners can access SRH services.

Key players (implementers and donors)

- DBE (nationally, develops guidelines and policies and designs curricula that provide a favourable environment to implement CSE in schools);
- National Treasury (provides the financial resources to schools through the Life Skills Conditional Grant to implement the LSE Programme);
- South African National AIDS Council (SANAC) (supports the multisectoral response of the government to HIV, STIs and TB);
- Provincial DoE (guides and supports the implementation of LSE and CSE in schools);
- Districts and schools (responsible for implementation of school curriculum and examination);
- DoH (supports schools through the Integrated School Health Programme using school health teams for the provision of health services and health education, including ASRH);
- UNESCO and UNFPA (support the DBE through the implementation of the ESA Commitment activities);
- United States Agency for International Development (USAID) (provides technical and financial support for the development of scripted lesson plans on sexuality education);
- NGOs (extra-curricular activities with learners, funded through the conditional grant, development partners, and other funding agencies).

Enabling factors that facilitated scale-up

- A strong policy and legal environment to support the provision of CSE and access to SRH services to learners in schools;
- Other South African government seminal documents and legal frameworks, such as the Delivery Agreement Outcome 1: Improved quality of basic education; National Development Plan 2030; Action Plan to 2019: Towards the Realization of Schooling 2030; and the South African Schools Act, among others;
- Political commitment and programmatic support from government through the national strategic plans led by the Presidency through SANAC with representation from government departments, development partners, CSOs, which provide an enabling environment for the education sector to provide LSE and CSE in schools;
- The recently developed ASRH&R Strategy Framework (2015-2019), which supports scale-up of CSE for learners in schools as well as out-of-school youth.

Challenges/ barriers in scaling up CSE

- Though all public schools implement the Life Skills Programme through Life Orientation, there are challenges with former Model C schools (previously segregated schools), who regard social challenges as an external factor to them;
- Lack of school management team's involvement in some schools poses a challenge to implementation of the Life Skills Programme as part of the whole school system;
- In most schools, across all nine provinces, teachers who teach Life Orientation are often rotated to teach other subjects, and this then leaves a gap that results in the need for continuous retraining of newly allocated teachers in Life Skills.

Barriers to CSE classroom delivery

- The Life Orientation time allocation, which is only two hours a week, is not sufficient to cover all topics;
- Some CSE content is missing from the curricula, which is being addressed through the scripted lesson plans;
- At times, teachers' own values and reluctance to teach CSE interferes with the teaching of certain topics in the curriculum. However, the DBE, through the scripted lesson plans, is aiming to address this barrier. The online CSE training of teachers should also contribute to overcoming this barrier.

Results so far

- ✓ CSE and LSE content is integrated into the Life Skills and Life Orientation curricula as well as other subjects, and is taught from Grade R to Grade 12 in all public schools. Life Skills and Life Orientation are compulsory and examinable.
- ✓ The Eastern Cape DBE has trained 53 HIV and Life Skills coordinators on the online CSE course. The plan was to train an additional 850 teachers in the Eastern Cape in 2016, and initiate the process of rolling out the training to other provinces. To date, 312 Life Orientation teachers have been trained.

Sources of information: South African Schools Act 1996; National Policy on HIV and AIDS for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions (1999); Comprehensive Report for the Life Skills HIV and AIDS (Education) Programme; Department of Basic Education Integrated Strategy on HIV, STIs and TB (2012-2016); Integrated School Health Policy (2012); Guidelines for the Implementation of Peer Education Programmes for Learners in South African Schools; National Curriculum Statement for Grade R-Grade 12, 2012; Curriculum and Assessment Policy Statement for Life Skills: Grade R-3, Grade 4-7; Curriculum and Assessment Policy Statement for Life Orientation: Grade 8-9 and Grade 10-12; National Adolescent Sexual Reproductive Health and Rights Framework Strategy, 2015-2019.



South Sudan

First-generation programme

In 2002, UNICEF supported the Secretariat of Education (SoE), the name used during the civil war, and the education sector to develop a Life Skills curriculum and materials for schools. The curriculum aimed to develop knowledge, attitudes and skills for HIV prevention, health and sanitation, landmine safety, conflict resolution, peace-building, and the promotion of human rights. Teachers and mentors were trained to utilize participatory teaching and learning methodologies. The learners included in- and out-of-school youth, women's groups, community groups, and local authority personnel. UNICEF promotion and advocacy teams, the human rights team, health promoters, Life Skills facilitators, counterparts, and youth contributed to the development of the materials. The module on HIV included information and activities on relationships; facts about HIV and AIDS; HIV, Gender and Culture; Violence and HIV; and Living with HIV, as well as Caring for People with HIV.

In 2012, this curriculum was revised and became the Life Skills and Peacebuilding Education (LSPBE). It built on the previous curriculum, with a special focus on strengthening resilience, social cohesion, and human security in conflict-affected contexts. The programme was piloted in over 60 schools.

Achievements:

- Learners' and teachers' materials were delivered to over 60 pilot schools³¹ (pre-primary, primary, secondary and alternate education systems for out-of-school youth);
- This led to the formation of clubs that delivered Life Skills to learners;³²
- More extra-curricular activities were implemented in schools, leading to interschool competitions such as performing arts and music;
- Monitoring of Life Skills implementation was undertaken and findings shared in a validation workshop in 2014;
- According to one representative from a region that piloted the programme, schools reported fewer school punishments effected on learners and learners were more active in class.

Challenges:

- Materials were not used in some parts of South Sudan where medium of instruction was Arabic, and in schools which were implementing the Sudan³³ curriculum before it was phased out;



³¹ Email correspondence from UNICEF staff. Date 07/05/2015 13:57.

³² Feedback presented during a validation workshop by trained Life Skills teachers in 2014.

³³ South Sudan gradually phased out Sudan curriculum in 2013 (<https://radiotamazuj.org/en/article/s-sudan-education-minister-announces-cancellation-sudanese-secondary-curriculum>).

- Life Skills was given less priority in schools as the subject was not examinable;
- Head teachers were not supportive and did not allow schedules to be revised to accommodate Life Skills. This was because many were not given any orientation;
- Teachers complained that it was an added task, for which they were not compensated;
- Not all teachers in the schools were trained, and few teachers could integrate Life Skills in core subjects;
- Life Skills was not piloted at all levels in the schools.

Current programme

Following the pilot project's validation workshop in 2014, the Ministries of Education and Youth, together with other stakeholders, revised the LSPBE curriculum. The revised curriculum is designed so that learners can acquire the competencies to enable them to become personally, socially, and emotionally stable to manage the social, cultural, economic, and environmental dynamics of life.

Aspects of CSE were widely integrated into the following four thematic areas:

- Personal development: self-awareness, value clarification, personal attributes, emotional and spiritual development;
- Social and citizenship development: communication, interpersonal relationships, gender dynamics, disability issues, human rights, citizenship and leadership;
- Peace-building and conflict resolution: peace-building, conflict resolution, negotiation, reconciliation, capacity-building;
- Healthy living: STIs, HIV and AIDS, healthy hygiene and living practices.

The curriculum was approved by the MoEST in 2015 and used to develop teaching and learning materials. The process drew expertise from across the country, involving teachers, technical experts from UN agencies and NGOs, university lecturers, teacher educators, curriculum developers, and Ministry of Youth focal persons. Disability issues have been integrated into the LSPBE and other Life Skills materials, and the MoEST has developed an inclusive education policy that reflects its stand on the issue. The current pre-service teacher training curriculum was also revised by Light for the World to ensure that inclusive education is well addressed.

Operating environment

Concerns at the national and community level about the prevalence of teenage pregnancies, early marriages, sexual and gender-based violence, low comprehensive knowledge on HIV among young people, and high risk sexual behaviour meant that the environment was conducive to the introduction of CSE. In 2014, the MoEST, MoH, Ministry of Culture, Youth and Sports, Ministry of Gender, and the South Sudan AIDS Commission (SSAC) participated in a three-day CSE orientation workshop. The outcome of the workshop was a unanimous consensus that CSE was to be integrated in all education curricula.

The SSAC reflected this commitment in several policies and strategies that emphasize that the role of the government, through the MoEST, is to deliver CSE to young people as a means to address drivers of HIV and sexual and gender-based violence. In addition, several ministries, including Gender, Health, and Youth, have developed policies and strategies that reflect that the provision of CSE and/or Life Skills to young people in education is critical. In terms of the education sector, the South Sudan Curriculum Strategy stipulates that topics addressed in Life Skills, such as HIV, must be integrated across all subjects.

The ESA Commitment was an essential impetus to integrate CSE into the education sector. In April 2015, the first national interministerial meeting attended by ministers and undersecretaries of Education, Health, and Cabinet Affairs gave attention to progress made, gaps, and future plans with regard to the targets set in the ESA Commitments. As a result of this first meeting, a forum was established that will be meeting quarterly to plan and report on progress made in relation to the HIV response and the ESA Commitment targets. In addition to the forum, there is an ASRH TWG attended by all the key SRH stakeholders, which is hosted by the MoH and co-chaired by UNFPA.

Integration of CSE is the mandate of the Directorate of Quality Assurance and Standards, which has a department for curricula. The directorate has the mandate to work across teacher training, curriculum development and the development and implementation of the curriculum strategy, material development, and school inspectorate, in collaboration with other directorates such as basic and secondary education, gender and inclusive education, alternate education systems, and planning.

Positioning in curriculum

CSE is integrated into LSPBE, which is a stand-alone but non-examinable subject. Other subjects in the basic and secondary national curriculum that may cover some topics on CSE include Christian and Islamic Religious Education, sciences like Biology, and Languages. The LSPBE curriculum can also be used to integrate CSE components into other core subjects or extra-curricular activities.

Level and age of schooling covered

LSPBE covers pre-primary (3-5 years), primary (6-13 years), and secondary levels (14-17 years), as well as alternate education programmes that target out-of-school young people. As over-aged learners are found across all levels and make up the majority of the learners, they are likely to receive age-appropriate information during extracurricular sessions only.

Scale-up strategy

The LSPBE curriculum was revised in line with guidance from the ITGSE in 2014. Between 2015 and 2016, the MoEST, with support from partners like UNICEF, UNESCO, UNFPA, CBOs, NGOs, young people, and community representatives, embarked on reviewing teaching and learning materials.

The materials were to be distributed to all schools by 2016, however, insecurity continues to be a deterring factor. UNICEF facilitated workshops that intend to orient Life Skills school teachers on the changes in the curriculum. The teachers will later be trained on how to use the materials. Thus, the next steps include training teachers on CSE using online training where feasible, or through cascaded training.

The Director-General for Quality Assurance and Standards has been instrumental in making sure that activities under his mandate, such as teacher training and curriculum development, integrate CSE. He has also ensured that qualified staff benefit from training. To increase sustainability, these MoEST master trainers have and will continue to plan and implement training workshops, as well as monitor and report on the activities. It may take over two years to roll out the training to teachers in at least 50% of the schools. During this period, it is anticipated that the over 20 education partners offering training on Life Skills for in-service teachers will revise their training modules. It is also envisaged that the pre-service teacher training curriculum will be revised to include CSE. In addition, the MoEST has established education centres at the county level. This presents an opportunity to reach out to hard-to-access areas, and build capacity at lower administrative levels to implement teacher training. However, the speed of the scale-up of training will be dependent on the mobilization of funds, which are currently insufficient, but the African Education Trust (AET) is supporting the online training of secondary school teachers, which could include CSE training in the future. Through Interactive audio instruction, AET also trains community literacy tutors. If resources are available, similar platforms could be used to reach out to a high number of teachers in over 200 schools.

Other key activities to support implementation include: advocacy and sensitization through meetings and the media to sustain high-level management commitment from national to community level, as well as improve community and parental engagement; and the integration in 2015 of HIV indicators into the EMIS and M&E education sector-wide framework. In collaboration with the school inspectorate, work has started to investigate how the HIV indicators could be integrated into relevant supervisory tools and visits.

Time period of scale-up

The process started in 2014 when the LSPBE curriculum was revised in line with guidance from the ITGSE, and is ongoing.

What was done to build support?

Key strategic partners were identified, including those who have a coordinating role and members of TWGs on young people, such as SSAC, UNAIDS, UNESCO, UNFPA, UNICEF and Light for the World (focusing on inclusive education). These organizations have prioritized CSE and Life Skills in their working documents, including policies, strategies and work plans. Moreover, various workshops and meetings were organized to sensitize stakeholders on CSE and Life Skills (e.g. the interministerial CSE meeting in 2014 mentioned above).

In 2014, the undersecretary of the MoEST and a MoH representative participated in the ASRH symposium which was attended by over 1 000 delegates in Lusaka, Zambia. The lessons learnt from the symposium led the two representatives to coordinate the first national interministerial dialogue on CSE. They were able to solicit support from the Ministries of Health, Education, and Cabinet Affairs to speed up implementation of the ESA Commitments.

