

Scaling Up Sexuality Education

**Lessons learned and
consideration for
civil society organisations**

Rutgers

Acronyms

ASRH	Adolescent sexual and reproductive health
AYFHS	Adolescent and youth friendly health services
CSE	Comprehensive sexuality education
CSO	Civil Society Organisation
EMIS	Education management information system
ESA	East and Southern Africa
EUP	Early and unintended pregnancy
GBV	Gender-based violence
ICPD	Programme of Action of the International Conference on Population and Development
ITGSE	International Technical Guidance on Sexuality Education

LSE	Life skills education
M&E	Monitoring and evaluation
MOE	Ministry of Education
MOH	Ministry of Health
RCT	Randomised controlled trial
SBCC	Social and behaviour change communication
SDG	Sustainable Development Goal
SE	Sexuality education
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TTI	Teacher training institutions
WCA	West and Central Africa



Introduction

Purpose



The overall purpose of the report is to **encourage civil society organisations**¹ to support the **scale-up of sexuality education**² within education systems.



Objective

The specific objective is to provide an overview of key steps in scale-up and issues for civil society organisations to consider in deciding if and how they can provide support, based on country experience and lessons learned.



Scaling up

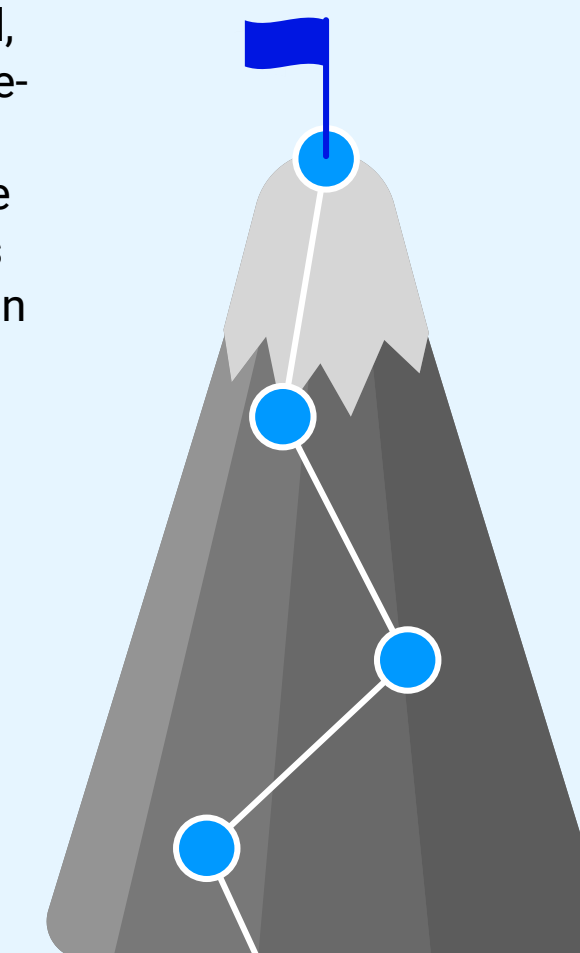
The report focuses on scaling up comprehensive, curriculum-based, school-based sexuality education programmes and approaches, and considers scale-up at national, provincial, district and municipal levels, drawing on experience in a range of countries and contexts.

What is the purpose of this report?

This report was commissioned by Rutgers, a Netherlands-based international Centre of Excellence on Comprehensive Sexuality Education (CSE). Rutgers aims to strengthen the evidence base and share expertise and knowledge, in order to support delivery of quality CSE and address the challenges of large-scale implementation. The overall purpose of the report is to encourage civil society organisations (CSOs) to support the scale-up of sexuality education (SE) within education systems. The specific objective is to provide an overview of key steps in scale-up and issues for CSOs to consider in deciding if and how they can provide support, based on country experience and lessons learned. The report is not intended to be a practical 'how to' guide or to replicate guidance available elsewhere, for example in the Comprehensive Sexuality Education scale-up toolkit produced by UNESCO and in other practical resources ([see Annex 1](#)).

What is its main focus and who is it for?

The report focuses on scaling up comprehensive, curriculum-based, school-based SE programmes and approaches, and considers scale-up at national, provincial, district and municipal levels, drawing on experience in a range of countries and contexts. The main audience is CSOs in countries where SE has yet to be fully scaled up. Rutgers also hopes that the report will be useful for policy makers, education practitioners and others interested in how to support, implement and sustain SE at scale.



¹ CSO is defined broadly and includes international non-government organisations (NGOs), national and local NGOs, community based organisations (CBOs) and Faith-Based Organisations (FBO's).

² This report uses the generic term sexuality education (SE) even if a country uses other terminology. Content and terminology used varies and includes SE, Comprehensive Sexuality Education (CSE), Life Skills Education, Family Health Education, and Population Education, Family Life and HIV Education. Please see [Annex 3](#) for a more about "What is sexuality education."

Why focus on scale-up and sustainability?

Despite evidence of the need for and effectiveness of SE (see Annex 3), many children and young people still lack access to comprehensive, curriculum-based sexuality education in school, and many countries have yet to achieve national coverage of SE.



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- Lack of government funding for SE has often resulted in a patchwork of small-scale pilot projects and programmes, implemented by UN agencies or CSOs with donor funding. For example, multiple different government-approved curricula have been implemented by CSOs in Kenya. This has implications for sustainability as well as for scale up of SE.
- For example, in many countries, pilots and programmes have ended when donor funding stops, because the approach cannot be sustained by government or there has been little focus by implementers or funders on handover to government or longer-term sustainability (Renju et al, 2011).

A local education official in Peru commented:
“Over the years, there have been many institutions that have come and run programmes, but only for a period. The time comes when their project ends, so they leave and nothing remains. And this has continued to happen again and again. So there needs to be more sustainability. If a programme comes, then the regional government or the regional authorities need to take responsibility for it, so that it continues”.

UNESCO (2014) has identified planning for the longer term – ensuring resources are available for scale-up and planning for sustainability – as one of the key principles for scale-up, and there are countries where this has been considered in the design of projects and programmes.

In Kenya, the Primary School Action for Better Health programme developed their intervention based on the premise that it should be deliverable in the lowest resourced school in the country (UNESCO, 2014). In Tanzania, the MEMA kwa Vijana initiative started as a pilot project, but with the intention that government structures would take over to achieve scale and sustainability; to ensure that this was feasible, the scope of the intervention and the intensity of training and supervision were reduced. This example illustrates the need for a scale-up and sustainability strategy that is informed by and adapted to the policy and resource environment.

A key lesson from all successful examples of scale up is that government must lead, with CSOs playing a supporting and facilitating role. While rapid progress can be made when a SE programme is managed and led by a CSO, this rarely translates into large-scale coverage or a sustainable programme, which require government ownership and integration within government systems.



Methodology

The report is based on three sources of information:

1.



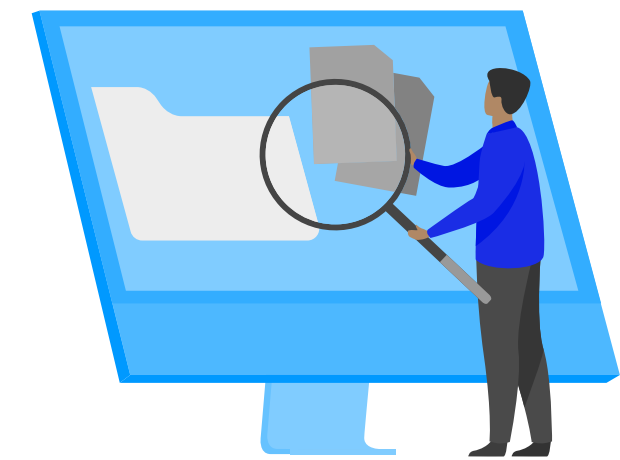
Interviews with key informants from governments, donors, UN and technical agencies and international CSOs.



2.



Desk review of the **literature** (see Annex 6) to identify current evidence and understanding about SE scale up, frameworks for analysis, and lessons learned from country experience.



3.



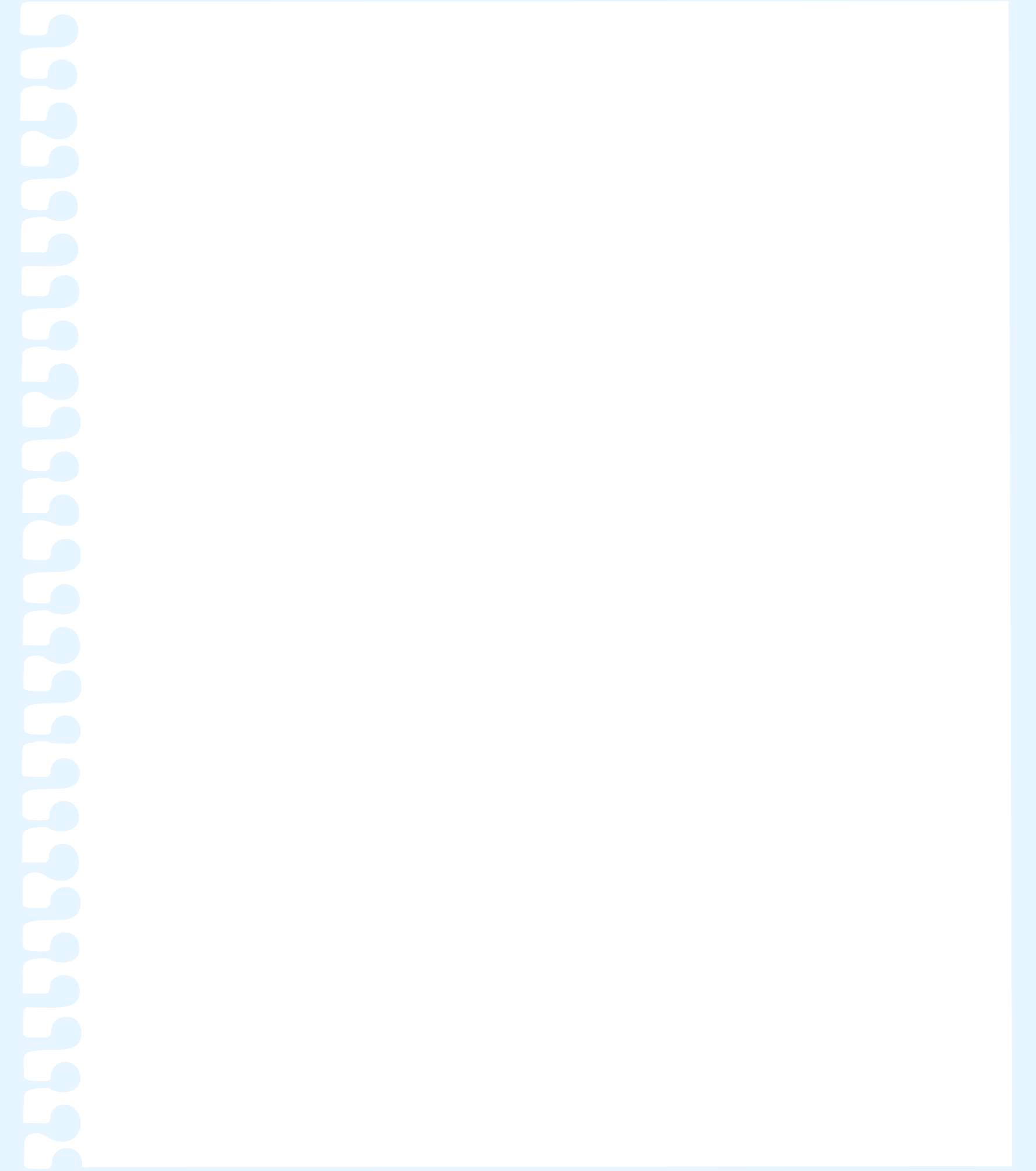
In-depth review of **SE scale-up experience in four countries** – Benin, India, Indonesia and Zambia* – through document review and key informant interviews (see Annex 2).



* These countries were selected to illustrate a range of contexts, in terms of scale-up approaches and progress, CSO involvement and opportunities for learning.

Key lessons

Click on the blocks more information.



New case studies

Click on the blocks
more information.



How is the report organised?

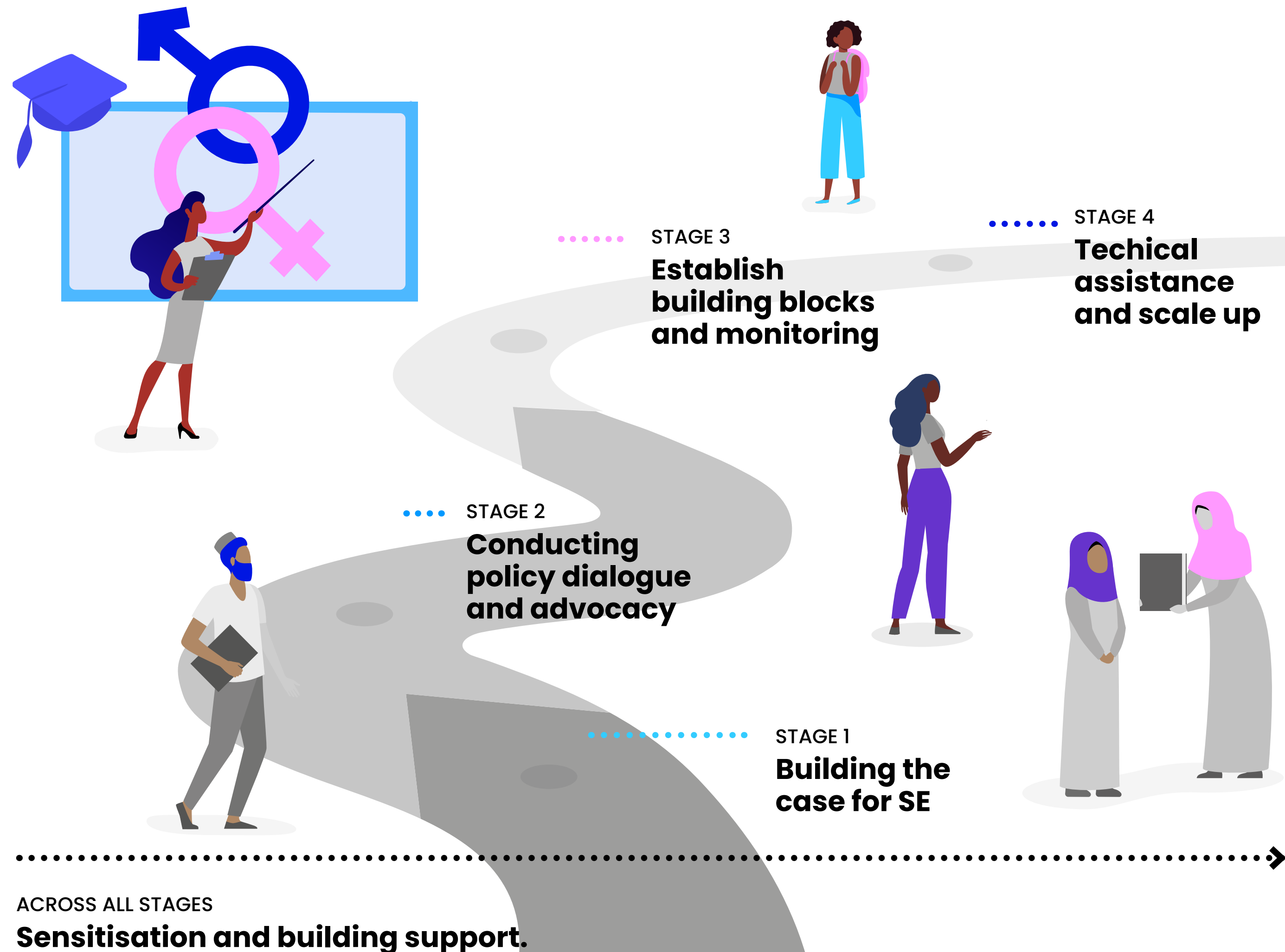
This report includes an overview of a SE scale-up trajectory, how CSOs can contribute and questions for CSOs to consider in determining their potential role. The next page presents key steps in each stage of the process of SE scale-up – summarising what each stage involves and lessons learned, including factors that can contribute to or undermine success. A more comprehensive overview of all steps and stages can be found in [Annex 1](#).

Country experience shows that CSOs have contributed to the different stages of SE scale-up in a number of ways. Key areas where CSOs can make a valuable contribution include:

- **In Stage 1**, understanding the context and building the case for SE, for example, compiling or generating evidence about SRH and young people and the need for SE.
- **In Stage 2**, conducting policy dialogue and advocacy, for example, engagement with policy makers and raising awareness to build political commitment and support for SE.
- **In Stage 3 and Stage 4**, providing technical support for planning, implementation and monitoring, for example, for scale-up strategy development, curriculum development or revision, design of monitoring systems or conducting evaluations; and developing the capacity of trainers, teachers and education sector officials to deliver, manage, supervise and monitor the SE programme.
- **Across all stages**, sensitisation and building support, for example, through engagement with school principals and school management, community and religious leaders, parents and other key stakeholders; and monitoring and responding to opposition, for example, through collection and sharing of evidence, engaging with the media, and supporting policy makers.

Framework of 4 stages

Hover over the icons for more information.



How can civil society organisations contribute to scale-up?

Conduct a self-assessment

Identifying key partners, champions and opposition

Assessing the policy, legal and socio-cultural context

Understanding the current status of Sexuality Education

Assessing systems and capacity

Engaging with decision makers

Building partnerships and coalitions

Establishing a rationale for Sexuality Education

Engaging with key stakeholders

Involving young people

Identifying roles and responsibilities

Setting up coordination mechanisms

Developing a scale-up plan

Determining scale-up costs

Linking to services and out-of-school sexuality education

Developing the curriculum and related materials

Piloting the intervention

Measurement and evaluation

Securing local support and permission

Scaling up in-service and pre-service teacher training and support

Efficient management of scale up

Institutionalisation within government systems

Sustaining support and addressing opposition

Also in this document:



1 Understanding the context

1.1 Conduct a self-assessment

How a CSO can best support SE scale-up depends on a range of factors including the country context, the CSO's relationship with government, its skills, expertise and capacity, its comparative advantage vis-à-vis other stakeholders, and its relationship with different stakeholders (for example, communities, religious leaders, the media). CSOs need to consider these and other questions when deciding if they should support SE scale-up and how they can best do this, as well as to identify whether they require additional skills and capacity (see Box 1).

Organisational mandate and reputation

- What is the goal of your CSO? Does SE fit into its mandate?
- What type of CSO is it (e.g. education, development, health, SRH services, SRH rights, young people)?
- What reputation does the CSO have (e.g. globally, in the country, with government)?
- Has your CSO worked with the education ministry before, what relationship does it have with the ministry, and how successful was the experience? Is your organisation willing to be in the background rather than the forefront, and accept that it might not get recognition or credit for success?
- Does it have a strong national presence? Community presence? What geographic areas does it cover?
- Will any of its existing or planned activities in other areas affect its ability to work with all stakeholders and in particular government?
- What partnerships does your organisation have (e.g. with UN agencies, donors, technical organisations, other CSOs) at international, national and local levels?

Organisational capacity

- What are the strengths and weaknesses of the CSO?
- What capacity, skills and technical knowledge does the CSO have that could contribute to SE scale-up (e.g. planning and budgeting, training, curriculum development, M&E)?
- Do staff have relevant skills (e.g. networking skills and strong relationships with the education sector and other stakeholders, advocacy and influencing, policy dialogue, coordination)?
- Do staff have the requisite technical knowledge (e.g. knowledge of SE, understanding of the education system)?
- Can the CSO bring in/develop staff/skills to address gaps in capacity? What might be the cost implications?
- Do staff have contacts with other sectors and stakeholders (e.g. health, youth, women, Parliament, media, community and religious leaders)?
- Is staffing stable and likely to stay long enough to build and maintain relationships and provide long-term support for scale-up?

Organisational systems

- Is the CSO dependent on a particular donor? Is that donor flexible? Is the CSO likely to have long-term funding to provide support during the timeframe required to scale-up and sustain SE?
- Does the CSO have flexible systems (e.g. can it be responsive to government requests for technical support)? Can it fund another organisation/ministry? How rapidly can it disburse funds?
- Does the CSO's M&E system require activities to be implemented according to plan and on time or is there some flexibility for changes along the way (e.g. if there are delays)?

Experience shows that national CSOs that have a good existing relationship with government and are credible and trusted are more likely to be effective in policy dialogue than CSOs that are associated with promoting a SRH agenda. Education CSOs can sometimes have an advantage, because of their understanding of how the education system works, whereas health CSOs may lack this understanding. In Indonesia, for example, the SETARA SE programme, which is led by a health CSO has encountered some challenges, related to a limited understanding of the education system and to limited government and school ownership.

In Jharkhand State in India, the state government understood the value of CSOs in providing technical assistance and sought a credible partner with experience of working in Jharkhand. The government invited the Centre for Catalysing Change (C3) which had more than 30 years' experience of working with adolescents and piloting and implementing youth programmes for in and out of school youth, and had a presence in Jharkhand, existing partnerships with grass roots organisations and a good understanding of the community, to provide technical support for improving the SE curriculum, developing teaching and learning materials, building the capacity of teachers and education sector staff, strengthening monitoring, and mainstreaming the programme into the education department.

The experience of Jharkhand highlights several important lessons about government-CSO partnerships for SE scale-up: government must take the lead and be seen to take the lead; requests for CSO technical assistance should ideally be initiated by government; effective partnerships are based on trust, and engaging with government is easier for established national CSOs with a track record and existing relationships; CSOs must have something to offer government – in this case, skills, expertise and funding for technical assistance provided by the Packard Foundation – and help to address gaps in government capacity; and clear roles and responsibilities must be agreed.

1.2 Identifying key partners, champions and opposition

Country ownership is critical to successful and sustainable scale-up, so it is essential to understand government institutions and decision-making processes and to identify the key stakeholders who will make decisions about SE scale up or influence its success. Understanding these issues is also essential to inform effective advocacy for SE scale up.

The analysis needs to identify key government institutions and policy makers and decision-making processes. It should identify relevant ministries (e.g. education, health, gender, youth) and seek to understand who makes or influences policy decisions (e.g. president, ministers, legislators, civil servants, stakeholders outside government), including their goals, interests, who they are accountable to, and whether there are political constraints.

Experience, for example, in Indonesia, suggests that there may be different stakeholders in different ministries who play a role in decisions concerning scale-up of SE, and the case may need to be framed differently to address their particular perspectives and interests.

