COMPREHENSIVE SEXUALITY EDUCATION IN SUB-SAHARAN AFRICA

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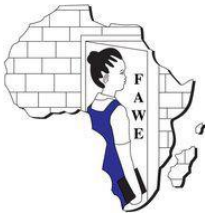
About Forum for African Women Educationists



FAWE is a pan-African nongovernmental organization (NGO) founded in 1992 to promote girls' and women's education in sub-Saharan Africa in line with Education for All.

FAWE envisions an Africa in which gender disparities in education are eliminated and girls access quality education, complete their studies, and perform well at all levels. Of greater significance to FAWE is that women in Africa are better equipped with skills, values, and competencies to achieve their full potential. FAWE champions girls' and women's education through four-pronged approaches: advocacy and policy engagement; demonstrative interventions; research and knowledge management; and partnership and networking. Research is one of the FAWE's key mandates for evidence-based advocacy and programming.

It against this background and amidst issues relating to young people's sexual reproductive health (SRH) that FAWE considered documenting CSE rollout and integration processes for replication and adaption in other sub-Saharan African countries, with support from the African Population Health and Research Centre, given its expertise in the field of reproductive health.

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ABBREVIATIONS AND ACRONYMS

AHI	Action Health Incorporated, Nigeria
ADH-TWG	Adolescent Health Technical Working Group
AIDS	acquired immunodeficiency syndrome
AYSRH	adolescent youth sexual and reproductive health
BMZ	German Ministry for Economic Cooperation
CDC	curriculum development center
CHAZ	Churches Health Association of Zambia
CSE	comprehensive sexuality education
CSO	civil society organization
EMIS	education management information system
ESA	Eastern and Southern Africa
FAWEZA	Forum for Africa Women Educationalists of Zambia
FBO	faith-based organization
FLE	Family Life Education, Senegal
FLHE	Family Life and HIV Education, Nigeria
FMoE	Federal Ministry of Education, Nigeria
GEEP	*Groupe pour l'Étude et l'Enseignement de la Population,* Senegal
GEWEL	Girls' Education and Women's Empowerment in Livelihoods
GIZ	*Deutsche Gesellschaft für Internationale Zusammenarbeit*
HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development
IEC	information, education, and communication
IPPF	International Planned Parenthood Foundation
ITGSE	*International Technical Guidance on Sexuality Education*
KII	key informant interview
LO	Life Orientation, South Africa
LSE	Life Skills Education, Namibia
LSBCSEF	Life Skills-Based Comprehensive Sexuality Education Framework
LSBE	life skills-based sexuality education
M&E	monitoring and evaluation
MCDSS	Ministry of Community Development and Social Services, Zambia
MFMC	My Future My Choice, Namibia
MNGRA	Ministry of National Guidance and Religious Affairs, Zambia
MoCTA	Ministry of Chiefs and Traditional Affairs, Zambia
MoE	Ministry of Education
MoEAC	Ministry of Education, Arts and Culture, Namibia
MoG	Ministry of Gender, Zambia
MoGE	Ministry of General Education, Zambia
MoH	Ministry of Health
MoHSS	Ministry of Health and Social Services, Namibia
MYSCD	Ministry of Youth, Sports and Child Development, Zambia
NASF	National AIDS Strategic Framework, Zambia

NGO	nongovernmental organization
OSCSE	out-of-school CSE program
PEPFAR	U.S President's Emergency Plan for AIDS Relief
PGB	*Programa Geração Biz,* Mozambique (Busy Generation)
PPAG	Planned Parenthood Association of Ghana
PPAZ	Planned Parenthood Association Zambia
SADC	Southern African Development Community
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SERAT	Sexuality Education Review & Assessment Tool
SHP	school health program
SIDA	Swedish International Development Cooperation Agency
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
SSA	sub-Saharan Africa
UN	United Nations
UNAIDS	Joint United Nations Program on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WOH	Window of Hope, Namibia
WSWM	World Starts with Me
YHTF	Youth Health Task Force
YSRHR	youth sexual and reproductive health and rights
ZECF	Zambia's Education Curriculum Framework

EXECUTIVE SUMMARY

This report provides an overview on the state of implementation of the comprehensive sexuality education (CSE) in sub-Saharan Africa (SSA). As case studies, it analyzes the CSE programs in Zambia and Namibia, two countries in Southern Africa that have received praise for running successful CSE programs. The report is based on a review of published and unpublished literature, including journal articles, reports, policy briefs, policy documents, and conference proceedings, and from primary data collected through interviews with key government ministries and organizations involved in CSE implementation in Zambia. In the report, we cover aspects of implementation; coordination mechanisms; funding and advocacy; and monitoring and evaluation (M&E) for CSE programs in the region, and specifically in Zambia.

Most countries in SSA have realized the need to have CSE programs to address young people's negative outcomes in their SRH. Top on the list is to avert the challenges posed by HIV, including high rates of new infections among young people. As a result, countries in SSA have signed on to regional and international commitments to address young people's SRH needs, including their need for CSE services. One of these commitments was that adopted by the countries of Eastern and Southern Africa (ESA) in 2013.

The ESA-CSE commitment (UNESCO and UNAIDS 2013) gave new impetus to CSE implementation in the region. Since the commitment was made, most ESA countries subject to it have registered significant progress, especially in establishing relevant structures to enhance CSE uptake and scale-up. Currently, most ESA countries have developed CSE curricula and have integrated them (or are in the process of integrating them) into the main education curricula. Different countries have integrated the agreed CSE-ESA commitments into their programs through line ministries—among them ministries of health (MoH) and ministries of education (MoE). For instance, Zambia took a multisectoral approach to involve other ministries, such as those focused on gender, youth, culture, sports, and development. These responses have not been without challenges; sociocultural norms remain a major obstacle to implementation. Mechanisms for coordination and M&E remain weak across the region, as most countries lack frameworks for monitoring and evaluating CSE programs.

The following key recommendations are proposed to enhance CSE programs' effectiveness in ESA:

- Extensive pre-program training for teachers that addresses not only teachers' knowledge but also their values and attitudes increases the likelihood of correct teaching and program implementation as required. In other words, even where cultural sensitivity may silence some topics in the curriculum, investing in comprehensive teachers' training will enrich the content beyond the formal curriculum.
- To ensure effective implementation, CSE should be incorporated into both primary and secondary school curricula. In-service and pre-service teachers should be

adequately trained to teach CSE to enrich the content and to enable teachers to overcome cultural sensitivities that may silence some taboo topics in the CSE curriculum.

- Communities and parents need to be actively engaged in CSE design and delivery. This approach will minimize delivery of contradictory messages on CSE at school and at home. Community-based organizations (CBOs) and faith-based organizations (FBOs) can be engaged to reach and raise awareness on CSE in their communities.

Structure of the Report

This report contains two parts.

Part 1 is a based on a review of published and grey literature on comprehensive sexuality education in SSA. The review looks at the status of CSE adoption and implementation in several countries; the scope of CSE; CSE for in-school and out-of-school young people; policies and advocacy; funding; and monitoring, learning, and evaluation of CSE.

Part 2 presents case studies of CSE in Namibia and Zambia. Findings are based on primary data obtained from interviews with several key players and actors in CSE implementation in the country. Participants in the key informant interviews (KIIs) were drawn from national government ministries, NGOs, and civil society organizations (CSOs), academic experts on CSE, members of institutions and advocacy groups focused on SRHR, and other thought leaders on CSE and youth SRHR in the country.

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Part 1

DESK REVIEW ON COMPREHENSIVE SEXUALITY EDUCATION IMPLEMENTATION IN SUB-SAHARAN AFRICA

1 INTRODUCTION AND BACKGROUND

The United Nations Educational, Scientific and Cultural Organization (UNESCO) defines comprehensive sexuality education as:

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

CSE offers a viable vehicle for equipping adolescents and young people with an understanding of sexual health and rights and the knowledge they need to make informed decisions about their sexuality. More often than not, the phrase "comprehensive sexuality education" refers to a wide range of issues, including the physical, emotional, and social aspects of sexuality. CSE aims to empower young people with skills, attitudes, and values to foster positive gender norms and improve their health outcomes in all stages of life. The need for CSE in SSA became apparent after high prevalence of HIV/AIDS among young people was reported in the region (UNESCO 2013b). HIV/AIDS among young people is associated with risky sexual behaviors, early sexual debut, and insufficient sexuality knowledge.

Implementation of CSE programs in SSA gained momentum over the past two decades following the International Conference on Population and Development (ICPD), held in Cairo in 1994 (UNFPA 2004). In December 2013, countries from ESA signed a declaration committing to scale-up comprehensive rights-based sexuality education starting with primary school level. The declaration built on a 10-country review of sexuality education curricula in 2012, an exercise that revealed large gaps in sexuality education topics in the curriculum.

Buoyed by the ESA-CSE commitment, many other countries in SSA have developed policies and enacted laws to support CSE implementation (UNESCO HIV and Health Education Clearinghouse 2016), as documented in a subsequent review (Sidze et al. 2017).

Development of these CSE programs involved a wide range of stakeholders, including government ministries, religious leaders and groups, local and international NGOs, and local communities (Sidze et al. 2017). Consistently missing from the list of stakeholders and in the design of these CSE interventions are the very adolescents targeted (Sidze et al. 2017). Most countries' program implementation is led by and coordinated from the ministries of education, in collaboration with the ministries of health and the departments responsible for child protection and young peoples' well-being. Other partnerships are with the civil societies and private institutions, which are critical in supporting the scale-up of programs' key components—for example, training teachers to design and develop teaching and learning materials (UNESCO, UNFPA, and UNAIDS 2016). Funding for the adoption and implementation of CSE in these countries, as well as championing and advocacy for adoption

and implementation, have largely been supported by agencies of the United Nations (UN) and by international and local NGOs and CSOs.