In addition, community and parental sensitization and engagement has been ongoing and addressed by a number of different partners. For example, CBOs are engaging with PTAs and school managers on the delivery of comprehensive SRH information and services to learners; over 20 journalists were trained by Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) to provide accurate, sensitive and non-judgemental reporting on CSE; and a young peoples' organization, Initiative for Community Empowerment, has developed a newsletter, Teenvoice, which reflects questions and thoughts from adolescents from primary and secondary level and supplements information provided by teachers.

Activities to ensure sustainability

- Training of curriculum developers and other MoEST staff as master trainers to ensure that their activities become an integral part of the Ministry's activities. One of these master trainers oriented pastoralist teachers on CSE in June 2016;
- Development of policies and strategies to guide future implementation, such as the EMIS Annual Education Census questionnaire, National Inclusive Education Strategy 2015, LSPBE curriculum and guidelines, and M&E strategy and framework (draft);
- Provision of resource materials, including training manuals.

Activities to monitor and safeguard quality

- Monitoring of CSE teacher training sessions;
- Editing of Teenvoice newsletter to ensure content is age- and culturally-appropriate and aligned to the LSPBE curriculum.

CSE for out-of-school youth

A Life Skills curriculum and materials were developed for out-of-school youth, and through the pastoralist education project supported by FAO and UNESCO, efforts were made to integrate CSE into the pastoralist education curriculum, syllabus and teacher training modules.

Linkages to SRH services & demand creation

UNFPA has done some work linking schools to the ASRH programme. This is currently being done through partners. MoH has also carried out sensitization activities in schools.

As earlier mentioned, community and parental sensitization and engagement has been ongoing by CBOs who are engaging with PTAs and school managers on the delivery of comprehensive SRH information and services to learners. To strengthen this component, linkages are reflected in the LSPBE training.

Key players (implementers and donors)

- Line ministries (Education, Health) and Ministry of General Education and Instruction (MoGEI) and the Ministry Culture, Youth and Sports.
- SSAC
- Technical and financial resource partners
 - UNESCO, UNICEF, and UNFPA (provide technical and resource support to stakeholders to address ASRH; support the development of curriculum and materials on LSPBE; and build capacity of educators on Life Skills);
 - About 20 organizations, including AET (offer support for the provision of LSE and community engagement.)
- Implementing organizations
 - ICE, a young people's organization (publishes Teenvoice newsletter);
 - Y-Peer South Sudan (YPSS) (collects stories and concerns from adolescents in schools and shares them with ICE so that they are reflected in the Teenvoice newsletter. They reach out to 60 primary and secondary schools. YPSS also trains 180 teachers on SRH topics);
 - The Community Empowerment Initiative (CEI) (in 2016, together with YPSS, mobilized 55 schools whose 99 teachers were trained on CSE. The two organizations also facilitated community and parental sensitization in 26 schools).

Enabling factors that facilitated scale-up

- High-level commitment in the MoEST;
- Strategic partners have financial and technical resources to facilitate the scale-up;
- Over 20 education partners are training teachers, adolescents, and PTA on sexuality education and SRH;
- Other ministries and SSAC have prioritized increasing access to LSE;
- Commitment from the curriculum developers and teachers to integrate CSE in curriculum and materials.

Challenges/ barriers in scaling up CSE

- Higher focus on humanitarian work limits the amount of resources available to operationalize the education sector's long-term goals. In some cases, projects have prematurely ended or been re-programmed due to a lack of resources;
- Limited financial resources to scale up teacher training across the country;
- Absence of a teacher training curriculum for secondary school pre-service teachers (the Ministry of Higher Education is mandated to develop the pre-service curriculum for secondary school teachers);

- The pre-service teacher training curriculum has not incorporated CSE, hence, a likelihood that teachers will not be able to deliver the Life Skills curriculum effectively;
- While there are a number of partners working with schools, many have very limited financial resources to expand or even sustain the activities;
- Socio-economic and cultural practices limit access to education, such as high prevalence of child marriages and sexual and gender-based violence;
- Insecurity limits accessibility and impacts on the quality of work;
- Several generations of conflict as well as cultural limitations have led to a high prevalence and even tolerance of sexual and gender-based violence.

Barriers to CSE classroom delivery

At this stage, barriers to classroom delivery are unknown as only a small number of teachers have been trained thus far, and teaching and learning materials have not yet been delivered to schools.

Results so far

- ✓ The LSPBE curriculum was revised to integrate CSE, with full dissemination planned for by the end of 2016. However, due to the ongoing crisis across the country, delivery of the materials has been put on hold until 2017;
- ✓ Learners' materials have been finalized, and teachers' materials are being edited;
- ✓ 26 curriculum developers guided and mentored on how to integrate CSE in curriculum;
- ✓ Over 60 book writers guided to integrate CSE in learning and teaching materials;
- ✓ 13 teacher educators trained as TOTs;
- ✓ CSE online teacher training for five teacher educators from three government TTIs and three from one private TTI;
- ✓ Six organizations comprising of AET, Teen Confront, ICE, Community Aid for Development, YPSS, and CEI had their staff complete the CSE online training. It is expected that they in turn will cascade the training to others;
- ✓ CSE online teacher training for 124 teachers;
- ✓ In May 2016, seven prospective partners participated in a workshop intended to provide an orientation on materials developed for community engagement. The prospective partners are currently working with over 300 schools and will be sharing concept notes on how they will utilize the materials to better facilitate community dialogues on CSE. In 2016, work with three organizations was initiated and the intention is to increase this to seven organizations when resources become available.

Sources of information: http://www.unicef.org/lifeskills/index_8400.html; <http://learningforpeace.unicef.org/wp-content/uploads/2015/10/South-Sudan-LSPBE.pdf>; End-of-year South Sudan Sida report 2015; End-of-year South Sudan Sida report 2016; <http://reliefweb.int/report/south-sudan/sexuality-education-youth-south-sudan-strengthened>



Swaziland

First-generation programme

The G&C Programme dates back to 1987. It was initially comprised of career guidance, career fairs, and aptitude testing and interpretation, which targeted secondary schools in order to prepare learners for work life. In the early 90s, in response to the UN Convention on the Rights of the Child (CRC) and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the programme expanded to include themes on human rights, life skills, and gender and, in recognition of the need to cater for every learner in the school system, the programme was extended to the primary school level.

In 1999, the escalating HIV and AIDS prevalence in the country led to the declaration of HIV and AIDS as a pandemic, which necessitated the introduction of a health component in the G&C Programme to address HIV and AIDS using LSE as the conduit. In addition, multisectoral school-based initiatives, especially those implemented in the Lubombo region, highlighted high levels of poverty, EUP, and drop-out rates. These initiatives, as well as the ESA curriculum review undertaken in 2011, identified a gap in the curriculum and content. The lack of a standardized curriculum led to an influx of uncoordinated materials into the schools from different organizations.

Based on these findings, the MoET initiated the process of developing a LSE curriculum for secondary schools, the roll-out of which was fast tracked by the ESA Commitment of 2013.

Current programme

In 2011, the G&C Department put together a subject panel to review and develop the new secondary schools curriculum, which is now referred to as the Guidance and Counselling LSE Curriculum. It was finalized in 2014, officially launched in July 2015, and rolled out to all secondary schools in 2016. The curriculum is structured around three strands: Career Guidance, Health Promotion, and HIV and AIDS. The curriculum has been supported by the development of a coordinated LSE teachers' handbook that ranges from level 1 to level 5, covering ages 12-18 years and above. The curriculum approach is both thematic and partially spiralling through all the levels. At each level, the concept becomes progressively more complex in response to the learners' needs and growing ability to handle more complex concepts.

At primary school level, LSE is delivered through an integrated model in different subject areas. The curriculum is currently being reviewed and processes to introduce LSE at tertiary level have been initiated.



Operating environment

The programme has received immense political, institutional and partner support. The LSE curriculum is aligned to the Swaziland Education Sector Policy (2011), article 6.1.3, which states that the MoET should ensure provision of age-appropriate evidence-based, and comprehensive education on HIV and AIDS and life skills. Article 6.1.4 further calls for its integration into the official curriculum. LSE issues are regulated under the Inqaba framework, which specifically falls under the HIV, Life Skills, and Gender pillar. Inqaba is a framework known as Care and Support for Teaching and Learning (CSTL) at the SADC level, which creates a safe and child-friendly environment in all schools.

The SADC CSTL policy framework for teaching and learning, which was recently adopted and officially launched by the MoET, also creates an enabling environment for the implementation of this programme. The curriculum is aligned to other national policies and strategies as well, such as the National Development Strategy (NDS), the HIV extended National Strategic Framework (eNSF), the SRH Policy, and the Swaziland National Youth Policy.

To operationalize the LSE curriculum, the MoET released Circular 42/2015 instructing schools to provide one period per class per week for LSE. This reinforces the initial circular released by the ministry in 1990, stipulating the same. The programme is coordinated within the MoET by the Department of Educational Testing, Guidance and Psychological Services (ETGPS), whose mandate is to coordinate and provide G&C services. The department is made up of professional officers who are placed at national level and in the four regional education offices. These officers have access to all schools in Swaziland and coordinate all activities on LSE.

Since the department addresses multiple cross-cutting issues, it has created a subject panel, which is a professional body comprised of officers from the education and health sectors and partners. This body regulates LSE materials that are used in the school system. Within the MoET, the curriculum is coordinated by the National Curriculum Centre, working with the subject panel and with the G&C department as chair. The Ministry works in collaboration with, and with support from, development partners.

To improve coordination and collaboration, a TWG on ASRH issues is in place. The ETGPS co-chairs this TWG on a rotational basis. The TWG is an official regulating organ led by the Ministries of Education and Training, Health, and Sports, Culture and Youth Affairs. It coordinates partners working in SRHR of young people.

Programming for LSE has been a widely consultative process that included all the education sector stakeholders through sensitization meetings and partner mapping exercises.

Positioning in curriculum

At secondary school level, LSE is a stand-alone subject that is delivered during one period per week per class and is compulsory but non-examinable at the moment.

At primary school level it is integrated into most subjects. Formative classroom assessment takes place in the teaching and learning of LSE, but not summative assessment, with the exception of primary schools, where LSE is integrated in most of the core subjects.

Level and age of schooling covered

LSE coverage in Swaziland is national and is provided both at primary and secondary school levels, as core curricula, integrated, and as an extra curricula activity.

Scaling-up strategy

The scaling-up process at secondary level has involved the selection and training of curriculum designers and the writing team, who were capacitated on the use of the ITGSE, Reducing Sexual Risk Behaviour Toolkit, and Swaziland's HIV Prevention Toolkit. It also involved the development of an LSE Teachers Handbook, piloting in 25 secondary schools, and the presentation and approval of the curriculum by the LSE subject panel and by the Curriculum Coordinating Committee (CCC).

To strengthen the initiative, the recently reviewed stand-alone curriculum has been rolled-out to 255 secondary schools and the process is ongoing (2016). Newly established secondary schools are also being assisted in planning for the inclusion of this programme.

The LSE curriculum development process has included the orientation of relevant stakeholders, such as school principals and deputies, and parents' sensitization meetings are ongoing. The process was led by the MoET with the support of development partners. The school curriculum is being reformed and in some learning areas, LSE has been integrated, while other strategies are being put in place to introduce other learning areas as activities, for example, in the expressive arts as well as in non-content learning areas, such as Languages.

Currently, the MoET is using subject teachers to teach LSE, and an ongoing monitoring process is in place which will, in the future, help to identify teachers' effectiveness in delivering LSE in classroom settings. In addition, the MoET, in partnership with UNESCO, UNFPA, and the Media in Education Trust (MIET), have initiated the process of customizing a pre-service module on LSE with teacher education colleges. This will reduce training costs and enable the creation of a dedicated cadre of teachers, which is a long-term policy goal.

Time period of scale-up

The process of scaling-up LSE in secondary schools dates back to 2011, when material development, including the syllabus, started. Piloting took place in 2013. The curriculum was launched in 2015 and rolled-out in 2016.

What was done to build support?

The G&C Department established a subject panel in 2011 comprising of most education sector stakeholders. This was meant to guide and support the development of the curriculum.

The MoET, MoH, Ministry of Culture, Sports and Youth Affairs jointly participated in the ESA Commitment meetings to discuss and select best practices on programming for young people on LSE issues.

In a bid to build support for LSE, the MoET, together with partners, carried out the following activities:

- Coordination of partners and areas of support;
- Materials development and printing;
- Mobilization of resources;
- Funding of roll-out by partners;
- Popularization of LSE through the launch of the curriculum;
- Capacity-building of teachers for implementation of LSE;
- Sensitization meeting with school principals, deputies, and parents;
- Development of M&E;
- Ongoing capacity-building and refresher activities through the LSE online training module.