Within education ministries it is important to understand which departments take decisions and are responsible for different components of SE scale-up (e.g. policy development, curriculum development, teacher training). The size of the country and the type of political system (e.g. centralised, federal, decentralised) needs to be taken into account as this will influence decision-making processes. In some countries, there is strong federal

government support for SE, but implementation depends on states, which have considerable autonomy, and progress has differed between different parts of the country. In other countries, such as Indonesia, there is limited national support for SE scale-up, but progress has been possible at sub-national level where local and municipal governments have been supportive.

It is also important to map other stakeholders who have an interest in SE – including both those likely to be supportive of SE and those likely to be opposed – and to understand their roles, perspectives, interests and constraints. Depending on the country context, these stakeholders may include: education authorities at sub-national level; school management; school principals, teachers, teacher training institutions and teachers' unions and associations; universities and research institutions; community and religious leaders; parents and parents' organisations; CSOs; and the media.

Experience in Benin highlights the importance of institutional and contextual analysis to programme success, with findings used to inform e.g. planning and materials development, and to avoid potential pitfalls.

For each stakeholder it is important to understand their strengths and weaknesses; possible obstacles and levers; their institutional context (including internal working modalities and how they work with others); their existing projects and materials used, as well as future plans; and what funding they have and can access.



1.3 Assessing the policy, legal and socio-cultural context

A supportive policy and legal environment is important for SE implementation and scale-up. National laws and policies can be used to advocate for or justify provision of SE in schools. Inclusion of SE in national laws and policies provides a legal basis for action, acknowledges that a country prioritises SE and supports its implementation; it can also anticipate and address sensitivities about SE implementation, set standards, protect and support schools and teachers delivering SE, and provide a basis for accountability. However, in some countries, laws and policies supportive of SE are not enforced or implemented effectively or there is limited government ownership.

Countries in Latin America and the Caribbean, including Colombia, Cuba, Dominican Republic, Mexico, Peru and Uruguay, have developed national legislative frameworks making the delivery of SE compulsory (UNESCO, 2015). Argentina has a clear policy framework mandating sexuality education in schools and this has been used by CSOs and women's groups to advocate for the right to SE in the face of political opposition (Faur, 2016). Côte d'Ivoire has compiled a compendium of legal and non-legal texts which provide the mandate for provision of SE and this is used to remind school principals and others of their responsibilities (UNFPA WCARO, 2017a).

A country's regional and global commitments can also contribute to creating an enabling environment. Most countries have signed up to commitments that identify SE as an essential response to the needs of adolescents and young people and a key strategy to achieve long-term development goals. These commitments range from the Sustainable Development Goals and

the International Conference on Population and Development, to regional initiatives such as the 2008 Mexico City Ministerial Declaration "Educating to Prevent", the African Union Roadmap on Harnessing the Demographic Dividend and the Campaign to End Child Marriage which urges members to provide and scale-up SE, and the Asian and Pacific Population and Development Conference (2013) with its focus on ensuring sexual and reproductive health and rights for all.

The situation analysis should, therefore, include review of existing global and regional commitments, laws, and policies, to identify those that are explicitly supportive of SE and those that potentially present barriers to SE implementation and scale-up. It can take time to amend laws and policies that are not supportive of SE, but global experience shows that they are not necessarily a requirement to initiate action (UNESCO, Bangkok 2012). In many countries where legal and policy frameworks do not directly mention or support SE, strategies have been developed and are enabling roll-out of SE.

You also need to understand the context for SE in the country including, for example, available data about young people's sexual and reproductive health (SRH) status, knowledge, behaviours, and access to services, as well as the social, cultural and religious context and how this may influence SE scale-up. This information is essential when developing the rationale for SE and strategies to build support and engage with communities such as social and behaviour change communication (SBCC).

1.4 Understanding the current status of CSE

It is important not to duplicate work that has already been done, to build on existing efforts, and to complement the activities of partners already working on SE. So the situation analysis needs to assess existing SE curricula, programmes and projects, including their geographic coverage,

activities, content currently included in national curricula as well as extra-curricular content in use (including content for training providers), and who is implementing or supporting them (e.g. CSOs, UN and technical agencies, donors).

Planning for scale-up also requires knowing how many schools and learners are currently covered by SE programmes and how many still need to be reached, how many teachers are available and how many have been trained to deliver SE, and how many other education sector staff such as those responsible for supervision and monitoring and evaluation (M&E) have been trained. A geo-spatial mapping of schools with a breakdown of number of pupils by grade and staffing, existing projects, and adolescent and youth friendly health services (AYFHS), will facilitate scale-up planning.

1.5 Assessing systems and capacity

The approach to scale-up should be adapted to the education system and available resources and capacity. Education systems in many countries are already stretched thin, with limited human and financial resources, and significant demands. A global evaluation of life skills education programmes conducted by UNICEF (2012) noted that "life skills education suffers from the systemic resource constraints of many education systems in terms of human resources, teaching and learning materials, curriculum time, school capacities, etc. Through external support, the introduction of life skills education has often been accompanied by sufficient and high-quality materials, but these have been difficult to sustain in scaling up interventions or to distribute effectively at national levels". Any scale-up of SE therefore needs to be planned for within education system constraints.

Understanding the context

In Zambia, rapid roll out of SE encountered a number of system-related challenges (UNESCO, 2016). These included inability to provide schools with teaching and learning materials for the curriculum, so teachers were forced to use old textbooks, and large class sizes, which affect the quality of teaching and ability to use participatory methodologies. A review of challenges to implementing national SE curricula in Ghana, Kenya, Guatemala and Peru (Keogh et al, 2018) identified similar challenges across all four countries, including insufficient, piecemeal funding, lack of coordination by central and local government, CSOs and development partners, and inadequate systems for monitoring and evaluating teachers and students.

The approach to SE scale-up must be based on a good understanding of how the education system is organised, how the curriculum is structured and delivered, who is or will be responsible for teaching SE, how they will be supervised and supported, and how the provision of SE will be monitored and evaluated. Capacity – skills and technical knowledge and availability of human resources – within the education sector and technical support needs are also an important consideration in planning and implementing SE scale-up.

Linked to this, the quality of SE delivery can be affected by education system constraints, and these need to be identified and taken into account. Constraints can include large class sizes, shortages of teachers, insufficient space in the school timetable, and lack of teaching and learning materials. Large class sizes, for example, can influence the strategies that teachers use in the classroom, including use of participatory methods.



2 Make the case and engage in dialogue

2.1 Engaging with decision makers

Political commitment and ownership is central to successful and sustained SE scale-up. Political commitment and ownership is required from both the legislative and administrative branches of government and at national, provincial, district and local levels, as well as within schools.

In countries that have made good progress with SE scale up, the leadership and commitment of government, and of the education ministry in particular, has been critical. Schools need to feel that they have the support of the education system hierarchy, both as implementers and as those most likely to be directly addressing community and parental concerns about SE (UNESCO, 2017).

In Jharkhand State in India, a number of factors together ensured there was commitment to SE. Jharkhand was a new state, with a progressive government that recognised the importance of investing in young people and the urgent need to address issues affecting young people. Around one-third of the state population is aged 10–24 years and challenges affecting young people included low awareness of SRH, low access to and use of SRH services, and high rates of early marriage, gender-based violence and poverty. In 2004, the Government of India issued a national directive and operational guidelines for school-based SRH education programmes in all secondary and senior secondary schools in response to concerns about HIV.

Jharkhand also has a supportive policy environment – it is one of the few states in India with a youth policy (2007), which includes the introduction of school-based family life education. State government buy in, together with a supportive national and state policy environment, provided a window of opportunity and a mandate to introduce sexuality education in schools. Implementation of SE in Laos is led by the education ministry – support has been provided by UNFPA for curriculum development and by CSOs for roll out of the programme, but the ministry has been proactive in driving the process and, hence, Laos is perceived to have made more progress than some other countries in the region.

In Zambia, parliamentarians received SE training and attended SE classes. When opposition to SE started in the country, parliamentarians were able to push back and released a pro-SE communiqué as they understood what SE is and what it covers.

Strong political commitment and support needs to be built and sustained. According to UNESCO (2010), there are a number of key steps in building political commitment and support (see adapted version of these steps in the Box below).

UNESCO: Key steps in building political commitment and support

- Formation of a national coalition to support sexuality education if such a coalition or similar mechanism does not exist already.
- Advocacy with policy makers to secure and sustain political and budgetary support for scale-up.

- Identification of and engagement with allies and champions among decision makers or those who influence decision makers.
- Securing high profile ministerial support for SE and public support from influential religious and community leaders.
- Working in coalition with partners to support SE.
- Actively involving young people in promoting SE.
- Ongoing awareness-raising, advocacy and consensus-building activities among parents, religious and community leaders, and other key stakeholders.
- Use of evidence to justify SE, both the need for it and its impact.
- Linking sexuality education to issues of concern in the country context, e.g. adolescent pregnancy, girls' education, HIV and STIs, improving the quality of education, the demographic dividend.

Advocacy and sensitisation may be needed to build political commitment. Effective advocacy requires a clear advocacy strategy and 'message', underpinned by evidence. Evidence demonstrating the need for SE, the effectiveness of SE, and the feasibility of SE scale-up in the country context plays an essential role in advocacy. Universities, research institutions and other organisations that are working in SRH can often provide evidence to support the rationale for SE. Clarity about the resources, capacity and changes required can also be important, as is evidence that SE is cost-effective. However, there is currently very little evidence on the cost-effectiveness of SE and this is an area that requires further research.

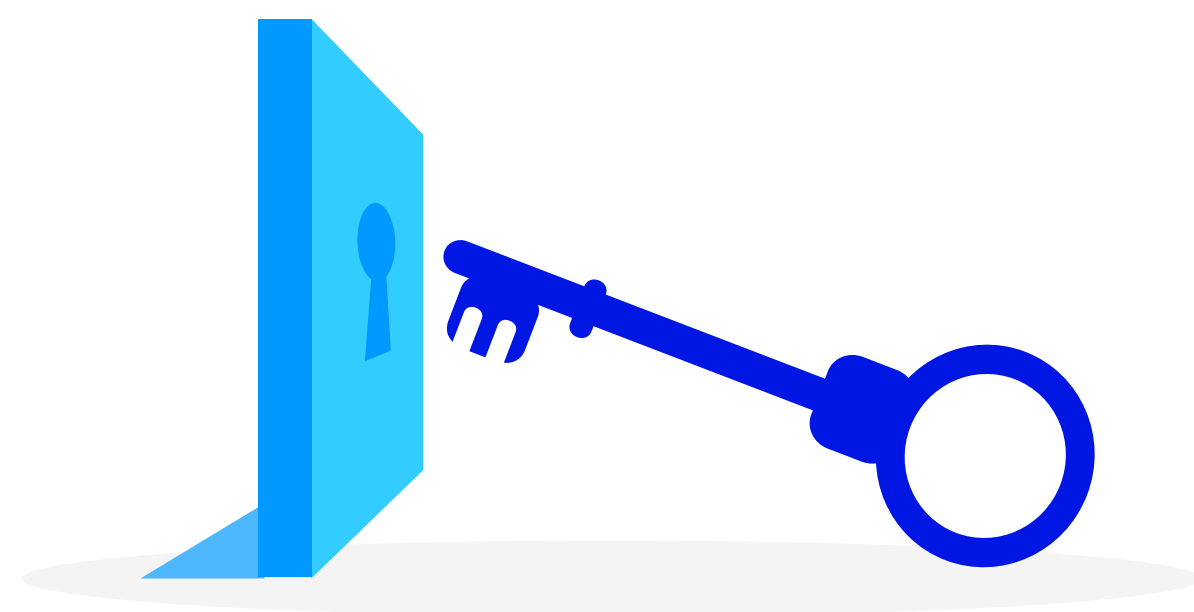


Key success factors in building political commitment and support

Based on country experience, key success factors in building political commitment and support include:

- Strategic use of evidence.
- Linking SE to issues that are of priority concern to decision makers.
- Framing SE in terms that are acceptable in the country context.
- Credibility of organisations and individuals advocating for SE and their relationship with government.
- Personal networks and connections with key decision makers.

The relative importance of these factors varies, depending on the context – for example, some stakeholders suggested that credibility and trust were more important than evidence in successful engagement with policy makers in Indonesia.



2.2 Building partnerships and coalitions

Partnerships and coalitions can play a critical role in building political commitment. Organisations working together can often have more impact than organisations working alone. The situation analysis will have identified key stakeholders who are already working together, or who can work together, to advocate for SE scale up. Depending on the country context, these could include community and religious leaders, CSOs, researchers, UN and technical agencies, the media and champions within government institutions. If the membership is credible and well-respected, partnerships and coalitions can increase legitimacy.

In Togo, the Federation of Parent-Teacher associations established member associations to support SE implementation and improve communication between parents and children about SRH. Other stakeholders signed partnership agreements to support SE, including the National Youth Council, the Network of African Media against AIDS, Tuberculosis and Malaria, faith-based leaders of the Protestant Association for Medical, Social and Humanitarian Work, and the Muslim Union of Togo (UNFPA WCARO, 2019).

2.3 Establishing a rationale for Sexuality Education

The way in which SE is framed and the terminology used has a significant influence on its acceptability and the success of efforts to secure political commitment. In some countries, in particular those with a more conservative

socio-cultural and religious context, use of the terms ‘comprehensive’ sexuality education or ‘sexuality education’ can create immediate opposition and, consequently, unwillingness among policy makers to countenance or even discuss SE. This is often based on misperceptions about the aims and content of SE including, for example, the idea that it is part of a ‘western agenda’, that it encourages young people to have sex, or that it aims to promote homosexuality. Terminology is, therefore, critical. In many countries, the principles and content of SE have been adopted, but education ministries have opted to call it something that is not viewed as controversial, for example, ‘life skills education’, ‘family health education’ or ‘family life education’.

A key lesson learned from Indonesia is that the way in which SE is introduced to stakeholders determines whether or not it will be adopted. Lack of understanding of the national context and culture, especially by non-nationals, can create difficulties.

Linking SE to an issue of concern such as HIV, or adolescent pregnancy and its impact on girl’s education, and demonstrating how SE can help to address the issue, can help to obtain buy in from politicians and ministries. Linking SE to an issue that is of concern but that is also acceptable to politicians, parents and religious leaders can be especially effective. In West Africa, teenage pregnancy and resulting high rates of school dropout have been used to start dialogue about SE; in East and Southern Africa, concern about HIV has often been an entry point for SE. In Indonesia, different approaches have been taken depending on the local context and SE has been linked to child-friendly schools and to citizenship education. In Thailand and the Philippines, concerns about early and unintended pregnancy provided an entry point for SE.

In Benin, there has been high-level political ownership and support for SE, and little opposition, due to the high priority given by the President and the government to preventing early unintended pregnancy. Partners in Benin effectively used data about the extent of EUPs and child marriage and their impact on educational outcomes, together with a review which identified weaknesses in the Family Life Education curriculum, to create momentum for development and scale-up of SE. Partners used the data, and growing government awareness of the demographic dividend, to advocate with policy makers for SE as an effective strategy to reduce adolescent pregnancies. In addition to high-level political commitment, accountability mechanisms have been established and governors must report to national level on early and unintended pregnancies in school settings on a regular basis.

In Côte D'Ivoire, the national SE programme has built on the zero pregnancy in schools campaign; SE has been positioned by CSOs as an approach to address unintended pregnancy and STI among school students in primary and secondary schools, and issue of concern for politicians and parents. High level political support was secured, from both the education and youth ministries, once decision makers were made aware of magnitude of the problem.

In Nigeria, a group of CSOs used HIV as an entry point to highlight the need for SE, together with evidence from projects that had demonstrated the feasibility and effectiveness of SE. These CSOs formed a coalition to advocate for and support the development of a national policy and scale-up plan for SE and, at the same time, created state-level advisory and advocacy committees involving teachers' unions and parents groups to build and maintain support.

Education ministries are under-resourced and under pressure to adopt agendas from multiple global initiatives (e.g. Education for All, girls' education, school health, Global Citizenship Education, child-friendly schools), so finding an entry point for SE often means working with what is on the political agenda and taking advantages of opportunities for policy change. The latter can be short term so CSOs and other partners need to be ready to respond. Policy windows can sometimes also be stimulated. For example, a process of curriculum review can be used to raise awareness and provide an opening for curricular reform.

In Zambia, the education sector review and revision of the national curriculum provided a window of opportunity to scale-up and institutionalise SE through the Ministry of General Education's systems, including national policy, primary and secondary level curricula and examinations, teacher training, school supervision, and M&E. In addition, the rationale for SE was strengthened by evidence about high rates of adolescent pregnancy and early school dropout, and low levels of knowledge about HIV and other aspects of SRH among school students.

2.4 Engaging with key stakeholders

In addition to building the commitment of policy makers for SE and its scale up, it is crucial to secure the support of other stakeholders who can influence success. These stakeholders will have been identified by the situation analysis, described above. For example, the support of education authorities, teachers' unions, school principals and teachers will determine whether or not as well as how well SE is delivered in schools.



Opposition from parents, community and religious leaders can make it difficult for schools to provide SE. And the media often plays a critical role in generating public support for or opposition to SE. It is also important to create a common understanding of SE and how it will be implemented and scaled up among different stakeholders (Huaynoca, 2013; UNFPA WCARO, 2019) – often, significant advocacy, sensitisation and consensus-building efforts are required to achieve this. A number of resources and toolkits have been developed to support work with different stakeholders such as parents (see ETR, WISE Initiative 2015, Save the Children), community and religious leaders (see Save the Children and INERELA+, UNFPA 2004, UNESCO 2015), and the media (see full list of resources in Annex 1).

In Benin, consultative meetings were held with a wide range of stakeholders to increase buy in – these included representatives from education, health and youth ministries, parent-teacher associations, religious leaders, CSOs and youth organisations.

In Jharkhand State in India, the state government and its CSO partner have engaged with educators, parents and students to build and maintain support for the SE programme. School principals were oriented first, as they are critical to ensure support for implementation in schools, as well as teachers. Sensitisation of parents was also identified as critical to programme acceptance. Multiple meetings were held with these and other stakeholders to ensure understanding of the programme and promote transparency.

Country experience highlights the need to sensitise parents and leaders in the community as an essential step in the scale-up process. Parental and community support or resistance is an important factor that enables or prevents the implementation of SE. UNESCO (2015) notes most parents are supportive of school-based sexuality education but many report feeling

uncomfortable discussing sex or relationships with their children. Parents and communities have been engaged in a range of ways, including through ad hoc school meetings or training for school management committees and Parent Teacher Associations on SE (UNFPA WCARO, 2019). In the Philippines, for example, meetings are held with parents before introducing SE in schools to address and misconceptions or objection.

In some countries, parents and the community have been involved in developing or reviewing the SE curriculum (Fonner, 2014). In others, materials have been produced for parents. For example, in Argentina, Uruguay and Peru, education ministries have produced materials for parents; countries such as Ghana, Guatemala and Kenya have had government and CSO initiatives to sensitise parents to the importance of SE (Keogh et al, 2018). In a number of countries in Africa, CSOs and UN agencies have developed specific tools to support community engagement in sexuality education (UNESCO, 2015). Experience from HIV education also shows that involving local leaders and parents in teacher training can reduce opposition to school-based HIV education, and that the support of the school administration and the school principal adds legitimacy and increases teacher and community comfort (James-Traore, 2004).

UNESCO (2015) and country case studies reviewed note that a range of strategies and tools have been used to engage with faith communities and religious leaders. These have included, for example, the identification of Surahs (Islam) and passages in the Bible (Christianity) that support health-seeking behaviour and knowledge dissemination on puberty, relationships and other SRH topics. Sensitisation and training has also been critical. For example, the Alliance des Leaders Religieux et Traditionnels de l’Afrique de l’Ouest et du Centre pour la Santé et le Développement have been trained and supported to become advocates at regional and national level on SRH issues.

In West Africa, regional and national coalitions of CSOs working in SRH, and religious organisations, have been established, and the capacity of their members built to advocate for and implement SE activities. These coalitions, be they religious organisations, youth associations or CSOs, are especially important in addressing opposition to SE if and when it arises.

2.5 Involving young people

Putting young people at the centre of SE scale-up efforts is also important. Youth participation in SE and SRH policy dialogue, advocacy, development, implementation and M&E can improve effectiveness and help to ensure that education and health services are relevant to young people’s needs. Country experience highlights the role that youth organisations can play in advocacy and demand for SE. However, in some contexts, where young people’s voices are not heard or it is risky for them to speak out, it is important that other partners provide support. In addition, youth-led organisations that are active in SE and SRH are often led by educated urban youth and may not be representative of younger adolescents, those living in the rural areas, those with lower educational attainment, from lower socio-economic backgrounds, or those with disabilities (UNFPA WCARO 2020). Efforts to involve young people in SE scale-up should, therefore, endeavour to ensure as wide a representation as possible. A number of resources are also available to support youth engagement (see Annex 1 and UNESCO CSE website, which provides links to tools).

The YP Foundation in India has been ‘scaling up demand’ from the perspective of young people through campaigns, peer education and lobbying for greater accountability from policymakers concerning SE (UNESCO, 2014).

3 Establish the building blocks

3.1 Identifying roles and responsibilities

SE needs to have an institutional home within the education ministry, a budget and staff with clear responsibilities. Informants for a four country study of SE implementation challenges (Keogh et al, 2018) emphasised the importance of having a dedicated programme or unit for SE with an assigned budget within the education ministry, to ensure coordination of efforts with other ministries, local government, and CSOs.

Identifying an institutional home for SE relates to where it is positioned within the education ministry's administrative systems. Where this is will depend on the country context but experience shows that there are a number of considerations to take into account. For example, if a country is just starting with SE, positioning it within curriculum development or teacher training can facilitate initial scale-up, as these are key building blocks to be established at an early stage. But, staff in these divisions may not have the mandate and authority to work across the ministry, so ideally, SE should be positioned within policy and planning. This allows for effective oversight and for key decisions to be taken within the wider perspective of the ministry (UNESCO, 2017). The responsible unit also needs to have the authority, resources, capacity and skills to coordinate.

In Peru, the 2008 Education Guidelines and Pedagogical Orientations for SE set out a model for teaching SE competencies, with a dedicated team within the education ministry.

3.2 Setting up coordination mechanisms

An effective and properly funded mechanism for coordination is essential to ensure effective implementation. Coordination and collaboration within and across ministries, with non-government stakeholders, and with CSOs, technical agencies and donors, is critical. Lack of planning and budgeting for coordination “bringing the diverse pieces of the puzzle” together – has been identified as one of the main obstacles to successful scale up (UNESCO, 2014). In practice, coordination is weak in many countries, often due to the complexity and large number of stakeholders working on SE and related issues, and lack of coordination skills within government, CSOs and other partners. This can result in fragmented advocacy and implementation, which undermines scalability and long-term sustainability (UNFPA WCARO, 2019). Stability of coordination mechanisms and their membership contributes to success.