Internationally, guidelines in UNESCO's *International Technical Guidance on Sexuality Education* (ITGSE; UNESCO 2009) and *It's All One Curriculum* from the Population Council (Haberland et al. 2009) are considered best practices for CSE. These guidelines propose the incorporation into the curricula of subject areas considered key to the development of young people and relevant to them in tackling issues they face daily—among them, human development, interpersonal relationships and communication, life skills, sexuality and sexual behavior, sexual and reproductive health, and society and culture. The guidelines also emphasize that CSE should equally address such issues as gender norms and concern about plight of marginalized groups such as young people living with HIV and gay and lesbian young people and other sexual minorities (UNESCO et al. 2018; International Sexuality and HIV Curriculum Working Group 2011).

Implementation of CSE programs in SSA has not been without its challenges:

- Firstly, countries' sociocultural norms and values have been identified as the principal barriers to effective CSE program implementation in the region (Rijsdijk et al. 2011; Francis 2010).
- Secondly, fidelity to the program remains a challenge as teachers struggle to teach CSE as intended. Misconceptions and deep-seated discomforts, biases, and objections about CSE have led teachers to struggle to teach SRHR and to a watering down of the curricula content.

2 REVIEW OF EVIDENCE ON CSE IMPLEMENTATION IN SSA

Although CSE-related policy and programmatic work in SSA has a long history, research has often focused on contexts where it is implemented poorly or not at all. Few studies have documented exemplary performance in CSE program implementation. Much can be learned from the experiences of countries where CSE implementation has succeeded. Such evidence can inform efforts in the countries lagging behind in CSE implementation.

2.1 Review Approach

A review based on published and unpublished literature—comprising journal articles, reports, policy briefs, policy documents, and conference proceedings—was conducted to provide an overview of the status of CSE implementation in SSA. We reviewed literature on implementation processes and status, coordination mechanisms, funding and advocacy, and M&E mechanisms of CSE programs in SSA. We searched PubMed, Science Direct, EBSCOhost, and Google Scholar using keywords: comprehensive sexuality education, sexuality education (SE), SRH, family life education (FLE), life skills education (LSE), sexuality and life skills education, sexual health education, and HIV/AIDS education. Only studies conducted in SSA were incorporated into the review. Studies had to be published between 2008 and 2018. Independent analysis of the studies was conducted on themes relating to implementation processes and CSE programs' status, barriers and opportunities for program implementation, and successes or failures in program implementation. Relevant international and global CSE documents such as manuals and guidelines were referenced.

3 CSE PROGRAMS IN SUB-SAHARAN AFRICA

3.1 School-Based CSE Programs

CSE programs in SSA are predominantly school based, both in primary and secondary schools. Teachers deliver CSE as part of the school curriculum and in a classroom setting (Kalembo, Zgambo, and Yukai 2013). In a few cases, CSE is taught as a stand-alone subject (or alongside other life skills-based subjects), but is usually integrated into relevant "carrier subjects." A specially trained teacher is required to teach CSE as a stand-alone subject. Stand-alone CSE classes are taught in South Africa, Namibia, and Zimbabwe (UNESCO 2015a). Integration of CSE into carrier subjects is preferred by most implementers. CSE is integrated into one or more carrier subjects in Madagascar, Mauritius, Mozambique, Rwanda, and Zambia (UNESCO 2015a, UNESCO HIV and Health Education Clearinghouse 2016). In the carrier-subjects scenario, specific CSE topics are covered in related classes on subjects already taught in the curriculum—for instance, topics around pubertal changes and reproduction are covered in classes focused on biological subjects, whereas values and norms are covered in classes focused on religious education. (For additional examples, *see* Table 3.)

Such integration has the advantage of removing the perceived additional pressure (Keogh et al. 2018) that an extra subject would otherwise bring to learners and teachers. In addition, integrating CSE into other classes decreases the pressure to create space in the school day to teach a new subject and removes the need to bring on board a dedicated, specially trained teacher. The downsides of integration are the need to train an increased number of teachers to deliver CSE schools and the potential for the quality of the CSE to be compromised or watered down. In cases where CSE is integrated into elective, nonmandatory classes such home economics (as in Zambia) and management in living (as in Ghana), students who choose not to take those subjects are likely to miss out on CSE (Keogh et al. 2018; UNESCO HIV and Health Education Clearinghouse 2017, 2016).

CSE can also be *infused* throughout the curriculum, integrated into most if not all classes, with or without any specific mention of CSE topics in these subjects (UNESCO 2015a).

Examples of school-based CSE programs in SSA include *Life Orientation (LO)* in South Africa (Jacobs 2011); *Family Life Education)* in Senegal (Chau et al. 2016), described in Box 2; *Family Life and HIV Education (FLHE)* in Nigeria (Huaynoca et al. 2014), described in Box 3; and *Programa Geração Biz (PGB; Busy Generation)* in Mozambique (Chandra-Mouli et al. 2015), described in Box 4.

3.2 Mass Media and Digital Forms of CSE Programs

Innovative approaches to delivering CSE involve the use of mass and digital media. In Zambia, mass media has been used for CSE messaging. With the support of the Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), television and radio programs on CSE and radio listening clubs were formed to enlighten citizens about sexuality education (UNESCO HIV and Health Education Clearinghouse 2016).

The World Starts with Me (WSWM) program uses digital media. It was developed in Uganda and implemented in Kenya, Ethiopia, Ghana, and Malawi (Leerlooijer et al. 2011; Rutgers WPF 2013). The computer-based WSWM, made available in portable form such as on CD-ROM, consists of a series of 14 lessons that build upon one another and that use virtual peer educators to guide young learners (Rutgers WPF 2013; Rijsdijk et al. 2011).

CyberSenga in Uganda, another CSE program, also uses a digital platform to disseminate information. The program uses virtual guides, the *senga* (aunt) and the *kojja* (uncle), for learners to follow throughout the program. In this East African country, the *senga* and *kojja* have traditionally offered advice, guidance, and counseling to children and youth as they transition from childhood to adulthood. The *senga* concept was adopted to present a culturally salient,

trustworthy role model to youth. The program was found to be feasible and acceptable among the nation's youth because it allowed them to explore sexuality information privately (Ybarra et al. 2013, 2014; Bull et al. 2010).

TuneMe, initially launched in Zambia and Malawi in 2015, leveraged mobile technology to deliver sexual health information to young people and included in-built M&E tools for quality monitoring (UNESCO, UNFPA, and UNAIDS 2016; Praekelt Foundation, n.d.). The program was built and operated with funding from United Nations Population Fund (UNFPA) and the Ford Foundation.

3.3 Out-of-School CSE Programs

Peer-led programs, which use trained peer educators to deliver CSE information to young people in the community or in clubs as an extracurricular activity, have been widely used to reach out-of-school youth.

The My Future My Choice program in Namibia (MFMC) in Namibia provides CSE interventions to young people within their communities through community peer educators.

The MEMA kwa vijana program in Tanzania, which is health facility based, has health workers deliver CSE to youth visiting their sites (Kalembo, Zgambo, and Yukai 2013).

4 FOCUS OF CSE PROGRAMS

CSE programs in SSA cover such topics as sexually transmitted infections (STIs), safer sex, and prevention of STIs and unwanted pregnancies (Sani et al. 2018). CSE also focuses on abstinence, promoted as the only method of contraception, or the main method (Browes 2015; Vanwesenbeeck et al. 2016). Topics touching on gender and power relations and culture are the least frequently addressed among CSE programs (Kalembo, Zgambo, and Yukai 2013; UNFPA 2015).

Countries in SSA continue to struggle to have culturally sensitive topics such as abortion, homosexuality, and masturbation accepted, included, and taught in their curricula. These controversial topics are avoided or skipped, except when discussed in a negative light, in contradiction of CSE tenets relating to gender norms and sexual harassment.

The determination to have CSE programs that conform to countries' culture and norms has been clearly demonstrated in Uganda. In 2016, the government of Uganda banned all CSE programs on the grounds that they encouraged sexual immorality among children and hence weakened national and moral values. A more contextualized sexuality education framework was developed following extensive consultation and involvement of a wide range of stakeholders. The framework was launched in May 2018. The new framework conspicuously omitted topics considered controversial Uganda, including masturbation, homosexuality, and sexual pleasure. Contraceptives and condom use as a means of preventing unintended pregnancies and STIs are barely mentioned. Instead, emphasis is on abstinence—and in fact, as part of the objectives of the CSE framework, students are required to commit to sexual abstinence. The framework has also extensively highlighted the role of parents in their children's sexuality education and SRH.

Box 1. Uganda's national sexuality education framework

5 POLICIES ON CSE IN SSA

A good number of countries in SSA have enacted policies and guidelines relevant to CSE (UNESCO 2015b). For instance, West and Central African countries have education sector policies on HIV and AIDS and strategies to create enabling environments for the delivery of life skills-based HIV education. Most countries in the ESA region have adopted policies or strategies to promote CSE, in addition to developing CSE curricula, which are at different stages of implementation (UNESCO 2015b). Policies and guidelines notwithstanding, there are challenges—often linked to poor coordination mechanisms and lack of effective M&E frameworks in most of these countries (UNESCO 2015b). In Kenya and Ghana, policies are hardly translated into practice due to lack of clear implementation frameworks, coupled with weak regulation and supervision strategies (Awusabo-Asare et al. 2017; Sidze et al. 2017).

6 BARRIERS TO AND FACILITATORS OF THE IMPLEMENTATION OF CSE IN SSA

A range of issues, common across SSA countries, has challenged CSE program implementation in the region. In most cases, sexuality education in SSA takes a biological approach. The focus tends to be on life skills and HIV and the frameworks tend to be fear based or negatively discussed. The focus on gender and human rights is weak, and key topic areas such as contraceptive methods, sexuality, and abortion are avoided. Emerging societal issues are not addressed, and on desire, pleasure, sexual diversity, and contraception (Khau 2012; Sidze et al. 2017), programs are silent. In Kenya, evidence reveals that only two percent of students have learned all the topics that constitute the CSE curriculum, although three in four teachers believed their teaching of CSE to have been comprehensive (Sidze et al. 2017).

Rijsdjik et al. (2011) and Francis (2010) identified three broad factors that could facilitate or hinder effective CSE program implementation in any context: sociocultural factors, political factors (e.g., criminalization of sexual activities such as homosexuality), and economic factors (e.g., placing of resource constraints on schools). All these factors are at play in SSA.