Activities to ensure sustainability

The LSE programme is informed by the education sector policy of 2011, national strategies, and circulars. This provided the opportunity to have an LSE programme that is costed and budgeted for.

The MoET, in collaboration with partners, has also initiated discussions with TTCs to introduce LSE as a pre-service training programme for student teachers.

Activities to monitor and safeguard quality

The G&C regional education officers routinely visit schools to monitor and support the teaching of LSE. There are classroom and school-based monitoring tools in the form of LSE lesson attendance registers, as well as feedback sessions by learners and teachers through focus group discussions. M&E processes have included baseline and end-line knowledge, attitude and practice (KAP) studies.

Furthermore, the MoET has requested UNESCO, UNFPA, UNICEF, World Education, and other partners to support the development of a monitoring, feedback and evaluation strategy that will be aligned with and ensure the effective implementation of LSE. The process, which is still in its infancy, aims to develop an M&E framework that would cover all levels, from EMIS at national level through the annual census, to the classroom level, for routine monitoring. The MoET will also be supported to collect real-time data through use of tablets with web-based data tool and U Report.

LSE for out-of-school youth

The MoH and Ministry of Sports, Culture and Youth Affairs are engaged in coordinating and delivering LSE information and services to out-of-school youth. The National Youth Policy, which provides leadership on programming for all sectors of the youth population, is in existence, and the country is in the process of developing a national LSE framework that will govern the implementation of LSE in all settings.

These ministries are engaged with partners in delivering LSE in most constituencies across the country through Tinkhundla Youth Associations, community-based youth clubs, and national cultural activities.

Linkages to SRH services & demand creation

Through the ESA Commitment and ASRH TWG, efforts are being made to link schools with community and health facilities. The MoH is committed to institutionalizing AYFHS in all health care facilities through pre- and in-service training of health care workers, and G&C officers, teachers, and health personnel are trained on ASRH, in order to create demand for and offer youth-friendly services.

In addition, the MoH and Ministry of Sports, Culture and Youth Affairs continue to provide mobile outreach integrated SRH services.

Key players (implementers and donors)

The key implementers and funders of the programme are the MoET (ETGPS, National Curriculum Centre, Teaching Service Commission, and In-service Training Department), MoH, UNESCO, UNICEF, UNFPA, World Education Initiative, Global Fund, and the Coordinating Assembly of Non-Governmental Organizations (CANGO).

Enabling factors that facilitated scale-up

There is strong support from leadership within the MoET, and the Education Sector Policy of 2011 provided a basis for moving the LSE agenda forward. In addition, the capacity-building of G&C officers and curriculum designers on programming for young people and the LSE curriculum development have been key in supporting the scaling-up of LSE. To increase support and buy-in of stakeholders, teachers were capacitated on the delivery of LSE, while principals, deputy principals and parents were sensitized on LSE.

Challenges/barriers in scaling up LSE

- The in-service training of teachers is costly, and funding is currently inadequate for full coverage;
- Swaziland is recovering from an economic downturn, which is affecting funding across all sectors. Had sufficient resources been made available, all planned activities for scaling-up LSE would have been implemented;

- There are still some misconceptions that LSE promotes promiscuous behaviour among adolescents and young people;
- With regard to cultural issues, negotiating for LSE in strong cultural settings like Swaziland requires a well-thought-out strategy and time to accommodate protocol and maturing of ideas among stakeholders.

Barriers to LSE classroom delivery

While the LSE curriculum is relatively comprehensive, a few weaknesses exist such as:

- Lack of a strong presence of topics on gender and rights;
- Insufficient time allocation;
- LSE competes with examinable subjects;
- More capacity-building is needed as there are still elements of discomfort among teachers;
- A weak M&E mechanism and lack of resources.

Results so far

- ✓ The newly reviewed and developed LSE curriculum for secondary schools is being provided to 255 secondary schools;
- ✓ Ownership of the document at national level;
- ✓ As of 2016, all secondary schools must provide one LSE period per week;
- ✓ LSE materials have been developed, printed and distributed;
- ✓ 1 570 LSE teachers have been trained on LSE as of 2016;
- ✓ The implementation of LSE has been supported through the LSE online training module;
- ✓ Development of M&E tools;
- ✓ Parents LSE sensitization meetings;
- ✓ Integration of LSE in national policies;
- ✓ Advocacy and orientation sessions have been initiated at tertiary level for the development of a pre-service LSE training programme.

Sources of information: Swaziland Education Sector Policy 2011; Swaziland Ministry of Education & Training Guidance and Counselling Life Skills Education Syllabus (2011); Swaziland Ministry of Education & Training Guidance and Counselling Life Skills Education Teachers Handbook (2014); ETGPS Life Skills Education Training Manual (2015); Swaziland National Development Strategy; Inqaba Framework (2011); Swaziland Extended National Multisectoral HIV and AIDS Framework (2014-2018); HIV Prevention Toolkit; Sexual Reproductive Health Policy (2013); Swaziland National Youth Policy (2008).





Tanzania

First-generation programme

Life Skills-based HIV education programmes in Tanzania can be traced back to 1987, when FLE was introduced in schools and teacher colleges as an extra-curricular programme. In 1999, Life Skills-based HIV education gained momentum after the president declared the HIV and AIDS epidemic a national disaster and called for a national coordinated multisectoral response to the epidemic. This declaration was the beginning of a series of HIV prevention strategies, starting with the creation of the Tanzania Commission for AIDS (TACAIDS) in 2001. The TACAIDS, under the prime minister's office, was charged with the coordination and operationalization of the national coordinated multisectoral response.

The development and implementation of the Life Skills-based HIV education programme was guided by the first National HIV and AIDS Multisectoral Strategic Framework (NMSF) 2003-2007, and was aimed at promoting abstinence; delaying sexual debut; partner reduction; and consistent condom use among young people in and out of schools through the provision of Life Skills and HIV-related information and education. A number of interventions and programmes targeting in- and out-of-school children were initiated including, but not limited to, FLE; Prevention and Awareness Creation against HIV in Schools (PASHA), and the HIV Education Programme in Swahili, known as *Elimu Dhidi ya Ukimwi* (EDU). Most of these programmes were extra-curricular projects and implementation was on a small scale. In 1997, the then Ministry of Education and Culture reviewed the curricula and some content on HIV prevention was incorporated into syllabi of carrier subjects, such as content on gender and reproductive health, which were integrated into Science, Civics and Biology in primary and secondary schools.

In 2004, the Ministry of Education and Vocational Training (MoEVT) developed guidelines for implementing SRH, HIV and AIDS, and Life Skills education in schools. The guidelines recommended integrating this content into all subjects, including the identified carrier subjects. In 2005, the primary and secondary education curricula were reviewed, enabling the mainstreaming of SRH, HIV and AIDS, and Life Skills components into the core curriculum through the carrier subjects of Science, Personality Development, and Sports and Civics for primary schools; and Biology and Civics for ordinary secondary schools. In teacher colleges, the contents were integrated into Educational G&C, as well as in Civics, Biology and General Studies. In other subjects, components of Life Skills and HIV and AIDS were integrated either as a core learning objective or as an applied theme in the teaching and learning strategies. In addition, some of the content taught in the classroom was further reinforced through extracurricular activities, such as peer education programmes and HIV and AIDS or reproductive health clubs.



Despite the achievements made in the area of Life Skills and HIV and AIDS programmes (development of national framework and policy guidelines, curriculum and materials), the initial programmes (1999-2010) were characterized by small-scale and donor-funded projects. In addition, programmes were not based on a theoretical foundation, and tended to emphasize knowledge over other aspects, such as attitudes and skills. The scope, content, duration, and name of the programme was highly determined/ influenced by the donor(s), for instance, FLE (UNFPA); LSE (UNICEF); PASHA (Deutsche Gesellschaft für Internationale Zusammenarbeit [GIZ]), and EDU (World Bank).

Current programme

A move towards development of the current programme started in 2012, with a review of policy documents, guidelines, curricula, syllabi, and curriculum support materials. This review was a result of several advocacy, consultative, and technical meetings which mandated the Tanzania Institute of Education (TIE) to carry out a national survey (needs assessment) and analytical review of the curricula using the SERAT to determine whether the existing curriculum and/or materials meet the national and international recommended standards, and thus whether they would need to be revised. The review revealed a number of strong features, such as that aspects of sexuality education had been integrated in the school curriculum; teachers were teaching some important aspects; and there was a supportive policy and legal framework. However, it also identified several barriers, such as the fact that the development and implementation of sexuality education programmes were not based on any theoretical foundation; there was an emphasis on knowledge over other aspects, such as attitudes and skills; and there were some weaknesses in the integration of sexuality education topics. Recommendations therefore included a revision of the school curriculum, as well as the need to strengthen the teacher training component and integrate it into pre-service training.

The current programme aims to equip young people with knowledge, values, attitudes, and skills to make responsible choices regarding their sexual lives, especially in the context where they have greater exposure to sexually explicit materials through the internet and other media. The development and name of the current programme was guided by the third NMSF (2013-2017) and existing policy guidelines. It includes as one of its national priority strategies the delivery of quality CSE and LSE at primary, secondary and tertiary levels through a core curriculum, as well as the provision of effective programmes to reach out-of-school youth. The current CSE programme, which has support from different partners including UN agencies, is officially known as Comprehensive Sexuality and Life Skills Education, however, terminology changes from one government/national document to another, for instance, curriculum-related documents tend to use HIV, AIDS, SRH, & LS Education instead of CSE.

Operating environment

There is a supportive policy and legal framework that facilitates the provision of sexuality education in schools as well as out-of-school settings (as early as age 7). In addition, an increasingly number of national and global joint initiatives, particularly those targeting adolescent girls and young mothers, provide opportunities for continued interventions in the area of SRH services targeting young people. The provision of CSE in Tanzania is guided by the following key national policies, guidelines, strategic frameworks, and plans:

- National HIV and AIDS Policy (2001)
- HIV and AIDS (Prevention and Control) Act, 2008
- National HIV and AIDS Multisectoral Strategic Framework (2013/4 - 2017/8)
- National HIV Prevention Operation Plan 2016-2018
- Education and Training Policy (ETP) 2014
- Policy guideline for implementing HIV and AIDS programmes in schools and education workplace (2004), which was revised in 2012 but has not yet been institutionalized
- The National Road Map Strategic Plan to Improve Reproductive, Maternal, New-born, Child & Adolescent Health in Tanzania (2016-2020)

In terms of institutional positioning, CSE is located within the section responsible for coordination and overseeing the mainstreaming of all cross-cutting issues in the education system, such as HIV and AIDS, Water, Sanitation and Hygiene (WASH), Gender, Environment, and G&C. Under the supervision of the Director of Basic Education, the section has the mandate to work with other MoEST departments/ sections as well other ministries, government institutions and departments, and non-government entities particularly those responsible for basic education and teacher education. The section is managed by an assistant director who reports directly to the Director of Basic Education, and is supported by five permanent staff (senior education officers).

Positioning in curriculum

CSE is integrated into carrier subjects that are compulsory and examinable including:

- Science, Personality Development, and Sports for primary schools (2005 curriculum which still applies as of Jan 2017 for Grades 4-7);
- Civic & Moral Education and Science & Technology for primary schools (in the 2015 curriculum);
- Biology and Civics for ordinary (lower) secondary schools;
- General studies for advanced (upper) secondary schools and TTCs;
- A component of CSE is also integrated in other subjects as an applied theme in the teaching and learning strategies/methodologies.

Level and age of schooling covered

Age 5 (pre-primary), 6/7-13 years (primary), 14-17 years (lower secondary), 18-19 years (upper secondary), and 20+ years (tertiary education).

According to the ETP 2014 and the NMSF 2014, CSE should be provided to learners at all these levels, however, the updated curricula (including CSE) are not yet available for all these levels.

Scaling-up strategy

In 2013, the TIE, with technical and financial support from UNESCO and in consultation with key stakeholders, initiated a process to strengthen content and delivery of CSE in schools. To date, the TIE has mainstreamed CSE in the pre-primary and primary education curricula, and developed several CSE curriculum support materials (e.g. a teachers' guide for teaching CSE in primary schools and teachers' training manuals and curriculum integration guides for primary and secondary schools). The scale-up is happening by grade. The new curricula for pre-primary and primary education were launched/rolled-out in 2015, however, it will take up to 2020 to cover all grades of the primary education level. This is because the implementation of the new curriculum has started with Grades 1 and 2, while Grades 3 and above continue with the old curriculum until they are phased out. This means six years of implementation to complete the primary education cycle. This will also apply for secondary and teacher education levels.

The government is currently in the process of revising the secondary school education curriculum, which is being used as an opportunity to integrate CSE content as per the TIE review findings. The timing of the roll-out of the new curriculum is therefore dependent on government finalizing the general revisions, although it is supposed to be in place by 2019.