Senegal has had a stable and effective coalition of partners (the Coalition for Adolescent and Youth Reproductive Health) that includes government, UN and CSO representatives. This has ensured coordinated advocacy efforts, pooling of financial and technical resources to support the education ministry, and coordinated development of an agreed action plan.

Benin established a multi-sector technical committee with officials from the three levels of the education system and other key partners to guide development and scale-up of SE.

Coordination needs to occur in a number of different domains – between sector ministries (e.g. education, health, youth, gender); at each level of the administrative system (e.g. national, provincial, district, local); between those responsible for SE development, implementation and scaling up; and with those who should be informed or invited to participate in the process.

Many countries already have coordination mechanisms in place (e.g. for HIV, SRH, gender, school health, adolescents) and these often cover, or could cover, SE issues. Having multiple mechanisms with similar themes wastes time and resources. Existing mechanisms should be identified as part of the situation analysis and their suitability for coordinating SE scale-up should be assessed before creating a new structure. According to UNFPA WCARO (2019), coordination is facilitated by a number of factors (see Box below).

Factors that facilitate coordination

- Mapping of stakeholders, covering geographic areas of focus, activities and learning materials used, and available funding.
- Review of existing coordination mechanisms to identify the best platform to support scale-up across each domain and at each level of the system.
- Consensus on the roles and responsibilities of each stakeholder.
- Development of memoranda of understanding between ministries and other key stakeholders.
- Development of coordination mechanisms within the education sector to improve planning and implementation (e.g. teacher training, education inspectorate, examination board).
- Standardisation and harmonisation of SE curricula, teaching and learning materials.

3.3 Developing a scale-up plan

It is essential to plan for scale-up from the start, remembering that scale-up is more likely to be successful and sustainable if it is implemented within existing systems. A national plan or strategy for SE scale-up should be developed, through consensus, based on the situation analysis. It should set out where and when scale-up will be implemented, what resources are required and who will provide them, how progress will be monitored, and roles and responsibilities of different partners.

In Zambia, to ensure scale-up is implemented effectively, the Ministry of General Education has elected to scale-up by province and, as of 2021, scale-up has been initiated in 5 of 10 provinces.

In Jharkhand State in India, scale-up has been implemented in a phased manner, based on a clear plan, and adapted in response to M&E findings. The programme was already partially included in the state government budget, based on the budget allocation for the pre-existing AIDS education programme. Government has been responsible for funding programme management and implementation, as this is done by government staff and public school teachers, and has funded the costs of training teachers and of producing and distributing teaching and learning materials. C3, the state government's CSO partner, has been able to provide long-term technical assistance because the Packard Foundation has been willing to fund this support over an extended timeframe. A key lesson is that developing, implementing, scaling up and institutionalising SE is a lengthy process, requiring 10-15 years, so the typical 3-5 year donor programme funding cycle will not be enough to achieve either scale-up or sustainability.

Developing a plan also requires decisions to be made on different technical considerations for scale-up. These include, for example, curriculum content and development, how SE will be delivered (see Annex 4), what materials are required and how these will be developed, how teacher training on SE delivery will be provided, as well as considering factors that affect the delivery of SE, such as community and parental engagement. UNESCO (2017) has identified the minimum that should be included in a scale-up plan (see Box below).

UNESCO: Minimum content of a SE scale-up plan

- The 'innovation' to be scaled up, e.g. SE curriculum content, whether it is to be taught as a standalone subject or integrated into carrier subjects, is examinable, what grades it covers.
- The approach to implementing scale-up, e.g. how will it be implemented in schools, who will teach it, how coverage will be expanded.
- The phases of scale-up and a timeline.
- The actions required in the legal, policy and social arenas to support scale-up, including communication, advocacy and a SBCC programme.
- The key stakeholders and implementation partners at each level, their roles and responsibilities, and the mechanisms that will be used for coordination.
- The scale-up targets and plans for monitoring and evaluation.
- The estimated costs, what funding is currently available, funding gaps and resource mobilisation strategies.
- The links with and referrals to services for adolescents and young people, and links to out-of-school SE.



The plan needs to take into account both short- and long-term actions. For example, introducing pre-service teacher training takes a long time but should be worked on from the outset. Changing the legal or policy framework can also be a lengthy process. The plan also needs to take account of the current status of SE in the country. If a curriculum framework and teaching and learning materials have not yet been developed, a national plan or strategy to scale-up SE needs to be developed concurrently, as each has implications for the other. For example, a stand-alone subject that is examinable and taught by specialised staff will be scaled up very differently to SE that is integrated into carrier subjects.

Consideration also needs to be given to the trade-off between coverage and quality as SE is scaled up and how best to mitigate this. Experience highlights the need to agree minimum standards of content and quality that cannot be compromised and to establish clear measures and systems for M&E to identify when standards are not being met.

3.4 Determining scale-up costs

Costing is an essential component that enables realistic scale up plans to be drawn up and objectives agreed. However, very few costing studies of school-based SE have been conducted. These include a study commissioned by UNESCO (2011) and a study currently being finalised on the SETARA programme in Indonesia (El Halabi, S. & Annerstedt, K.S., 2021). The research conducted for UNESCO (2011) found a range of costs and coverage. The cost per learner reached ranged from US\$7 to US\$160 dependent on the stage of scale up (established project versus pilot stage), with costs changing over time.

In established programmes the main cost is teacher salaries, while in countries where the programme is in its infancy, the main costs are operational, advocacy and training.

In addition, costs are influenced by country context. In countries where SE is not considered a sensitive issue implementation can proceed without obstructions and delays. However, in countries where SE is a sensitive topic, scaling up SE can stop and start, affecting implementation speed. These delays can lead to loss of investments and the need to redo activities, thereby adding costs. The SETARA costing also found high initial investments costs (the costing did not including advocacy and curriculum development costs), and low maintenance costs over time (0.5-1 USD per student).

Some “how to cost” documents are available. For example, UNAIDS (2000) lists the variables which affect the costs of SBCC and HIV prevention education in schools. The variables listed include material development and production, training, types of media, economies of scale. Other documents, such as Janowitz (2007), highlight how to adapt and modify cost information obtained from a pilot project to estimate scale-up costs.

[Annex 5](#) highlights some of the major costs that should be taken into consideration when estimating the cost of developing and scaling up a SE programme. This costing framework is not complete in that it does not include the maintenance costs of a programme such as teacher salaries over time and the need to review, reprint and distribute materials. As such it does not include all the costs that will be incurred for the development, scale-up and maintenance of a SE programme. Costs will also be dependent on strategies selected, amongst others whether SE is a stand-alone or integrated into several carrier subjects, the number of teachers and other education sector staff to train, and training methodologies. Each country will need to develop its own costing based on the current status of SE.

3.5 Linking to extra-curricular programmes & services

A scale up plan should include linkages with and referrals to health and SRHR services for adolescents and young people, as well as links to out-of-school SE. CSO's have an important role to play in developing and establishing some of these linkages in coordination with schools, and for creating demand. Different options (UNFPA WCARO 2019) are currently being used for referrals to adolescent and youth friendly health services (AYFHS) such as:

- Organizing class visits to health centres for students to familiarize themselves with, and receive information on, services offered;
- Health-care providers visiting schools;
- Joint training of health-care providers and teachers from the same area, and the development and implementation of a joint activity plan by those trained;
- A coupon system for free access to health services (in certain countries, scaling up this activity is difficult and costly); and
- Establishing transport systems (with the support of a local CSO in most cases) to make it easier to access health centres.

Out-of-school SE programmes are essential as a large number of adolescents are not in schools and are often the most vulnerable. Out-of-school programmes can be delivered in a number of different ways including by CSO through extra-curricular activities within a school setting. Other delivery mechanisms include health care facility-based CSE, community-based CSE, young mentors and trusted peers, parent and family-based CSE; and through the use of technology. While some of these delivery mechanisms can be small scale they have the advantage of being able to reach the most vulnerable, such as out-of-school girls and young key populations, and to introduce content and other elements (e.g. services) that might otherwise not be possible in a school environment.

3.6 Developing the curriculum and related materials

To ensure ownership and appropriation of the curriculum, the development process must be led by the education ministry. In countries where capacity or resources are limited, the ministry can be supported by partners, but the process should be led by government and at its pace. Ownership, and content that is adapted to a country's context, are essential to ensure the curriculum is taught, and to enable a government-led response to opposition to SE should it materialise.

In both Zambia and Niger, the education ministry led the development of the SE curriculum. When opposition to SE emerged, the ministry was able to counter false accusations about content as it knew what was and was not included and had validated the contents.

A strong 'resource team' is instrumental in developing curricula and teaching and learning materials. Depending on the context and what needs to be developed, the team can include: researchers, technical experts, education experts, policy makers from relevant ministries, representatives of other governmental organisations, teachers' unions, representatives of national and international CSOs, including youth, faith-based and parent organisations.

While the ITGSE sets out the content and concepts to be covered in SE, it is up to each country to adapt these to their needs and context. The characteristics of an effective curriculum development or adaptation process include a participatory approach that builds consensus and involves key stakeholders and experts from the start, including young people, parents, the community, religious and traditional leaders, and experts in human sexuality, behaviour change and pedagogical theory. It is especially important to involve young people in the curriculum development process but, in many countries this either does not happen or young people are consulted but their views are not meaningfully taken into consideration.

In Jharkhand State in India, considerable care was taken to ensure the curriculum was sensitive and responsive to the local context. The existing curriculum was reviewed, a needs assessment was conducted involving school students, school principals, teacher trainers, parents, government officials, CSOs and media professionals, and a curriculum committee was established with representatives from government, the academic council, master trainers, teachers and secondary school students. They used a participatory process to incorporate the findings from the needs assessment and to develop a revised, comprehensive, age-appropriate and context-specific curriculum. The state government also hosted a three day materials development workshop with a wide range of stakeholders, to review the curriculum and related materials and ensure buy in.

In Pakistan, the development and subsequent revision and adaptation of the SE curriculum (referred to as Life Skills Based Education) has involved teachers, school administrators, district education departments and Muslim scholars to ensure that it responds to cultural and religious sensitivities.

In Zambia, with support from partners and technical specialists as needed, the Curriculum Development Centre, in-service teachers and principals, were and are responsible for developing SE materials. This meant that stumbling blocks, for example personal values and beliefs, were identified during the development process and materials adapted accordingly.

The experience of Benin also highlights the importance of government ownership and validation of SE curricula and materials and adaptation of content to the country context. Initially, the process while inclusive was not owned by the education ministry; ownership was only achieved once the ministry took the lead in SE curriculum content development.



All key stakeholders should review and validate the materials developed, to ensure shared understanding, ownership and acceptability (UNFPA WCARO 2019). While it can be lengthy, experience shows that it is essential that the process of participatory review and validation is not rushed, to ensure buy-in and reduce the risk of future problems, including opposition. A participatory process that includes all key stakeholders, and adapts content to the need and context of a country, can counter opponents' arguments that SE is being imposed on the country by external agencies.

UNESCO (2018), UNFPA WCARO (2019) and others have identified the required steps in the process of developing the SE curriculum and teaching and learning tools including teacher training materials (see Box below).

Key steps in developing the SE curriculum and related teaching and learning materials

- Assess the context (social, cultural, religious, economic, educational, and health) and the SRH needs and behaviours of children and young people, based on their evolving capacities.
- Assess the resources available (human, financial and time).
- Agree the SE curriculum framework and what age-appropriate content should be included, based on the country's needs, priorities and context.
- Assess the pros and cons of delivering new content as a stand-alone subject or integrating it into carrier subjects (taking into consideration impact on implementation such as number of teachers to train, supervise and support), and decide what approach to take (see Annex 4).
- Review existing syllabi to identify missing content and update relevant syllabi and examination papers.

- Review any existing teaching and learning materials and amend or develop new teaching and learning materials.
- Pilot and conduct an expert review of teaching and learning materials.
- Finalise and disseminate new syllabi and teaching and learning materials to schools.

3.7 Piloting the intervention

Pilots or demonstration projects play an important role in testing the approach and making adaptations where needed before scale-up. Their primary purpose is to test the cost-effectiveness, contextual acceptance and technical scalability of the various intervention components while incorporating communication mechanisms to gain buy-in from policymakers.

Many interventions are labeled pilot projects. Yet, few of these projects include directly linked scale-up communication strategies, and many include elements that technically cannot be reproduced on a large scale. Key questions raised by Cooley (2020) to answer at this stage include: what organizational, process, and technical factors are critical to success on a pilot-scale? Can the model be simplified without undermining its effectiveness? And, can all components of the intervention be transferred from CSO led to institutional delivery while maintaining its effectiveness?

In India, Udaan's successful scale-up has underpinned the importance of the testing as a pilot first to showed that implementation is feasible, potentially effective and could be undertaken without backlash from the community. They developed work plans and budgets for scaling-up, raised resources and provided support for implementation, monitoring, evaluation and documentation. In doing so, they helped build the credibility, commitment, comfort and capacity of their government counterparts (Chandra-Mouli V et al, 2018).

A key outcome of a sexuality education pilot project is for the intervention to be backed by locally generated evidence of programme effectiveness through initial introduction in a limited number of local sites. Data on effectiveness is necessary, but usually not sufficient (MSI2016P24) as the data isn't presented in a way that aligns with decision-making criteria or decision-making styles of policymakers. When government is interested in the expansion of the sexuality education program from the time the pilot is designed, scaling up will be easier as data gathering can be linked with the political needs.

In Senegal, what made scale-up successful was the good government-CSO collaboration in scaling up SE (for secondary schools) which started from the initial pilot phase. The CSO Groupe pour l'Étude et l'Enseignement de la Population (GEEP) has played a significant role to manage a Family Life Education pilot project in 1994 and was subsequently involved in developing school curricula and in community sensitisation. Their effectiveness was facilitated by the credibility of its staff and their relationship with government, as GEEP is largely comprised of former Ministry of Education staff.



3.8 Measurement and evaluation

Monitoring and evaluation is an essential component of any scale-up. It enables an analysis and timely steering of the pilot, scale up process and programme impact. Monitoring and evaluation of SE is often patchy, but experience suggests that a strong focus on evidence has been critical to successful policy dialogue, pilot programmes and the sustainable institutionalization of SE in a number of countries including, for example, Argentina and Colombia.

In Argentina, demonstrating the effectiveness of sexuality education through collection and use of data has supported advocacy by CSOs and women's groups and government champions to sustain delivery of SE in the face of opposition. In Colombia, the education ministry developed an M&E plan prior to scale-up, which incorporated a rigorously tested self-administered questionnaire for students and which showed that SE had improved students' knowledge of SRH topics.

Advocacy strategies are often considered in isolation of other efforts and as such don't get much attention when it comes to measurement and evaluation. Tools such as the Advocacy Strategy Framework from the Center for Evaluation Innovation (Coffman J & Beer T, 2015) help to think about interim outcomes of policy dialogue and provide means to measure stakeholders' willingness, actions, results and impact linked to proactive stakeholder engagement.

Monitoring the implementation of the scaling up process involves the documentation of the progress, lessons learned, and impacts of the scaling up effort. These monitoring mechanisms will be most effective when information is fed back to key stakeholders and the broader public and subsequently used to make necessary course corrections since the beginning of the intervention.

In India, the CSO C3 provided oversight for the monitoring of the scale-up process. Monthly programme roll-out progress monitoring was conducted at the district-level principals' meetings and at the state-level Ministry of Education meetings. Midterm sharing meetings were attended by various stakeholders including district education officers, regional deputy directors, school principals, trainers, students, NGO representatives, and media personnel to review the scale-up progress and plan for subsequent stages. The programme remained dynamic as the scale-up effort progressed and used an ongoing agenda of learning to shape and reshape the programme. In a very real sense C3 learned by doing, and in turn used this learning to shape what it subsequently did (Chandra-Mouli V et al, 2018).

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 the Education Management Information System (EMIS) should include relevant SE indicators, and therefore new or updated forms and M&E training may be needed. In 2013 UNESCO produced an education-sector specific M&E framework 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 (UNESCO, 2017).

In Zambia, to ensure sustainability, CSE has been integrated throughout the ministerial systems, such as in teacher training, the school curriculum but also in examinations and M&E mechanisms. Indicators for measuring the education sector's response to HIV have been integrated into the Education Management Information System and school inspectors have been trained as district CSE trainers and were oriented on CSE indicators. Since 2016, the President's Office Regional Administrative and Local Government, which is the custodian of EMIS for basic education, collects all information related to these indicators at a national level (UNESCO, 2017).



4 Implementation and scale up

4.1 Securing local support and permission

Buy in from sub-national administrations, for example, states, provinces and districts in federal or decentralised countries, and from local education authorities is essential to SE implementation and scale-up. Lessons learned from experience in a range of countries highlight the importance of this – programmes and projects that have not secured support from sub-national education authorities or sought permission to work in schools have often run into problems or have not been sustained. In Indonesia, for example, the SETARA programme experienced difficulties in one implementation site because schools were approached directly and permission was not sought beforehand from the local education authority.

Nigeria illustrates the challenges of scale-up in large, federalised countries where the operating environment is complex. Good progress was initially made, starting in Lagos State, where teaching of the Family Life Health Education curriculum integrated into carrier subjects started in 2004 with donor and state government funding and CSO technical assistance. CSOs have provided technical assistance and support for pre-service teacher training and for implementation in schools in a number of other states. In 2008, UNESCO reported that FLHE was being implemented in 34 of 36 states and in 2009 the Global Fund approved funding for national scale-up, with a rapid scale-up approach adopted,

in part due to the funding timeframe. However, scale-up has been patchy, with good coverage achieved in a few states but not in others. Challenges include rapid scale-up, lack of commitment and opposition in some states, and variation in content and quality of teaching.

Engagement with and buy in from school boards, school management and school principals is critical to successful scale-up of SE. School management and school principals play a key role, as they often make decisions about what is taught, especially when schools have considerable autonomy over some aspects of the curriculum, so their commitment to SE implementation is essential.

In Thailand, educational decision-making is decentralised to the school level, so the CSO-led TeenPath programme built the capacity of school boards on sexuality education (UNESCO, 2014).

School management and school principals can also influence the quality of SE delivery, depending on whether or not they provide support for teachers. A supportive school management team can prioritise SE implementation, help identify barriers and find solutions, and lead by example. In contrast, an unsupportive management team means that SE is likely to be taught badly, if at all. Other education sector staff also play a critical role, including those responsible for supervision, school inspection and examinations.



Training therefore needs to include school leadership and other education staff in addition to the teachers who will be delivering SE in the classroom.

In Zambia, to support SE scale up and sustainability within the education system, a range of cadres in addition to teachers were trained, including provincial and district staff, examination staff, head teachers, and lecturers and teachers at teacher training institutions (UNESCO, 2016).

4.2 Scaling up in-service and pre-service teacher training and support

The scale-up plan needs to include a clear plan for teacher training, including which teachers need to be trained, how many need to be trained, what type of training will be used, and where and when this will happen. The approach to delivery of SE – whether it is delivered as a stand-alone subject or integrated into carrier subjects and which grades are to be covered – will determine which teachers, and how many teachers, will need to be trained.

In most countries, teachers have mainly been trained to deliver SE through in-service training, largely because the process of revising pre-service teacher training can be lengthy. For example, in the Prevention through Education Declaration of 2008, Latin American and Caribbean countries committed to including SE curricula in all teacher training programmes by 2015 but, five years later only eight countries had achieved national coverage of teacher training.

However, in-service training is expensive and, hence, more difficult to sustain without external funding. As UNESCO (2014) notes, ad hoc in-service training, often provided by CSOs funded on a short-term basis and using materials that are difficult to replicate at scale, may fill a short-term gap but does not enhance the sustainability of national programmes in the long term. In-service training is often delivered through a cascade training model, and this approach has its limitations. Its effectiveness depends on the effectiveness of training of trainers, and experience suggests that core concepts of SE as well as the necessary competencies can get lost or diluted as training is cascaded down through the system. In addition, in-service training is usually short – just a few days – and this may not be long enough to develop the requisite skills or to address values and attitudes (UNESCO, 2014). In some countries alternative methods, such as self-directed and online learning, have been used but these also have limitations.

Issues of quality led Zambia to review the cascade teacher training strategy. A new strategy, using teacher training institutions and staff is currently being trialled. It is hoped that using existing lecturers whose job it is to teach will improve quality.

Experience in Togo highlights some of the limitations of self-directed learning. An evaluation of training of teachers in SE, through self-training, in pilot schools found that the self-training programme was inadequate, and too short, to develop ownership or the requisite skills and that even after the training, some teachers were uncomfortable discussing some aspects of SE (UNFPA WCARO, 2019).

The quality and scope of teacher training influences the quality of SE delivery in the classroom. Quality can become an issue when multiple providers are training teachers using different teacher training curricula

and materials. Countries should establish minimum standards for training (such as methodology, number of days) and standardise materials to ensure all teachers are receiving the same content. Training should provide teachers with the knowledge, confidence and skills to deliver SE, including skills in using participatory methodologies, and the opportunity for personal reflection. Training which only covers curriculum content and teaching methods is less effective than training which also includes reflection on teachers' own values, attitudes and behaviours.

In the state of São Paulo in Brazil, an inclusive and transformative approach to teacher training on sexuality education has been developed that allows teachers to explore their own personal attitudes to various issues, including sexual diversity, before then supporting them to develop the skills to teach these complex subjects (UNICEF, 2010).

In contrast, in West and Central Africa, only 6 out of 13 countries that implemented the UNESCO Sexuality Education Review and Assessment Tool achieved 'strong' ratings for more than 40% of the elements of their teacher training programmes. None of the remaining seven countries explicitly prepared teachers to deal with embarrassment when talking about sexuality, avoid bias caused by personal norms and beliefs, or avoid pressuring learners to talk about sensitive topics.

Teaching sexuality education is challenging for many teachers. It requires imparting skills and values as well as knowledge, as well as addressing topics they may not feel comfortable with, such as sexuality, sex, condom use and family planning, or that they believe to be in conflict with community norms, culture and religion. Teachers' sensitivities and discomfort with aspects of SE, or concerns that parents or communities will object, can result in selective teaching of the SE curriculum.

Teachers need adequate supervision and support if they are to deliver high quality and comprehensive sexuality education. Consideration needs to be given to teachers' workloads and incentives for delivering SE – for example, there is less incentive if it is not examinable or included in their performance appraisal. Supervision is critical to ensure the curriculum content is delivered with fidelity and is implemented correctly, but supervision systems are often weak. Supportive supervision is essential for quality and should be included both in the scale-up plan and as an essential step in institutionalising SE in the education system.