6.1 Sociocultural Norms as Barriers to CSE Implementation

Sociocultural norms and values have been identified as the main barriers to effective implementation of CSE in SSA. Sociocultural norms are reinforced by laws and policies that consider information and activities such as condom demonstration and promotion of its usage as being contrary to the law, and by education-sector policies that primarily promote abstinence (Sidze et al. 2017; Vanwesenbeeck et al. 2016). In certain settings, teachers cannot provide information or promote practices considered taboo in their community. In such cases teachers avoid or skip culturally sensitive topics such as abortion, homosexuality, and masturbation; discuss them in negative light; or disseminate messages that contradict the tenets of CSE, especially with regard to gender norms and sexual harassment. Teachers in such settings are likely to focus on abstinence as the main method of contraception (Browes 2015; Vanwesenbeeck et al. 2016), if not the only method.

Sociocultural barriers to CSE implementation have been documented in Ethiopia (Browes 2015), Uganda (Vanwesenbeeck et al. 2016), South Africa (Helleve et al. 2009), Kenya (Sidze et al. 2017), and Lesotho (Khau 2012). Where teachers recognize the tensions between their cultural values and beliefs and the CSE curriculum content, they adapt the content to conform to the norms, taking moralistic or neutral approaches in their teaching (Helleve et al. 2009). Francis (2010) reported that teachers were not implementing the CSE curriculum properly when covering sexuality. Teachers inserted their values in ways that undermined the key points of the CSE curriculum.

The WSWM program was found to have positive effects on beliefs related to pregnancy prevention, the perceived social norm toward delaying sexual intercourse and the intention to

delay intercourse, and on attitudes toward sexual pressure and sexual violence and self-efficacy in dealing with sexual pressure and sexual violence (Rijsdijk et al. 2014, 2011). However, WSWM faced fidelity challenges—most schools enrolled in the program implemented fewer than half of the 14 lessons outlined in the curriculum.

6.2 Parental Attitudes toward CSE

A study in Lesotho found that although parents were not necessarily opposed to sexuality education, they took issue with what was taught and how (Khau 2012). Traditionally, for a long time, young people's sexuality education was believed to be the role of parents (Mpondo et al. 2018). Informal education began at puberty—at menarche for girls, much later for boys (Mpondo et al. 2018). In sharing knowledge, parents often passed on their own values and beliefs about sexuality to their children. Discussions often took a moralistic approach, coming in the form of warning messages based on the consequences of sex—specifically, pregnancy and HIV infection (Nambambi and Mufune 2011). Parents were likely to support aspects of CSE that aligned with their cultural beliefs while opposing those that diverged from their values, such as topics on sexual intercourse and relationships.

In many countries in SSA, parents' opposition stemmed from concerns that CSE could encourage sexual activity among their children (Keogh et al. 2018). Parents often criticized CSE teachers for delivering messages in opposition to family teachings (Khau 2012). Such criticism affected the way these teachers taught CSE. Fearing parental judgement, they did not deliver CSE content as is required but tried to conform to local societal norms and watered down or modified the content. Some parents were also known to counter the CSE messages given to their children in school, reducing CSE programs' effectiveness in these settings (Nambambi and Mufune 2011).

Parental support or opposition to CSE is determined by level of education and place of residence (Nyarko 2014). Uneducated parents and rural residents are more likely to hold onto cultural beliefs and traditions on sexuality and are more likely to oppose CSE programs (Fentahun et al. 2012; Nyarko 2014). Parents also dispute the age at which schools initiate CSE, in the belief that early CSE initiation is injurious to children. For example, in Ghana, a high proportion of parents expressed unfavorable attitudes toward the introduction of sexuality education in lower primary grades, arguing that children at that age were too young to be exposed to this topic (Nyarko 2014). In Ethiopia, parents recommended CSE to be structured by pupil age, having abstinence-only programs at primary level and abstinence-plus programs, which talk about condoms and contraceptives in addition to abstinence, at secondary level (Fentahun et al. 2012).

6.3 Teacher-Related Challenges for CSE Implementation

Teacher-related challenges in CSE implementation are associated with inadequate training in CSE delivery (Helleve et al. 2009), or of teachers "relapsing into pre-training mode" after they return to unsupportive environments following their training (Sidze et al. 2017; Vanwesenbeeck et al. 2016). Lack of motivation, inadequate skills and competencies, inadequate teaching and learning materials, and overcrowded syllabi breed such challenges. Teacher CSE delivery is also rendered ineffective by such external pressures as opposition to CSE from parents, community members, and religious leaders and groups; government regulations; and school administration that reacts negatively to CSE teachings (Sidze et al. 2017; Khau 2012). Infrastructural challenges in schools, including lack of access to electricity and internet, pose challenges to CSE programs that require technology, such as Uganda's WSWM (Khau 2012). These factors negatively impact CSE delivery in several SSA countries (Smith and Harrison 2013). Teachers, however, still view CSE as being useful to youth, even while finding it difficult to teach in its entirety (Mufune 2008; Mkumbo 2012).

6.4 Economic Factors Affecting CSE Implementation

Funding of CSE programs in SSA has been a major challenge. Many CSE programs are supported by donor funds.

CSE in ESA is largely funded by or through United Nations agencies (UNESCO 2016; UNESCO HIV and Health Education Clearinghouse 2016); these include UNESCO, UNFPA, the Joint United Nations Program on HIV and AIDS (UNAIDS), and the United Nations Children's Fund (UNICEF). Organizations such as the German Ministry for Economic Cooperation (BMZ), and the U.S President's Emergency Plan for AIDS Relief (PEPFAR), as well as the Swiss government and SIDA, have also funded CSE programs in the ESA region, with a higher priority given to Zambia and Namibia (UNESCO, UNFPA, and UNAIDS 2016; UNESCO 2016).

Challenges are inherent in dependency on donor funding—among them the following:

- Donor funding durations vary but are certainly not perpetual. Projects' sustainability beyond their funding periods has been difficult. As a result, many CSE programs risk collapsing immediately after funding ends.
- The multiplicity of donors running different CSE programs in a country has posed coordination challenges, because different donors pursue different objectives and priority areas not necessarily aligned with countries' priorities (Keogh et al. 2018). Mainstreaming donor-funded projects through government ministries is one way to ensure projects' sustainability over the long term (UNESCO 2016).

A study by Keogh et al. exploring the challenges of CSE implementation found that the governments of Ghana and Kenya did budget specifically for CSE program implementation

(Keogh et al. 2018). Some governments in the ESA region have reserved funds through allocations to relevant ministries. In Zambia, for example, funds are set aside for specific aspects of CSE and SRH, embedded in budget lines and channeled through the ministries of education and health (National Alliance on Monitoring and Evaluation of CSE 2016).

7 ADVOCACY AND PARTNERSHIPS FOR CSE

CSOs, NGOs, UN agencies such as UNESCO, and private organizations dealing with adolescent SRH issues have been the main advocates for adoption and implementation of CSE in SSA. Working in partnership with governments, such organizations have been instrumental in curriculum development, rollout, and scale-up *(Table 1).* Nigeria's FLHE and Senegal's FLE— examples of effective CSE programs—have benefited greatly from this support (Huaynoca et al. 2014; Chau et al. 2016).

During the ESA-CSE joint commitment, CSOs were recognized as key players in the implementation of CSE. This recognition led to the development of an engagement strategy shared by CSOs from all over the ESA region. CSOs' main role in the commitment was to advocate for the formation and adoption of CSE policies, to mobilize resources and partners to support CSE implementation, and to monitor and report on the progress of CSE implementation (Regional Civil Society Organization in Eastern and Southern Africa 2015; AfriYAN et al. 2016).

Table 1. CSE partner organizations and agencies in selected SSA countries.

ORGANIZATION	ACTIVITY
Planned Parenthood Association of Ghana (PPAG), Ghana	• Pioneered the teaching of sexuality education in Ghana. • Supported the development of national CSE guidelines, which are being used to develop a CSE curriculum for in- and out-of-school youth.
Action Health Incorporated (AHI, Nigeria)	• Supported the development of the FLHE curriculum. • Conducted advocacy that led to the strong gender content in the FLHE program. • Supported the development of a curriculum for teacher training and its implementation.
Star for Life, Namibia	• Built capacity for CSE in teachers.
Restless Development, Zambia	• Monitored implementation of the ESA commitment in Zambia.
Groupe pour l'Étude et l'Enseignement de la Population (GEEP), Senegal	• Developed the FLE curriculum for secondary school and led its rollout.

8 MONITORING AND EVALUATION MECHANISMS OF CSE PROGRAMS IN SSA

Evaluation mechanisms for CSE programs implemented in SSA are considerably weak (UNESCO 2015b; UNESCO, UNFPA, and UNAIDS 2016; UNESCO HIV and Health Education Clearinghouse 2016; UNESCO 2015a, 2013b), because independent M&E frameworks are not available. Most countries have national HIV evaluation frameworks that incorporate some indicators relevant to CSE. With support from UNESCO and other implementing partners, a number of ESA countries have incorporated global HIV/AIDS indicators into their education management information systems (EMIS) to be used for evaluations in school CSE programs (UNESCO 2015a; UNESCO HIV and Health Education Clearinghouse 2016). As a consequence, in 2013, the Southern African Development Community (SADC) ministers of education approved the global HIV/AIDS indicators and directed these countries to include them in EMIS and in school-based surveys (UNESCO 2015a).

Classroom evaluation processes such as assessment tests and examinations have also been identified as potential micro-level evaluation tools. Keogh et al. (2018) suggest making CSE examinable in cases where it is not already, to provide a useful benchmark to evaluate its implementation. However, this approach can be a challenge where CSE is integrated into or infused throughout other classes.

8.1 Regional Accountability Framework for ESA-CSE Commitment

At the point of development of the ESA-CSE commitments, a regional accountability framework was put in place to guide in tracking progress toward the realization of the commitments' targets (UNESCO and UNAIDS 2013). The accountability framework lists five areas against which progress is to be measured:

- Scaling up of CSE.
- Developing and scaling up adolescent- and youth-friendly health services.
- Mobilizing communities to address early and unintended pregnancies and to eliminate child marriage and gender-based violence.
- Developing and reinforcing enabling environments for CSE implementation.
- Alignment, coordination, and collaboration on CSE implementation at regional level.