In addition to curriculum and support materials, activities to support the scale-up of CSE have been initiated and are ongoing, including:

- The integration of CSE in TTCs;
- Extra-curricular activities in selected universities;
- Development and implementation of a cost-effective CSE training programme for in-service teachers (scale-up is part of the NMSF 2013/14 - 2017/18 and UNDAF 2016/17 – 2020.) A mixed approach and models are being used, including residential and cascade, as well as online training.
- Initiation of an integrated CSE, G&C and safe space programme (peer-led, teacher-assisted extra-curricular programme);
- Training of school-based peer educators;
- Integrated re-entry programme;
- Community mobilization, sensitization, and awareness creation;
- Advocacy for more funding from local government authorities, in particular for training teachers.

Time period of scale-up

The review process started in 2013 and the new curriculum for pre-primary and Grades 1 and 2 of primary education were launched/rolled-out in 2015. As the scale-up is grade by grade, it will take up to 2020 to cover all grades of the primary education level.

Similarly, in secondary school TTCs, once the curricula are rolled out, it will take four years for lower secondary, two years for upper secondary, and two to three years for teacher education. Thus, it will take more than five years for effective CSE scale-up to be fully realized.

What was done to build support?

National coordination and partnership has been strengthened, including but not limited to, the establishment of an adolescent and young adult working group; the training of key stakeholders on designing effective sexuality education curricula; training of primary and secondary school teachers in eight districts on effective teaching of CSE and development of key reference materials.

Using a socio-cultural approach, meetings and community radio programmes have been used to mobilize and sensitize communities with regard to CSE. These have included stakeholders ranging from government officials, radio practitioners, identified community-based champions, and religious and traditional leaders, to representatives from CBOs and NGOs, including youth-led organizations and clubs.

Activities to ensure sustainability

To ensure sustainability, CSE has been integrated across ministry systems and documents, such as the core curriculum, pre- and in-service teacher training, existing national documents, and dialogue structures. In addition, advocacy for more funding from the general budget is taking place.

Activities to monitor and safeguard quality

- 8 school inspectors have been trained as district CSE trainers and 8 were oriented on CSE indicators. Discussions are ongoing to integrate CSE-related aspects into inspectorate tools;
- 10 indicators for measuring the education sector's response to HIV have been integrated into the EMIS. In 2016, the President's Office, Regional Administrative and Local Government (PORALG), which is the custodian of EMIS for basic education, managed to collect and enter all information related to the 10 indicators into the EMIS database, which will enable some analysis.
- School heads have been orientated on how to monitor and report on CSE. While some orientation of school heads has been implemented based on the available resources, the process to engage with the school inspectorate is ongoing, and will be dependent on the availability of funds in future.

CSE for out-of-school youth

- The integrated approach allows all in-school pupils and students to access CSE information;
- The use of community radio to broadcast CSE programmes enables access to rural and hard-to-reach young people, including out-of-school youth;
- Empowering CSOs (partnership) to deliver CSE facilitates wider coverage of both in- and out-of-school youth and parents;
- A number of different partners target out-of-school youth, including but not limited to, the MoH, Ministry of Information, Youth, Culture and Sports, TACAIDS, and CSOs;
- A number of different CSE curricula for out-of-school youth are in use, depending on the donor and/or implementer.

Linkages to SRH services & demand creation

The strategy to link schools and health facilities is ongoing in selected districts (UNESCO project areas), and a joint training and work plan session between schools and health facilities has been used as a strategy to improve formal linkages between schools and health facilities, as well as CBOs. This is not scaled up nationally.

Peer-based referrals to health facilities and youth radio programming are used to create demand for HIV-related services. However, their impact is currently unknown.

Key players (implementers and donors)

- MoEST (development and dissemination of policies, guidelines, and circulars);
- PORALG (school management, including school inspection and coordination of school-based academic programmes [including CSE], and in-service teacher trainings);
- Ministries of Health, Community Development, Gender, Elderly and Children (development and dissemination of policies, guidelines and circulars, as well as training courses for health providers);
- TIE (development of curricula, syllabi, and teaching and learning materials);
- TACAIDS (coordination of national multisectoral efforts, including development of the national framework, guidelines, and plans, as well as resource mobilization);
- Nationally-based NGOs, CBOs, CSOs e.g. African Medical Research Foundation, Chama cha Uzazi na Malezi Bora Tanzania (UMATI), Tanzania Youth Alliance (TAYOA), Youth of United Nations Association (YUNA), Femina HIP (Health Information Project), etc. (implementers e.g. training and dissemination of relevant materials);
- Community Media Network of Tanzania (COMNETA) (implementers e.g. information dissemination);
- Development partners (technical and financial) e.g. UNICEF, UNFPA, Global Fund, US Centers for Disease Control and Prevention (CDC), PEPFAR, GIZ, etc. (provide funding to support national initiatives).

Enabling factors that facilitated scale-up

- Policy and legal frameworks and strategic plans that favour sexuality education;
- Government institutions and structures that facilitate dialogue and support implementation of CSE;
- National school curriculum system;
- Trained teachers and programmers;
- Potential partners;
- Political commitment and support.

Challenges/ barriers in scaling up CSE

While the revised curriculum with improved CSE content for pre-primary and primary education has been rolled out to all schools, this does not mean that effective delivery is taking place. Effective delivery is dependent on other factors, rather than just the presence of a curriculum and syllabus, such as teachers' capacity and attitude towards teaching CSE-related topics and availability or access to quality teaching and learning materials. To date, less than 3% of teachers are trained to teach CSE topics. While preparation of text books and teachers' resource books is ongoing (by TIE), shortages of CSE-related materials is a challenge for effective delivery of CSE in Tanzania. These challenges are affected by limited funding, competing government priorities, and community perception of some (e.g. religious leaders) on CSE, particularly with regard to components related to sexual diversity.

Barriers to CSE classroom delivery

According to TIE, challenges faced by trained teachers when teaching components of HIV and AIDS, SRH and LSE/ CSE include: shortage of teaching and learning materials; inadequate time allocated to specific topics; culture-related issues; and overcrowded classes.

Since most teachers in Tanzania are not yet reached by in-service training, the possibility that some, if not all, of them lack specific skills to teach CSE is high. One study shows that "though teachers may support the teaching of sexuality education and the inclusion of a number of topics in the school curriculum, they may not be comfortable and capable of teaching all the key sexuality education topics." This was particularly the case with regard to controversial topics. This implies that adequate preparation is required for teachers if they are to handle sexuality education in the classroom situation effectively.

Results so far

- ✓ New primary school curriculum integrating CSE components has been rolled out (covers 16 538 primary schools in Tanzania). Currently, the improved CSE component is reaching Grades 1-3 (a total number of 8 222 667 primary school pupils);
- ✓ The Teacher Educator Programme (TEP) has been rolled-out to all government TTCs (106), reaching 14 560 pre-service teachers;
- ✓ 1 350 in-service teachers from 650 schools (primary and secondary) have been equipped with practical knowledge and skills to provide CSE;
- ✓ 545 head teachers have been sensitized and oriented on CSE reporting;
- ✓ 13 000 copies of sexuality education and HIV curriculum support materials (including teachers' guide on teaching CSE in primary schools) have been distributed to selected schools and communities, reaching 440 650 school-going children;
- ✓ CSE- and girls education-integrated radio programmes have been launched and are now broadcast by seven community radio stations, estimated to be reaching 2 670 800 people, of which 923 800 are young people, 510 900 are girls, and 1 747 000 are adults (including parents, religious leaders, policy makers etc.);
- ✓ 316 schools (195 primary schools and 115 secondary schools) are formally linked with service providers in the delivery of CSE programmes.

Sources of information: CSE Programme in Tanzania; UNESCO/TIE/MoEST reports 2013, 2014 and 2015; MoEVT, BEST 2014; TACAIDS, NMSF 2014; Education and Training Policy 2014.





Uganda

First-generation programme

LSE in Uganda has been part of the formal education programme since the early 80s, when it was introduced to replace what used to be referred to as Civic Education. The government, in collaboration with UNICEF, then introduced the School Health Education Project (1985-1989 and 1990-1995), which was aimed at: reducing infant and child morbidity and mortality and reducing STIs and HIV infection among youth aged 6-20 years. To effect the project, content was identified, materials produced, and teachers trained.

The focus of LSE was on developing cognitive and learning skills that would enable the learner to cope with daily life situations and overcome challenges related to growth and development. Its content included hygiene, reproductive health, artisan skill, and negotiation skills. It was taught at both primary and secondary levels in career subjects and examinable by the Uganda National Examination Board. As a government programme, LSE was financed by the central government budget allocation as part of the entire education programme. Its main limitation was that it provided information only, and did not have any linkages to service provision. Consequently, there was a gap in terms of access to services. Its achievements included 100% coverage of primary and secondary students and government ownership/leadership. In the 90s, LSE was boosted by the introduction of the Presidential Initiative on AIDS Strategy for Communication to the Youth (PIASCY), which provided HIV prevention messages through robust behaviour change communication messages in schools.

Current programme

The current CSE programme is called Sexuality Education, which is part of Life Education in the new reformed curriculum in lower secondary education. The Life Education learning area ensures that young people develop the knowledge and understanding, skills, capabilities, and attributes which they need for physical, mental, emotional, social and financial well-being, while at school and later in adult life. It enhances learners' ability to live healthily through being active, eating well, and resting. In addition, they learn how to take care of themselves as well as how to effectively relate with their peers and how to participate in their community. It promotes self-esteem and self-confidence; provides a framework for responsible decision-making; and opportunities for reflection and discussion. Life Education content provides opportunities to the learners to appreciate their personal strengths, become aware of opportunities, and develop strategies to succeed in their everyday life.

Life Education covers a number of learning areas, such as physical activity and sports and personal development lessons, where learners develop life skills such as self-awareness, self-esteem, confidence, negotiation, and communication with their peers and others in the community.

Life Education places great value on abstinence, but provides students with an understanding of protection methods against HIV and other STIs, as well as EUP. Furthermore, they learn how to care for their bodies, plan for their future careers, manage their personal finances, and behave in an acceptable manner in and out of school.³⁴

Operating environment

The lower secondary school curriculum reform provided the opportunity for the introduction of Sexuality Education in the curriculum. Revision of the School Health Policy further enabled stakeholders to start engaging in discussing Sexuality Education and broader ASRH information and service needs.

The constitution of the Republic of Uganda provides for the right to access to health by all Ugandans, and this is realized through the relevant sector ministries, namely Health; Education; and Gender, Labour and Social Development. The sectors then develop specific policies for operationalization of the programme. Existing policies include, among others, the National Adolescent Health Policy, National School Health Policy, National Gender Policy, and Guidelines for Prevention and Management of HIV and AIDS and Teenage/Unintended Pregnancy in School Settings of Uganda. The ESA Commitment, which Uganda endorsed in December 2013, provides a policy framework and sets targets towards scaling-up CSE. To that effect, an interministerial committee on the Commitment has been constituted. An annual work plan has been developed and there is regular follow-up and tracking of the progress made towards realization of the ESA targets. Support from the committee has enabled the development of a multisectoral response to scaling-up Sexuality Education, which includes a consolidated plan and budget.

The HIV and AIDS unit at the Ministry of Education and Sports coordinates CSE activities. It is supervised by the Director of Basic and Secondary Education, who delegates to the assistant commissioner for the day-to-day implementation. The unit has a full time technical advisor, who is paid by the development partners, and the ESA Commitment interministerial committee is responsible for the multisectoral coordination of CSE. It is composed of the main line ministries (Education; Health; Gender, Labour and Social Development; and Local Government), UN partners (UNESCO, UNFPA, UNICEF, and the World Health Organization [WHO]), and development partners. CSE is implemented within the existing policy and programmes that include, but are not limited to, the school curriculum, School Health Programme, Workplace Policy, and National Adolescent Programme.

Positioning in curriculum

Sexuality Education is taught and examined as part of Life Education in the new reformed curriculum for lower secondary education. The newly reformed lower secondary curriculum has eight learning areas, one of which is Life Education, which includes Physical Education and Sexuality Education.

In upper primary schools, Sexuality Education is integrated into career subjects such as English, Science, Social Studies, Religious Education, and Geography.

Level and age of schooling covered

The lower secondary Sexuality Education curriculum covers learners in lower secondary institutions between age 12 and 18 years. Pupils in upper primary schools (aged 10-13 years) are reached through the PIASCY and career subject teaching of LSE.

Scaling-up strategy

The scale-up of CSE in Uganda was leveraged off the lower secondary education curriculum reform. The reform engaged stakeholders to provide insight into what they considered crucial in transforming the education system, from a theoretical to practical, learner-centred, and results-oriented approach. The earlier experience of teaching Sexuality Education (through career subjects) showed it was not taken seriously by teachers since it was not examined. UNESCO and UNFPA supported the National Curriculum Development Centre to include Sexuality Education as part of the new lower secondary education curriculum, to be taught through Life Education (a stand-alone examinable subject), and which covers all learning institutions, both public and private schools. Thus, the school curriculum for the lower secondary schools is the strategic framework for CSE in Uganda. The CSE content was developed based on international standards and the country's context, and the curriculum spells out the content and context within which to provide Sexuality Education in secondary schools in Uganda. It is also informed by the PIASCY. The curriculum-based strategy is backed up by the School Health Policy that aims to strengthen school health programmes through both service provision and information.