Experience highlights a range of ways in which teachers can be supported, including training a critical mass of teachers in a school so that teachers are not isolated in their efforts to introduce a controversial subject and providing opportunities for teachers to interact and share experiences across schools.

4.3 Efficient management of scale up

Effective management of scale up requires a clear scale-up strategy, with government playing a leading role and effective coordination mechanisms to facilitate the engagement and complementary contributions of different sectors and stakeholders. The right players need to be involved, with clear responsibilities, and the resources needed must be in place.

In Zambia, SE scale-up has been led by the Ministry of General Education, with CSOs playing a supporting role, for example, in advocacy, community sensitisation and parent-child communication, and UNESCO providing technical support and project management.

The UNESCO team had extensive experience off the education sector and a good understanding of how the system works, which has facilitated a productive working relationship with SE focal points appointed within the ministry and efforts to integrate the programme into ministry systems to ensure sustainability. Engagement between the education, health, community development, and youth and sport ministries, and with CSOs, is perceived to have increased government ownership and sustainability, strengthened links between schools and SRH service providers, and catalysed the development of a SE framework for out-of-school youth.

In Mozambique, the Geração Biz programme evolved from a pilot starting in 1999 in Maputo City and Zambezia Province to a national programme, gradually scaling up to cover all provinces by 2007. Scale-up was led by the education, health and youth ministries, with technical support from UN agencies and Pathfinder International, an international CSO, and the involvement of youth associations. Success factors included: political commitment, integration into national policies, the development of a national plan for adolescents and youth by an intersectoral committee involving government, CSOs and faith organisations, and capacity development for government at all levels.

4.4 Institutionalisation within government systems

Sustainability requires deliberate efforts to institutionalise every aspect of a SE programme within education sector systems. This includes integration of SE in plans and budgets, in the school curriculum and timetable and, where appropriate, examinations, in school inspections and education system monitoring, and in teacher training. Integrating SE into pre-service teacher training is also essential for long term sustainability.

The implications for pre-service training are dependent on the delivery model selected (see Annex 4). If SE is a stand-alone subject, then only specialised teachers will require training and an adapted curriculum. If it is integrated into other subjects, all teachers from those subjects will require training. Integrating SE into pre-service training requires advocacy, training and negotiating with teacher training institutions (TTI), some of which might be privately run or under the purview of another ministry. It also requires the development of a separate curriculum or specialised content to be integrated into existing TTI courses. The same factors of success for the development of curricula and teaching and learning materials such as ownership and a participatory approach apply to pre-service teacher training.

In Jharkhand State in India, institutionalisation of the SE programme has been achieved through state government leadership, transfer of responsibility from the health department to the education department, embedding programme management, supervision and monitoring within government staff responsibilities at all levels, and developing a school-based management information system. The programme is mainstreamed into government systems – plans, budgets, monthly meetings, supervision, monitoring – is managed by government staff, and is delivered by teachers in government schools who have been trained by a cadre of master trainers selected from within the education system.

In Zambia, in addition to training a wide range of education sector cadres at the different levels, indicators that provide information on the HIV and SE response are now collected on a yearly basis by the Education Management Information System, and SE has been integrated into supervision systems and forms.

In Thailand, the TeenPath programme has been implemented by PATH, an international CSO, with Global Fund support through the Ministry of Health, in collaboration with the Ministry of Education and other CSOs. Although the programme has been integrated into carrier subjects in the school curriculum and has reached 1,000 of 8,000 secondary schools, a case study reports that there are challenges with institutionalisation. These relate to the fact that the SE scale-up strategy has been led by a CSO, funded through the health sector, and to lack of education ministry ownership and school commitment.

Similarly, in Pakistan, a SE programme led by the CSO Aahung, working with Rutgers, has successfully developed a Life Skills Based Education curriculum, gradually scaled up over time to reach more than 1,000 schools, but national scale-up has not been achieved, due to limited government ownership and lack of a supportive policy environment, together with devolution of responsibility for education to provincial governments.

In Nepal, CSOs, in particular the national FPA, and UNFPA have played a pivotal role in the SE programme. UNFPA in partnership with the education ministry curriculum development centre developed the curriculum, which was integrated into health, population and environment education for grades 5-12; initially this was compulsory but it is now optional for grades 9-12. CSOs have been involved in advocacy at provincial level, teacher training and developing SBCC materials. Despite progress, national scale-up with government ownership has yet to be achieved; SE scale-up is still largely funded by donors and UNFPA.

4.5 Sustaining support and addressing opposition

Efforts need to be made to maintain political commitment over time, not just to secure initial commitment. This is especially the case in contexts where there is opposition to SE or scale-up of SE could create a backlash. Anticipating potential challenges, including reduced support for SE due to changes in personnel in policy making and ministry positions, is essential, as is developing a plan to minimise the associated risks and to respond. Individuals may only be in positions of authority for a short time, and there is no guarantee that their replacements will uphold the positions held by predecessors or follow through on prior decisions. So it is important to be prepared to build relationships and engage with decision makers on an ongoing basis.

Scaling up and sustaining SE programmes over time also requires ongoing efforts to monitor and respond to opposition. Opposition to SE is increasing in many regions of the world and even countries that have made significant progress with SE implementation at scale have experienced backlash and reversals. For example, Zambia has a national programme but has recently faced growing opposition to SE galvanised by local and foreign organisations. Opposition should be anticipated at national, local and school levels.

In Uruguay, national scale-up of the sexuality education programme was achieved between 2006 and 2010, led by the education and health ministries, with donor and UN support. However, the programme has faced ideological and cultural opposition and political setbacks. In 2010 the government closed the existing programme, renamed it and reduced resources available, despite legislation and a national policy framework that mandates sexuality education

in schools. This example highlights the need for ongoing advocacy and engagement to sustain political commitment.

In Guatemala, SE initiatives involving training of teachers and distribution of materials have largely been led by UNFPA, but progress stalled with a change of government which was more conservative and much less supportive of SE than the previous government (Keogh et al, 2018).

Transparency about the programme and curriculum content, and early and ongoing engagement with key stakeholders, can minimise and respond effectively to opposition. Building support and ownership of SE scale-up among a range of stakeholders, including parents, teachers, community and religious leaders, media persons, and policy makers, is crucial, especially in more conservative socio-cultural and religious contexts.

In Pakistan, the CSO Aahung and Rutgers Pakistan has successfully managed opposition by taking an inclusive approach – building community support, involving key stakeholders including religious leaders, teachers and students in development and revision of the life skill-based education curriculum, engaging parents, actively promoting transparency and understanding through showcasing school programmes and regular sharing of information on outcomes, and engaging the media to build positive public perceptions. Supportive journalists were identified and invited to take part in information sharing and discussion meetings and to visit schools and see the programme in practice.

Provide technical assistance for scale up

Niger has experienced opposition, but has been able to minimise its impact through a careful strategy of engagement. A communication strategy was developed and considerable efforts were put into engaging with, amongst others, prominent religious and community leaders from the start, including securing agreement on the content of the curriculum, and this enabled the programme to continue when resistance to SE began to emerge. Niger's SE Technical Working Group includes representation from a number of ministries such as the Interior, Justice, Youth, Women, Health, and Culture. When opposition started, the Minister of the Interior held a meeting with religious leaders and was able to defend the government's position on SE and its contents, as the Ministry had been involved since the start in developing and approving the SE curriculum.

In Jharkhand State in India, the state government and its CSO partner had a clear strategy for responding to opposition. This included: government leadership; strong M&E to collect evidence on the need for an impact of the programme; targeted efforts to build relations with the media, including inviting them to meetings, and to promote transparency among wider stakeholders; and sustained community engagement. When there was a backlash against SE in India, the programme was prepared and responded quickly – the Secretary of the Education Department led on defending the programme, including in the State Legislative Assembly, in responding to the media, and in engaging with community leaders.

Strong political leadership, based on government ownership of SE, is critical to respond to opposition. This has been the case in a number of countries including Jamaica, where government leadership, together with development of SE guidelines by a national SE task force, has helped to address opposition

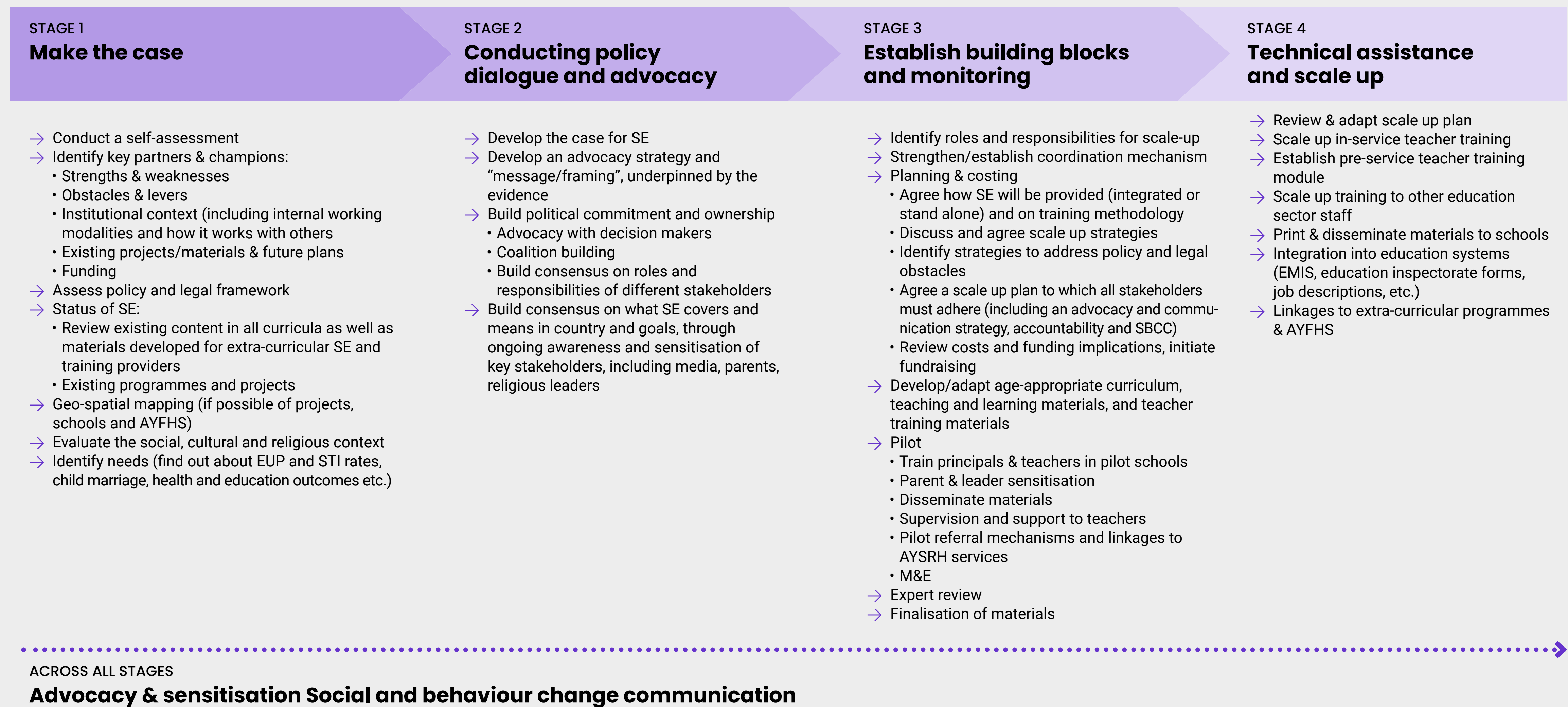
from those who view SE as inappropriate in the country's socio-cultural context, and in Zambia, where the education ministry has taken a strong position in support of the national SE programme in the face of significant opposition. In some contexts, CSO advocacy and alliances between government and CSOs have been critical to maintaining SE in the face of opposition. This has been the case, for example, in Argentina and in Mexico.

The socio-cultural context in Mexico is conservative and the Catholic Church has a strong influence. Mexico's sexuality education programme has evolved over many decades, with national scale up starting in the 1970s with a relatively conservative curriculum integrated into carrier subjects such as biology and civic education for primary and secondary school students. In the 1990s, the programme was revised to take a human rights-based approach to sexuality education. There was strong resistance to this from the Catholic Church, family values organisations and some parents and subsequently to more recent moves to include sexual diversity in the curriculum. Alliances between government and CSOs, and CSO advocacy, have played an important role in addressing resistance to sexuality education and sustaining a national school-based programme (Chandra-Mouli V et al, 2017; Pick et al, 2000).



Annex 1

Figure 1: Overview of key stages and activities in developing and scaling up SE⁵



5 While activities are divided into 4 main stages in a linear fashion, they are unlikely to be so linear during implementation. Overlap is to be expected.

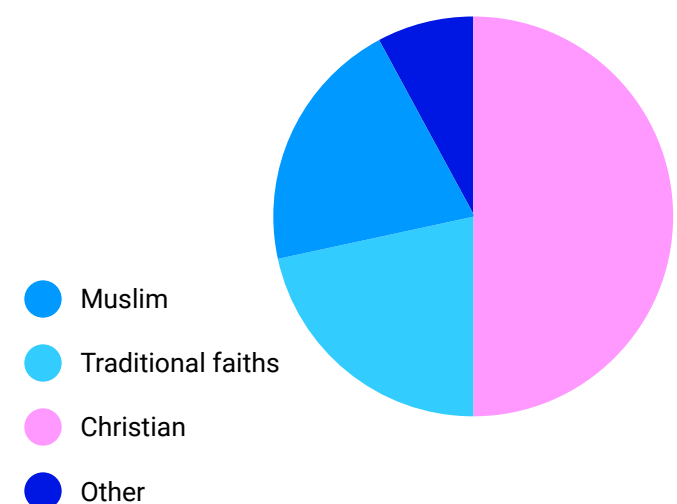
Annex 2

Country overview Benin



Population

11.7 million
114,763 km²



SRH

Early sexual initiation⁶

- 40% of students 13-17 yrs have ever had sexual intercourse
- Of these 40.8% were before the age of 14 yrs

Sexual violence

- 3,045 EUP (1% of all girls enrolled in 2017) High maternal mortality among 15-19 yrs

Education

- 2.1 million enrolled in primary
- 1 million enrolled in secondary⁷
- 10754 primary schools⁸
- 828 govt. secondary schools (869 other)⁹

SE included in curricula from nursery to secondary school

Timeline



SE integrated into existing subjects' content e.g. French, sciences, home economics, etc. depending on grade.

Achievements

- SE Framework and subject specific SE content developed and approved by government for formal education and TVET (nursery to secondary level).
- SE training manuals for education sector staff.
- Guide to facilitate parent-child communication on SRH developed.
- Ministerial decree authorizing the integration of SE within TTI curricula.
- A 25 hour SE module and materials for pre-service teacher training developed.
- All TTI have at least 2 members of staff trained and able to cascade training to other lecturers.

Entry point

- January 2015 Review of projects addressing sexuality education in schools and universities identified the lack of an official curriculum covering SE, and other gaps.
- March 2015 study on EUP in schools highlighted the need for urgent action, and enabled the start of a conversation on SE.
- SE is referred to as Education à la santé sexuelle – sexual health education

Levers of success

- **High level of political will** - President highly involved on issue of EUP.
- **Little opposition to date** – possibly because preventing EUP is a national priority & the high level of ownership by government.
- **Long-term advocacy and support** by civil society and technical and financial partners.



6 Global School-based Student Health Survey, 2016, Benin.
7 <http://uis.unesco.org/en/country/bj> (Accessed 24/02/2021) &

8 République du Bénin. Août 2018. Plan Sectoriel de l'Éducation Post 2015 (2018-2030).
9 Ministère des Enseignements Secondaires Technique et de la Formation Professionnelle. Octobre 2016. Annuaire statistique 2014-2015

Lessons Learned from Benin¹⁰

Key lesson learned

- All partners must be on-board before initiating the process.
- If an NGO takes the lead it can result in rejection. Government must be in the driving seat for success, ownership and validation of SE materials, as well as long-term sustainability.
- Awareness of the political dynamic is essential, as changes can be a factor of success or a stumbling block.
- A strong institutional and contextual analysis (including influencing factors) during the preparatory phase of the project is essential for its success. This analysis should be integrated into project planning and an advocacy plans to ensure that materials produced and activities are acceptable and supported at all levels, and to reduce possible stumbling blocks. This is key to ensuring implementation and sustainability.
- An inclusive approach based on shared values and the national context is essential.
- Methodical and prudent development of content ensures buy-in, and results in SE content adapted to the country context.
- The way in which a theme is introduced to stakeholders determines its adoption. A lack of understanding of the national context and culture, especially by foreign specialists can create difficulties.
- When stakeholders are closely involved in the development of a project, they buy-into the objectives of the project, which improves the chances of success.

Factors of success

- High level of political will, with the President requiring accountability on amongst others EUP.
- The original process while inclusive was not owned by the ministry of education. Ownership was achieved once the ministry of education (MoE)¹⁸ took the lead in SE content development. Long-term commitment of all the different technical and financial partners has been key not only for advocacy and financing, but also to ensure continuity and building relationships of trust between the different partners.

Entry point

Partners in Benin effectively used national data to create momentum for the development and scale up of SE in the country. While family life education (FLE) had been a part of the curriculum for a number of decades, a January 2015 review of projects addressing sexual and reproductive health education in schools and universities identified a number of weaknesses in content and implementation. The review noted the lack of an official curriculum covering SE, that only some topics such as anatomy were covered, that many important topics were only covered in the last 4 years of secondary school, a lack of teaching and learning materials, a lack of pre-service teacher training, and ad hoc in-service training based on the priority of funders. That same year, in March, a study¹⁹ on early and unintended pregnancies (EUP) in schools and child marriage found that 20% of sexually active girls had already been pregnant at least once. Given early sexual initiation in the country, the impact on educational outcomes is significant. The high levels of gender-based violence (GBV) were also used to establish the need for SE.

Creating an enabling environment

While EUPs had been a preoccupation for certain sectors such as health and social services (due to high levels of mortality among 15-19 year olds), the study catalysed the need for a comprehensive response. The study enabled the start of a conversation on SE, by providing proof that urgent action was required. Stakeholders seized the opportunity offered by a published study to draw national attention to the problem and to advocate for SE as an effective strategy to reduce adolescent pregnancies. More recently, videos posted on social media highlighted that adolescents and young people are engaging in sexual activity. This also acted as a national wakeup call.

Long-term commitment of all the different technical and financial partners has been key not only for financing, but to ensure continuity and building relationships of trust between the different partners. Political buy-in was developed over time in part through continued advocacy from TFP, civil society and young people. The continuing high levels of EUP, as well as the growing emphasis on achieving a demographic dividend, lead to the highest levels of government, the President, becoming aware and interested in the development and scale up of SE. Political will and engagement is therefore coming from the highest levels, and different mechanisms have been established to ensure accountability and focus on the issue. For example Governors (les Préfets) must report to the national level on EUPs in school settings on a regular basis. This high level support, liberates the lower levels to take action, put pressure on finalising SE materials and initiating implementation, and is essential for countering any future possible opposition to SE.

¹⁰ Sources: UNFPA WCARO. 2017. Bénin. Documentation du processus de mise en œuvre de l'éducation à la santé sexuelle. Dr Djihouessi (DG/INIFRCF*. 2019. Atelier de Validation des Supports Multimédia sur l'Education Complète à la Sexualité –ECS. Expériences de mise en œuvre de l'ESS au Bénin. Alidou, M. Juin 2020. Rapport Evaluation Finale Projet NICHE/BEN/239. Renforcement des Ecoles Normales Supérieures et des Ecoles Normales des Instituteurs pour une meilleure santé sexuelle en milieu scolaire au Bénin. Key informant interviews.

¹¹ The education sector is made up of several ministries covering nursery and primary levels, and secondary and technical and professional. In addition two institutes are essential to curriculum development and teacher training. In this document, the term MoE is used generically to represent one or more of these institutions. For further details please refer to the source documents.

¹³ GRAFED-CONSULTING-SARL. Mars 2015. Etude sur les Grossesses Précoces et/ou Grossesses Non Désirées (GND) et Comportements à Risques chez les Adolescents et Jeunes en Milieu Scolaire, Education Professionnelle et Universitaire au Bénin (Secteur Public et Privé). Rapport Final. Ministère de l'Enseignement Secondaire, de la Formation Technique et Professionnelle, de la Reconversion et de l'Insertion des Jeunes, Ministère de la Santé, et Ministère de la Famille, des Affaires Sociales, de la Solidarité Nationale, des handicapés et des personnes de Troisième Age.

The development and scale up of SE within curricula was catalysed by a project funded by the Netherlands. Two ministerial decrees established a multi-sectoral technical committee comprising officials from the three levels of the education system and other key partners to guide the development and scale up of SE in the country.

To engage stakeholders and increase buy-in, consultative meeting with wide representation including amongst others: Ministries of Education, Health, Family, Youth, parent-teacher associations, sociologists/anthropologists, religious leaders, TFP, civil society, youth representatives, education and SRH consultants and specialists, were held. These workshops aimed to create a common understanding of SE and reach a consensus on the approach. They facilitated the development of a SE Framework which identified six themes and 25 sub-themes. For each sub-theme, the learning objectives for each education level were presented, as well as the expected behaviour change.

Material development

In Benin, a NGO was originally leading/managing the process of developing the SE Framework and complementary materials. A writing team including specialists, stakeholders, and retired ministry of education staff (to represent the education sector view) was established. The team developed teaching manuals and other materials, which were reviewed by key stakeholders. During a final validation workshop the materials that had been developed were rejected. The major reasons for rejection were the lack of ownership by government, religious and societal opposition (some content/graphics were deemed inappropriate), and a rejection of the methodology used for inclusion in carrier subjects which was deemed to be too burdensome and time consuming given other priorities. The issue of ownership was not helped by a change in senior leadership within the education sector halfway through the project.

The Ministry of Education (MoE) took over the lead in developing materials. While this led to additional costs to cover new writing workshops, it ensured ownership and buy-in by the education sector and the government

as a whole. Some content was amended to ensure a SE adapted to the country's context (for example sensitive topics such as homosexuality are now covered through the lens of respect for all), and the new choice of methodology, was deemed easier for teachers to implement. The new materials provide precise guidance for teachers, on what content/themes to cover in which grade, the learning objectives, and what materials already in the syllabus can be used. For example in French, the study of a play is used to also discuss sexual harassment and to develop protective skills. In an effort to be context specific and ensure ownership of the new content, the terminology for SE changed from "Education Sexuelle Intégrée" (integrated sexual health) to "Education à la Santé Sexuelle" (sexual health education).