In Zambia, Restless Development used the regional accountability framework to evaluate national CSE implementation progress.

8.2 UNESCO's *Sexuality Education Review & Assessment Tool*

The Sexuality Education Review & Assessment Tool (SERAT), developed by UNESCO, is another comprehensive tool that can be used to evaluate CSE programs (UNESCO 2013a)—specifically, CSE content by age, implementation of CSE, integration of CSE, the approach used to deliver CSE, teacher training on CSE, contextualization of CSE programs, and M&E mechanisms. The tool has been used to assess the quality of CSE programs in five countries in ESA—Lesotho, Malawi, Namibia, Uganda, and Zambia (UNESCO, UNFPA, and UNAIDS 2016; UNESCO HIV and Health Education Clearinghouse 2016)—and in several other countries in West and Central Africa (UNESCO 2015b).

9 SUCCESS STORIES OF CSE IMPLEMENTATION IN SSA

Although CSE implementation in SSA is fraught with significant sociocultural, political, and economic challenges, some countries have made progress and have documented impacts in their CSE implementation. Senegal's FLE (Chau et al. 2016), Nigeria's FLHE (Huaynoca et al. 2014), and Mozambique's PGB (Chandra-Mouli et al. 2015)—described in Box 2, Box 3 and Box 4—are considered successful. Their scale is almost national. In addition, in facilitating their implementation, the three programs have invested extensively in pre- and in-service training for teachers to develop their capacity to deliver CSE in schools. Sexuality education has also been integrated into the national education curriculum.

The three programs' success can also be attributed to the clarity on the content and activities of their CSE curricula. Additionally, implementation strategies are clear and agreed-upon and the roles to be played by different implementers well defined. The resounding impact of the three programs has been the reversal of negative adolescent SRH outcomes in their countries.

The programs enjoy international support and local ownership, and there is strong collaboration between government and CSOs, in complementary roles. Finally, the programs are adaptable through learning from their implementation.

Success was not without challenges. The programs faced resistance arising from perceived incompatibility with cultural norms and national values. To address such concerns, each country spent a considerable amount of time addressing sociocultural norms, forging a common understanding among stakeholders and developing CSE policies. In Mozambique, the urgency of the HIV situation facing its young people facilitated adoption of the PGB program with little resistance (Chandra-Mouli et al. 2015).

One way of addressing resistance was adopting names—in place of "comprehensive sexuality education"—that employed socially acceptable terms. Another approach was a compromise,

the omission of sensitive and "culturally inappropriate" topics from CSE content. For instance, the FLHE program adopted an abstinence-only message, which although being not comprehensive in the strict sense of the word, is better than no sexuality education at all (Wood and Rolleri 2014).

Other countries in the region have also made progress in establishing relevant structures for promotion of, advocacy for, and scale-up of CSE programs. To ensure their effectiveness, challenges need to be fully addressed. This will be possible when:

- CSE programmatic efforts recognize the significance of cultural influences on program adoption and implementation. Adaptability of CSE programs is based on cultural relevance. This involves understanding how different cultures convey messages around sex, sexuality, and gender. Engaging with communities and parents during implementation would help them understand the content and purpose of CSE, address myths and misconceptions about CSE, and enable them to understand adolescents' issues around their SRHR and how they can be best addressed. CBOs and FBOs with relevant capacity can be used to reach communities.
- Training for teachers addresses their knowledge on CSE, their values around sexuality, and their attitudes toward CSE, as a way to enhance teaching and implementation of the program. In Zambia and Namibia, pre- and in-service teacher training were key stages in CSE implementation—which goes to show that investing in comprehensive teacher training can greatly enrich the content beyond the formal education curriculum.
- CSE programs should consider a multisectoral approach to implementation. Some countries in SSA have done so, involving more than one government ministry in implementation. The involvement of other relevant stakeholders (e.g., adolescents, families, schools, community agencies, community and religious leaders, media, healthcare providers, and governments at all levels) increases CSE programs' acceptability and sustainability.
- Funding structures for CSE need to be well established and coordinated to ensure programs' sustainability.
- CSOs and NGOs are key in CSE implementation through their roles in advocacy, funds mobilization, teacher training, and tracking of progress at every level.
- Government ministries are mandated to deal with niche issues in their line of activities.

Senegal is among the rare low- and middle-income-level countries that have scaled up CSE initiatives. Key factors that facilitated the scale-up of its **Family Life Education** CSE program included:

- Program clarity, relevance, and credibility based on sound data.
- Adaptability to young people's evolving SRH priorities.
- Strong collaboration with credible actors in both government and CSOs.
- A conducive policy environment as a result of the GEEP population and development conference and the ICPD, both meetings held in Senegal.
- Strategies for vertical and horizontal scale-up.

To overcome resistance to CSE arising from sociocultural norms, the term "family life education" was used, being more acceptable than "comprehensive sexuality education." FLE was tailored to the country's norms by omitting such sensitive topics as masturbation and homosexuality from the curriculum. Investment in community sensitization played a key role in overcoming resistance, increasing community and parental buy-in, and facilitating scale-up.

Box 2. Family Life Education in Senegal.

Nigeria's CSE curriculum, known as **Family Life and HIV Education,** had clear content and clear implementation strategies that involved pre- and in-service training for teachers and integration into the national education curriculum. FLHE was considered credible because of its strong endorsement by the international scientific and development community and its firm grounding in scientific evidence. Negative SRH outcomes for young people, documented in several studies, provided a good entry point for the program. Three categories of credible user organizations played complementary roles in the scale-up: youth and reproductive health-oriented NGOs providing in-service teacher training and ongoing support to schools; secondary schools involved in classroom teaching and extracurricular activities; and teacher training institutes delivering training to student teachers. The program was coordinated and rolled out through the Federal Ministry of Education (FMoE). FMoE set out the vision and provided strong leadership for the scale-up, with a thorough scale-up strategy that incorporated managerial and funding models and M&E systems. Individual states were responsible for rolling out and scaling up the program and had flexibility to redesign it where needed. State implementation involved partnerships with ministries of education and NGOs. The main challenges arose from conflicting sociocultural norms; about eight years were spent addressing them, forging a common understanding among stakeholders and articulating a national policy. Nonetheless, and despite teacher training, teachers were challenged in delivering FLHE, resulting in the simplification of the curriculum.

Also hindering effective implementation, user organizations demonstrated different levels of commitment in the effective and up-to-par implementation of the program.

Box 3. Family Life and HIV Education in Nigeria.

Mozambique's multisectoral **Programa Geração Biz** initiative, piloted in 1990 and fully scaled up by 2008, has been considered one of Africa's successful adolescent SRH programs due to its national scale and its sustained scale-up of complementary interventions. PGB's success has been attributed to its multicomponent and multisectoral approach, which involved three government ministries (Education, Health, and Youth and Sports) and two international NGOs (UNFPA and Pathfinder). The program used the momentum built by the 1994 ICPD, the commitment made by the government of Mozambique to address adolescent SRH and the nation's HIV epidemic. After the ICPD, the intersectoral Committee for the Development of Youth and Adolescents, comprising five government ministries, NGOs, and FBOs, was formed, and a national plan was developed to reduce young people's vulnerability to negative SRH outcomes. PGB has been praised for its clarity on activities and implementers; its evidence-based relevance; its credibility, arising from international support and local ownership; and its focus on learning to ensure ease in implementation of all components. Although the program faced resistance arising from curricular incompatibility with cultural norms, the HIV situation at the time demanded urgent attention—and the program was adopted. Coordinating the multiple sectors while implementing the multiple components also posed challenges. Each ministry took the lead on one component, with Education, Health, and Youth and Sport helming the school, facility, and community components respectively. This coordination was devolved to provincial and district/community levels, and PGB activities were integrated into existing policies, programs, and activities at all levels as well as into the education curriculum. The M&E system did well in collecting program implementation data (but did not capture capacity building and advocacy).

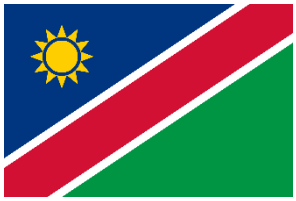
Evaluating the impact of the PGB has been tricky. A few evaluations have indicated that SRH outcomes were mixed and that the norms that contribute to adolescent SRH outcomes were not sufficiently addressed.

Box 4. Programa Geração Biz, Mozambique.

Part 2

CSE CASE STUDIES ON CSE IMPLEMENTATION IN SUB-SAHARAN AFRICA

10 CSE ADOPTION AND IMPLEMENTATION IN NAMIBIA



Increased HIV infections among young people, high rates of teenage pregnancy, increased baby dumping,* and high stigma and discrimination against people living with HIV and AIDS (UNESCO HIV and Health Education Clearinghouse 2017) motivated the adoption and rollout of CSE in Namibia.

Prior to the ESA-CSE commitment, sexuality education in Namibia was mainly delivered in schools by a life skills program called Life Skills Education. No full-time life-skills teachers were responsible for the subject, and most teachers used time allocated for this subject to teach examinable subjects (UNESCO HIV and Health Education Clearinghouse 2017; UNFPA 2012). UNICEF, in partnership with Namibia's Ministry of Education, Arts and Culture (MoEAC), ran the MFMC and Window of Hope (WOH) programs for secondary and primary school students respectively (UNESCO 2015a; UNESCO HIV and Health Education Clearinghouse 2017). MFMC gave secondary school students sexual health information and strengthened young peoples' communication, negotiation, and decision-making skills so that they could make safe choices related to their sexual health and associated risk behaviors. Trained peer educators were used to deliver information to youth within their networks at community level. In schools, the program was run as an extracurricular activity, with participation voluntary. Stakeholders generally viewed MFMC positively, although it had its weaknesses (UNICEF 2012, 2009), including:

- Peer facilitators' limited knowledge and skills around CSE.
- High peer facilitator turnover due to the voluntary nature of their engagement.
- Nonintegration of the program into the curriculum, which meant that participants who did not join extracurricular activities did not participate.
- Uneven M&E and insufficient quality control.

