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# TCG4: Development of SDG thematic indicator 4.7.2

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## SDG thematic indicator 4.7.2

### Percentage of schools that provided life skills-based HIV and sexuality education within the previous academic year

This paper provides information on the definition of SDG thematic indicator 4.7.2 “Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year” and two alternative methods of collection. The development of the indicator, its field testing and the status of utilization of the indicator are described in Annex 1.

#### Full definition of the indicator

Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year

#### PURPOSE

To assess progress towards implementation of life skills-based HIV and sexuality education in all schools.

#### RATIONALE

This indicator tracks the proportion of schools that provide life skills-based HIV and sexuality education within the formal curriculum or as part of extra-curricular activities. This is a critical indicator for the sector, as it deals with curriculum delivery in support of national HIV prevention programmes; and includes extra-curricular activities that schools might be engaged in. The indicator attempts to provide a more comprehensive picture of the provision of life skills-based HIV and sexuality education for young people. For the education sector, it is important to consider where young people are being exposed to HIV prevention messages and also to ensure that all possible avenues are being utilized.

In line with the *International Technical Guidance on Sexuality Education* (UNESCO et al., 2009), this proposed indicator captures a set of ‘essential’ and ‘desirable’ components of a life skills-based HIV and sexuality education programme that is provided within the formal curriculum (as a standalone examinable subject, or integrated into other curriculum subjects) and/or as part of extra-curricular activities, by ensuring that the data disaggregation allows for reporting on curricular and extra-curricular activities (see Method of measurement).

Life skills-based education is an effective methodology that uses participatory exercises to teach behaviours to young people that help them deal with the challenges and demands of everyday life. It can include decision-making and problem-solving skills, creative and critical thinking, self-awareness, communication and interpersonal relations. It can also teach young people how to cope with their emotions and causes of stress. When adapted specifically for HIV education in schools, a life skills-based approach helps young people to understand and assess the individual, social and environmental factors that raise and lower the risk of HIV transmission. When implemented effectively, it can have a positive effect on behaviours, including delay in sexual debut and reduction in number of sexual partners.



## METHOD OF MEASUREMENT<sup>1</sup>

### A. Annual School Census

Principals/heads of schools (to include both private and public schools), offering primary and secondary level schooling, should be briefed on the meaning/contents of life skills-based HIV and sexuality education (based on the UNESCO/UNAIDS *International Technical Guidance on Sexuality Education Volume II* – UNESCO et al., 2009). They are then asked to answer yes or no to the question below, regardless of how these topics were provided (either in the formal curricula and/or during extra-curricular activities).

#### Table 1: Question for EMIS

Did students at your school receive comprehensive life skills-based HIV and sexuality education in the previous academic year? Yes/No

If Yes, indicate which of these topics were covered in the life skills-based HIV and sexuality education programme:

Teaching on generic life skills (e.g. decision-making/communications/refusal skills).	Yes	No
Teaching on sexual reproductive health/sexuality education (e.g. teaching on human growth and development, family life, reproductive health, sexual abuse, transmission of STIs).	Yes	No
Teaching on HIV transmission and prevention.	Yes	No

#### Numerator

Number of schools that have responded yes to all three questions and are therefore considered as having provided comprehensive life skills-based HIV and sexuality education including all the three aspects (generic life skills, sexual and reproductive health and HIV transmission and prevention) during the previous year.

#### Denominator

Number of schools surveyed.

### B. School-based survey

Principals/heads of a nationally-representative sample of schools (to include both private and public schools), offering primary and secondary level schooling, should be briefed on the meaning/contents of life skills-based HIV and sexuality education (based on the UNESCO/UNAIDS *International Technical Guidance on Sexuality Education Volume II* – UNESCO et al., 2009). They are then given the table below that lists topics that can be integrated in many different subjects in school curriculum (for example: biology, science etc.) and/or extra-curricular activities. They have to indicate which of these topics were provided in their school and how these topics were provided

<sup>1</sup> The method of measurement that was field-tested is described under B – school-based survey. It is too complex to be included in the Annual School Census questionnaire and therefore a simplified set of questions was proposed and validated for inclusion in that questionnaire.



(either in the formal curricula and/or during extra-curricular activities) in the previous academic year and if it was included in the formal curriculum, as per Table 2.