Scale up

Different strategies are being used to scale up SE. Using the teacher training materials developed by the MoE and partners, in-service training is ongoing, with 2700 teachers already trained. Other strategies include digitalisation of SE materials, and creating an enabling environment through activities with the community, religious leaders, and on parent-child communication, as well as continued advocacy at all levels.

The SE scale up project funded by the Netherlands has a number of different components that were meant to be developed simultaneously. To enable scale up and long-term sustainability, the project recognised the need for pre-service teacher training on SE, both for their own health and to enable them to teach sensitive topics in the classroom. To that end, Rutgers was brought on board to help integrate SE into teacher training institutes' (TTI) curricula. The delays in the development and validation of the SE content for school curricula, meant that this aspect went forward before final content was validated.

A number of successes should be noted. A ministerial decree authorizing the integration of SE within TTI was signed; a curricula was elaborated, validated and is now available (the 25 hour SE module covers content and teaching methodologies); at least 2 trainers in each TTI were trained and feel capable of training others; the module is now being taught in some TTIs.

To supplement the teaching aspect, the project also developed capacity for TTIs to provide SRH services (training nurses, increasing access to services).

Lessons learned from the NICHE project (integration of CSE teaching and SRH services in TTIs)

- A strong institutional and contextual analysis (including influencing factors) during the preparatory phase of the project is essential for its success. This analysis should be integrated into project planning and an advocacy plan to ensure that materials produced and activities are acceptable and supported at all levels of the institution, and to reduce possible stumbling blocks. This is key to ensuring implementation and sustainability.
- The way in which a theme is introduced to stakeholders determines its adoption. A lack of understanding of the national context and culture, especially by foreign specialists can create difficulties.
- When stakeholders are closely involved in the development of a project, they buy-into the objectives of the project which improves the chances of success.



Country overview The Udaan programme Jharkhand State, India



Population

33 million
(1.4 billion in India)

79,700 km²



SRH

- 8.5% of unmarried ♀ & ♂ 17.6% had pre-marital sexual¹³ experience (among 15-21 yrs)
- 1% aged ♀ 20–24 had a first birth before age 15, 9% before they were 18, and 26% before they were 20¹⁴
- Nearly 50% ♀ 15-19 yrs are married (18% before 15yrs)¹⁵
- 31% married ♀ experienced GBV

Education

≈ 11,5 million school-aged children
≈ 34,000 primary & 3400 secondary schools¹⁶

SE included in curricula from nursery to secondary school

Phased scale-up

Phase 1 (2006), Udaan programme implemented through camps during the school holidays.

In Phase 3 (2009-2011), Udaan expanded to cover 198 residential girls' schools and MIS system created.

Phase 5 (2015-2017), upper primary school coverage was expanded, and indicators developed to monitor the programme at this level of the school system.

Phase 2 (2007-2009) implementation through classroom sessions during the academic year (State government includes programme in school timetable).

Phase 4 (2012-2014), piloted in upper primary school classes 6, 7 and 8.

Participatory life skills based curriculum that covers goal setting, growing up, friendship, values, peer pressure, gender, sexual harassment, pregnancy in adolescents and adolescent to adulthood, marriage and parenthood, HIV and STI, substance abuse, values of harmony, moving ahead. Delivered by nodal teachers.

Factors of success

- Strong political commitment
- Supportive policy environment
- Building on an existing programme
- The right timing
- Effective government-CSO partnership but with government leading the programme
- Long-term donor funding for technical support provided by a credible, experienced CSO
- Clear strategy and plan for scale-up
- Responsive and acceptable curriculum
- Strong focus on M&E from the outset
- Community and media engagement
- Effective response to opposition

Entry point

- Mandate from national directive to provide school-based adolescent health education for upper secondary school students.
- Building on the existing AIDS education programme.
- State government concerns about challenges facing young people including low awareness of SRH, low access to and use of SRH services, and high rates of early marriage, GBV and poverty.

Achievements

- Only state in India to have achieved state-level scale up. Reached more than **900,000 students** in more than 1,700 schools.
- **Training:** 135 master trainers, 2154 nodal teachers & 24 District Gender Coordinators.
- **M&E shows positive effects on students'** knowledge about SRH, gender equity, sexual harassment and abuse, substance abuse and legal age of marriage; improvements in self efficacy, confidence in handling peer pressure, communication and decision making skills.

13 Jharkhand data. Jejeebhoy, S. J., Raushan, M., et al. (2019). Situation of adolescents in Jharkhand: Findings from a state-wide survey. Mumbai, India: Dasra.
14 National data. IIPS (International Institute for Population Sciences) & ICF. (2017). National family health survey (NFHS-4), India, 2015–16. Mumbai, India: IIPS.

15 National Data. UNFPA (2012). Marrying Too Young. End Child Marriage. <http://mospi.nic.in/statistical-year-book-india/2017/198> (Accessed 9 April 2021)
16 Udaan means "to soar in flight" in Hindi.

Lessons learned¹⁸

In Jharkhand State, India, an effective government-CSO partnership has been critical to scale-up and sustainability of SE in government schools. The programme has been led by the state government; the CSO, the Centre for Catalysing Change (C3), has played a vital catalytic and supporting role through provision of technical assistance.

Factors contributing to success

Key factors in the successful scale-up and sustainability of the Udaan programme include:

- Strong political commitment
- Supportive policy environment
- Building on an existing school AIDS education programme
- The right timing
- Effective government-CSO partnership but with government leading the programme
- Long-term donor funding for technical support provided by a credible, experienced CSO
- Clear strategy and plan for scale-up
- Ensuring the curriculum was responsive and acceptable
- Strong focus on M&E from the outset
- Community and media engagement
- Effective response to opposition

Creating an enabling environment

Political commitment and ownership

Jharkhand was a new state, with a progressive government that recognised the importance of investing in young people and the urgent need to address issues affecting young people. Around one-third of the state population is aged 10-24 years and challenges affecting young people included low awareness of sexual and reproductive health (SRH), low access to and use of SRH services, and high rates of early marriage, gender-based violence and poverty. State government buy in, together with a supportive national and state policy environment, provided a window of opportunity and a mandate to introduce SE in schools. Jharkhand is an exception in India – few other states have introduced or scaled up sexuality education in schools – and while its success is due to a fortuitous combination of factors, the most important has been political commitment from the start.

Supportive policy environment

The national policy context in India is supportive of SE in principle, for example, national policies on education (1986), youth (2014), AIDS prevention and control (2002), population (2000), and health (2002) provide a mandate for educating young people about family planning, youth people's sexual behaviour, reproductive health and rights, and provision of services for young people. In 2004, the Government of India had issued a national directive and operational guidelines for school-based SRH education programmes in all secondary and senior secondary schools in response to concerns about HIV. Jharkhand also has a supportive policy environment – it is one of the few states in India with a youth policy (2007), which includes the introduction of school-based family life education.

Effective government-CSO partnership

The state government understood the value of CSOs in providing technical assistance and sought a credible partner with experience of working in Jharkhand. They identified the Centre for Catalysing Change (C3) which had more than 30 years' experience of working with adolescents and piloting and implementing youth programmes for in and out of school youth, and had been implementing the Better Life Programme in 11 states in India Jharkhand, since 1987. C3 had a presence in Jharkhand, existing partnerships with grass roots organisations and a good understanding of the community, as well as a track record of implementing the school AIDS education programme. C3 also had experience of designing culturally sensitive curricula and conducting advocacy to mainstream innovative programmes within government systems.

The government invited C3 to provide technical support for improving the curriculum, developing teaching and learning materials, building the capacity of teachers and education sector staff, strengthening monitoring, and mainstreaming the programme into the education department.

Experience in Jharkhand highlights several important lessons about government-CSO partnerships for SE scale-up: government must take the lead and be seen to take the lead; requests for CSO technical assistance should ideally be initiated by government; effective partnerships are based on trust, and engaging with government is easier for established national CSOs with a track record and existing relationships; CSOs must have something to offer government – in this case, skills, expertise and funding for technical assistance provided by the Packard Foundation – and help to address gaps in government capacity; and clear roles and responsibilities must be agreed.

¹⁸ Sources: Chandra-Mouli V et al, 2018. What did it take to scale-up and sustain Udaan, a school-based adolescent education programme in Jharkhand, India? American Journal Of Sexuality Education, vol. 13, issue 2, 147-169; Plesons M et al, 2020. Building an enabling environment and responding to resistance to sexuality education programmes: experience from Jharkhand, India. Reproductive Health, 17:168; ; key informant interviews including with Alka Barua , Venkatraman Chandra-Mouli, Aarushi Khanna, Marina Plesons.

Summary of lessons learned

Building wider support

The state government and C3 have engaged with educators, parents and students to build and maintain support for Udaan. School principals were oriented first, as they are critical to ensure support for implementation in schools, as well as teachers. Sensitisation of parents was identified as critical to Udaan's acceptance, although implementation through the school system and by teachers who parents knew and trusted helped to give the programme credibility. Multiple meetings were held with all these stakeholders to ensure understanding of the programme and promote transparency. Parents were engaged through forming Udaan clubs and organising Udaan festivals – clubs leveraged pre-existing red ribbon clubs; festivals brought together students, teachers, school principals and district officials and recognised best performing schools. Programme monitoring collects feedback on parent and student perspectives on a regular basis.

Another key lesson is the importance of being aware of and sensitive to the socio-cultural context. In most states in India, including Jharkhand, there are social and cultural taboos about discussing SRH and explicit reference to CSE is problematic, so SE is framed in terms of life skills, adolescent health or adolescent empowerment. C3 took steps to identify what was cultural acceptable, through formative research, to inform engagement with the community.

Establishing the building blocks for scale up

Roles, responsibilities and coordination

The AIDS education programme and early phase of Udaan were managed by the Jharkhand State AIDS Control Society (JSACS), but there were challenges associated with implementing a programme in schools through a health department. So, in 2007, following a directive from national government, the government transferred responsibility for the programme to the Department of Education (DOE), which is housed within the Department of Human Resource Development (DOHRD). Since then, the

DOE has been responsible for programme planning, implementation and supervision through existing education system structures. C3 programme staff, based in Ranchi, the state capital, included a coordinator, four programme officers and a programme assistant. Having a presence in the state enabled C3 to work closely with the JSACS and subsequently the DOE. The state government established a core committee that included both education and health department representatives who worked in collaboration and ensured there was good coordination at every level.

Planning and funding

Scale-up was implemented in a phased manner, based on a clear plan. According to key informants, much of the success was due to the way in which the strategy for scale-up was designed and implemented, and C3 played an important role in this.

The programme was already partially included in the state government budget, based on the budget allocation for the pre-existing AIDS education programme. Initially, the DOHRD allocated funds for Udaan from the state's core education budget for 2 years. Since then, government has been responsible for funding programme management and implementation, as this is done by government staff and public school teachers, and has also funded the costs of training teachers and producing and distributing teaching and learning materials.



C3 funding has largely been spent on technical assistance, including specific activities such as review of the curriculum, training of master trainers, and M&E. Long-term funding support from the Packard Foundation was critical to enable C3 to provide support to the programme over a sufficiently long timeframe; initial funding was provided to support roll out in one district, but Packard agreed to provide additional funding so that C3 could support scale-up to all districts in Jharkhand. A key lesson from the experience of Udaan is that developing, implementing, scaling up and institutionalising SE is a lengthy process, requiring 10-15 years, so the typical 3-5 year donor programme funding cycle will not be enough to achieve either scale-up or sustainability.

Curriculum and materials development

The approach taken by Udaan was centred on ensuring that the curriculum was sensitive and responsive to the local context. C3 evaluated the existing curriculum and conducted a needs assessment that included interviews with teachers, students, school principals, teacher trainers, parents, government officials, CSOs and media professionals. The needs assessment informed the revision of the curriculum, and also led to changes into training and increased emphasis on the involvement of school principals in implementation.

The state government and C3 created a curriculum committee with representatives from the JSACS, DOE, academic council, teachers, master trainers and secondary school students. The committee used a participatory process to incorporate the finds from the needs assessment and to develop a revised, comprehensive, age-appropriate and context-specific curriculum for classes 9 and 11. The government also hosted a three day materials development workshop with a wide range of stakeholders, to review the curriculum and related materials, which resulted in minor changes to content and language. The curriculum has since been updated periodically in response to monitoring findings, feedback from the committee, and revisions to national and state policies.

Implementing and sustaining scale-up

Phased implementation of scale-up

Udaan has been implemented in a series of phases – with specific programme expansion and, where appropriate, adaptation in each phase. For example, in Phase 1, Udaan was implemented through camps during the school holidays, but in Phase 2 this changed to implementation through classroom sessions during the academic year. This was due to the state government's decision to formally include Udaan in the school timetable with a dedicated session for classes 9 and 11, and monitoring which showed that the programme would be better integrated into the school system. During Phase 2 the programme covered 1,206 schools.

C3 initially trained 48 master trainers (MT) – who were either from the CSO sector or were independent consultants – in a 5-day training course; these MT then trained more than 750 nodal teachers (NT) from around 450 secondary schools in a 4-day residential training course during summer breaks (teachers were provided with compensatory time off). An additional 62 MTs and 1,115 NT were trained in Phase 2; selection criteria for MT were reviewed and it was agreed that MT would be selected from within the education system, to reduce costs and ensure sustainability. During Phase 2, C3 also focused on developing the capacity of district DOE officials to implement and monitor the programme, in response to a request from the state government.

In Phase 3, the focus was on expanding Udaan to cover KGBVs¹⁹ and on creating a MIS system. Udaan was introduced in all 198 KGBVs, following training of 25 MTs and 289 NTs from KGBVs together with gender coordinators in all of Jharkhand's 24 districts. In Phase 4, the programme was piloted in upper primary school classes 6, 7 and 8, based on the findings of a C3 assessment of upper primary school students' knowledge, attitudes and perceptions in 6 districts. C3 developed a framework, in consultation

with government and other stakeholders, and supported training for additional NTs. In Phase 5, upper primary school coverage was expanded, and indicators were developed to monitor the programme at this level of the school system.

Teacher training and support

Priority was given to careful selection of MT and NT, as these would be ambassadors for the programme. To ensure the quality of delivery of training and of the curriculum, clear criteria were used to select MT and teachers to be trained, including assessment of values and attitudes. School principals were involved in developing criteria for the selection of MT and also in selecting NT from their school to be trained. In addition, C3 programme staff were present during initial residential training and subsequent refresher training, to provide technical support and ensure adherence to training content and processes.

Collecting and using evidence

Udaan has had a strong focus on M&E and 'learning by doing' from the start. The MIS developed to support school, district and state monitoring uses a low-cost technology to collect monthly data, and monthly reviews are conducted at district and state level DOE meetings. Monitoring data, and regular evaluations, have provided the evidence to support modifications and improvements to the programme. M&E has provided the basis for a range of programme adaptations including the decision to shift from a camp approach to integration within the school timetable, and the decision to extend the programme to upper primary schools.

¹⁹ Residential schools providing education to girls from scheduled castes, tribes, minority communities and families below the poverty line.

M&E has also been integral to maintaining community support and promoting transparency – for example, data on implementation and results was shared at a meeting in 2007 which was attended by more than 200 people, including government, CSO and media representatives, as well as school principals, teachers and students. It has also meant that Udaan had evidence to demonstrate the importance and benefits of the programme to respond effectively to opposition.

Ensuring programme sustainability

Udaan was designed to be sustainable. The Government of Jharkhand has led the programme from the start – Udaan was launched by the Chief Minister – and all key decisions have been taken by government. The programme is mainstreamed into government systems – plans, budgets, monthly meetings, supervision, monitoring – is managed by government staff, and is delivered by teachers in government schools who have been trained by a cadre of government MT.

Responsibility for the programme was integrated into the roles of DOE staff at all levels. District Education Officers (DEOs) were formally designated as District Nodal Officers, discussion of Udaan was integrated into monthly DEO meeting agendas, DEOs are responsible for the MIS, and a cadre of district education clerical staff were appointed as Udaan point persons to assist with programme management and coordination. C3 has provided related capacity building when requested and this has included orientation of DEOs and other district officials, as well as for school principals. C3 has also worked with the state government to advocate for CSE content to be integrated into pre-service teacher training and, in 2009, the Udaan curriculum was introduced in selected BEd colleges.

C3 took a mentoring approach, for example, training MT but making it clear that training teachers is the role of government, based on the principle that if SE is to be institutionalised then CSOs must provide support to but not substitute for government.

Responding to opposition

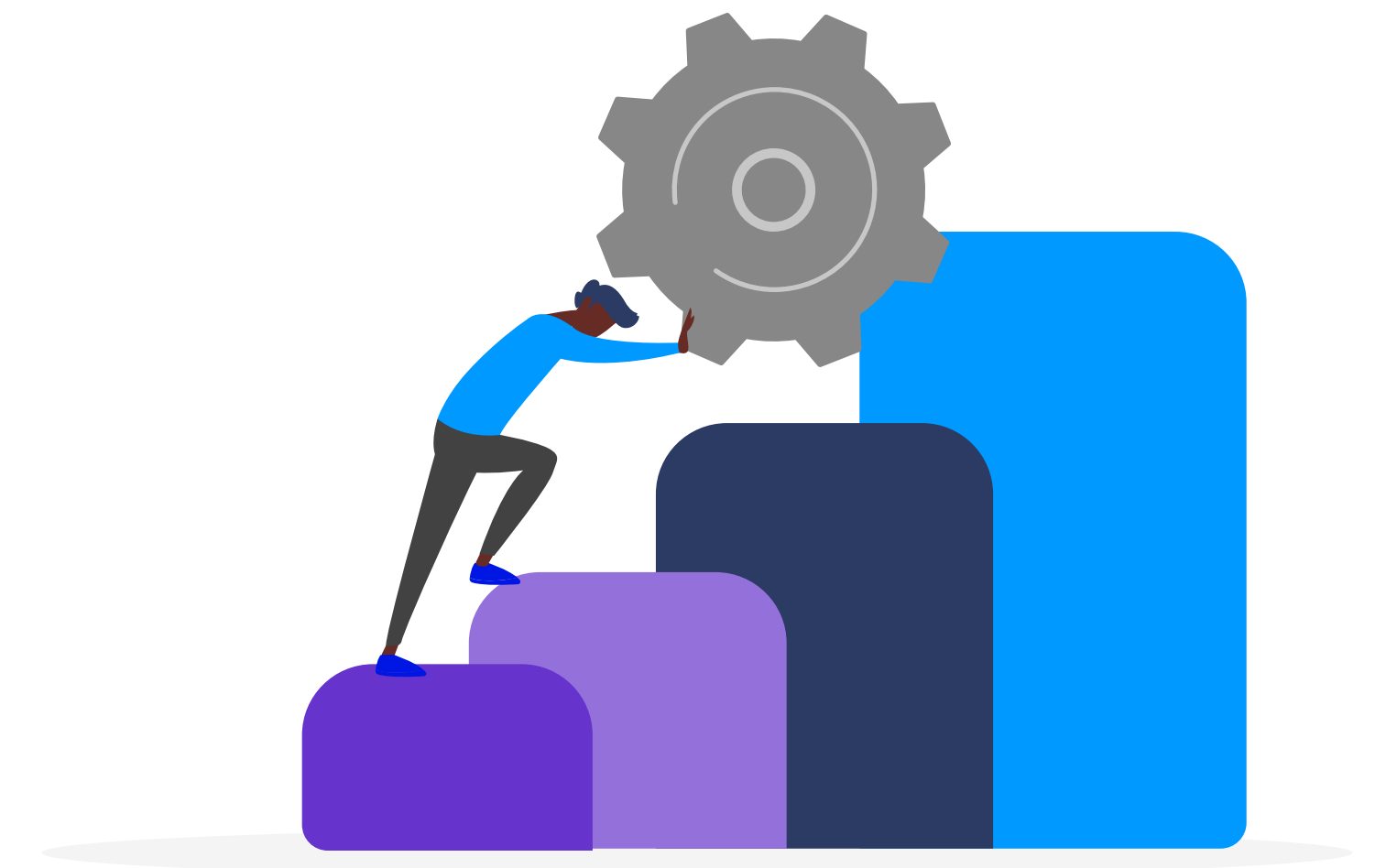
The state government together with C3 took steps to mitigate likely opposition – including ongoing engagement with communities and targeted efforts to build relationships with the media, for example, inviting them to visit schools and trainings to see how the programme works and what the curriculum covers, in order to create positive visibility – and to establish a plan of action in the event of resistance. In 2007 there was a backlash against SE across India, including in Jharkhand, with the media fuelling misgivings among communities. As a result, similar programmes banned in 12 states, but the programme in Jharkhand was able to continue.

This was due to the state government and C3 quickly taking measures to respond. The government provided strong leadership – the Secretary of the education department responded to the media and met with community leaders to explain why the programme was needed, and led a formal curriculum review to allay concerns. There was evidence from M&E that could be used to defend the programme and this was used to ensure the Secretary was prepared to answer questions in the State Legislative Assembly. Mid-management officials' interaction with the media was restricted to ensure that the message came from the top and was consistent. Throughout, C3 took a back seat, providing government with data and support but maintaining a low profile.

This example highlights the importance of building strategic partnerships with government and the media, investing in community engagement, taking a transparent and participatory approach to curriculum development and programme implementation to minimise future opposition, developing a clear strategy to anticipate and respond to backlash, and ensuring there is strong M&E and solid evidence to demonstrate the benefits of SE.

Challenges

Despite the overall success in scaling up and sustaining Udaan in Jharkhand, the programme has faced and still faces a number of challenges. Implementation challenges include: teacher turnover and shortages of teachers; teacher gender imbalance; prioritisation of the academic school curriculum, resulting in some Udaan curriculum sessions not being delivered; selective teaching, due to NT discomfort with certain curriculum topics; and insufficient capacity to monitor activities as programme coverage expanded. The programme does not cover students in private schools – in Jharkhand many of these are Catholic mission schools and these are often less receptive to CSE. Finally, while there is evidence of impact on knowledge and awareness, the evidence about impact on behaviour is less clear.



Country overview Indonesia – Semangat Dunia Remaja or Teen Aspirations (SETARA) programme



Population

273 million

1,904,569 km2
17,000 islands



SRH

- 7% ♀ aged 15-19 have begun childbearing: 5% have given birth and 2% are pregnant with their first child²⁰
- 0.56% ♀ (aged 20-24) were married before 15 & 11% before 18. In some regions rates increase to 19%.²¹
- 41% ♀ experience violence (physical, sexual, emotional or economic). 33% experienced physical or sexual violence.¹²²
- Young people aged 10-24 years account for more than 25% of Indonesia's population.
- Conservative religious and cultural context.