For effective teaching and learning, materials are being developed, pilot tested, and published. The curriculum is being piloted in 20 schools, and upon finalization and approval it will be rolled out according to funding availability. Teacher training institutions will be capacitated to train pre-service teachers. To that end, UNESCO supported the orientation of the principals and tutors in all the TTIs on Sexuality Education, with a view to introducing modules of Sexuality Education as core foundation knowledge in the institutions. In addition, online training for in-service teachers has started.

³⁴ Curriculum Assessment and Examination Reform Programme, 2016, National Curriculum Development Centre, Uganda.

Time period of scale-up

The scale-up through the curriculum started in 2010 with the inception of the curriculum reform, and was boosted after the signing of the ESA Commitment in December 2013. Piloting of the curriculum took place in 2016, and subsequent scale-up will be dependent on finalization of the curriculum and materials and available funding.

What was done to build support?

Alliances and networks were built for organizations that are involved in Sexuality Education and ASRH e.g. the Reproductive Health Alliance Uganda (a network of CSOs, NGOs and UN agencies that are involved in ASRH) and the Global Advisory Board of the STOP AIDS NOW! trainers programme for Africa. In addition, continuous engagement with policy-makers provided the needed support for creating an enabling environment. The ESA Commitment interministerial committee further augmented the support network and provided the needed leadership and coordination for the advancement of sexuality education in Uganda.

Advocacy campaigns and activities have resulted in the School Health Policy revision, awareness-raising on CSE among stakeholders, and youth engagement. Advocacy through the networks of young people organizations and people living with HIV was aimed at improving the policy environment.

Activities to ensure sustainability

Capacity of the key sector ministry to plan, budget and mainstream Sexuality Education within the ministry portfolio was built. Consequently, institutional capacity will ensure continuity and sustainable services beyond the project period.

Activities to monitor and safeguard quality

- Sexuality Education activities are designed and implemented through the government and UN framework with clear monitoring guidelines;
- Partners, including UNESCO, UNICEF and USAID, are providing support to the Ministry of Education and Sports for integration of the key CSE indicators in the monitoring and inspection tools. In addition, there are regular and joint monitoring activities in the field and information-sharing during the interministerial committee meetings;
- Research and studies are commissioned and undertaken to inform decision-making and track progress.

CSE for out-of-school youth

Scaling-up beyond the education sector is taking place through the multisectoral response to scaling up Sexuality Education, which includes a consolidated plan and budget (service delivery is at sector level and as such budgets are also at that level).

In addition, the Ministry of Gender, Labour and Social Development is a key member of the ESA Commitment interministerial committee, and has specific programmes for young people with disabilities and OVC, especially those out-of-school.

Linkages to SRH services & demand creation

The School Health Policy, which is pending cabinet approval, provides a framework for providing health services in school settings. Once approved, learners will be able to access health information and services in schools and, where it is not possible, they will be linked to health facilities in the community. Currently, NGOs and district health offices visit schools for routine outreach programmes.

Key players (implementers and donors)

- Legislators and policy-makers (develops favourable policies for Sexuality Education);
- Ministry of Education and Sports (designs and implements the Sexuality Education curriculum and School Health programmes);
- Ministry of Health (provides youth-friendly services and information to ensure healthy lifestyles);
- ASRH networks and alliances (advocate for increased information and improved services for ASRH);
- Joint UN programme of Support on AIDS in Uganda (mobilizes resources and collective advocacy for Sexuality Education in Uganda);
- UNESCO, UNFPA, UNICEF, USAID, UNAIDS, Irish AID, and Sida (technical and/or financial support);
- NGOs/CSOs (advocacy and implementation).

Enabling factors that facilitated scale-up

- Political commitment and support from government;
- Joint Programme on AIDS in Uganda and the HIV and AIDS development partners group, which provided the opportunity for a coordinated response and sharing of information and knowledge;
- Increased SRH challenges affecting adolescents and young people, and the impact of media and social networks on their SRH.

Challenges/ barriers in scaling up CSE

- Inadequate funding for dissemination in all the schools, as the Sexuality Education curriculum is a non-funded priority;
- Foundation bodies and private schools have not yet fully embraced and budgeted for the new curriculum;
- Resistance from conservative religious and cultural leaders who perceive and project Sexuality Education as sex education aimed at teaching children to have sex;
- The anti-homosexuality bill that was passed in 2014 and later recalled, had a negative impact on Sexuality Education as many people could not differentiate between homosexuality and sexuality education;
- The parliamentary ban on CSE until a national framework and policy is in place has further delayed the programme for the roll-out of the school-based Sexuality Education curriculum.

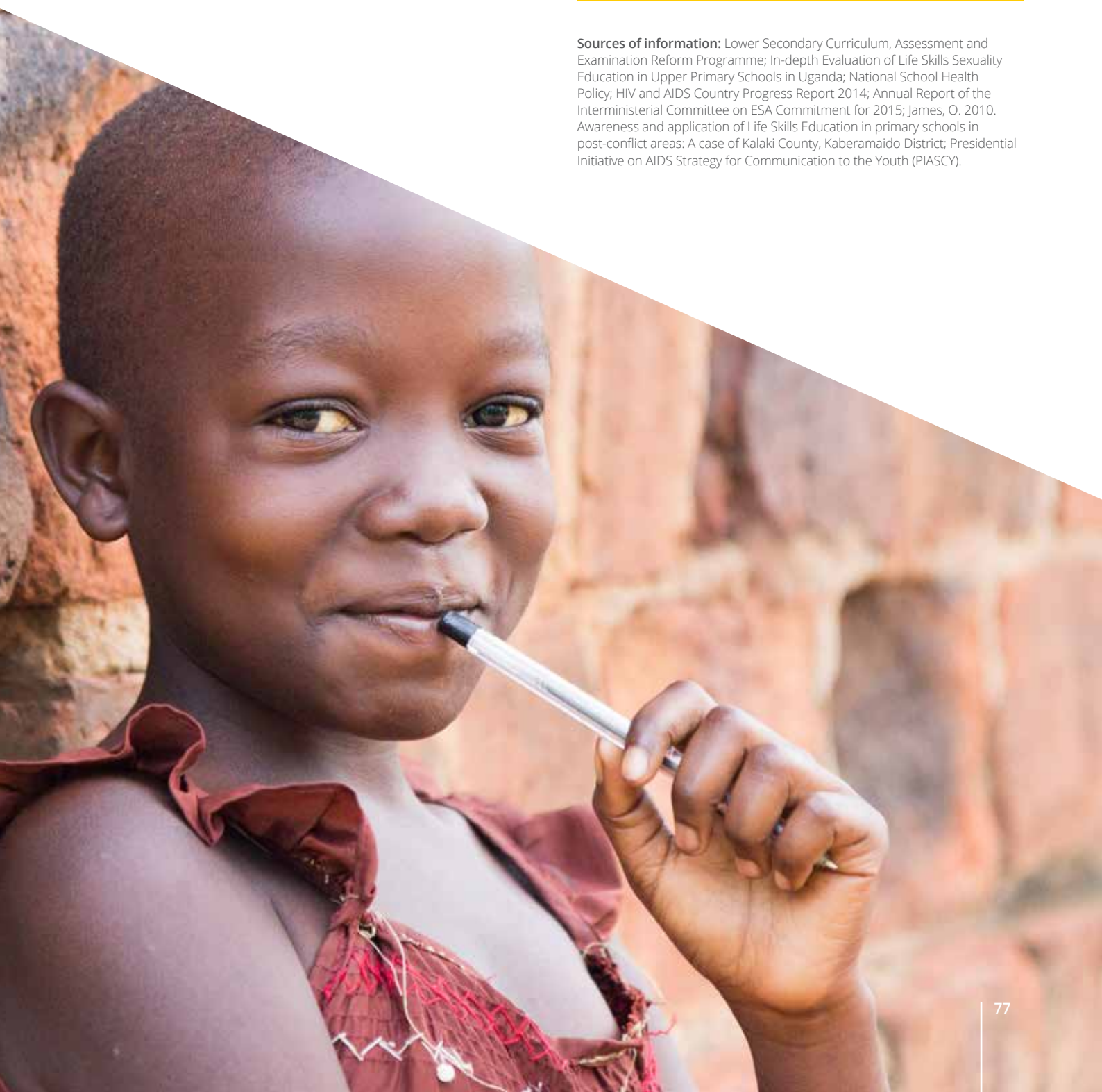
Barriers to CSE classroom delivery

The current in-service teachers are not trained to provide Sexuality Education; it is not part of the teacher training scheme. Teachers are often appointed to teach Sexuality Education based on their seniority in terms of age, or based on how well they relate to learners. Senior female/male teachers, career guidance teachers or school counsellors are often chosen to cover Sexuality Education-related topics in schools. While these categories of teachers may have the empathy and motivation, they often lack the necessary skills. In addition, cultural and religious beliefs may affect the delivery of Sexuality Education in class, as teachers may be reluctant to teach sensitive topics if they feel it is not in line with their cultural and religious beliefs.

Results so far

- ✓ Sexuality Education is now included in the new lower secondary curriculum and implementation will be phased. It was piloted in 20 schools in 2016. Once approved it will be rolled out in phases to all schools.
- ✓ All 56 TTIs have received Sexuality Education orientation and have further cascaded the information to tutors and learners, reaching up to 1 344 people;
- ✓ 100 in-service teachers were trained online;
- ✓ A National Sexuality Education Curriculum is being developed as sanctioned by the parliament.

Sources of information: Lower Secondary Curriculum, Assessment and Examination Reform Programme; In-depth Evaluation of Life Skills Sexuality Education in Upper Primary Schools in Uganda; National School Health Policy; HIV and AIDS Country Progress Report 2014; Annual Report of the Interministerial Committee on ESA Commitment for 2015; James, O. 2010. Awareness and application of Life Skills Education in primary schools in post-conflict areas: A case of Kalaki County, Kaberamaido District; Presidential Initiative on AIDS Strategy for Communication to the Youth (PIASCY).





Zambia

First-generation programme

As early as 1996, the Ministry of General Education's (MoGE) main policy, Educating Our Future, noted that the provision of LSE is one way of halting the further spread of HIV among school-going children. It subsequently integrated LSE in the curriculum and syllabi. The MoGE has been implementing LSE in schools since 1998 and by 2007, the MoGE's Curriculum Development Centre (CDC) had produced and distributed a complete set of Life Skills resources for use in Grades 1-7. The process of developing teachers' guides and pupils' books for the upper basic level (Grades 8 and 9) was initiated and completed in 2009.

During the implementation of LSE, a realization was made that HIV and AIDS interventions within the MoGE by various directorates was not well-coordinated. With support from UNICEF, a LSE coordination committee was established. The multisectoral committee included MoGE directorates (Human Resources, Standards and Curriculum, Teacher Education, Specialized Services, and G&C), other ministries with a youth mandate, representatives of CSOs with HIV and LSE expertise, and the National AIDS Council (NAC). Its aim was to ensure a coordinated response based on clear accountabilities and inter-departmental collaboration.

The 2008 Life Skills audit revealed challenges, especially with regard to teaching as some teachers did not fully understand the key expected outcomes and other Life Skills providers, such as NGOs, were using different modules (due to the absence of a standardized Life Skills framework). Therefore, in response to the audit, UNICEF, in collaboration with UNESCO and UNFPA, supported the MoGE in the development of a Life Skills Framework. Its aim was to guide Life Skills provision in educational institutions and non-formal settings, and it was developed in line with the existing curriculum. It provided additional information on age-appropriate and gender-sensitive learning outcomes for all levels, from early childhood development (ECD) to high school, and included set standards for assessment of key outcomes at each level.

In addition, a number of CSOs, such as the Planned Parenthood Association of Zambia (PPAZ) and SAfAIDS, among others, were implementing SRH projects. However, in 2011, a review of the Zambian curriculum conducted by UNFPA, UNESCO and UNICEF, through the Population Council, revealed that a number of key topics on SRH were missing from the Zambia Basic Curriculum and the Life Skills Framework.

Current programme

The MoGE was in the process of revising the Zambia Education Curriculum Framework (ZECF) at the time the curriculum scan report was finalized and shared with the Ministry.