WOH was introduced in 2004 to reach primary school learners with knowledge and skills to increase self-esteem and protect them from HIV (UNESCO HIV and Health Education Clearinghouse 2017).

Currently, LSE is the main carrier subject for CSE in Namibia (UNESCO 2015a; UNESCO HIV and Health Education Clearinghouse 2017, 2016). During the development of the new education curriculum in 2012–2013, elements of CSE were strengthened in the LSE subject, and some modules from MFMC were included (UNESCO HIV and Health Education Clearinghouse 2017). LSE, 70 percent of it comprising CSE, is taught mainly as a stand-alone subject (UNESCO HIV and Health Education Clearinghouse 2016). It is mandatory and continuously assessed but not examinable (UNESCO HIV and Health Education Clearinghouse

* Parents are said to have engaged in baby dumping when they leave their child younger than 12 months of age in a public or private place with the intent of terminating their responsibility for her care.

2016, 2017; UNESCO 2015a). CSE is also incorporated into examinable subjects, such as biology, life sciences, and environmental studies (UNESCO HIV and Health Education Clearinghouse 2017). Namibia's curriculum demands a full-time life skills teacher in schools with more than 250 learners (UNESCO HIV and Health Education Clearinghouse 2016; UNESCO 2015a).

The LSE program is complemented by the school health program (SHP), which is supported by World Health Organization (WHO). Elements of CSE and SRH services have also been integrated into the SHP (UNESCO HIV and Health Education Clearinghouse 2017).

Extracurricular activities such as the Galz and Goals project also provide an avenue for CSE delivery as girls engage in sports activities (UNICEF 2015). The project used football to empower girls aged 10 to 14 and combined football with education on life skills, HIV/AIDS, and health to creating a platform for adolescent girls to gain skills and knowledge as they engaged in sport.

CSE, integrated in the LSE curriculum, covers three themes: guidance, holistic wellness, and civic affairs. Most CSE content is covered under the holistic wellness theme under the topics HIV/AIDs and population education. HIV prevention, HIV testing, and counseling on HIV, on living with HIV/AIDS, and on supporting people who live with HIV/AIDS are covered under the HIV/AIDS topic. Population education covers, at primary school level, values and issues relating to puberty, gender and sex, SRH, self-identity, abstinence, and risky sexual behaviors; and at secondary school level, child-headed households, sexual harassment, sexual abuse, contraceptives, intergenerational sex, baby dumping, and gender-based violence.

Box 5. Content of CSE Namibia.

10.1 Teacher Training for CSE in Namibia

Namibia's MoEAC, with the support of UNFPA and UNESCO, trains in-service teachers on CSE (UNESCO, UNFPA, and UNAIDS 2016; UNESCO HIV and Health Education Clearinghouse 2016; UNESCO 2015a). There is a campaign to include CSE in the pre-service teacher training curriculum (UNESCO, UNFPA, and UNAIDS 2016; UNESCO HIV and Health Education Clearinghouse 2016). Some aspects of CSE are also integrated into the guidance and counseling module, which is compulsory for all pre-service teachers (UNESCO, UNFPA, and UNAIDS 2016). Life skills education is offered as a specialization in the fourth year at the University of Namibia (UNESCO 2015a). Star for Life, an NGO that runs HIV prevention programs in Namibia, has also supported CSE delivery at school level through teacher training (UNESCO, UNFPA, and UNAIDS 2016; UNESCO 2015a, 2017).

10.2 Coordination of CSE Implementation in Namibia

CSE implementation in Namibia is coordinated at national level through the National School Health Task Force. The ESA-CSE commitment subcommittee is cochaired by the Ministry of Health and Social Services (MoHSS) and MoEAC and brings together the Ministries of Sports, Youth and National Services; Gender and Child Welfare; and Agriculture, Water and Forestry, as well as CSOs and UN agencies. The ministries hold monthly meetings to provide policy guidance on the implementation of the school health policy and program and coordinate the implementation of the ESA-CSE commitment. Coordination efforts have also been strengthened in Namibia's 14 regions. In particular, the Ohangwena and Khomas regions have each established a Youth Health Task Force (YHTF), a coordination platform of stakeholders working on improving the SRH and lives of the country's young people. These multisectoral task forces provide more accessible youth-friendly SRH services and aim to increase the use of these services by the youth of the 14 regions. The task forces operate under the leadership of government ministries involved in youth well-being and CSOs (UNESCO, UNFPA, and UNAIDS 2016; UNESCO HIV and Health Education Clearinghouse 2017).

10.3 Funding for CSE in Namibia

In Namibia, there is a mention of funds being set aside by the government for the implementation of CSE in schools, but it is not clear how and through which ministry the funds are channeled (UNESCO HIV and Health Education Clearinghouse 2016).

10.4 CSE Policy Framework in Namibia

Namibia has comprehensive policy frameworks for youth SRH, examples of which are listed below. The frameworks support the delivery of CSE and provision of youth-friendly SRH services in the country. Details on some of these frameworks, listed below, are outlined in more detail in *Appendix 1.*

- National Policy on HIV/AIDS for the Education Sector (2003)
- School Health and Nutrition Policy (2006)
- Education Sector Policy for the Prevention and Management of Learner Pregnancy (2010)
- National Gender Policy (2010–2020)
- National Plan of Action on Gender-Based Violence (2012–2016)
- Life Skills Subject Policy Guide Grades 4–12 (2015)
- Education Sector Policy for Orphans and Vulnerable Children (2008)
- Sector Policy for Inclusive Education (2013)
- National Guidelines for HIV Counselling and Testing in Namibia (2011)

11 IMPLEMENTATION OF CSE IN ZAMBIA: INSIGHTS FROM INTERVIEWS WITH KEY INFORMANTS

Key informant interviews were conducted with key actors, agencies, institutions, and officials from government ministries involved in the funding for CSE in the country and its implementation. The informants were identified from a review of reports and publications on Zambian CSE. National and state functionaries, nonstate actors, experts on CSE (including educationists and members of relevant associations and advocacy groups), as well as other thought leaders on CSE and youth sexual and reproductive health and rights (YSRHR) were mobilized to participate in the case study.

Data analysis was iterative, designed to ensure that our interpretations and understandings were thoroughly evidence based.

11.1 Background on the Adoption and Implementation of CSE in Zambia

Negative SRH outcomes among Zambia's young people, with rising numbers of early and unintended pregnancies, high HIV prevalence and increased rates of new HIV infections and other STIs, gender-based violence, and child marriages resulting in school dropout were the key issues that signaled a turning point and served as the nation's motivation to adopt CSE.

- Between 2007 and 2014, a total of 103,621 primary school girls became pregnant and dropped out (MoGE 2016).
- High prevalence of STIs, including HIV in the 15–24 age group.
- 32 percent of adolescents aged 15–17 and 60 percent of those aged 18–19 are sexually active.
- 12 percent of girls and 16 percent of boys experience sexual intercourse before the age of 15.
- 13 percent of women aged 25–49 had their first sexual intercourse by age 15, 58 percent by age 18, and 75 percent by age 20.
- 29 percent of girls aged 15–19 have already had a birth or are pregnant with their first child.
- 28 percent of adolescent girls in Zambia become pregnant before age 18.
- The adolescent birth rate in Zambia: 146/1000 women of age 15–19 years (2010 Census of Population and Housing; Central Statistical Office 2012).

Box 6. Key statistics on adolescent SRH indicators in Zambia. Sources: Zambia Demographic and Health Survey 2013–14 (ZDHS; Central Statistical Office [Zambia] 2014) unless otherwise noted.

To address the negative trends, it was necessary for Zambia's young people to be provided with reliable, age-appropriate information to learn about their sexuality and empowered to access the health services they needed to protect themselves from unfavorable SRH outcomes.

Prior to the formal CSE implementation, young people accessed information from nonspecific sexuality education material embedded in their education curriculum, from the internet, and from traditional and family sources. Traditional sources were at best detrimental and not up to date with contemporary teachings on sexuality, and internet sources were ungoverned and of wide-ranging quality and appropriateness. CSE would provide channels for appropriate information and would neutralize misinformation.

> *We would want to see this learner now get out there and access the various services that they feel will prevent them from [getting] HIV and STIs, from falling pregnant, and from GBV, so that at the end of the day, we have a learner who is well informed and well equipped with life skills. (FGD1R2)*

In 2012, UNESCO conducted a comprehensive curriculum scan on sexuality education in Zambia. The scan revealed a major gap in sexuality education. The resulting report, presented to the Ministry of General Education (MoGE), highlighted this gap by topic and grade level. Because the curriculum scan on sexuality education coincided with the revision of the education curriculum in Zambia, the time was opportune to strengthen CSE within the education curriculum.

Zambia was one of the ESA countries that signed the ESA-CSE commitment in 2013 to enable young people to access good quality CSE and youth-friendly SRH services. This was the beginning of talks to incorporate CSE into the nation's education curriculum. The CSE curriculum in Zambia was thus informed by UNESCO's *International Technical Guidance on Sexuality Education* (ITGSE; UNESCO 2016; UNESCO et al. 2018).

11.2 Incorporating CSE in the Education Curriculum

Stakeholder Consultation

UNESCO led wide stakeholder engagement on CSE in Zambia. Advocacy meetings were held with policymakers within ministries, with parents, and with young people and other key individuals and groups with a stake in the area of CSE. The engagements yielded the willingness of policymakers—specifically, the MoGE and MoH—to implement CSE in the country.

Coordination

The MoGE appointed a coordinator within the curriculum development center (CDC) to coordinate CSE activities. To build the capacity of curriculum developers, an expert in sexuality education conducted an extensive training. A curriculum framework was then developed to outline content by grade level, from grade 5 through grade 12. This process involved consultation meetings and local and international peer reviews. CSE content was adopted from UNESCO's ITGSE, adapted to align with Zambia's national culture and

values. During the modification, some nonaligning topic areas (e.g., on masturbation and homosexuality) were dropped or "silenced."