Education

≈ 50 million pupils,
300,000 schools²³

84% Ministry of Education and
16% Ministry of Religious Affairs²⁴

SETARA Programme taught in grades 7 & 8 (secondary school)

CSO led: PKBI has led SETARA implementation and monitoring, including engagement with local government, schools, community and religious leaders, training of teachers, and provision of teaching and learning materials.

Comprehensive SE curriculum, based on the Rutgers the World Starts With Me.

Next phase: expansion to other provinces



Started in 2019 in 3 of Indonesia's 34 provinces.

Curriculum is not included in the formal school curriculum. Delivery varies depending on the school – in some it is delivered as a stand-alone subject by counselling teachers, in others it is integrated into other subjects such as science.

Achievements

- Programme present in 16 secondary schools in 3 provinces.
- Curriculum and teaching and learning materials developed.
- Effective strategies to engage with provincial governments, build community support, engage the media.
- Provided quality teacher training to deliver a comprehensive SE curriculum.
- Uses M&E to improve the programme and generate evidence to demonstrate programme benefits, including costing study.
- Student feedback suggests positive effects including, for example, on students' knowledge about and attitudes towards puberty, attitudes concerning gender equality, self-confidence, and feeling safe from bullying.



Factors of success

- Alliance of CSOs working in SRH to support advocacy for sexuality education at the national level.
- Existing relationship with local government in some sites.
- Community and media engagement.
- Rutgers and PKBI expertise and experience in HIV and sexuality education.
- Strong political commitment and a supportive environment in Bali.
- Strong local government leadership and management in Central Java

20 Indonesia 2017 Demographic Health Survey.
21 UNICEF Indonesia, BPS, PUSKAPA UI, Kementerian PPN/ Bappenas. February 2020. Child Marriage in Indonesia.
22 Indonesia's Women's Empowerment and Child Protection Ministry, Central Statistics Agency, UNFPA. 2017. National Commission on Violence Against Women Survey.

23 Quoted: <https://www.unfpa.org/fr/node/16015> (Accessed 12 April 2021). Association of Southeast Asian Nations (ASEAN) February 2014. ASEAN State of Education Report 2013.
24 https://en.wikipedia.org/wiki/Education_in_Indonesia

Lessons learned

The SETARA programme, implemented in three provinces in Indonesia – in Denpasar, Bali, Semarang, Central Java and Bandar Lampung, Sumatra – has been led by Rutgers Indonesia’s partner PKBI. Rutgers Indonesia has been implementing SE for more than 15 years. A key lesson learned is the importance of local context and of being responsive to this. PKBI has national coverage, SRH expertise and credibility, and training, facilitation and monitoring skills, which education departments do not always have, and has provided valuable technical support.

A key challenge for national SE coverage in Indonesia is the size and diversity of the country, complexity of governance, and the plethora of SE programmes, using different curricula, in addition to the government curriculum, none of which are being implemented at scale. At national level, securing political commitment to SE scale-up is complex as it involves different ministries, including health, education, and religious affairs, and the extent to which these are supportive differs. Barriers to national SE scale-up relate to the education system, which is highly centralised, an already over-crowded curriculum, and many other issues competing for education ministry attention. Challenges for the SETARA programme specifically include limited coverage (5 schools in Denpasar, Bali, 5 schools in Semarang, Central Java and 6 schools in Bandar Lampung, Sumatra); lack of government and PKBI capacity to support increased scale-up to additional schools; integration into government systems and sustainability; selective teaching; turnover of government officials and teachers.

Most SE programmes are currently being implemented at provincial and local level. Inclusion of SE in the school curriculum and national roll out will require advocacy at national level, with a range of organisations working together and drawing on evidence from sub-national implementation.

Rutgers Indonesia has facilitated the establishment of an alliance of CSOs working in SRH to support advocacy for sexuality education. However, the Indonesia government is not especially receptive to external organisations or an activist lobbying approach – national informants suggest that engaging with government is easier for national and local organisations than it is for external agencies and that a more effective approach is to ask government “how can we help you”.

Factors contributing to success

Key factors in the successful implementation of the SETARA programme, discussed in more detail below, include:

- Strong political commitment and a supportive environment in Bali
- Strong local government leadership and management in Central Java
- Rutgers and PKBI expertise and experience in HIV and sexuality education
- PKBI credibility and existing relationships with local government
- Community and media engagement

Creating an enabling environment

Political commitment and ownership

SETARA programme experience suggests that political commitment at sub-national level can be secured if an entry point for SE can be identified. In the case of SETARA, SE was linked to issues of local concern or on the local agenda in each of the three sites, for example, ‘Smart City’ planning in Semarang. In Bali, data from research conducted among young people showing the extent of SRH problems was used to make the case for SE education, in addition to linking SE to the provincial child friendly schools agenda.

The terminology used and the way in which the programme is presented are important, as are personal relationships, respect, trust, credibility and whether or not government sees an organisation as a threat. SETARA experience also highlights the need to be prepared to respond to questions government will ask, for example, about the benefits and costs of the programme.

Building wider support

Engaging with and listening to community and religious leaders is essential and a key lesson is the need to be aware of and sensitive to the socio-cultural context and to use culturally acceptable terminology. For example, when discussing the programme with local leaders in some contexts, SETARA focused on developing the skills of young people for adulthood and avoided talking about issues such as gender and rights. The programme has also recognised the importance of involving parents. For example, in Denpasar, each SETARA school has a parents group and in Semarang, discussions have been held with parents.

Establishing the building blocks for scale up

Coordination

In Denpasar, coordination is managed through a forum which has representatives from government education, health, research and development departments, the local family planning board and PKBI; the forum meets regularly and is used to share information about programme progress and to galvanise support. In Semarang, BKPI has worked separately with the education and health departments and there is no cross-sector coordination mechanism; although implementation has been effective, it is largely dependent on the education department.

Summary of lessons learned

Curriculum and materials development

National government has not been involved in developing the SETARA curriculum. The advantage of this is that the curriculum is more comprehensive and progressive than that of most other programmes, but the disadvantage is that there is limited government ownership. The programme has, however, involved local education authorities, teachers and parents in curriculum development, helping to ensure its acceptability.

Implementing and sustaining scale-up

Teacher training and support

The programme used rigorous criteria to select teachers to be trained as master trainers and teachers to be trained. SE is mainly delivered by counselling teachers although sometimes teachers of other subjects such as biology have been selected to be trained to deliver the programme.

The quality of SE delivery in the classroom has been monitored. For example, in Bali, the programme conducts a 6-monthly evaluation of teachers through classroom observation as well as online student surveys. Monitoring has shown that selective teaching is a challenge, particularly by teachers who don't see SE content as consistent with their values, so a key lesson is that training needs to address not just the curriculum content and teaching methods but also provide teachers with an opportunity to reflect on their attitudes and values. Quality of delivery has also been identified as an issue, particularly when teachers are not familiar or comfortable with using participatory methods. Monitoring teacher performance has been a challenge, partly because PKBI is not part of the education sector supervision and monitoring system and partly because SE is delivered by teachers in addition to their existing workload, so PKBI has been concerned to avoid doing anything that reduces their motivation.

The incentive for teachers to deliver SE is limited, because it is not part of the formal school curriculum and, hence, is not examined or included in assessment of teacher performance. So in practice, SE is more likely to be delivered by teachers who are committed. A key lesson is that training needs to be framed sensitively as teachers are respected professionals – feedback suggests that some teachers are resistant because they view SETARA training as challenging their authority and professionalism – and teachers need recognition for SE delivery. Implementation research has shown that SE delivery is influenced by the support teachers receive from their school and local education department. In addition, as one key informant commented, we need to pay more attention to the well-being of teachers, recognise the pressures they face and provide them with support – and SETARA has taken steps to do this through, for example, establishing teacher support groups and organising meetings where teachers can discuss problems and challenges.

Implementation in schools

PKBI took a different approach in the three SETARA sites. In Denpasar PKBI had a good pre-existing relationship with local government and worked with government from the start, so the programme has run smoothly. In Semarang PKBI leadership also had a good relationship with government and was able to approach the mayor's office for permission and schools in parallel. There was a problem with Islamic schools where permission also needed to be obtained from the department of religious affairs, which manages these schools. In Bandar Lampung there were problems because PKBI started working directly with teachers without securing permission from local education authorities or engaging with school principals and community leaders.



Summary of lessons learned

SETARA has been implemented in a selection of schools in each of the three provinces. School principals were sensitised to secure their support. In some schools, where principals have different or conflicting values, this has been more challenging. Further expansion is limited by capacity constraints. For example, there is government support for scale-up to additional schools in Bali and Central Java, but the government does not have the capacity to train teachers to deliver the programme. PKBI has been requested by government partners to support SE implementation in primary schools but does not have the capacity to do this.

Opposition to SE

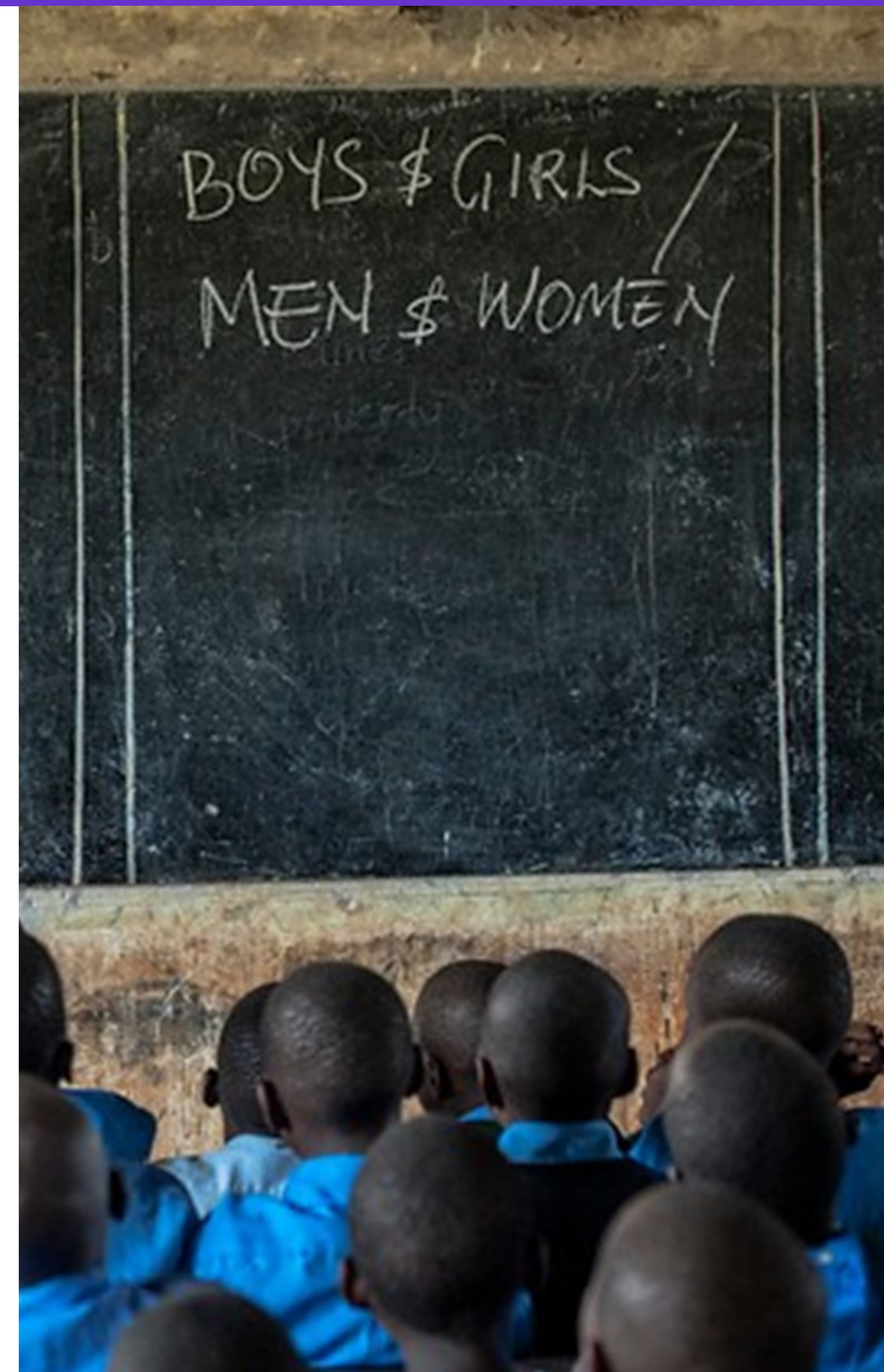
The extent of opposition varies depending on the local context. There has been little or no opposition in Bali. This is mainly due to the local socio-cultural and religious context – it has been easier to find acceptance for SE as it fits with concepts in Hinduism such as balance and karma. In addition, PKBI in Bali has good media contacts, so could ensure SETARA was supported by the media. Despite this, the programme has planned for potential opposition including identifying supportive policies, making sure they have evidence and preparing experts to be able to respond to opposition.

In Central Java, it was anticipated that there would be resistance from Islamic schools and parents but in practice the programme has been accepted once it was clear what the curriculum covered. In Sumatra, which is the most conservative of the three sites, religious leaders are concerned about issues such as teenage pregnancy and early marriage and see the value of sexuality education and its consistency with Islamic teaching, but some issues are contentious, for example, gender, contraception and sexual diversity. There are concerns about growing opposition in the province and the programme is considering a strategy to address this, including engaging with more progressive religious leaders and disseminating counter arguments through strategic use of social media.

Ensuring government ownership and sustainability

A key lesson learned is that ownership and sustainability require joint planning, implementation and monitoring from the start, listening to government counterparts and understanding their priorities and concerns, and ensuring there is a common understanding. As one programme informant commented, if they were starting again, they would have worked with government to establish objectives and decide where to work in order to develop local leadership and ownership, and would have done more to ensure that the programme was responsive to the local SRH situation, problems and concerns of parents and students.

There are barriers to sustainability. As implementation and monitoring has been led by PKBI, there is limited integration into government systems. The SETARA curriculum, like all SE curricula in Indonesia, is not included in the formal school curriculum. Costs of training and teaching materials are currently still supported by Rutgers. PKBI has developed a sustainability and transition plan, and established MOUs with local government and schools, to ensure the programme can continue. This includes cost sharing, with government taking increased responsibility for funding programme activities such as training.





Country overview Zambia

Population²⁵

17 million

School age pop:

3.5 million 7-13 yrs
2.1 million 14-18 yrs

752,614 km²

SRH²⁶

- 13% of ♀ & 16% ♂ had sexual intercourse by age 15
- 6% of 15 yrs have begun childbearing (53% of 19 yrs)
- 3.8% of 15-24 yrs are HIV+ (5.6% for ♀ versus 1.8% for ♂)
- 11,765 EUP grades 1-7; 3457 in grades 8-12

Education²⁷

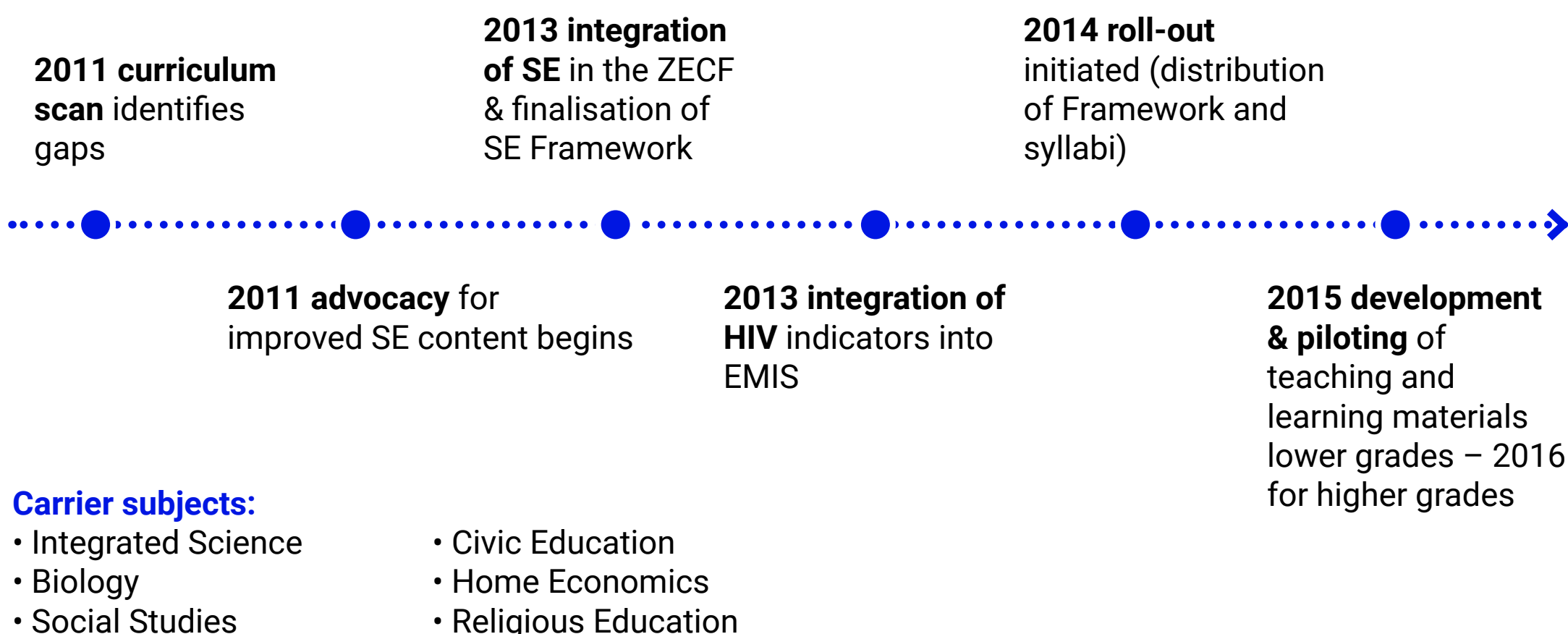
4 million enrolled

5670 govt. primary schools (3153 other)

707 govt. secondary schools (144 other)

SETARA Programme taught in grades 7 & 8 (secondary school)

Timeline



Achievements

- 16 CSE teachers' and learners' books developed all grades.
- Just under 2 million learners reached.
- Capacity of 41,328 in-service and 11,500 pre-service teachers built to deliver SE & GBV content (some quality issues, see below).
- SE content included in national examinations (for the last 2 years).

Institutionalised in government systems: EMIS, supervision & support, in- & pre-service training, curriculum development. Training: teachers, principals, resource centre coordinators, inspectors, exam board, PTAs, etc.

Entry point

- The revision of the Zambia Education Curriculum Framework (ZECF)
- SE is referred to as Reproductive Health & Sexuality in the revised ZECF.
- LSE was a part of the curriculum since 1998. ZECF - opportunity to strengthen SE components.
- High number of EUP and girls' dropout rates, STI, HIV, GBV Curriculum scan & results of SACMEQ on HIV

Response to opposition – some factors of success

- Very good working relationship between stakeholders, and especially between MoGE and UNESCO.
- Coordinated advocacy by stakeholders (CSOs, UN, etc.).
- Parliamentarians trained/experienced SE classes so knew what it covered. Parliamentarians released a pro SE communiqué
- Content was developed by the MoGE's Curriculum Development Centre so the MoGE knew what was included and could counter false accusations on content.

25 UNESCO Institute of Statistics
26 2018 Demographic and Health Survey 2018
27 2016 Zambia Education Statistics Bulletin

Lessons learned from Zambia¹⁸

In Zambia, NGOs have played a key role in advocating for and contributing to scaling up SE such as through service provision and implementing activities in the community. While NGOs have been complementary to the scale up of SE in schools, it is the Ministry of General Education (MoGE) with support from a project team based in UNESCO that has led the institutionalisation of CSE within their systems. Nonetheless, Zambia is an interesting example as it is the country in Africa that has most progressed towards a full institutionalisation of SE within its education systems.

Factors of success

- MoGE's ownership of the programme.
- The integration of the project into ministry systems thereby ensuring sustainability.
- The dedication of the MoGE staff who put in place a committed project team that is able to take things forward.
- The strong working relationships with other ministries, UN agencies, civil society and different parts of the MoGE.
- The window of opportunity afforded by the revision of Zambia's Education Curriculum Framework (ZECF).
- Technical and financial partners willing to fund the development and roll-out process.

Resource Team

A project team, based in UNESCO was set up at the start of the project (2013). The team has extensive experience of the Zambian education sector, having taught or worked in the MoGE before joining UNESCO.

As such they have a clear understanding of the system and how to overcome possible obstacles, and have strong relationships with MoGE members of staff. The lack of roll-over of essential staff has strengthened these relationships over time, and enabled the team to work closely with the ministry. The MoGE appointed counterparts to the team within two key units for scale up. Within the Standards and Curriculum Directorate, two SE coordinators from the Curriculum Development (CDC) were appointed, and within the Teacher Education and Specialized Services (TESS) one SE focal point was designated.

The implementers (MoGE staff and UNESCO team) therefore have technical credibility, implementation capacity, and are committed to the success of the project. In addition, the project has been supported by outside experts, such as SE curriculum specialists, as needed. The Sida-funded project is implemented through a decentralized approach that uses local institutions, partners and structures to complement the delivery of SE. Thus aspects such as the promotion of parent-child communication are implemented by civil society.

Caveat:

The scale up has been advancing thanks in part to a dedicated team based in UNESCO. At present SE does not have a strong institutional home within the MoGE, in that the CDC and/or TESS may not have the skills or authority to work across the ministry to achieve scale up (for example the CDC may not be able to work easily with education inspectors to ensure effective monitoring, supervision and support). In the longer term an institutional home within the MoGE that enables cross ministry collaboration will be required.

Window of opportunity

Life skills education (LSE) has been a part of the Zambian national curriculum since 1998, however a curriculum scan (2011) indicated some gaps especially with regards to SE. The planned revision of the Zambia Education Curriculum Framework (ZECF) was the opportunity to integrate the missing components.

Creating an enabling environment

The high levels of early and unintended pregnancies (EUP) 14,849 in 2012 (EMIS 2013), dropout rates, low levels of knowledge, skills and attitudes on HIV and other SRH topics, and the curriculum scan (2011) provided an evidenced-based argument for improving content in the ZECF. Advocacy from national and international partners is recognised as a key factor in the government's decision to integrate Reproductive Health & Sexuality as a cross-cutting issue in the ZECF.

While advocacy had been ongoing for a number of years, the process of developing and scaling up SE was catalysed by the Swedish International Development Cooperation Agency (Sida)-funded UNESCO project that aims to strengthen the sexual and reproductive health outcomes of adolescents and young people. Scaling up SE is one of five components of the project.