The revision of the curriculum provided an opportunity to strengthen CSE in the curriculum and, following extensive advocacy with the MoGE and other stakeholders, and concurrently to the development of the ZECF, a CSE curriculum framework to guide the integration of CSE into carrier subjects by grade level was developed in 2013 using the ITGSE. The aim of the CSE Framework is to provide young people with age-appropriate, culturally relevant, and scientifically accurate information. It includes structured opportunities for young people to gain knowledge, skills, and positive attitudes and values which will help them apply life skills in addressing challenges with regard to their sexuality. The CSE Framework explores all aspects of human sexuality under the following themes: Human Development; Relationships; Values, Attitudes and Skills; Culture, Society and Human Rights; Sexual Behaviour; and SRH.

CSE was integrated in carrier subjects in 2013 and rolled out nationally to schools as part of the revised curriculum in 2014. CSE is referred to as Reproductive Health and Sexuality in the revised ZECF, where it features as a cross-cutting theme.

Operating environment

The constitution of the Republic of Zambia provides for the right to access to health and education by all Zambians. This is achieved through the relevant sector ministries, namely Health, Education, Youth and Sport, Gender, Chiefs and Traditional Affairs, Local Government, and Community Development. The different ministries and sectors have developed specific policies for operationalization of the health and education programmes, and specifically CSE. Within the education sector, the revision of the whole school curriculum (ZECF) provided the window of opportunity to scale up CSE in Zambia. It enabled CSE to be integrated throughout, without additional disruptions. The buy-in and support from MoGE management, staff, and relevant stakeholders provided an enabling environment to integrate CSE in the curriculum.

ASRH issues are anchored in several policies and have been institutionalized through, among others:

- Educating our Future
- Zambia Education Curriculum Framework
- The Life Skills Based Comprehensive Sexuality Education Framework (LSBCSEF)
- Out of School CSE Framework
- School Health and Nutrition Policy
- Re-entry Policy
- Education Sector Policy on HIV and AIDS
- National AIDS Strategic Framework (2011-2016 and 2017-2021)
- Adolescent Health Strategic Framework (2010-2016 and 2017-2021)
- National Strategy on Ending Child Marriage (2016-2020)
- The ESA Commitment (which Zambia endorsed in December 2013 and has been operationalized).

The leadership function of the programme has been built into existing structures in the form of the Adolescent Health Technical Working Group (ADH TWG), which is convened by the MoH. The ADH TWG is the anchor of the ESA Commitment, and participating ministries include Youth and Sport, Gender, Community Development, General Education, Chiefs, and Local Government. It also has representation from development partners, such as USAID, GIZ, and the United Nations; CSOs, such as the Young Women's Christian Association (YWCA), Africa Directions, Save the Children, Churches Association of Zambia (CHAZ), Centre for Reproductive Health and Education (CRHE), and PPAZ; academic institutions; and the private sector working in ASRH. While this group provides inputs into priorities and directions, the day-to-day running of the project has been done by a project team based in UNESCO, working closely with the MoGE, and more specifically with the Standards and Curriculum Directorate, where the MoGE appointed two CSE coordinators from the CDC, and one CSE focal point in Teacher Education and Specialized Services (TESS).

Positioning in curriculum

CSE is not a stand-alone subject; it is integrated in the following carrier subjects:

- Integrated Science (primary and junior secondary);
- Biology (senior secondary);
- Social Studies (primary and junior secondary)
- Civic Education (senior secondary);
- Home Economics (primary, junior and senior secondary);
- Religious Education (primary, junior and senior secondary).

Level and age of schooling covered

CSE in Zambia is offered at the following levels:

- Primary school (Grades 5-7, estimated age group 10-13 years);
- Junior secondary (Grades 8-9, estimated age group 13-15 years);
- Senior secondary (Grades 10-12, estimated age group 14-19 years).

Scaling-up strategy

The scaling-up strategy for CSE is to integrate it throughout MoGE systems. As CSE was integrated in the ZECF, it was rolled out to all learners in 2014 as part of the scale-up of the ZECF. The key activities for the integration and implementation of CSE included:

- The training of MoGE curriculum developers and teacher training personnel in CSE to enable the development of the CSE curriculum and teaching and learning materials;
- Development and dissemination of the CSE Curriculum Framework for all grades;
- The development and production of CSE learner and teacher books for Grades 5-12;
- Capacity-building of in-service teachers in the effective implementation of CSE at school and classroom level through online and cascade models;

- Orientation of head teachers in the effective management and implementation of CSE at school and classroom levels;
- Capacity-building of teacher educators in effective methodologies for delivering CSE to trainee/students teachers;
- Capacity-building of the Examination Council of Zambia specialists in order to integrate CSE in learner assessments tools and annual examinations;
- Capacity-building of national and provincial standards officers to effectively monitor delivery of CSE at school level;
- Capacity-building of EMIS officers to collect and analyse the HIV-sensitive indicators;
- Integration of CSE into primary and secondary teacher training curricula;
- Training of university lecturers to enable development of a CSE training module;
- Strengthening of linkages between schools and SRH service providers;
- Community engagement on CSE through mass media that includes radio and TV programmes, as well as community dialogues;
- Training or sensitizing of PTAs and religious leaders on CSE.

Given the number of teachers requiring training, a decision was made to scale up training in three phases based on geographical areas, with an expected completion date of December 2017. Master trainers, trained for each of the provinces, cascade the training to the zones. Minimum standards for the cascaded training have been established with the MoGE, and master trainers report back on these standards.

Time period of scale-up

The advocacy for CSE scale-up began in 2011 after the curriculum scan. The actual scale-up of CSE began in 2013 with the integration of CSE in the ZECF and the development of the CSE Framework. The revised curriculum with integrated CSE was rolled out to schools in January 2014. The implementation is ongoing.

What was done to build support?

The high number of girls who dropped out of school due to pregnancy, high rates of STIs, high rates of GBV, and the results from the SACMEQ and curriculum scan provided the evidence used to build support and ownership for CSE. This evidence was presented at the many advocacy meetings that took place at different levels, while advocacy was also conducted with policy-makers from the MoGE and other government departments, curriculum developers, teacher educators, planners, and other relevant stakeholders.

In addition, intersectoral engagement with Ministries of Health, Education, Community Development, and Youth and Sport, as well as with NGOs and cooperating partners have enhanced programme ownership and sustainability.

Activities to ensure sustainability

Effective advocacy has enabled the buy-in of relevant stakeholders (ministries, civil society etc.) and provided support to the implementation of project activities.

Furthermore, CSE has been integrated into the functions of the TWGs at the MoGE, MoH, and NAC. As mentioned above, CSE is defined within the context of national priorities and plans. In this regard, CSE activities implemented are not offered as stand-alone interventions, but rather build towards continued efforts by the government to address SRH challenges for young people in Zambia. Finally, CSE has been integrated throughout the MoGE's systems, such as in teacher training, M&E, and supervision, and it is integrated in the school curriculum and in examinations.

Activities to monitor and safeguard quality

In order to facilitate and enhance effective monitoring of CSE in schools, UNESCO supported the MoGE to integrate HIV-sensitive indicators into the EMIS. Thus, data on CSE will be collected and analysed each year to monitor the delivery of CSE and inform planning, with the first report due at the end of 2016. In addition, MoGE standards officers have been capacitated to monitor CSE at school level, and CSE indicators have been integrated in the Standards Monitoring Tool. The standards officers will play a critical role, as they are in charge of monitoring the delivery of quality education in schools.

CSE activities are designed and implemented through government and the UN partnership framework, with clear monitoring guidelines. Regular and joint monitoring activities in the field are taking place, and information shared during interministerial committee meetings. In addition, research studies have been commissioned and undertaken to monitor delivery and quality of CSE, including tracking of progress.

CSE for out-of-school youth

The Ministries of Gender, Youth and Sport, Community Development, and Social Welfare are permanent and active members of the ESA Commitment TWG and ensure that issues of women, girls, in- and out-of-school young people, and young people with disabilities are taken care of. The team from the Special Education Unit at the MoE were actively involved in the development of the CSE Framework and integration of CSE in the carrier subjects, and the MoGE, with support from UNESCO, will develop materials for learners with special needs, such as the visually impaired.

The UNFPA recently supported the development of the CSE Framework for out-of-school young people, and, together with UNICEF and other partners, support programmes for out-of-school young people. UNESCO and the team that developed the in-school CSE Framework also actively participated in the development of the out-of-school CSE Framework, thus ensuring consistency and synergies.

Linkages to SRH services & demand creation

A number of pilot projects are currently taking place to identify effective strategies for creating linkages between schools and services. Using the CSE training model developed by the MoGE, with support from UNESCO, UNICEF and UNFPA, training for health care workers and teachers from schools and health facilities of a particular catchment area take place in one training session. The health care workers and teachers are then tasked with developing a plan to implement CSE/SRH within the school, create demand, and improve access to services.

Key players (implementers and donors)

- MoGE (designs, coordinates and implements the CSE Curriculum and School Health programmes);
- MoH (provides youth-friendly SRH services and information, reviews operational procedures for ASRH, and mobilizes staff for training);
- CSOs (advocate for increased information and improved ASRH services, service provision, and the delivery of CSE, targeting communities as intermediaries);
- Members of Parliament and selected policy-makers (develop favourable policies for CSE);
- Joint UN programme of Support on AIDS in Zambia (provides normative guidance, mobilizes resources, and drives collective continued advocacy for CSE in the country);
- Funders e.g. Sida, UN partners, PEPFAR/DREAMS/USAID, EU through the Millennium Development Goal Initiative (MDGI), CSOs, and government.

Enabling factors that facilitated scale-up

- Political commitment and support from the government of Zambia;
- The UN Joint Programme on HIV and AIDS, as well as other bilateral and multilateral partners who provided resources and coordination in the implementation of CSE;
- The curriculum scan of 2011, which provided evidence of existing gaps in delivering CSE, and thus the need for an improved scaled-up programme;
- Increased SRH challenges affecting adolescents and young people, who account for more than 50% of the Zambian population.

Challenges/ barriers in scaling up CSE

Teacher training and materials development are very costly undertakings and therefore require financial and technical contribution from both government and partners. The current funding level will have implications on the numbers of teachers that can be trained and the production and distribution of materials.

Barriers to CSE classroom delivery

- The main methodologies used are lectures and occasional small group discussions. The restrictions of time, number of pupils, and infrastructure challenges (small classrooms for number of pupils, lack of classrooms etc.), make using learner-centred methodologies such as role-plays and the development of skills more difficult;
- Emphasis on knowledge acquisition over skills development;
- Not all teachers have a strong understanding of CSE and the underlying factors that affect behaviour, or the skills and ability to impart learning and develop skills on CSE. This points to the need for long in-depth training;
- Teachers have varying levels of comfort with regard to CSE content;
- Not enough reference books and teaching aids, such as charts, models etc.;
- Initial reports on training showed that some teachers were only receiving a few hours of training. To that end, standards were established, for which master trainers are now accountable.

Results so far

- ✓ Integration of CSE into MoGE policies;
- ✓ Development of a CSE Framework (curriculum) for Grades 5-12 in 2013;
- ✓ Roll-out of the national curriculum with integrated CSE in relevant subjects in 2014;
- ✓ Integration of HIV indicators in the EMIS in 2013;
- ✓ 16 CSE teachers' and learners' books developed. Once distributed, these books will reach over 3 million learners and over 80 000 teachers nationally;
- ✓ 43 provincial, district and zonal resource centre coordinators from Lusaka Province, 91 from Copperbelt Province, and 105 from Eastern Province trained as master trainers. Furthermore, 208 provincial, district and zonal resource centre coordinators from Southern Province, 174 from Western Province (including health workers), and 126 from North Western Province (including health workers) were trained;
- ✓ In turn, 12 852 individual teachers trained in Lusaka, 15 999 in Copperbelt, 9 018 in Eastern Province, 6 930 in Western Province, 12 806 in Southern Province, and 6 652 in North Western Province (a total of 64 257 teachers in all have been trained);
- ✓ In 2015, a pilot of the online training course was done in Lusaka, and 170 individuals (20 master trainers) took the course. In 2015, a further 203 teachers were trained, bringing the number to 373 teachers;

- ✓ Capacity-building of 80 teacher educators (tutors) in the development and implementation of effective CSE curriculum for trainee teachers from 14 TTCs and five public universities;
- ✓ Capacity-building of 33 national and provincial standards officers in effective monitoring of the delivery of CSE at school level;
- ✓ Capacity-building of 20 Examination Council of Zambia (national level) specialists in order for them to effectively coordinate the development of learner assessments tools and annual examinations which integrate CSE content;
- ✓ Capacity-building of national examination setters for Grades 7 and 9 in September 2016 to enable them to set examination questions that integrate CSE in national learner examinations and assessments;
- ✓ Sensitization and orientation of PTAs through the orientation of 340 zonal head teachers in effective delivery of CSE, who so far have reached over 10 000 PTA executive members from Lusaka, Copperbelt, Eastern, and Southern Provinces.
- ✓ Over 30 adult mentors, 60 peer educators, 60 religious leaders and 20 youth-friendly service providers in Kitwe, Ndola and Lusaka have been reached with regard to young people's access to CSE and SRH services. In turn, they are reaching 12 000 community members with messages on CSE and information on SRHR services;
- ✓ The finalization and roll-out of a curriculum for pre-service primary TTCs, as well as the pre-service secondary teacher curriculum;
- ✓ Over 1.9 million learners (Grades 5-12) reached by the end of 2015;
- ✓ Over 5 million people reached in 2016 with accurate information on CSE and services through mass media that included radio and TV programmes.