> *We had also pressure on sexual behavior, which is sexual orientation, yeah. That one was a hot issue because they would tell us that it's not comprehensive sexuality education if you don't include this lesbianism and gayism—that one we just had to put a foot down. There were issues of masturbation, as well. Yeah, so we had to turn that one down—we could not compromise on that. (FGD1R4)*

Integrating CSE into Carrier Subjects

The integrated CSE curriculum in Zambia was officially rolled out in 2015. Considerations made when settling for integrating CSE into various subject areas and at different education levels (e.g., social studies, biology, home economics, civic education, integrated science and religious education).

Table 2. Integration of CSE per school level.

PRIMARY LEVEL	JUNIOR SECONDARY LEVEL	SENIOR SECONDARY LEVEL
Integrated Science	Integrated Science	Biology
Social Studies	Social Studies	Civics/Civic Education
Home Economics	Religious Education	Religious Education
	Home Economics	Home Economics

Integration of CSE in carrier subjects was informed by:

- The ease of amplification of existing CSE components within the curriculum was considered. Cross-cutting topics already existed between the proposed CSE curriculum and current subject areas. For example, topics on human rights were taught in social studies and civic education, and topics on reproductive health were covered in biology.
- Integrating CSE reduced the pressure to hire new subject teachers.
- The integrated model seemed to be the most sustainable in the long run, because it required limited additional resources, if any at all, beyond those allocated for the MoGE. This model's purveyors envisaged that no additional resources would be required to deliver CSE after all in-service teachers were trained in it and after it was fully integrated into carrier subjects.
- The integrated model had greater buy-in from policymakers, who considered it an enhancement of the existing curriculum.
- Integrating CSE into mandatory subjects made it difficult for learners to opt out—not the case if CSE had been a stand-alone, elective subject.
- Integrating CSE into existing classes facilitated teacher delivery of age-appropriate content.

Nevertheless, weaknesses in integrating CSE in carrier subjects have been identified, including, for example:

- Integrating CSE into other subjects makes it difficult for teachers to deliver CSE content as expected, as it focuses focus on maximizing learning rather than imparting skills—despite the fact that CSE's main objective was to change behavior, which hinges on having both skills and knowledge.
- Teachers choose what to teach and what not to teach. This admits a higher chance of teacher opposition to CSE or personal objections and biases steering teachers to avoid some topics.
- Integrating CSE into other subjects minimizes opportunities to adequately train *all* teachers on CSE as well as to clarify values and attitudes.
- Overall, the perception has been that Zambia's education quality was low and that it is difficult to expect high-quality CSE programming given the weak foundation.

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CSE Content in Education Curriculum in Zambia

CSE is covered in Zambia under six topics distributed across six carrier subjects *(Table).* Of note, home economics—a carrier subject into which CSE has been integrated—is elective and learners who choose not to take it are likely to miss out on its CSE content (UNESCO 2016).

Table 3. Summary of CSE curriculum framework in Zambia.

TOPIC	CSE SUBTOPICS	CARRIER SUBJECT
Relationships	• Families • Friendship, love, and relationships • Tolerance and respect • Long-term commitments • Marriage and parenting	• Religious education • Home economics • Social studies
Values, attitudes, and skills	• Values, attitudes, sources of sexual learning • Norms and peer influence on sexual behavior • Decision-making • Communication, refusal, negotiation skills • Finding help and support	• Religious education
Culture, society, and human rights	• Sexuality, culture, and law • Sexuality and the media • The social construction of gender • Gender-based violence, sexual abuse, and harmful practices	• Religious education • Social studies

TOPIC	CSE SUBTOPICS	CARRIER SUBJECT
Reproduction	• Sexual and reproductive anatomy and physiology • Reproduction • Puberty • Body image • Privacy and bodily integrity	• Integrated science • Home economics
Sexual behavior	• Sex, sexuality, the sexual life cycle • Sexual behaviors, sexual response	• Integrated science • Home economics
Sexual and reproductive health	• Pregnancy prevention • Understanding, recognizing, and reducing risk for HIV and other STIs • HIV/AIDS stigma, treatment, care, support	• Integrated science • Social studies • Home economics

A SERAT evaluation in 2015 noted that Zambia's CSE program had clear objectives that were cognitive, affective, and skills based, and that it was strong on such biological topics as puberty and reproduction but weak on sexuality, sexual behavior, and gender issues.

Teacher Training for CSE in Zambia

Both pre-service and in-service teachers are trained for CSE in the country. Training for CSE is largely supported by UNESCO with funding from SIDA and FAWEZA. Teacher training is focused on amplifying CSE content in the curriculum, emphasizing a learner-centered approach in teaching and helping teachers to reconcile their own values and attitudes and to feel confident delivering CSE as expected (Moate and Cox 2015).

Teacher training is coordinated by the directorate of teacher education at the MoGE, leveraging available administrative structures, including teacher resource centers at provincial, district, and zonal levels.

Training is considered easier to conduct for pre-service teachers, as CSE is currently integrated into the teachers' training curriculum.

To reach many in-service teachers faster with limited resources, a cascade model of training was used. A national training team trained trainers in Zambia's 10 provinces; the provincial trainers trained trainers in zones; and the provincial trainers in turn trained trainers at district level, with the intention of the schools training teachers. At school level, one teacher was in charge of CSE (in most cases, the head teacher), and this teacher made sure that all teachers in the school were trained on CSE. It is reported that approximately 60 percent of the nation's 100,000 teachers (or about 67,000 teachers) were trained in this way.

Due to the sheer number of teachers trained, the cascade model proved expensive, and the content was watered down at every stage, such that the first teachers to receive CSE training were more likely to receive comprehensive training than those down the line in the cascade.

> *We've realized after the first round . . . that the training was being watered down because the Ministry of Education, to be able to manage the training, used the cascade model . . . . So the teachers who were trained firsthand were comfortable to teach, had all the knowledge . . . As you*

went down the cascade, it [CSE content] got watered down. And we discovered during [supervision] visits that some teachers were being trained for a matter of only a few hours [as opposed to days as required by the Ministry]. (KII_7)

11.3 Implementation of Out-of-School CSE in Zambia

Out-of-school youth, including both school dropouts and youth who have never been to school, are a dynamic group of individuals who are not readily accessible via classroom CSE programs. Reaching them necessitates a different approach. Like in-school youth, out-of-school youth are associated with high new HIV infection rates and harmful patterns of social and sexual behavior, such as alcohol and drug abuse and unprotected sex. In addition, out-of-school youth face increased stigma when they seek SRH services in health facilities.

Zambia's out-of-school CSE program (OSCSE) is based on the 2015 national youth policy, which proposes a CSE framework that would anchor CSE activities for out-of-school youth. The Ministry of Youth, Sport and Child Development, which leads OSCSE development and implementation, has received immense support from other partners such UNFPA, Restless Development, and FAWEZA.

OSCSE uses peer educators and teacher mentors to reach out-of-school youth. Peer educators are youth drawn from the community, from youth resource centers, and from universities, trained to guide fellow youth on CSE. Peer educators—who are volunteers, in some cases provided with a stipend—work hand in hand with health facilities to refer youth who need health services. Partners like FAWEZA use teacher mentors—CSE-trained teachers who coordinate in-school and out-of-school CSE activities. The teachers both assist the peer educators in designing programs for out-of-school youth and supervise the peer educators.

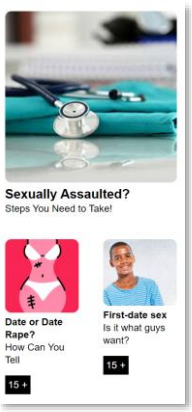
Innovative methods and platforms that have been used to reach out-of-school youth in Zambia with CSE information include:

- **Diva Centres**—An individual can walk into a diva center, established to serve young women, and access free beauty services; peer educators are on hand to engage clients receiving services and to introduce CSE. This approach has been used by Marie Stopes and Africa Direction, two of Zambia's key CSE partners.

Source: Design Indaba for Marie-Stopes International.

- **Online: TuneMe**—This a mobisite where CSE information aligned with the nation's CSE framework is posted, allowing youth to explore it privately on their mobile phones.

- **Safe Spaces**—Youth visit these social places to play games and engage in sports and the gym. Youth here also receive training in technical skills (e.g., tailoring, hair styling, and dressmaking). A health worker and trained counselor are always present to provide CSE information and SRH services to young people. FAWEZA is among organizations that have used this approach to reach out-of-school youth.



From the Zambia TuneMe mobisite.

11.4 Coordination of and Multisectoral Approach in CSE Implementation in Zambia

CSE implementation is coordinated through the Adolescent Health Technical Working Group (ADH-TWG), which is chaired at the MoH, cochaired by the MoGE, and made up of diverse stakeholders from other government ministries, CSOs, NGOs, resource mobilizers, and funders. The TWG has been instrumental in addressing CSE-related issues in the country and in building partnerships that perform various CSE implementation roles (e.g., in CSE content development). A graphical representation of the coordination of CSE implementation is shown in *Appendix 2*.

Zambia adopted a multisectoral approach involving government ministries and other partners in the adoption, design, and implementation of the CSE curriculum in the country. Various partners play specific roles, as agreed at the ADH-TWG, as follows:

- **MoGE**—This ministry takes the lead in implementation of in-school CSE. The ministry leads CSE curriculum development through the CDC, teacher training through the directorate of teacher education, and the monitoring CSE implementation in schools through the standards office.
- **MoH**—The lead in provision of SRH services to adolescents is the MoH. Adolescents in need of services are referred to health facilities through schools' guidance and counseling departments. It is also a MoH mandate to ensure that adolescents receive the services they need from the health facilities to which they are referred. The ministry works closely with CSE trainers to handle topics related to health that teachers might not be conversant with and conducts joint trainings of teachers and healthcare workers to facilitate linkage to health facilities and to services. While conducting outreach activities, the MoH deploys health workers to schools to provide health education on specific topics that the teachers feel should be handled by healthcare workers.
- **Ministry of Youth, Sport and Child Development**—The MYSCD leads implementation of out-of-school CSE through youth resource centers.
- **Ministry of Gender**—The MoG works with the community to eliminate gender-based

violence and child marriages to improve learners' outcomes. The ministry coordinates an interministerial project, GEWEL (Girls' Education and Women's Empowerment in Livelihoods). GEWEL aims to increase access to livelihood support for women and access to secondary education for vulnerable adolescent girls in Zambia. The MoG deals with keeping girls in school; adolescent girls who have been retrieved from early marriages or who are still in marriages are supported to continue their education. This is done by paying their school fees and providing for school uniforms and other things they need to attend school.