A 2 day inception workshop was attended by the Permanent Secretary of the MoGE, the Swedish Ambassador to Zambia, the Director for the UNESCO Multi-Sectoral Regional Office for Southern Africa, partners from government and civil society, school principals and teachers from the 4 original provinces, as well as religious leaders and young people. The aim of the meeting was to deepen the understanding of stakeholders of what SE is, create a shared vision, and present, finalise and validate the various components and road map for implementation. The workshop clarified the different roles and responsibilities of partners, and concretised what coordination mechanisms would be used.

¹⁸ Information taken from UNESCO 2017. CSE Scale-Up in Practice. Case Studies from Eastern and Southern Africa; UNESCO 2016. Strengthening Comprehensive Sexuality Education for Young People in School Settings in Zambia: A Review and Documentation of the Scale-Up Process; key informant interviews.

Given the importance of other sectors to SE implementation and scale up, intersectoral engagement with Ministries of Health, Education, Community Development, and Youth and Sport, as well as with NGOs and cooperating partners has been ongoing. This has enhanced programme ownership and sustainability.

Similarly the importance of political leadership and ownership was recognised early on as essential, and the project targeted decision makers and parliamentarians with training and classroom visits to ensure understanding and buy-in. This proved extremely useful when opposition to SE first appeared as the Parliamentarians that had been trained were able to disprove the accusations of SE opponents, and lead the development and release of a pro-SE Parliamentary communiqué.

The project and its partners have consistently maintained engagement with key stakeholders and decision-makers, through ongoing advocacy, which enabled a rapid response when opposition to SE first arose. In addition, the ESA Commitment and the Adolescent Health Technical Working Group (ADH-TWG) which is convened by the Ministry of Health (MoH), have been essential mechanisms through which to engage and coordinate stakeholders. The ADH-TWG, one of the most active groups in Zambia, includes representation from ministries of health, education, youth, gender, community development, chiefs, and local government; as well as development partners such as the United States Agency For International Development (USAID), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), and the United Nations (UN); CSOs such as YWCA, Youth Directions and the Planned Parenthood Association of Zambia; academic institutions; and the private sector working in SRH for adolescents and young people.

Establishing the building blocks for scale up

Clear roles and responsibilities

- MoGE designs, coordinates and implements the SE Curriculum.
- MoH provides youth-friendly SRH services and information, reviews operational procedures for ASRH, and mobilizes staff for training.
- CSOs advocate, provide services, implement activities etc.
- Members of Parliament and selected policy-makers develop favourable policies.
- Joint UN programme of Support provides normative guidance, mobilises resources, and drives collective continued advocacy for SE in the country.
- Development partners provide resources for implementation, and coordinate to reduce duplication.
- Project management and facilitation is done by the UNESCO team.

Curriculum and material development

The CDC developed the SE framework as well as teaching and learning materials for grades 5 to 12 (the CDC is currently developing complimentary materials such as posters and chats to be used in the classroom). In-service teachers and principals participated in the development of materials to ensure their acceptability and feasibility. The capacity of the writing group was developed to ensure a full understanding of SE and relevant methodologies. In addition outside technical specialists were brought in as needed. This meant that the materials were fully developed and owned by the MoGE. This in turn was helpful when opposition started as the MoGE knew what content is included, and had already approved said content for the relevant age groups. In addition, using the CDC's experts enabled values and beliefs to be expressed and thus identification of possible stumbling blocks. The negative beliefs about SE were discussed and materials adapted to make them more effective in the classroom. All materials were piloted and reviewed by specialists before finalisation and dissemination.

Including in-service teachers can identify other obstacles. For example grades with national examinations result in “teaching to pass”, where the only priority is what is likely to be included in exams.

Complementary activities

To complement the implementation and scale up of SE in the school curriculum, UNESCO partners with a number of CSOs. For example, SAfAIDS implements a SE mass media programme at national and community level which includes TV, radio, community radio, and viewer/listening clubs at community level. ZINGO is working to improve community involvement in young people's access to SE and SRH services through the promotion of parent-child communication and providing SE to adolescents. ZINGO works through community structures and places of worship amongst others.

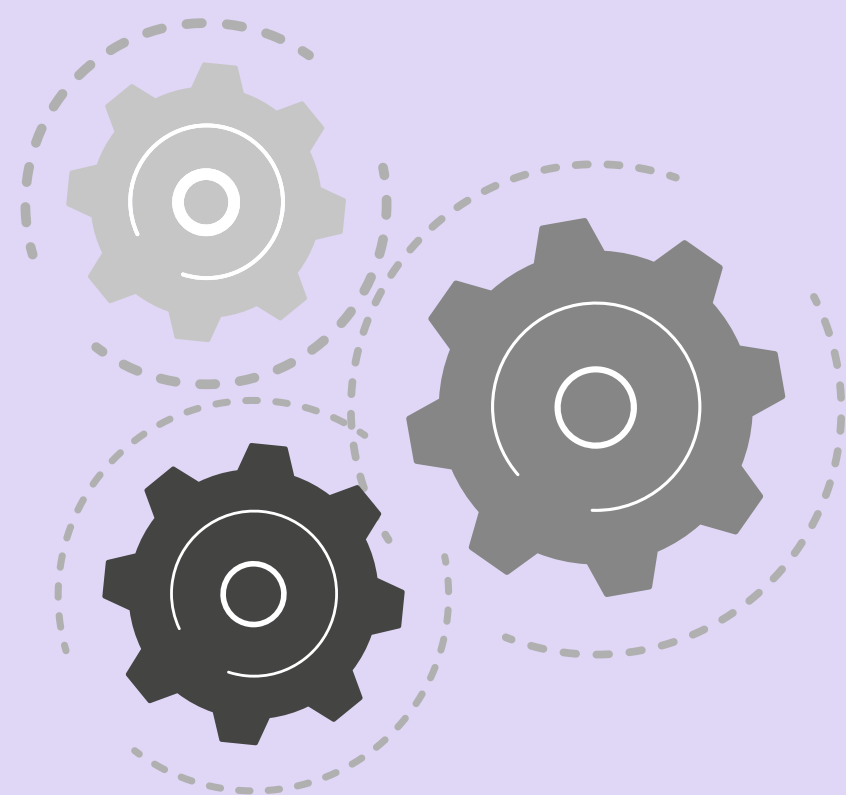
Scale up

The decision to integrate SE into 6 carrier subjects has had implications for material development, training needs, accountability and quality, as many more teachers require training and are responsible for implementation. In addition, depending on the career pathway, a learner will receive less or more SE content.

The project has elected not to scale up nationally at once, but by province. As of 2021, scale up has been initiated in 5 out of 10 provinces. Scale up is being supported by other partners in some of the districts such as UNFPA and the DREAMS project. Scale up is occurring through the institutionalisation of SE within education systems at national, provincial and local levels and the training of key education sector staff including teachers.

Integration in systems & accountability

- All related materials developed by CDC.
- MoGE staff at national level (CDC & TESS) tasked with responsibility for SE components.
- New EMIS indicators were developed, tested and rolled-out, including training on the indicators.
- Standards Monitoring Tool (monitoring and supervision forms and system used by education inspectorate) were revised to include SE.
- Capacitation of resource centres which provide supervision and support to schools.
- Use of MoGE in-service training system to cascade training to teachers.



Orientation, sensitisation & training

- Provincial Resource Centre Coordinators (PRCCs), District Resource Centre Coordinators (DRCCs) and Zonal Inset Coordinators (ZICs) are trained to provide training and support at school level for effective delivery of SE (they are responsible for monitoring, supervision and support).
- Zonal Headteachers are trained on SE and in turn cascade train the headteachers in their zone to ensure buy-in at the school level and to enable the creation of a conducive environment. Headteachers are encouraged to discuss SE on a regular basis, such as during meetings with parents and school assemblies or events.
- Sensitisation of Parent Teacher Associations (PTAs).
- Sensitisation of community members through the work of civil society organisations.
- Zambia Examination board staff trained to integrate SE components in national exams.
- Lecturers and teachers at teacher training institutions (TTI) were trained to ensure the integration of SE into the pre-service curriculum. Advocacy with the TTI, training of key staff, and workshops to establish essential content were essential to reach consensus among the TTI and move pre-service training forward.
- In-service training using government systems (Resource Centres), a cascade model and a process-oriented approach.¹⁹ Quality concerns have however led to a revision of the training model away from the cascade model. Training is now occurring through TTIs during holiday periods when the institutions do not have pupils. This means that quality can be controlled and the trainers have experience as they are full time lecturers in the institution. In-service online training has also been used.

M&E

M&E has played a key role, not only by providing evidence of success but also highlighting implementation problems and enabling remediation. During the inception phase of the project, a project baseline survey was conducted, and at the end of Phase 1 of the project (2013-2018) an evaluation was conducted. In addition, in 2016 a review and documentation of the scale up process to date was undertaken. The project also conducted regular process and output monitoring. The strong M&E component enabled the identification of weaknesses (e.g. the cascade model of teacher training was producing unequal results), and the development of new scaling up strategies (e.g. use of TTI for trainings).



¹⁹ Methodology that use personal reflection to openly discuss sexuality with the aim of deconstructing personal prejudices, judgment and values.

Annex 3

Rationale for and scale-up of SE

What is sexuality education?

Sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realise their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives (UNESCO, 2018).

In many countries, SE programmes build on life skills education (LSE) programmes that have been in place for decades and that were developed in part to address issues such as increasing HIV infection rates in the early 1990s. While these initial programmes did not have a common definition of life skills, they included a range of universally applicable and generic personal, interpersonal, cognitive and psychosocial skills and knowledge, which were often introduced through thematic areas such as rights, sexuality education, HIV prevention, disaster risk reduction, and environmental protection (UNICEF, 2012). Content and terminology used by countries varies and includes SE,¹⁸ comprehensive sexuality education (CSE),¹⁹ LSE, Family Health Education, and Population Education, Family Life and HIV Education.

The International Technical Guidance on Sexuality Education (ITGSE) (UNESCO, 2018) and its accompanying evidence review (UNESCO, 2016) provide a broad, evidenced based framework to support the development of curriculum content, programme implementation, monitoring and scale-up. The ITGSE emphasises that SE should be: scientifically accurate; incremental; age- and developmentally-appropriate; curriculum-based; comprehensive; based on a human rights approach; based on gender equality; culturally relevant and context appropriate; transformative; and able to promote the acquisition of life skills needed to support healthy choices. It identifies key concepts that should be covered in the SE curriculum to ensure the education provided is comprehensive (see Box below).

Eight key concepts that should be covered in the SE curriculum

1. Relationships
2. Values, rights, culture and sexuality
3. Understanding gender
4. Violence and staying safe
5. Skills for health and well-being
6. The human body and development
7. Sexuality and sexual behaviour
8. Sexual and reproductive health

The ITGSE also recommends multiple, sequential, age appropriate sessions over several years to maximise learning; this reflects evidence from evaluations showing that the most effective school-based interventions are multi-faceted, involve multiple sessions, are interactive and provide a variety of activities.

Why is SE important?

There is a growing body of evidence showing the positive effects of SE, in particular of teacher-led, curriculum-based SE, on a range of outcomes for young people. This evidence shows that SE can improve knowledge about sexuality, behaviours and risks in relation to pregnancy, HIV and other sexually transmitted infections (STI). It also shows that SE does not increase sexual activity, sexual risk-taking behaviour, STI or HIV infection rates (UNESCO; 2018; Fonner et al, 2014).

UNESCO's 2014 report on scale-up states that sexuality education offers protection against unintended pregnancy, and prevents HIV and other STI, and these are the outcomes that many programmes focus on. However, if taught appropriately, curriculum-based sexuality education can also help young people to develop communication skills, enhance their self-esteem and capacities in making decisions, and help them to forge positive and equitable relationships. There is also growing awareness about the importance of sexuality education in increasing gender equality and reducing gender-based violence. SE also acts at a broader social level, with the potential to change social norms by influencing teachers and parents, the social environment and subsequent generations of young people.

¹⁸ This report uses the generic term sexuality education (SE) even if a country uses other terminology.

¹⁹ Rutgers WPF provides a useful definition of what makes a SE programme 'comprehensive': "To be comprehensive it shouldn't focus solely on sex and sexuality, but emphasise the importance of forming healthy relationships. Young people should gain self-esteem and understand how to protect their physical and emotional well-being. They should understand the consequences of having sex and the importance of safer sex. Young people should learn that they have sexual health rights, (Rutgers WPF, 2016)".

An increasing body of grey and published literature has identified the benefits of SE. A review of the evidence (UNESCO, 2016), based on more than 70 randomised controlled trials and used to revise the ITGSE, confirmed that curriculum-based sexuality education programmes have positive effects on young people's knowledge and attitudes related to sexual and reproductive health (SRH).

“Nearly all sexuality education programmes that have been studied increased knowledge about different aspects of sexuality and the risk of pregnancy, HIV or other STIs” and, “using an explicit rights-based approach in SE programmes leads to increased knowledge of one's rights within a sexual relationship, increased communication with parents about sex and relationships, and greater self-efficacy to manage risky situations. There are also longer-term significant, positive effects on psychological and some behavioural outcomes”.

The review found that there is strong evidence that programmes addressing both pregnancy prevention and HIV/STIs are more effective than those focused only on pregnancy prevention, for instance, in increasing effective contraceptive and condom use and decreasing reports of sex without a condom. It also confirmed that sexuality education does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates, and concluded that the evidence shows that SE can contribute to the following positive effects on behaviour²⁰:

- Delayed initiation of sexual intercourse
- Decreased frequency of sexual intercourse
- Decreased number of sexual partners
- Reduced risk taking
- Increased use of condoms
- Increased use of contraception

In addition, the evidence review found that SE has also contributed to positive effects that go beyond health outcomes – including improving self-esteem, changing gender and social norms, preventing gender-based and intimate partner violence, reducing discrimination, increasing self-efficacy and confidence, building healthier relationships and improving educational outcomes – although the evidence base for these effects is not as strong as it is for health outcomes.

Among the individual randomised controlled trials (RCTs) reviewed, one stood out in terms of measuring a wider range of non-health outcomes. The rigorous RCT of a rights-based curriculum (Rohrbach et al., 2015) was similar to many trials in that its primary measures were related to pregnancy, STIs, multiple sexual partners and use of sexual health services. However, it also measured a range of psychosocial outcomes, and found that the rights-based curriculum (compared to the normal SE curriculum) led to improved sexual health knowledge, attitudes about relationship rights, partner communication, protection self-efficacy, access to health information, and awareness of sexual health services. The students who received the programme were also more likely to report the use of sexual health services and to be carrying a condom, but there were no clear effects for the other primary outcomes of sexual health behaviour (pregnancy, STIs, multiple sexual partners).

More comprehensive curricula have been shown to be more effective. For example, Haberland (2015) found that sexuality and HIV programmes that addressed gender or power were five times more likely to be effective as those that did not. In addition, comprehensive interventions involving a range of school-based and community-based components, such as training health workers to offer youth-friendly services, distributing condoms, and involving parents, teachers and community members, have the largest impact on changing behaviours (Fonner, 2014). These findings highlight the importance of linking SE to other services, in particular SRH services.

Parents and families also play a key role in shaping attitudes, norms and values related to gender roles and sexuality (Svanemyr et al, 2015b) and there is a growing body of evidence on the importance of parent-child connectedness and communication in enabling young people to make healthy decisions. To enable young people to make healthy choices, it is essential that the information that young people receive from their parents, schools, religious and community leaders and through media outlets, is not contradictory. WHO guidance on adolescent health highlights the importance of supporting parents to communicate with their children about SRH, to complement school-based SE (WHO, 2017). There are a number of examples of projects implemented by CSOs and UN agencies to equip parents with the information and skills to communicate effectively about sexuality with their children.

How is scale-up defined?

One of the key frameworks developed to guide scaling up is the WHO ExpandNet, which defines scale-up as “deliberate efforts to increase the impact of successfully tested health innovations so as to benefit more people and to foster policy and programme development on a lasting basis”.

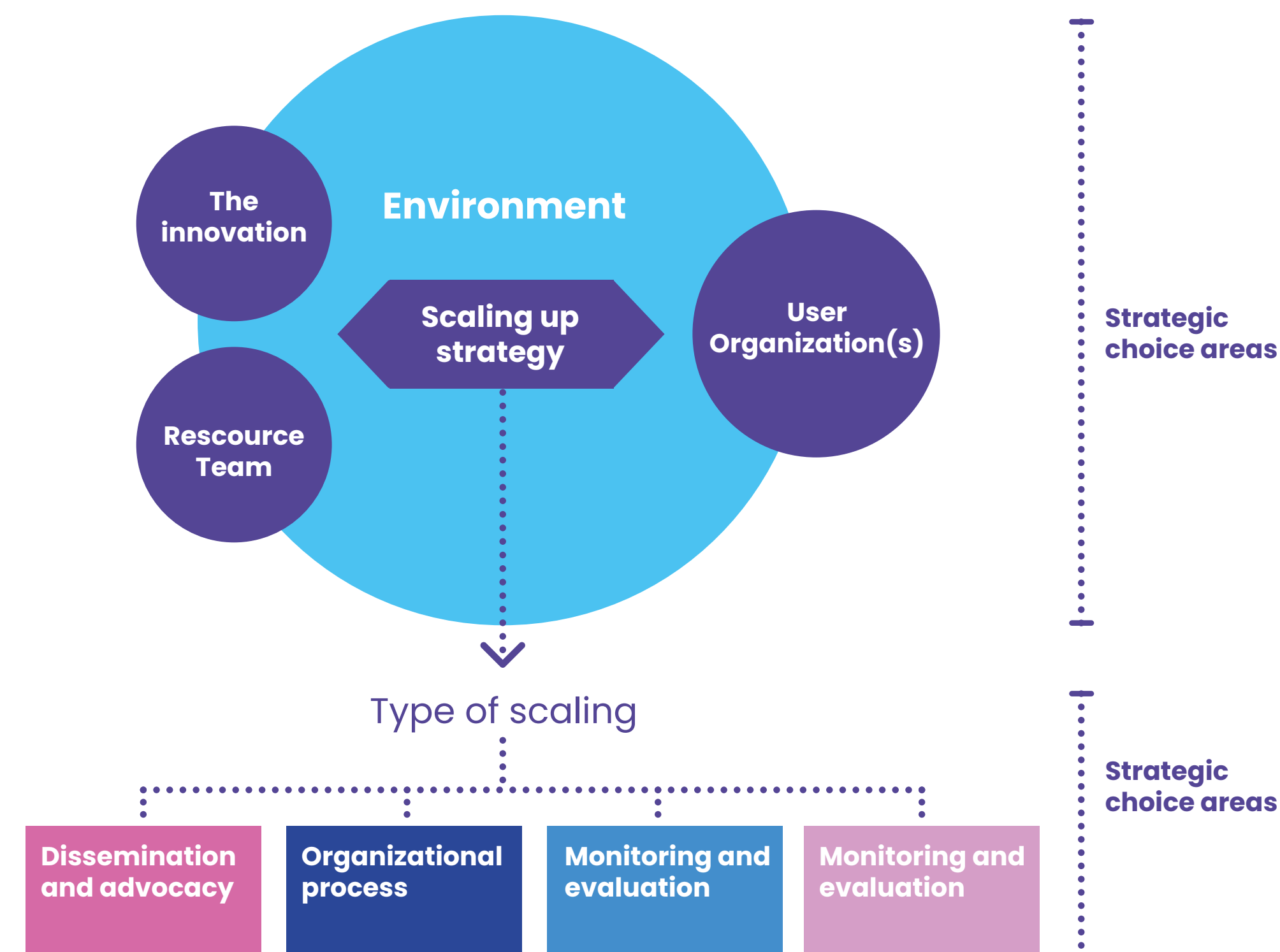
²⁰ At the moment there is no strong evidence on biological outcomes (e.g. HIV or STI), as there are very few good quality trials measuring impact on the long-term (please refer to UNESCO 2018 for a discussion of the current evidence).

Summary of lessons learned

ExpandNet identifies two types of scale-up – vertical, which institutionalises the process through political, legal, budgetary or other system changes; and horizontal, which scales up through expansion or replication – and notes that both types are necessary for integration of interventions within systems to ensure implementation in a country for all target populations and sustainability. ExpandNet has two complementary components:

- Planning
 - Innovation to be scaled up – the intervention or practices to be scaled up – is it relevant, clear, credible and compatible with prevailing values and norms?
 - User organisation – the institution that adopts and implements the innovation at scale – is it credible, committed, does it have capacity?
 - Resource organisation – the organisations and individuals involved in development, testing promotion of the intervention – is there leadership, credibility, commitment and capacity?
 - Environment – the conditions and institutions that affect the prospects for scale-up – what are the challenges and opportunities?
- Implementation
 - Information, dissemination and advocacy – the importance of defining appropriate approaches and relationships for advocacy and of information about the innovation reaching key audiences.
 - Organisation and management – the importance of setting out the management process, whether it is to be centralised or decentralised, adaptive or fixed, and who will drive the process.
 - Mobilisation of resources – the importance of integrating scale up efforts into national and sub-national work plans and budgets.
 - Monitoring and evaluation – the importance of monitoring implementation and progress and evaluation of results.

These are shown in the ExpandNet conceptual framework below as the elements of scaling up and strategic choices. The scale up process is more challenging and time consuming as the innovation to be scaled up becomes more complex – and SE can be considered a complex intervention in a number of respects.



Source: WHO, 2010. Nine steps for developing a scaling-up strategy

There is also a range of other frameworks for sequential scale-up (see Table below).

Frameworks for scaling up health interventions

Frameworks	Sequential scale-up plan	Adoption influences and infrastructure
Implementing Best Practices Consortium	Preliminary set up phase, a test-of-concept phase, further testing in different environments, and an implementation scale-up phase to get to full scale; theory-based approach that tests the applicability of the intervention in different contexts before scaling	Outlines eight principles that support change including perception of benefits, change agent, resource support for the change agent, leadership support, staff motivation, small-scale testing using success to motivate, clear implementation ownership, and getting going by not delaying first steps
WHO/Massoud	Preliminary set up phase, a test-of-concept phase in a representative “slice” of the system, and exponential increase of these slices to fill out the areas of full scale through further testing in different environments; theory-based approach that tests the applicability of the intervention in different contexts before scaling; a major contribution from Massoud is the notion of planning from the outset with scale in mind and initial testing in a network of facilities across multiple layers of the system	Use of evidence of success as a mechanism for advocacy and will building, and creating a receptive environment for taking an intervention to full scale; suggest using leaders from successful early test phases of the work to become the advocates and local champions to drive the scale-up phases of the work
Management Systems International	Planning, establishing pre-conditions for scaling up, and implementation; accounts for, and anticipates the needs of, different contexts through deep inquiry into local conditions	Highlights the need for pre-work, stage setting, and engagement that will support successful scaling up, especially in terms of attaining necessary resources and buy-in through advocacy methods
Consolidated Framework for Implementation Research	Planning, engaging, executing, and reflecting/evaluating; accounts for, and anticipates the needs of, different contexts through deep inquiry into local conditions	Five areas to consider: intervention characteristics, inner setting, outer setting, individual characteristics, and the implementation process
Yamey	Phased delivery strategy as one of six success factors that needs to account for and anticipate needs of different contexts through deep inquiry in to local conditions as well as using a phased approach	Outlines six areas that influence successful scale-up, including attributes of the tool/service being scaled up, of the implementers, of the community, of the socio-political environment, of the research environment, and the delivery strategy

Source: Barker et al, 2015

What factors enable or limit successful scale-up?