**Table 2:** Topics included in the previous academic year

Topics/content	Provided by the School		If yes, indicate how it has been provided	
	No	Yes	Within formal curriculum	Within extra-curricular activities
<b>(a) Generic life skills</b>				
Decision-making/Assertiveness				
Communication/Negotiation/Refusal				
Acceptance, tolerance, empathy and non-discrimination				
Human rights empowerment				
Other generic life skills				
<b>(b) Sexual and reproductive health (SRH)/Sexuality education (SE)</b>				
Human growth and development				
Sexual anatomy and physiology				
Reproduction				
Pregnancy and childbirth				
Condoms				
Contraception other than condoms				
Family life, marriage, long-term commitment and interpersonal relationships				
Society, culture and sexuality: values, attitudes, social norms and the media in relation to sexuality				
Sexual behaviour (sexual practices, pleasure and feelings)				
Gender equality and gender roles				
Sexual diversity				
Sexual abuse/resisting unwanted or coerced sex				
Gender-based violence and harmful practices/rejecting violence				
Transmission and prevention of sexually transmitted infections (STIs)				
Sources for SRH services/seeking services				
Other contents related to SRH/SE				
<b>(c) HIV and AIDS-related specific content</b>				
Transmission of HIV				
Prevention of HIV: practising safer sex including condom use (for appropriate age groups)				



Topics/content	Provided by the School		If yes, indicate how it has been provided	
	No	Yes	Within formal curriculum	Within extra-curricular activities
Treatment of HIV				
Sources of counselling and testing services/seeking services for counselling, treatment, care and support				
HIV-related stigma and discrimination				
Other HIV and AIDS-related specific content				

### Calculation:

The above list of components is divided into 'essential' and 'desirable' components as given in Table 3. In order to meet the criteria of teaching life skills-based HIV and sexuality education, schools must have taught all essential topics and at least six of the desirable topics. Identification of 'essential' criteria is based on those learning topics that have the greatest direct impact on HIV prevention. 'Desirable' criteria are those that have an indirect impact on HIV prevention but are part of a comprehensive curriculum. The indicator is calculated separately for primary and secondary school levels.

**Table 3:** Topics included in the previous academic year

	Topics/Content	Y/N
<b>Generic life skills</b>		
Essential topics	Decision-making/assertiveness	
	Communication/negotiation/refusal	
	Human rights empowerment	
Desirable topics	Acceptance, tolerance, empathy and non-discrimination	
	Other generic life skills	
<b>Sexual and reproductive health (SRH)/Sexuality Education (SE)</b>		
Essential topics	Human growth and development	
	Sexual anatomy and physiology	
	Family life, marriage, long-term commitment and interpersonal relationships	
	Society, culture and sexuality: values, attitudes, social norms and the media in relation to sexuality	
	Reproduction	
	Gender equality and gender roles	
	Sexual abuse/resisting unwanted or coerced sex	
	Condoms	
	Sexual behaviour (sexual practices, pleasure and feelings)	
	Transmission and prevention of sexually transmitted infections (STIs)	
Desirable topics	Pregnancy and childbirth	
	Contraception other than condoms	
	Gender-based violence and harmful practices/rejecting violence	
	Sexual diversity	
	Sources for SRH services/seeking services	
	Other content related to SRH/SE	
<b>HIV and AIDS-related specific contents</b>		
Essential topics	Transmission of HIV	
	Prevention of HIV: practising safer sex including condom use	
	Treatment of HIV	
Desirable topics	HIV-related stigma and discrimination	
	Sources of counselling and testing services/seeking services for counselling, treatment, care and support	
	Other HIV and AIDS-related specific content (please specify)	

**Numerator**

**Option 1:** Number of schools that provided life skills-based HIV and sexuality education in the previous academic year according to a combination of all essential topics and at least six desirable topics<sup>2</sup> in the questionnaire, as part of the formal curriculum and/or as part of the extra-curricular activities offered by schools.

<sup>2</sup> This combination of essential and desirable topics was calculated for the field test and could be revised during or after the process, based on feedback from the field test as well as expert opinion.



**Option 2:** Number of schools that provided life skills-based HIV and sexuality education in the previous academic year according to a combination of all essential topics and at least six desirable topics<sup>3</sup> in the questionnaire as part of the formal curriculum.<sup>4</sup>

### Denominator

Number of schools surveyed

### COLLECTION METHOD

School-based survey or Annual School Census questionnaire.