- **Ministry of Community Development and Social Services**—MCDSS deals with social welfare for women to improve their livelihoods through empowerment to enable them to keep their children in school for longer.
- **Ministry of Chiefs and Traditional Affairs**—MoCTA links the national government and the chiefdoms at community level, ensuring that information from the national government trickles down to the chiefs. For CSE, this was crucial because communities tend to comply with chiefdom bylaws. For CSE to gain acceptance in Zambia, it had to be endorsed by the chiefs. The ministry has also advocated for ending child marriages and supported school re-entry, by ensuring that girls forced by pregnancy to drop out of school due are readmitted after delivery.
- **Ministry of National Guidance and Religious Affairs**—For MNGRA, the major mandate is to promote the country's values and principles. In CSE implementation, the ministry generally plays a watchdog role. Ministry officials participated in reviewing the CSE curriculum to ensure that it was given the right touch to align to national values. The ministry also coordinated and championed the involvement of religious bodies/institutions in discussions around CSE.

11.5 Role of Other Stakeholders in CSE Implementation

CSE in Zambia is also largely supported by partners through advocacy, funding, and resource mobilization. Organizations such as Restless Development, UNESCO, Churches Health Association of Zambia (CHAZ), FAWEZA, Population Council, and Planned Parenthood Association Zambia (PPAZ) are key CSE partners for the government of Zambia. Most partners work with government ministries in a partnership that may mean fundraising and channeling funds through the government to support CSE implementation; working with the government directly to support CSE implementation; or implementing projects on specific CSE focus areas as agreed upon by the ADH-TWG.

Specific partner activities include:

- Working with communities to raise awareness on CSE by engaging traditional leaders, parents, and youth.
- Building teacher capacity to deliver CSE through tailored trainings. FAWEZA has been instrumental in curriculum development and teacher training for CSE in Zambia.

- Development and provision of training aids and learning materials. Restless Development has developed information, education, and communication materials (IEC) for in- and out-of-school youth in Zambia.
- Monitoring CSE implementation progress in the country. This function is carried out by Restless Development, which brings youth together to monitor CSE progress against ESA targets for the country. At the time of this case study, Population Council in Zambia was assessing the effectiveness of CSE in Zambia.
- SIDA and CHAZ have fundraised and made available funds to support the government and other CSOs in CSE projects. CHAZ is the main Global Fund grantee for a project on children (i.e., adolescents and young people) as key populations, with the aim of reducing new HIV infections through a life skills approach. CHAZ channels its funding through CSOs working different Zambian provinces.

11.6 Challenges with CSE Adoption and Implementation in Zambia

General challenges with the adoption and implementation of CSE in Zambia are summarized below *(Table 4).*

Table 4. Challenges and attempted solutions in CSE implementation in Zambia.

CHALLENGE	SOLUTION
• Zambia being a Christian nation, CSE implementation experienced some opposition, as it was seen to go against Christian teachings and national values. • Parents and other stakeholders were opposed to CSE being taught in schools to "young" children. • Parents were worried about the age-appropriateness of the topics.	• Church organizations (e.g., CHAZ) and their membership were brought on board during the stakeholder consultation through the MNGRA. Churches have subsequently been a platform for disseminating CSE information and sensitizing the public on national CSE implantation. • Community engagement via community dialogues with parent and teacher associations and religious and traditional leaders—conducted by a person highly knowledgeable and well versed in CSE—was effective at garnering community support and buy-in.
• Teacher-related challenges started with training to deliver CSE. • With the cascade model implemented to maximize reach to train in-service teachers, not all teachers received the entire training as prescribed. • Integrating CSE into carrier subjects meant increasing the number of teachers to be trained by approximately three to four times over existing budgets.	• For UNESCO's second phase of implementation, the organization proposed to reduce the number of layers of trainers; to ensure that as many teachers as possible were trained firsthand; and to introduce values clarification as part of the training.

CHALLENGE	SOLUTION
• Teachers who received training at higher levels of the cascade were well versed in CSE, were more comfortable teaching CSE, and were better prepared than those who received the teaching downstream. Consequently, the quality of CSE instruction among teachers trained at the lower levels of the cascade model was deemed low. • Such teachers focused more on imparting testable knowledge, as opposed to CSE skills, among learners.	
• Many partners argued that the integrated model of teaching CSE does not achieve the desired impact on knowledge and skills among learners.	• Some partners, including PPAZ and FAWEZA, support in-school CSE by offering independent CSE lessons. For instance, PPAZ takes learners through a set of topics, and on school club days, FAWEZA provides CSE lessons on topics that are part of the main CSE curriculum.
• Poor linkage between schools and health facilities was a challenge. Although teaching CSE in schools created demand in health facilities, there was no way to ascertain that young people visiting facilities received the services they requested. • There was a disconnect between what schools taught and health worker practices. For example, providers did not expect to provide SRH services to girls under age 15.	• Health workers were incorporated into CSE trainings and involved in the establishment of adolescent- and youth-friendly health services. Safe spaces where young people can access the services they need have also been established.
• Resources allocated for CSE programming were inadequate to support CSE implementation. • Teachers lacked teaching aids and learning materials to effectively deliver CSE in school. Some schools in rural Zambia never received CSE frameworks. Books for grades 5, 6, 8, 9, 10, and 11 were distributed to schools but in insufficient numbers for all pupils to have them, affecting CSE delivery in classrooms.	• Partners play a huge role in complementing government CSE implementation efforts by supporting the printing of teaching materials.

One challenge with working with many CSE partners that receive individual/parallel funding and that engage in an established set of activities is the potential duplication of projects that on their own are not self-sustaining. This situation has been partially addressed by inviting partners to sit in on meetings of the ADH-TWG and through agreement, allocating different geographical locations to different partners, who can then implement their projects in these specific regions.

11.7 Funding and Sustainability of CSE Implementation in Zambia

Integrating CSE into the curriculum may have addressed some sustainability concerns around CSE programming in Zambia. The thinking is that for as long as funding is allocated to the national curriculum, CSE implementation will continue in Zambia.

It is also envisaged that once all in-service teachers have been trained to deliver the CSE curriculum and once pre-service graduates are ready with the skills needed to deliver the content, then CSE will be a self-sustaining element of the education curriculum.

> *[CSE implementation] is the easiest thing to sustain because once it's in the curriculum and teachers are properly trained, it could almost self-sustain with funding from the ministry of education. (KII7)*

Other strategies to ensure sustainability of CSE implementation in Zambia is the coordination of CSE partners from a central point (i.e., the ADH-TWG), with the request that they align their activities with government initiatives. This ensures that no project is a one-off but rather is sustainable beyond its funding period.

Although the MoE allocates funding for CSE programming, funds are often not sufficient for the work, or an approved budget is not fully funded, or funds are released too late to implement activities. Such situations snarl teacher CSE training rollout and the preparation of materials needed for CSE. In Zambia, support for CSE is largely from partners working with the government. For instance, the initial phase of CSE implementation in Zambia was largely funded by SIDA through UNESCO. UNESCO worked directly with the MoGE and MoH to design and implement the CSE curriculum and to facilitate teacher training. Other partners, including CHAZ, have independently mobilized funds that they subgrant to CSE partners to complement government efforts. Government CSE programming receives support from PPAZ, FAWEZA, Restless Development, and other partners, who themselves implement CSE programs in the regions they have been assigned, both for in-school and out-of-school youth.

11.8 Monitoring, Learning, and Evaluation

M&E of CSE in Zambia is organized through the Standards Office, led by a quality standards officer at the MoGE. Existing education-sector monitoring instruments, including head teachers' reports, were revised to include some CSE indicators: information on enrollment figures, school dropouts, early pregnancies, and child marriages among pupils. The information is disaggregated by learner sex, then clustered up from the school level to district and national levels. Reports from this source give a quick appreciation for what is happening in communities and across the country at large, as well as insight into CSE program impact.

Released annually by the directorate of information and planning, the educational statistical bulletin (e.g., MoGE 2016) includes comprehensive information on the nation's education

sector; it publishes CSE-relevant indicators, such as school enrollment rates, school dropout rates, and the number of early pregnancies and readmissions. The report has been used to explore trends in SRH outcomes in the country to inform CSE implementation strategies.

Government of Zambia M&E efforts are augmented by the work of other CSE implementing partners in the country.

- **UNESCO**—In 2012, prior to formal CSE implementation, UNESCO commissioned a baseline survey in conjunction with MoGE on young peoples' behaviors and knowledge of sexuality. In 2018, an evaluation was conducted and findings compared against the baseline in order to understand achievements and areas needing improvement to achieve better results.
- **PPAZ**—This organization tracks topics covered by learners in their programs, especially learners who are out of school. The PPAZ initiative makes it possible to know what proportion of learners have and have not completed the program.
- **Restless Development**—RD supports young people, schools, and clinics to monitor the implementation of the ESA commitment at different levels. RD has formed an alliance of 30 youth-led and youth-focused organizations. RD's role is purely to look at the ESA commitments monitoring and at how the government is implementing CSE, while gathering or collecting data to demonstrate impact. Groups periodically produce reports on findings. RD also supported the MoE to come up with an HIV monitoring tool with various components, which also cover CSE, HIV knowledge, and life skills.

11.9 Policies and Implementation Frameworks for CSE in Zambia

CSE in Zambia is anchored on several frameworks, policies, and guidelines, which are listed below and discussed in *Appendix 3*.