UNESCO (2018) identifies ten key principles that underpin successful scale-up of SE (see Box below).

Ten key principles for scaling up sexuality education

1. Choose an intervention/approach that can be scaled up within existing systems.
2. Clarify the aims of scaling up and the roles of different players, and ensure local/national ownership/lead role.
3. Understand perceived need and fit within existing governmental systems and policies.
4. Obtain and disseminate data on the effectiveness of pilot programmes before scaling up.
5. Document and evaluate the impact of changes made to interventions on programme effectiveness.
6. Recognise the role of leadership.
7. Plan for sustainability and ensure the availability of resources for scaling up or plan for fundraising.
8. Plan for the long-term (not donor funding cycles) and anticipate changes and setbacks.
9. Anticipate the need for changes in the 'resource team' leading the scaling-up process over time.
10. Adapt the scaling-up strategy with changes in the political environment; take advantage of 'policy windows' when they occur.

In the literature, systematic reviews focusing on health interventions have identified factors that enable or limit scale-up. For example, a systematic literature review of scale-up of health interventions in low- and middle-income countries (Bulthuis et al, 2020) found that factors influencing scale-up through changes in structure included: the availability of financial, human and material resources, advocacy, and changes in the policy environment. Factors influencing scale-up through changes in practice included: the availability of a strategic plan for scale-up, the way in which

training and supervision was conducted, community participation and partnerships, and the availability of research and monitoring and evaluation (M&E) data.

Another systematic review (Milat, Bauman and Redman, 2015) concluded that key success factors for scaling up included: establishing M&E systems, costing and economic modelling of intervention approaches, active engagement of a range of implementers and the target community, tailoring the scale-up approach to the local context, the use of participatory approaches, the systematic use of evidence, infrastructure to support implementation, strong leadership and champions, political will, a well-defined scale-up strategy and strong advocacy.

Nguyen (2019) identified four factors that facilitate or inhibit scale-up of adolescent health interventions: availability of financial and human resources, transferability of intervention design and materials, substantive community and government-sector partnerships, and monitoring capacity. "Crucial attributes that facilitated the scaling up included technical consensus about the innovation and clarity about its components, dissection of a complex intervention into manageable components for implementation by organisations with complementary expertise, strong political leadership and championship in concert with advocacy and technical support from non-governmental organisations, proactive and energetic involvement of community stakeholders, effective programme management, and improvements to the information management system to ensure on-track implementation and mid-course corrections to keep stakeholders, including funders, informed and engaged (Huaynoca, 2013)." The literature also identifies a number of possible negative effects of scale-up. These include: generating a backlash against SE; reducing the quality of SE, especially with rapid scale-up; and reducing the comprehensiveness of SE, either by reducing the number of sessions due to pressure on the school timetable or the removal of content deemed sensitive or inappropriate within a school setting, as well as teachers' capacity to teach complex skills-related activities and sensitivities about certain topics. As highlighted by UNESCO (2014), expanding coverage at the expense of ensuring fidelity and quality is a common challenge when scaling up.



Annex 4 Technical considerations for delivery of SE

The following provides a summary of technical considerations related to different SE delivery models in schools. See source documents for further details (reproduced or adapted from UNESCO 2017 and UNFPA WCARO, 2019)

Delivery model	Advantages	Disadvantages	Implications
Integrated	<ul style="list-style-type: none"> Reduced pressure on school timetable. <ul style="list-style-type: none"> Learners will learn aspects of SE even if it is not mandatory. 	<ul style="list-style-type: none"> Harder to implement a high-quality programme. Higher costs because: <ul style="list-style-type: none"> more teaching materials need to be developed, printed and disseminated; more teachers need to be trained; more supervision is needed. Takes longer to scale up. Can leave the scope and depth of the curriculum at the discretion of the teacher. Higher risk of poor-quality or complete lack of teaching of certain topics. 	<p>Requires:</p> <ul style="list-style-type: none"> substantial financial resources; a sectoral decree to ensure that all teachers and schools implement the changes; changes in the terms of reference of teachers and other managerial staff to hold them accountable for teaching SE.
Stand-alone subject	<ul style="list-style-type: none"> Lower development and implementation costs. Easier to develop and update materials. Teachers who elect to teach this subject are more likely to be comfortable with the material and sensitive topics. Facilitates supervision and support to the appointed teacher. Facilitates the integration and teaching of all topics. Increased likelihood of using participatory teaching methods. Rapid implementation, as fewer teachers need to be trained. Easier to develop and implement a building-block approach to knowledge and skills development. Can be integrated into a larger health education, promotion and literacy class, thereby creating synergies. 	<ul style="list-style-type: none"> The process to establish a new subject can be long and complicated. Requires an allocated teaching period in the school timetable, which will require a reduction in time allocated to existing subjects. If SE is optional, some young people will not be equipped with the knowledge skills and attitudes they need to make healthy decisions. Not many tutors are specialised in this field of study. Easily sacrificed if not examinable. Extra budget implications for the school. 	<ul style="list-style-type: none"> Requires the establishment of a new teacher category (SE teacher), and therefore a pre-service training programme.

Summary of lessons learned

SE	Optional	Mandatory	National examinations
Integrated	<ul style="list-style-type: none"> Content may not be comprehensive. Adolescents and youth do not take the same optional subjects, therefore run the risk of not covering all topics. 	<ul style="list-style-type: none"> Certain topics can be made compulsory. 	<p>A comprehensive evaluation of SE may not be feasible as priority may be given to testing knowledge of the carrier subject.</p>
Stand-alone	<ul style="list-style-type: none"> SE will not be taught to some school students. 	<ul style="list-style-type: none"> SE will be taught to all school students. Requires a national exam to ensure it is being taught. 	<p>Can evaluate knowledge and skills through a specialised examination.</p>

Teacher training, overview of technical considerations-please refer to the source documents for further details (reproduced or adapted from UNESCO 2017 and UNFPA WCARO, 2019).

Training content	Advantages	Disadvantages
Training on SE content and teaching methodologies	Shorter and less costly for in-service training.	Inadequate preparation for the teacher to cover difficult themes.
Training that includes personal reflection	Allows the trainee to deconstruct their prejudices and change their attitude.	Longer and more expensive for in-service training.

Type of training	Advantages	Disadvantages	Aspects to take into consideration
Pre-service training	<ul style="list-style-type: none"> More cost-effective. Allows for more in-depth training based on the school SE curriculum. Less time pressure so components such as including personal reflection can be included in the training. May benefit the SRH of the trainee teacher. 	<ul style="list-style-type: none"> Will affect the timetable, and take time away from other subjects. If not compulsory may not be selected by trainee teachers. 	<ul style="list-style-type: none"> Pre-service training may be within the purview of another ministry and require coordination between ministries, consequently complicating or delaying implementation. Is the programme optional? Is the programme stand-alone or will components be integrated into other subjects? Will SE be taught throughout the training period or for one term only? Who will teach it? A specialised teacher? Will this require a new programme to be developed?
In-service training	<ul style="list-style-type: none"> Essential for reaching teachers who are already teaching. Facilitates integration of SE into ministry systems. Could increase accountability. 	<ul style="list-style-type: none"> More costly and difficult to implement. Difficult to find time for quality training. Training is often reduced to superficial content. 	<ul style="list-style-type: none"> When and where would training be conducted? During the school year, students would miss out on classes. During the vacation period, teachers expect to be paid. Cascade training? Less costly but less effective. <p>The method used will depend on the number of trainees and available funds</p>

Training models	Advantages	Disadvantages
Residential	<ul style="list-style-type: none"> Quality assurance is easier to maintain. Enables standardisation and assurance that all the key components are covered. Ease of monitoring, and thus ability to modify training according to findings 	<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 prioritisation 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.

Annex 5 Costing framework for scale-up¹⁸

Advocacy & sensitisation

Activity	Salaries/ Consultant	Coordination meetings/ costs ¹⁹	Communication/ office costs ²⁰	Workshops/ implementation of activities	Comments
Aim: address misconceptions and myths surrounding SE, sensitise policy and decision leaders and the media to become advocates for CSE, and strengthen the capacity of civil society for dialogue, participation in policy development, advocacy, accountability, etc.					
Develop advocacy & communication plan and validate	✓	✓	✓	Workshops	Based on findings of landscape analysis e.g. obstacles and levers, partners, etc., and misconceptions. Cost will be dependent on whether it is done by staff: a consultant or through a workshop(s).
Implement communication plan	✓	✓	✓	Activities	Cost dependent on strategies selected in plan e.g. training media, sensitisation of political leaders, radio spots, etc.)
Build and maintain coalitions for AYSRH (e.g. Youth, CSOs, religious leaders, media) ²¹	✓	✓	✓	Workshops	Dependent on size of country, number of CSOs, existing coordination mechanisms, etc. Workshops/trainings may be needed at the start to increase knowledge and understanding of SE among participants.
Seed funding for Coalition members' activities	✓	✓	✓	Activities	Dependent on size of country, number of CSOs, and type of activity such as development of religious arguments in favour of SRH, responses to counter misconceptions, community sensitisation meetings, work with media, etc.
Parent and community sensitisation on SE provision in schools					Implementation section
Fundraising	✓	✓	✓		Dependent on country context but likely to include advocacy to increase national funding as well as development of funding proposals for external partners

¹⁸ While activities and costs are divided up into sections in a linear fashion, they are unlikely to be so linear during implementation, and overlap is to be expected.

¹⁹ Can include salaries of participants and organisers due to time taken from other functions, skill building for coordinators, rental of space if required, refreshments, transport, etc.

²⁰ Can include telephones, copiers, transport, office space, utilities, etc.

²¹ This will include advocacy to bring on board e.g. religious and traditional leaders.

Summary of lessons learned

Stage 1. Understand the context										
Activity	Salaries	Consultant	Administration/ communication costs ²²	Coordination costs ²³	Other	Comments				
Situation analysis ²⁴	✓	✓	✓	✓	Dissemination	Can be done in-house or a consultancy dependent on capacity.				
Geo spatial mapping ²⁵	✓	✓	✓		Dissemination	Ibid. Also dependent on availability of data.				
Research to establish rationale/ entry point for SE ²⁶	✓	✓	✓		Dissemination	Ibid. Will be dependent on whether studies already exist & their quality.				
Review of existing content in syllabi	✓	✓	✓		Dissemination	Ibid. Cost & time required dependent on number of syllabi to review.				
Identification of evidenced-based effective interventions ²⁷	✓	✓	✓		Dissemination	Ibid.				
Organisation's operational costs/overheads (NGO and/or government)	✓		✓	✓	✓					

22 Can include telephones, photocopies/materials, transport, office space and utilities, etc.

23 Can include salaries due to time taken from other functions, skill building for coordinators, rental of space if required, refreshments, transport, etc.

24 Includes identification of partners and champions, strengths & weaknesses, obstacles & levers, institutional context (including internal working modalities), how organisations work with others, existing projects/materials & future plans, funding, review of policy and legal framework, evaluation of sociocultural environment, identification of entry points & opportunities, etc. Refer to report for a full list.

25 Projects, schools and AYFHS services

26 E.g. EUP rates, child marriage, GBV, STI & HIV rates, health and educational impacts, etc.

27 Review of national and international good practice and identify evidence-based approaches for implementation.

Summary of lessons learned

Stage 2. Create an enabling environment

Activity	Salaries/ Consultant	Coordination meetings/ costs ²⁸	Communication/ office costs ²⁹	Workshops /trainings	Comments
Engage decision makers	✓	✓	✓	Maybe	Costs covered under Advocacy & sensitisation section above
Consensus building ³⁰	✓	✓	✓	✓	Cost will be dependent on size of country, number of stakeholders, stage of existing progress on SE, etc. Likely to require numerous meetings/ trainings/ workshops which could take time. Cost overlap with those in the Advocacy section.
Building support through partnerships and coalitions	✓	✓	✓	Maybe	Costs covered under Advocacy & sensitisation section above
Establish/strengthen (existing) coordination mechanism	✓	✓	✓		Costs dependent on capacity and resources in-country.
Address existing policy and legal obstacles	✓	✓	✓	Maybe	Changing policy and laws can take a number of years. Costs will be dependent on what is needed and systems in country.
Fundraising	✓	✓	✓		See Advocacy section. Identify cost of scale-up plan, funding needs and available resources (human & financial).

28 Can include salaries of participants and organisers due to time taken from other functions, skill building for coordinators, rental of space if required, refreshments, transport, etc.

29 Can include telephones, copiers, transport, office space, utilities, etc.

30 E.g. agreement on what country means by SE, goals, what it will cover, how to address sensitive issues, roles and responsibilities of stakeholders, etc.

Stage 3. Establishing the building blocks						
Activity	Workshop costs				Coordination / other costs ³¹	Comments
	Facilitator fees	Conference facilities, refreshment & equipment	Transport and/or per diems	Materials		
Scale up plan & costing						
Develop and agree scale-up plan Workshops/ meetings to reach consensus on technical decisions and scale up strategies ³²	✓	✓	✓	✓	✓	Based on situation analysis and evidence-based programming. Requires discussions and negotiation, as well as a validation meeting/workshop attended by all key stakeholders (government, youth, CSOs, leaders, partners, etc. to ensure buy-in and adherence. Cost dependent on number of meetings, days & participants - can include per diem costs if participants coming from different parts of the country Can include technical support costs to develop scale up plan Costs partly covered in Step 2 Consensus building.
Costing					Salary or consultant fees & administration costs	
Curriculum and material development						
Evaluation of existing content						Costed in Section 1
Workshop presenting findings of evaluation & approving way forward ³³	✓	✓	✓	✓	✓	Cost dependent on number of days & participants - usually a 1 day event with a larger group of stakeholders. Can include per diem costs if participants coming from different parts of the country

³¹ Can include salaries due to time taken from other functions, skill building for coordinators, rental of space if required, communications, refreshments, transport, etc.

³² Plan to ensure quality SE is taught and scaled up including: consensus on roles and responsibilities; phasing; strategies for implementation and scale up e.g. integrated SE or stand-alone subject, examinable, time allocated in school timetable, teacher training methodologies; integration into education ministry systems, etc.

³³ Participants: government, youth, religious and community leaders, teachers unions, NGOs/CSOs, etc.

Summary of lessons learned

Material development workshops ³⁴	✓	✓	✓	✓	✓	Costs will be dependent on existing content and level of detail of materials to be developed.
Validation workshop(s)	✓	✓	✓	✓	✓	Cost affected by # participants ³⁵ , type of workshop e.g. residential, # of workshops and # of days per workshop required to develop all materials. Cost affected by # of days & participants - usually a larger group of stakeholders e.g. government, youth, religious and community leaders, teachers unions, NGOs/CSOs, etc. to ensure buy-in. Can include per diem costs if participants coming from different parts of the country or if the validation workshop is planned for more than 1 day.
Advocacy & sensitisation						Costed in the Advocacy section
Activity	Workshop costs: conference facilities, refreshment, transport, per diems, materials, etc.	Other	Facilitator/ consultant	Coordination meetings/costs ³⁶	Comments	
Piloting						
Costs will be dependent on the number of schools, geographic distance and accessibility between schools and support, as well as who is providing the support (MoE vs NGO). Hidden costs should also be taken into consideration in that providing SE content means that the teacher is not teaching another usually examinable subject, etc.						
Teacher and other key school staff training	✓		✓	✓		Cost dependent on number of days & participants. Type of training: in-situ vs. residential. Type of training: cascade or using Master Trainers.

³⁴ Can include overall SE Framework, lesson plans, teaching and learning materials, teacher training materials, etc.

³⁵ Smaller technical working group e.g. curriculum designers, SRH specialists, teachers unions, representatives of key partners, etc.

³⁶ Can include salaries due to time taken from other functions, skill building for coordinators, rental of space if required, communications, refreshments, transport, etc.

Summary of lessons learned

Teaching and learning materials		Printing & distribution		✓	<ul style="list-style-type: none"> Printing costs is dependent on the number of document times the # teachers and learners. Dissemination costs is dependent on the # of students/schools (costs will vary according to distance from capital).
Monitoring, supervision and support		Transport Salary		✓	<ul style="list-style-type: none"> Transport: mode of transport + (cost of fuel X distance travelled) Salary of supervisor(s)
Parent and community sensitisation		Materials		✓	<ul style="list-style-type: none"> Cost dependent on who does the sensitisation e.g. Principals, MoE, NGOs, and where and how it is done (meetings in school, in community, refreshments etc.), if school boards are to be included etc.
Linkages with AYFHS		✓		✓	<ul style="list-style-type: none"> Costs will be dependent on distance between schools and services, whether activities are organised between the two, etc.
Evaluation	Maybe	dissemination	✓	✓	<ul style="list-style-type: none"> Baseline study & final evaluation
Expert review and update of materials			✓	✓	<ul style="list-style-type: none"> Costs will be dependent on required changes and whether done in-house or contracted out. If many changes are made a new validation workshop may be required.

Stage 4. Implementation / scaling

Activity	Workshop costs: conference facilities, refreshment, transport and/or per diems, etc.	Other	Facilitator/consultant	Coordination and organisational costs ³⁷	Comments
<p>Cost of scale up will be dependent on the strategies identified in the road map, including whether SE is to be infused in existing subjects or a stand-alone, whether it is examinable, etc. In addition to these costs should be added the salary and institutional costs of supporting the scale up be it for ministries or partners.</p>					
Review scale up plan	Maybe	Salaries & staff time		✓	Cost and changes will be dependent on findings of pilot. If major changes are made a validation meeting might be required with a larger group of stakeholders.
In-service teacher training ³⁸	✓	Workshop materials	✓	✓	<p>Dependent on the country and the strategies identified to train staff, a cadre of Master Trainers may need to be trained. As such the associated costs of developing the capacity of Master Trainers will need to be factored.</p> <p>Cost dependent on number of days & participants.</p> <p>Type of training: in-situ vs. residential.</p> <p>Type of training: cascade or using Master Trainers.</p>
Teaching and learning materials		Printing & distribution		✓	<p>Printing costs is dependent on the number of document times the # teachers and learners.</p> <p>Dissemination costs dependent on the # of schools, geographic spread and method of distribution.</p> <p>Economies of scale can be achieved.</p>
In-service training of key MoE staff ³⁹	✓	Workshop materials	✓	✓	Depends on scaling up strategies but can include Inspectorate, EMIS, examination board, etc.

³⁷ Can include salaries due to time taken from other functions, rental of space if required, communications, refreshments, transport, etc.

³⁸ School-based staff: teachers, principal, deputies, head of departments, etc.

³⁹ At national and provincial/district level.

Summary of lessons learned

Integration of SE into MoE systems (e.g. Inspectorate forms, Principal's reports, EMIS, exams)		Amending forms & systems	✓	✓	Can be done in house if capacity.
Monitoring, supervision and support				✓	Costs will be dependent on whether the changes are just to forms or to a system, and whether the system is automated or not. Cost implications include changes to systems, forms, training staff, the extra cost of analysis, etc. Transport: mode of transport + (cost of fuel X distance travelled) Salary of supervisor(s) if not MoE Inspectorate. Time implication for supervisors.
Evaluation		May require a consultancy		✓	Cost dependent on whether SE is integrated into existing M&E education systems or requires external analysis. If integrated costs include changing existing systems, forms, etc. but also the cost of performing additional analyses that were not part of the usual workload of the EMIS section.
Linkages with AYFHS	May be needed			✓	Costs will be dependent on distance between schools and services, whether activities are organised between the two, etc.
Parent and community sensitisation		Materials		✓	Cost dependent on who does the sensitisation e.g. principals, NGOs, and where and how it is done (meetings in school, in community, refreshments etc.), if school boards are to be included etc.
Pre-service teacher training - Advocacy and sensitisation meetings with TTI ⁴⁰ & MoE	✓		✓	✓	Depending on size of country, # of institutions, if the TTI is public or private, importance accorded to SE, etc. this process could require a number of meetings thus affecting cost and timing. Sensitisation meetings followed by meetings to discuss how to integrate missing content e.g. infused in other modules, stand-alone, part of a school health module, length and timing of module, etc.
Review of content in existing TTI curricula			✓		Cost dependent on number of different syllabi of different TTI.

Summary of lessons learned

Workshops or consultancy to develop/integrate missing content	Maybe		✓	✓	Ideally content should be standardised across the TTI.
Piloting new materials				✓	See costs in Piloting section
Evaluation and update of materials if necessary					See costs in Piloting section
Training TTI teaching staff	✓			✓	Cost dependent on number of days & participants. Type of training: in-situ vs. residential.
Printing and dissemination of teaching and learning materials				✓	Type of training: cascade or using Master Trainers. Printing costs is dependent on the number of document times the # teachers and learners. Dissemination costs dependent on the # of TTI, geographic spread and method of distribution.

Social & Behaviour Change Communication (SBCC) programme

Activity	Salaries/ Consultant	Coordination meetings/costs ¹⁸	Communication/ office costs ¹⁹	Workshops/ implementation of activities	Dissemination	Comments
Develop a SBCC plan	✓	✓	✓	✓	✓	Based on evaluation of socio-cultural environment and evidence-based interventions
Implement SBCC plan	✓	✓	✓	✓	✓	Cost is dependent on strategies selected and costs in country of e.g. radio, TV, community-based activities, etc.

¹⁸ Can include salaries due to time taken from other functions, skill building for coordinators, rental of space if required, refreshments, transport, etc.

¹⁹ Can include telephones, copiers, transport, office space and utilities, etc.

Annex 6 References and resources

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Their objective is to share expertise and knowledge with other organizations, institutions, peer educators, activists and government decision-makers to support them to deliver quality CSE and address the challenges of large-scale implementation. The activities focus on dissemination of existing and development of new knowledge, identification of gaps and promising practices, testing and validating concepts, with the aim of providing support to others, while avoiding duplication.

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