### MEASUREMENT FREQUENCY

- Collected through an annual data collection process if included in the Annual School Census questionnaire.
- Measurement frequency to be decided by the country, if data is collected through school-based surveys.

### DATA DISAGGREGATION

The indicator should be presented by:

- Type of school: public and private
- Level of education: primary and secondary
- Type of curriculum: formal curriculum, extra-curricular activities or in combination, if data are collected in a school-based survey
- Geographical location: urban, rural and peri-urban.

### INTERPRETATION

It is important that life skills-based HIV and sexuality education is initiated in the early grades of primary school and then continued throughout schooling with contents and methods being adapted to the age and experience of the students. This indicator provides useful information on the coverage of life skills-based HIV and sexuality education within schools, and on the trends in the coverage if data are collected and compared over time. However, the substantial variations in the levels of school enrolment must be taken into account when interpreting (or making cross-country comparisons of) this indicator. Consequently, primary and secondary school gross and net enrolment rates for the most recent academic year should be included in the supporting information provided for this indicator.

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<sup>3</sup> This combination of essential and desirable topics was calculated for the field test and could be revised during or after the process, based on feedback from the field test as well as expert opinion.

<sup>4</sup> Intra-curricular programmes are obligatory and will therefore reach all learners. Extra-curricular programmes are optional and will therefore reach smaller numbers of learners. Some schools may find that certain topics are taught through intra-curricular classes whilst others are taught during extra-curricular activities; it is important to understand what topics are included in the curriculum that is delivered to all students through the school timetable.



The indicator is a measure of coverage. Ultimately, the desirable coverage of schools should be 100 per cent, although countries can set a realistic target lower than 100 per cent for a given period of time. While comparison with data collected from the previous years (if available) should be made to show if and how much progress has been made, education stakeholders should use the data to: 1) identify if there is a gap between current coverage and the desired target; 2) what exactly has disqualified the schools from the numerator (what is/are the main topics that were not covered in the life skills-based HIV and sexuality education in most schools); and thus 3) determine what measures to take to fill the gaps.

## STRENGTHS AND WEAKNESSES OF THE INDICATOR

### Strengths:

- The indicator provides a good measure of coverage, considering which schools have provided life skills-based HIV and sexuality education, at the minimum required levels.
- Technical merit is likely to improve if data are collected through a school-based survey.

### Weaknesses:

- Due to the range of topics and the set minimum package of topics, this indicator is quite complex to calculate using the method of measurement suitable for school-based surveys.
- It is impossible to know how much time is spent on each of the topics. The field test included data on the total number of hours set aside for life skills-based HIV and sexuality education taught in the formal curriculum, but it has proven difficult and complicated to collect the data, as time spent on each topic was not recorded accurately.
- Technical merit is low if only school head teachers report on this indicator, as many of them do not know which topics are taught if life-skills based HIV and sexuality education is not a standalone and examinable subject. Hence the need to also collect data from subject head teachers and other teachers.

## ADDITIONAL SOURCES OF INFORMATION

- [www.unicef.org/lifeskills/index-hiv-aids.html](http://www.unicef.org/lifeskills/index-hiv-aids.html)
- [www.unicef.org/aids/index\\_documents.html](http://www.unicef.org/aids/index_documents.html)
- *International Technical Guidance on Sexuality Education*  
(<http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>)

## APPLICABILITY

All countries

## PARTNERSHIP WITH UIS

There is a need to work closely with UIS at global and regional levels. UIS could use its regional workshops to build national capacities for the integration of indicator 4.7.2 in the EMIS, as it was





already done in West and Central Africa. Starting in 2017, the UIS has included a simple question on the number of schools providing life skills-based HIV and sexuality education in its Annual Survey of Formal Education, so that all Member States can begin to collect the data for this indicator. Data are collected by level of education (primary, lower and upper secondary) and by type of institution (public, private). The first results are expected to be published at the end of February 2018.

The definition was strengthened for the 2018 survey in order to improve the alignment with the definitions described in this paper. The current guidelines for reporting are:

**Life skills-based HIV and sexuality education**

The survey collects information on schools or educational institutions providing life skills-based HIV and sexuality education. For the purpose of this survey, a school is considered to be providing **life skills-based HIV and sexuality education** if education on all of the following - life skills, sexual & reproductive health, sexuality and HIV transmission & prevention - is provided within the formal curriculum or as part of extra-curricular activities.