Sources of information: *MoGE Educating Our Future* policy; Zambia Education Curriculum Framework 2013; MoGE Annual Educational Statistical Bulletins; LSE Framework, 2011.; CSE Framework, 2013; R-National AIDS Strategic Framework, 2012-2016; Adolescent Health Strategic Framework, 2011-2015; National Strategy on Ending Child Marriage; ESA Commitment; Zambia Demographic Health Survey 2007 & 2013/14.





Zimbabwe

First-generation programme

In 1992, the then Ministry of Education, Sports and Culture (MoESC) introduced the HIV and AIDS and Life Skills programme (also referred to as AIDS Action Programme for Schools) with funding from UNICEF and the Royal Netherlands Embassy.

In order to strengthen HIV and AIDS prevention initiatives, the MoESC issued a circular in 1993 (Chief Education Officer Circular Minute No 16 of 1993), making the teaching of HIV and AIDS compulsory in all schools in Zimbabwe from Grade 4 to Form 6. This was followed by the Permanent Secretary's memorandum of June 1998 reminding all regions to uphold the requirements of circular 16 of 1993. In 2003, a Director's Circular Minute provided the terms of reference for AIDS support organizations wishing to participate in the Ministry's HIV and AIDS and LSE programme. The MoESC also produced a draft work plan on HIV and AIDS for the period 2000-2004, and a 2002-2006 strategic plan.

The goal of the AIDS Action Programme for Schools was to change attitudes and behaviour among students to reduce the risk of HIV infection. The programme aimed to develop students' life skills, such as problem-solving, informed decision-making, and avoiding risky behaviour. Participatory methods and experiential learning processes were used to teach Life Skills.

Booklets for students and teachers were designed for each grade, addressing four main themes: relationships; growing up; life skills; and health. In the classroom, self-esteem and assertiveness were encouraged, as well as role-playing and other activities to help students focus on feelings, examine alternatives, think through situations of risk, make decisions, and respond to peer pressure. Zimbabwe's mandatory curriculum provided full coverage among primary and secondary schools and was recognized by UNAIDS as a best practice. The programme met three best practice standards on policy, curriculum, and teacher training. (Since 1998, HIV and AIDS and Life Skills have been integral components in the curriculum for the professional preparation of all new teachers.)

Implementation was strongest in the 10 UNICEF supported districts, and the following lessons were learnt:³⁵

- There was little participation of children and young people in assessment, analysis, and implementation of the programme;
- The cascade training method used compromised the quality of training;
- Basic information on HIV and AIDS for teachers was not emphasized, resulting in apathy among teachers;



³⁵ Ministry of Education, Sport and Culture Strategic Plan, 2002-2006

- Teachers needed counselling skills to assist children and other teachers affected by HIV and AIDS;
- There was also no holistic and systematic orientation for parents regarding Life Skills programmes in schools. In addition, inclusion of out-of-school youth in Life Skills and HIV and AIDS awareness efforts was limited;
- Implementation required the creation of a single 30-minute lesson for primary schools and a 40-minute lesson for secondary schools, but the school curriculum was already too full and therefore it was often impossible to find a slot for HIV and AIDS education;
- Adequate coordination and networking with all organizations working with in-school youth needed strengthening;
- The absence of institutional frameworks (policy, strategy and action plans) to guide the education sector response to HIV and AIDS was the weakest area of the response within the education sector. Consequently, despite the pioneering work of the Ministry in introducing compulsory AIDS education in all primary and secondary schools and tertiary institutions, responses remained piecemeal and poorly documented;
- There was an absence of strong and comprehensive systems for M&E;
- The HIV and AIDS Life Skills Strategic Plan for the period 2006-2010, developed with support from UNICEF, was finalized, but was rejected by the MoESC. Without this strategic plan, the Life Skills programme was running in a vacuum since there was no guiding document and no structures in place;
- Regarding content, the programme explicitly avoided the mention of condoms as a key HIV prevention strategy. When teachers talked about the “ABC of HIV prevention”, the “C” referred to “Conduct yourself”. Other obstacles included lack of teaching materials and lack of training to organize classroom activities on sensitive issues. Some studies have revealed that teachers were finding it very difficult to discuss sex-related issues with children, and that teachers lacked the knowledge and confidence to teach HIV and AIDS education.

The NAC then coordinated the process to come up with a new strategy (from 2010) in line with the Zimbabwe National HIV and AIDS Strategy 2010-2015, and the Life Skills, Sexuality, HIV and AIDS Education Strategic Plan 2012-2015 was drafted, approved, and launched. Strategy documents were distributed to all the districts in 2013.

Current programme

Life Skills, Sexuality, HIV and AIDS Education (a component of the G&C programme)

Operating environment

The presence of a new Minister of Primary and Secondary Education offered a window of opportunity through the acceleration and finalization of the national curriculum reform process.

The process was completed in 2015, resulting in the Zimbabwe Curriculum Framework 2015-2022, in which issues like sexuality and HIV and AIDS are identified as cross-cutting and to be integrated in the general education and pathway subjects. Other conducive legal, strategy, and policy frameworks include:

- Zimbabwe National HIV and AIDS Strategy III (ZNASP III), 2016-2018;
- National Adolescent Sexual and Reproductive Health Strategy, 2011-2015, which defined the minimum or essential package for ASRH&R service provision to be delivered through health facilities, schools or community-based approaches;
- Life Skills, Sexuality, HIV and AIDS Education Strategy, 2012-2015;
- Director’s Circular 23 of 2005, which provides guidelines on the teaching of Life Skills, Sexuality, HIV and AIDS Education in schools, and was distributed to every school in 2015;
- Zimbabwe School Health Policy (draft), which makes strong emphasis on Life Skills-based health education;
- Zimbabwe National Youth Policy, which calls for the harmonization of health, education and other youth policies on health matters;
- Empowerment of teachers, parents, students, out-of-school youth and health service providers with necessary information and skills regarding youth, sexuality, and sexual education.

The Departmental Integrated Performance Agreement (DIPA) for Infant Education, Psychological Services and Special Needs Education includes deliverables on strengthening Life Skills, Sexuality, HIV and AIDS (LSSHA) education in the G&C programme. The G&C unit, which is under the Department of School Psychological Services and Special Needs Education (manned by a principal director, director, and education officers of different specialties) is mandated to oversee the implementation of Life Skills, Sexuality, HIV and AIDS Education and coordinates development partners (the HIV Management Units that were externally funded by donors disappeared when the funding dried up).

Positioning in curriculum

Life Skills and HIV and AIDS education was a stand-alone subject, with one allocated period a week. The new Curriculum Framework 2015-2022 states that cross-cutting issues should be integrated in general education and pathway subjects.

- At Infant level of education (ECD-Grade 2), learning areas or subjects through which sexuality education can be integrated include Visual and Performing Arts, Physical Education, Mass Displays, Language, Mathematics, Science, Social Studies, and Information and Communication Technology (ICT).
- At junior primary level (Grades 3-7), subjects include Language, Mathematics, Heritage and Social Studies, Science and Technology, Agriculture, Visual and Performing Arts, Family, Religion and Moral Education, Physical Education, Mass Displays, and Sport.

- At the secondary level of education, subjects include Science, Geography, Home Economics, Family, Religion and Moral Education, Music and Drama, and Agriculture.

As implementation of the reformed curriculum will take time, both the integrated and the old stand-alone methodologies are being used.

Level and age of schooling covered

From ECD to Form 6, age range 4-18 years.

Scaling-up strategy

A review of the existing HIV and AIDS and Life Skills programme, the policy and legal frameworks, and existing institutional arrangements led to the development of the Life Skills, Sexuality, HIV and AIDS Education Strategy, 2012-2015. In addition, a quality and inclusive syllabus and Teachers' Manual on Strengthening G&C, Life Skills, Sexuality, HIV and AIDS Education was developed in 2015. The syllabus outlines preferred expected skills, knowledge, and competencies to be covered. The syllabus has the potential to empower young people with the knowledge, skills, and values they need to protect themselves from negative SRH outcomes if fully implemented. From 2016, the subject will be examinable at 'O' Level and discussions are ongoing on how to handle assessment at primary school level.

The Zimbabwe Curriculum Framework 2015-2022 was an opportunity to ensure integration of sexuality education into general education and pathway subjects. Thus, during the national consultative process, presentations on sexuality education to the team leading the curriculum review process, as well as the Parliamentary Committee on Education, Sports, Arts and Culture and to representatives of the associations of primary and secondary school heads, were made to ensure the integration of sexuality education in the revised curriculum. To that end, curriculum developers received sexuality education training. While the roll-out of the new curriculum is ongoing, both methodologies (integrated, and the old stand-alone model) are being used.

The new curriculum will be implemented in phases, starting with the preparatory phase which involves the development and printing of syllabi for all levels, from ECD to 'A' Level. There has been some orientation of teachers and supervisors on the new curriculum framework. Training in syllabus interpretation has been provided to teachers and supervisors covering the following classes in 2017: ECD A, Grade 1, Grade 3, Form 1, Form 3, and Form 5. In-service teacher training programmes (workshop or cluster-based trainings and online sexual education training) are ongoing. This current process is pre-dated by activities on pre-service teacher training, which included the review and update (integration of sexual education) of the Health and Life Skills Education syllabus in the 14 TTCs, which was concluded in 2011. Training received is being reinforced by increased external and internal supervision of teachers on this subject.

Sexual education training for NGO programme officers, lecturers, and other strategic development partners as resource persons and/or trainers for sexual education implementation has been ongoing, and has enabled a more rapid scale-up.

The Ministry of Primary and Secondary Education (MoPSE) has developed mechanisms and memoranda of understanding with individual development partners to jointly work with the Ministry in the roll-out of the programme, thereby ensuring more coverage in scope and quality. Coordination has also been improved, through existing mechanisms such as the ASRH Coordination Forum.

Time period of scale-up

The process was initiated in 2010/11, and scale-up has become more visible. From 2014 onwards, the MoPSE has shown great engagement in LSSHA issues by housing the subject under G&C.

What was done to build support?

- Support from technical and financial partners to national education sector stakeholders in their efforts to respond to HIV and AIDS;
- Provision of technical assistance and capacity-building for response analysis, and strategic and operational planning;
- Advocacy for inclusion of the education sector response in national AIDS funding processes and support for the dissemination of evidence-based information generated by research e.g. distribution of the ITGSE;
- The peer review approach that uses regional platforms such as SADC to get member states to share promising practices and experiences and compare implementation progress has been useful to galvanize support;
- Building and sustaining strategic partnerships through the Joint UN Team on HIV and AIDS and NAC to coordinate and/or mobilize UN and development partners' technical and financial resources in support of education sector response to HIV and AIDS;
- National and regional technical consultations on scaling up sexual education provided the basis for discussion to identify the challenges, opportunities and pathways to scaling up school-based sexual education. In addition, MoPSE's senior education management team (permanent secretary, principal directors, directors and provincial education directors) were sensitized for better understanding and support of the programme;
- Strengthening the strategic partnership between the MoE and the MoH using the ESA Commitment as a rallying point;
- Strengthening youth-serving organizations (through technical, financial and capacity-building support) to enhance the youth voice in generating demand for sexual education and access to youth-friendly health services;
- Establishment of a LSSHA thematic group that is co-chaired by MoPSE and NAC.

Activities to ensure sustainability

- Developing and supporting implementation of policies, strategies and/or legal frameworks related to sexuality education;
- Integrating sexual education in pre-service teacher training and provision of in-service teacher training opportunities (workshop based and online);
- Embedding sexual education in the curriculum;
- Strengthening M&E mechanisms within the Ministry;
- Institutionalization (identification of a department and technical persons responsible for the programme i.e. the G&C Unit).

Activities to monitor and safeguard quality

- Periodic joint field visits and supporting integration of HIV indicators into EMIS (ongoing);
- Joint programme implementation between MoPSE and development partners;
- Development of M&E tools for the G&C programme;
- Making the subject examinable at Form 4;
- Learning from the evaluation of the National Adolescent Sexual and Reproductive Health Strategy (2010-2015).

CSE for out-of-school youth

- Community-based sexuality education programmes targeting out-of-school youth are being implemented through government and NGOs as per the ASRH Strategy and the Zimbabwe National HIV and AIDS Strategic Plan;
- Tools for out-of-school youth have been developed, for example, the Standard National ASRH Training Manual for Service Providers covers both in- and out-of-school settings.
- MoPSE is strengthening the implementation of the Second Chance Education Policy to enable girls who fall pregnant to continue with their education. Anecdotal evidence suggests that communities are not aware of the policy and that school heads are not keen to implement and sensitize learners and communities on the policy;
- Ongoing advocacy for disability mainstreaming in sexual education programmes to ensure that no youth subpopulation group is left behind.

Linkages to SRH services & demand creation

- The School Health Policy has been designed to achieve this objective, although it is still in draft form;
- Establishment of community level ASRH committees to facilitate community participation, leadership, and ownership of the ASRH programmes;
- Building strategic partnerships with CBOs in demand generation, outreach, and promotion of youth leadership and participation;
- MoPSE is taking steps to ensure every school has a nurse and/or is linked to a health clinic;
- Supporting youth-serving organizations to strengthen social media messaging encouraging young people to access sexual education and SRH health services;
- There is ongoing advocacy for the institutionalization of the ESA Commitment, which calls for stronger links between health and education.

Key players (implementers and donors)

- Line ministries such as MoPSE, Ministry of Health and Child Welfare (MoHCC), Ministry of Higher and Tertiary Education, Science and Technology Development (MoHTESTD), and Ministry of Youth (implementers, policy and strategic guidance, M&E);
- NAC (preferred intermediary between development partners and the MoPSE for the coordination and implementation of School-Based Life Skills, Sexuality, and HIV & AIDS Education programmes. Financial support for the education sector response is channelled through NAC);
- UN agencies (technical and financial support, advocacy and programmatic guidance, strategic information and capacity-building opportunities, resource mobilization, partnership-building, and coordination);
- CSOs/NGOs (programme implementation supporting extracurricular activities, teacher training, and provision of IEC materials. Organizations like SAfAIDS and Zimbabwe National Family Planning Council are key partners in linking young people to SRH services and creating demand for services. They also strengthen and promote youth participation in the design, implementation, and M&E of sexual education programmes;
- Donors, including the Global Fund and DREAMS/USAID.

Enabling factors that facilitated scale-up

- Fostering strong partnerships and identifying champions within government ministries committed to sexual education programmes;
- Political will through the endorsement of the ESA Commitment;
- Taking advantage of 'policy windows' when they occur e.g. the national curriculum review was used to advance and institutionalize sexual education. For instance, whereas the first generation sexual education programme was designed for learners from Grade 4 to Form 6, the current policy position covers all grades;
- Building implementation capacity through training different cadres. These trained cadres have been key allies in advocacy efforts and capacity-building for effective sexual education implementation;
- Supporting development of national and sector-specific legal, policy, and strategic frameworks for an enabling environment;
- NGOs advocacy and awareness-raising among stakeholders, including parents, and providing linkages with services.

Challenges/barriers in scaling up SE

- Insufficient funding. Funds from Treasury are used largely to finance salaries, thus sexual education implementation is dependent on donor funds, in particular HIV funds. Scale-up requires predictable and adequate resources;
- Most of the work by development partners is project-based, covering only a few selected districts, lacking the funding and capacity to reach all schools and learners. Often such implementation is fragmented;

- Insufficient teacher training. A critical mass of teachers has to be trained on sexual education for scale-up to be effective in the context of an integrated model of delivery where almost every teacher has a role in teaching some aspects of the subject.;
- As sexual education is a cross-cutting issue and therefore being integrated in a number of 'carrier subjects', it is difficult to tell if sexual education content is sufficiently covered across those carrier subjects (now called learning areas);
- Large classes, rote learning, and teachers' level of comfort talking about sexuality all inhibit effective sexual education scale-up;
- Suitable teaching and learning materials are not available in sufficient quantities;
- Weak coordination among different sectors/ministries, including Education, Health, and Youth, in the context of ensuring access to education and SRH services.

Barriers to CSE classroom delivery

- Teachers identify the lack of time and space in an already crowded curriculum as the most significant barrier;
- Lack of teacher confidence and competence, coupled with fear of possible adverse parental and community reactions, contributes to the avoidance of certain sexual education topics (e.g. sexual diversity, sexual behaviour and practice);
- Community perceptions of what is acceptable as sexual education in schools e.g. public outcry over condom education and/or distribution in the school setting;
- Limited priority and accountability. Sexual education is deemed a low priority because of the competing demands placed on the school curriculum and timetable (it is difficult to tell if sexual education content is sufficiently covered across the carrier subjects);
- Sexual education has not been an examinable subject and for a long time there was no focal person to coordinate sexual education lessons within the school system e.g. a head of department;
- The teaching methods used by some are problematic as they focus on instilling fear in adolescents so as not to indulge in sexual intercourse, at the expense of developing knowledge, skills, and attitudes.

Results so far

- ✓ Development of the Life Skills, Sexuality, HIV and AIDS Education Strategic Plan 2012-2015 and dissemination to all the districts in 2013;
- ✓ Orientation on the new strategy was done for Ministry of Education, Sports, Arts and Culture (MoESAC) senior management and district officers;
- ✓ The strategy was rolled out for implementation in the schools;
- ✓ District officers were trained as trainers to train teachers;

- ✓ Training of teachers was done in all the provinces with support from NAC, UN agencies, DREAMS partners, and the Regional Psychosocial Support Initiative (REPSSI);
- ✓ Development of a quality and inclusive syllabi and teachers' manual (one for infant and junior primary levels and one for the secondary level) on strengthening G&C, Life Skills, Sexuality, and HIV and AIDS;
- ✓ Development of teaching and learning materials for the stand-alone course is underway;
- ✓ In 2015, 6 586 female and 3 753 males (totalling 10 339) teachers were trained;
- ✓ In 2015, all 25 200 pre-service teachers were trained in CSE. The 14 TTCs offer compulsory CSE under the Health and Life Skills Education subject;
- ✓ Reports on the number of abuse cases have increased as schools have been sensitized on how they should handle these issues;
- ✓ G&C departments have been set up in all primary and secondary schools. Some schools have set up counselling rooms, with well-equipped sick bays and G&C resource rooms;
- ✓ Zimbabwe's constitutional court made a landmark ruling that outlaws child marriage (marriage before the age of 18 for both males and females);
- ✓ In addition, the 2013 constitution states "no person may be compelled to enter marriage against their will" and calls on the state to ensure that "no children are pledged into marriage."

Sources of information: Zimbabwe Interim Poverty Reduction Strategy Paper (I-PRSP), 2016-2018; Broad National Consultative Process, Ministry of Primary and Secondary Education PowerPoint Presentation, 3 May 2016; Lucas Halimani. 2010. *Understanding the Education Sector Response to HIV & AIDS in Zimbabwe: A Rapid Assessment Report*. Donoghue, Joan. 1995. *Zimbabwe's AIDS Action Programme for Schools: Flashback and Hindsight*. Prepared for UNICEF - Harare. November 1995; SACMEQ M-Survey Number III, 2007: HIV & AIDS Knowledge Test; Ministry of Education and Culture, Zimbabwe and UNICEF. 1993. *Primary School Teachers knowledge and understanding of AIDS. Report of a baseline study carried out in primary schools before the start of the National AIDS Action Programme for Schools*. December 1993; International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators (Volume I and II) (UNESCO, 2009); Ministry of Higher and Tertiary Education. 2009. *Baseline Study on the status of Human Capital Development and Training Institutions in Zimbabwe (Report)*, September 2009; UNESCO and UNFPA. 2012. *Sexuality Education: A ten-country review of school curricula in East and Southern Africa*; Arne Williams (UNESCO) and Peter Badcock-Walters (Consultant) Colloquium Report on "Reinvigorating Education Sector Responses to HIV & AIDS in East and Southern Africa", 15-17 September 2010, Johannesburg, South Africa; Georges Tiendrebeogo, Suzan Meijer and Gary Engleberg. 2003. *Life Skills and HIV Education: Methods and Evaluations*. Technical Paper Number 19, July 2003; Personal communication with Mr Sithole, Deputy Director, Psychological Services and Special Needs Education, Ministry of Primary and Secondary Education; Ministry of Education, Sport and Culture. 2003. Director's Circular No. 2 of 2003. RE: Circular to schools on teaching and learning on HIV and AIDS and Life Skills Education; HIV AND AIDS Programme Implementation. Harare: UNICEF; Ministry of Education, Sport and Culture. 2003. Director's Circular No. 3 of 2003. RE: Terms of Reference for AIDS Support Organizations wishing to take part in the HIV AND AIDS and life skills education programme. Harare: UNICEF; URL: <http://dx.doi.org/10.5539/ass.v8n13p161>; Ministry of Education, Sport and Culture. Strategic Plan, 2002-2006; UNESCO Annual Reports (SISTER).



4. CONCLUSION

Young people have a right to access quality education and lead healthy lives. The ESA Commitment and these case studies show that Ministries of Education in ESA see CSE as an important component of providing this quality education and a means of keeping learners healthy and in school. The aim of education is to enable individuals to reach their full potential and create healthy educated individuals that can contribute to their nation's development, their communities, and their own well-being. However, only 58% of learners who start primary school in Africa reach the last grade, and survival rates from primary to secondary school are low. School drop-outs and gender disparities in education are affected by HIV and AIDS, EUP, GBV, and other SRH issues. Addressing these impediments to education are now a matter of urgency. An effective response to improving the health and educational outcomes of young people includes integrating CSE into all young people's education, and improving their access to, and usage of, SRH services. This twinned approach can provide young people with the knowledge, skills and attitudes they need to make healthy and informed decisions, and access the services required to stay healthy.

To ensure every young person has an opportunity to fulfil their rights to education and health, CSE should be scaled up nationwide in primary and secondary education. The case studies show that progress has been made, however additional work is required to improve the quality and coverage of CSE in every country.

A number of factors of success, challenges and lessons learned have been identified.

Factors of success

- Strong leadership and political will;
- Catalysts such as the ESA Commitment;
- A strong legal and policy environment;
- Effective collaboration and coordination (intra and intersectoral);
- Inclusion of all key stakeholders (parents, young people, community and religious leaders, NGOs) throughout the process, from materials development to implementation;
- Sufficient human and financial resources;
- Effective training methodologies and ongoing support for teachers; and
- Community and parental engagement.

Challenges

- Systemic challenges facing the education sector, such as human and financial constraints, crumbling infrastructures, competing priorities, etc.
- Turnover of key personnel within the education sector, both at the higher levels for building and sustaining political commitment, and at the school level to ensure adequate numbers of teachers are trained. Changes in educational administration (such as a change in minister) not only leads to loss of political capital, but also impacts on implementation strategies and their momentum.
- Coordination and collaboration, which are crucial for an effective scale-up, remain weak in many countries. The ESA Commitment has helped strengthen coordination and collaboration in some countries, but much more needs to be done to ensure all stakeholders at all levels (national, regional and local) understand their roles and responsibilities, and mechanism are in place to enable a quality scale-up of CSE.
- Weak linkages between schools and ASRH services and low demand creation in many countries affects the usage of SRH services, and thus the SRH outcomes of adolescents and young people.
- Financial constraints, resulting in a number of countries not being able to scale up CSE. While external support is important, a scale-up will not be complete and long-term sustainability possible if the government does not contribute.

Lessons learned

- Curriculum reform is a window of opportunity for integrating CSE not only in the curriculum but also throughout the MoE's systems. This in turn will positively affect sustainability and effectiveness.
- Strong advocacy and use of data on SRH outcomes and their impact on the education system can create political will and facilitate scale-up. Catalysts such as the ESA Commitment can be effectively used to this end.
- Training is essential for any effective scale up, and should help teachers to address their own personal values and attitudes, provide them with knowledge, new skills and teaching methodologies, and increase their confidence. However, this alone is not sufficient. Teachers also need supportive evaluations, feedback, and assistance in implementing remedial solutions. Thus, training on CSE should be rolled out to the different education sector cadres responsible for supervision and performance monitoring, resource support, in-service training, and M&E.
- An inclusive process, especially for the development of curriculum and support materials, is key to ensuring buy-in and ownership.

The task ahead is not just the responsibility of governments. Development partners and other stakeholders also have a role and a responsibility, for example, to: harmonize and coordinate existing programmes targeting young people to ensure better alignment and more efficient use of resources; support communities and civil society, including youth-led organizations, to ensure increased access to good quality CSE delivered by well-trained teachers and mentors; support programmes to protect adolescent girls' rights, in particular delaying age at marriage and child-bearing and empowering the most marginalized girls to negotiate the use of contraceptives, including condoms for dual protection against HIV; and support HIV programmes that engage men in identifying ways to reduce violence and empower women.³⁶

³⁶ UNESCO, UNFPA and UNAIDS. 2016. *Fulfilling Our Promise to Young People Today. 2013-2015 Progress Review. The Eastern and Southern African Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people*. Paris, UNESCO.

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