## Annex 1

### 1. How the indicator was developed

An indicator on the “Percentage of schools that provided life skills-based HIV education in the last academic year” was used between 2001 and 2011 as one of the 25 core indicators required for all countries to monitor national progress in the implementation of their response to HIV and AIDS. This was based on the decision made during the United Nations General Assembly Special Session (UNGASS) [Declaration of Commitment on HIV/AIDS \(2001\)](#).

<b>UNGASS Indicator #11:</b> Percentage of schools that provided life skills-based HIV education in the last academic year [disaggregated by level of education (primary education, secondary education)]	
<b>Applicability</b>	All countries
<b>Measurement tool</b>	School survey or education programme review
<b>Method of measurement</b>	Principals/heads of a nationally representative sample of schools (to include both private and public schools) are briefed on the meaning of life-skills based HIV education and then are asked the following question: <i>Within the last academic year, did your school provide at least 30 hours of life-skills training to each grade?</i>

The UNAIDS M&E Reference Group (MERG) decided to drop this indicator from the list of UNGASS indicators in 2011, as it considered that the indicator lacked technical merit by focusing only on coverage and failing to measure the contents of life skills-based HIV education delivered in schools. It is noteworthy that some countries kept using the indicator for a few years, even if it was not recommended by the MERG anymore.

The evolution of the former UNGASS indicator #11 into the currently proposed SDG thematic indicator 4.7.2 involved a multi-year process involving extensive consultations at national, regional and international levels, and field test in selected countries, across regions. This process built on the work of the UNAIDS [Inter-Agency Task Team \(IATT\) on Education](#)<sup>5</sup> to identify a limited number of

<sup>5</sup> The UNAIDS IATT on Education was created in 2002 to support accelerated and improved education sector responses to HIV. It is convened by UNESCO and composed of about 40 institutional members including UNAIDS cosponsoring agencies, other multilateral and bilateral development agencies, private donors, civil society, and academia.



internationally recognized indicators for the monitoring of education sector responses to HIV and AIDS. The process including the following steps:

- In 2009, the IATT commissioned a review of existing indicators and selected seven of them for consideration and field-testing by education stakeholders at the national level. UNGASS indicator #11 was one of the seven indicators selected by the IATT.
- Following up on the selection conducted by the IATT, UNESCO supported in 2010 a series of regional assessments and consultations in Asia, Latin America, the Caribbean, and Sub-Saharan Africa, where the tentative indicators were discussed by a large number of local stakeholders. Subsequently, an international consultation consolidated the findings and recommendations from all regional consultations on how to revise and refine the definitions of the indicators, including a revised version of UNGASS indicator #11. Eight additional indicators were also identified during regional consultations to be used in countries with a high HIV prevalence.
- In 2011-2012, UNESCO led the field-testing of the 12 new indicators for which data would be collected through the education sector, using the Annual School Census or School-Based Surveys. All 12 indicators were field-tested in four countries in Africa (Namibia, South Africa, Tanzania and Zambia), and only four of the new indicators were also field-tested in Jamaica. The objectives of the field test were to produce evidence on the following issues:
  - The need for the new indicators and their usefulness
  - The technical merit (validity and reliability) of the new indicators
  - The feasibility of collecting and analyzing the data for those indicators, particularly through Education Management Information Systems (EMIS).
- The findings from the field test were discussed and the full definitions of the indicators were validated during an international technical validation meeting organized by UNESCO, UNICEF and the SADC Secretariat in Johannesburg, South Africa. The meeting endorsed the revised indicator on the delivery of skills-based HIV and sexuality education in its current definition (see the section below).
- In 2013, indicators that were successfully field-tested, including the indicator “Percentage of schools that provided life skills-based HIV and sexuality education within the previous academic year”, were eventually officially endorsed by the UNAIDS IATT on Education to be utilized by countries.



## 2. Indicator definition

The full definition of the indicator endorsed by the UNAIDS IATT on Education is provided in the main paper. This definition is included in the *Guidelines for the construction and use of core indicators – Measuring the education sector response to HIV and AIDS*, published by UNESCO in 2013: <http://unesdoc.unesco.org/images/0022/002230/223028E.pdf>

A Handbook is also available to provide Ministries of Education, particularly EMIS, with practical guidelines, example questions and templates for integrating the indicator in the Annual School Census or in school-based surveys: <http://unesdoc.unesco.org/images/0023/002335/233547E.pdf>

### Technical merit

Indicator 4.7.2 has more technical merit than the former UNGASS Indicator #11. It does not only measure coverage of the delivery of life skills-based HIV and sexuality education, it also allows measuring somehow the quality of the education that is delivered by assessing what topics are delivered:

- When data are collected through the Annual School Census, principals/heads of schools have to respond to three questions on topics covered by of life skills-based HIV and sexuality education delivered in their school. Only schools that deliver all topics are considered as delivering quality life skills-based HIV and sexuality education and are counted in the numerator.
- When data are collected through school-based surveys, the assessment of quality of contents delivered is more sophisticated as the indicator looks at a mix of essential topics and desirable topics that should be covered by quality life skills-based HIV and sexuality education. Only schools that deliver all essential topics and six desirable topics are counted.

The choice of topics is based on the analysis of key concepts and topics by learning objective that should be covered by quality sexuality education, as defined by the *International Technical Guidance on Sexuality Education – Volume II* published in 2009 by UNESCO and UNAIDS <http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>

Unlike UNGASS Indicator #11 that measured the coverage of the delivery by schools of HIV education only, Indicator 4.7.2 measures the coverage of HIV and sexuality education, recognizing the importance of sexuality education beyond preventing HIV transmission.



### Feasibility to collect data

Based on the field-test, two alternative Methods of Measurement are recommended for the new indicator. By including the indicator in the Annual School Census, data can be collected at no additional cost as part of the routine functioning of the EMIS, using a question that can be easily integrated in the overall questionnaire.

In countries where resources are available and it is not feasible to revise the Annual School Census questionnaire, integration of the indicator in school-based surveys can be considered.

### 3. Status of utilization of the indicator

The indicator, along with the other 14 core indicators recommended and endorsed by the IATT to measure the education sector responses to HIV and AIDS, has been disseminated through the UNESCO publication *Measuring the education sector response to HIV and AIDS: Guidelines for the construction and use of core indicators*.

As the indicator was developed primarily to measure the education sector responses to HIV and AIDS, Sub-Saharan Africa was originally prioritized for supporting the utilization of the indicator. In September 2013, the indicator, along with the other core indicators recommended by the IATT, was presented to a meeting of SADC Ministers of Education and Training involving 14 SADC countries. As a result, "*Ministers approved the indicators SADC/MOET/1/2013/6b, and their inclusion in EMIS/school based surveys/ annual school censuses, and in other levels of education to cater for the youth population.*" (Record of the SADC meeting, Page 13)

The core indicator has also been incorporated into the Accountability Framework for the Ministerial Commitment to Sexual and Reproductive Health of Young People in East and Southern Africa, which was affirmed by the health and education ministers from 20 countries in the region in December 2013.<sup>6</sup>

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<sup>6</sup> On 7 December 2013, health and education ministers and representatives from 20 countries in Eastern and Southern Africa affirmed a landmark commitment supporting sexuality education and sexual and reproductive health services for adolescents and young people – referred to as the ESA Commitment.



In East and Southern Africa and West and Central Africa, UNESCO organized a series of regional workshops to build the capacity of EMIS personnel to integrate the indicator, along with other selected core indicators, in the Annual School Census or in school-based surveys. As of April 2017, seven countries in ESA had integrated this indicator (along with other two process indicators on sexuality education to measure teacher training and parent involvement) in their Annual School Census questionnaires. These countries are: Kenya, Namibia, South Sudan, Swaziland, Tanzania, Zambia and Zimbabwe. In West and Central Africa, 11 countries have expressed their interest in using the indicator.

UNESCO is in the process of supporting the scaling-up of the integration of the core indicators related to skills-based HIV and sexuality education in EMIS in East and Southern Africa; and to capacitate the countries that have collected data for the core indicators to analyze, interpret, report and utilize the data. It is expected that approximately 15 of countries in the region will integrate the indicator into their EMIS and will be able to start collecting data in 2017 or 2018.

DRAFT for discussion