- Educating Our Future (1996)
- Re-entry Policy (1997) and Guidelines for the Re-entry Policy: What Happens If a School-Girl Falls Pregnant (2004)
- National Youth Policy Action Plan on Youth Empowerment and Employment (2015)
- School Health and Nutrition Policy (2006)
- National AIDS Strategic Framework (2011–2016 and 2017–2021)
- Zambia Education Curriculum Framework (2013)
- The Life Skills Based Comprehensive Sexuality Education Framework (2014)
- Out-of-School Comprehensive Sexuality Education Framework (2016)
- Adolescent Health Strategic Framework (2011–2015)
- National Strategy on Ending Child Marriage in Zambia (2016–2021)

11.10 Conclusions and Lessons Learned

Zambia has been lauded for its successful adoption and implementation of CSE and for the remarkable progress the country has made toward its ESA-CSE commitment. This success is attributable to the effective organization and coordination of CSE implementation in the country. The government of Zambia's political will around the ESA-CSE commitment was important for CSE's successful integration and institutionalization into the national education system.

Coordination of CSE implementation through the ADH-TWG at the MoH, co-chaired by the MoGE, is a key implementation strategy. ADH-TWG membership is drawn from key ministries and from among implementing partners and stakeholders. This coordination structure has helped stakeholders and implementation partners devote their efforts to enhancing reach and coverage for in- and out-of-school youth with CSE. The coordination structure, with the mapping and allocating of partners to implementation zones, has helped reduce duplication of efforts and has partly addressed concerns as to CSE program sustainability in Zambia. Sustained linkages of partners at national and regional levels has provided an opportunity for sharing lessons at the ADH-TWG, enhancing program efficiencies.

The intersectoral approach in the engagement among ministries—of health, education, community development, and youth and sport—as well as with NGOs and cooperating partners has enhanced government program ownership and provided a boost to CSE program sustainability.

Zambia has put in place curricula for both in- and out-of-school youth and is thus able to reach all youth with CSE through appropriate and innovative approaches and channels.

Although lacking a clear M&E system, Zambia has innovatively incorporated other sources of data (e.g., reports from the education information system) to evaluate progress and impact and to inform CSE implementation in the country.

The few challenges resulting from opposition to CSE implementation in Zambia, from inadequacy of resources, and from inadequacy in teacher preparedness for CSE delivery have been identified and strategies put in place to address them.

> *One of the things that enabled us to implement CSE in Zambia [addressing opposition] has been our quick statement to say that CSE does not necessarily support LGBT. (KII3)*

Quality and effective implementation of CSE will be improved through effective pre- and in-service teacher training and through supervision and mentorship at zonal levels. Providing enough posters, charts, models, books, scripted lessons plans, and other teaching aids is useful in supporting teacher preparedness to deliver CSE at school level. Early evaluation results for Zambia's CSE have shown that school heads who have received training in CSE management are supportive and play a major role in creating a supportive environment for effective delivery of CSE in their schools.

Community mobilization and sensitization are key for effective CSE adoption and implementation. When parents and other community members are oriented on CSE, they learn to appreciate its benefits and will support its delivery. Bringing on board key influencers and opinion leaders (e.g., community leaders) has the potential to increase understanding of and support for CSE programs. The MoCTA, one such key institution, has been used to orient chiefdoms on CSE and seek their support in reaching communities under the jurisdiction of chiefs and traditional leaders.

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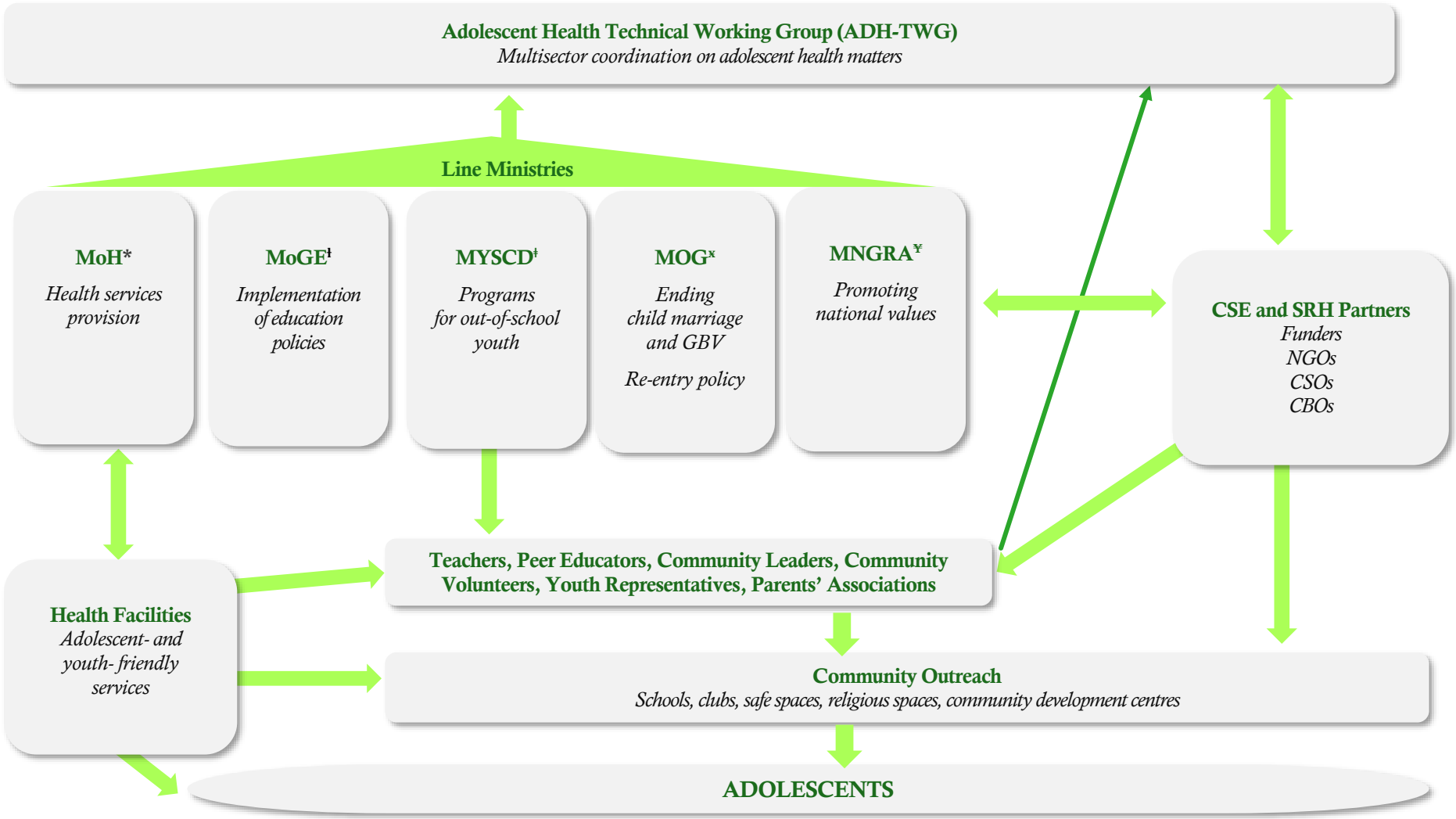
APPENDICES

Appendix 1
Namibia CSE Policies and Frameworks, Syllabi, and Resources

POLICIES	REMARKS
National Policy on HIV/AIDS for the Education Sector (January 2003)	This policy formalizes the rights and responsibilities of every individual involved in education, whether directly or indirectly, with regard to HIV/AIDS: "Learners and students must receive education about HIV/AIDS on an ongoing basis in the context of sexual health and life skills education. Stand-alone life skills, sexual health, and HIV/AIDS education programs should be reinforced through inclusion of these topics in the whole curriculum."
Education Sector Policy for the Prevention and Management of Learner Pregnancy (2010)	This policy's formulation was motivated by Namibia's high levels of learner pregnancy, resulting in school dropout. A policy goal is to increase education about sexual responsibility and sexual health to help prevent pregnancies. As the policy states, "Schools shall strive to ensure that learners, both boys and girls, are educated about the benefits of abstinence, the risks of engaging in sexual activity at a young age, appropriate use of contraception, and the right of both male and female learners to free and informed choice in respect of sexual matters. A trained and full-time life skills teacher is required to adequately fulfil this task."
National Gender Policy (2010–2020)	This policy seeks to create an enabling environment for sectors to mainstream gender in line with national development plans. It identifies who will be responsible for implementation and who will be accountable for gender equality results.
Life Skills Subject Policy Guide Grades 4–12 (2015)	Developed to inform life skills teachers on effective subject management, this provides guidelines for life skills teachers in controlling teaching and learning activities; organizing administrative duties; and planning teaching and learning to meet the national standards and performance indicators.
Plan for Action	
National Plan for Action on Gender-Based Violence (2012–2016)	This outlines actions designed to prevent gender-based violence, to improve laws and services aimed at survivors, and to provide them with adequate support services. It also outlines forms of gender-based violence and vulnerable groups. One proposed preventive strategy is to give school-going youth comprehensive orientation on relevant issues as part of the official school curriculum.
Syllabi	
Life Skills Syllabus Grades 4–7	
Life Skills Syllabus Grades 8–9	
IEC Materials	
MFMC Facilitator Manual	Extracurricular life skills training manual for adolescents 13–18 years, used in the MFMC program in Namibia.
MFMC Vocabulary Cards	Vocabulary cards containing SRH vocabularies with their meanings, used as teaching aids.

Appendix 2
Coordination of CSE in Zambia



Appendix 3
Zambia's CSE Policy Framework and IEC Materials

POLICIES	REMARKS
Educating Our Future (1996)	Educating Our Future is Zambia's national education policy. One themes outlined addresses sexuality and personal relationships, with CSE featured, stating that each school's curriculum "will include an education program in the areas of sexuality and interpersonal relationships, appropriate to the age and development of its pupils."
Re-entry Policy (1997) and Guidelines for the Re-entry Policy: What Happens If a School-Girl Falls Pregnant (2004)	The policy provides guidelines on the readmission of girls who dropped out of school due early and unintended pregnancy.
National Youth Policy and Action Plan on Youth Empowerment and Employment (2015)	The policy aims to empower Zambian youth by providing key interventions to promote holistic and meaningful youth development. The policy covers such key issues as youth employment and entrepreneurship development, education and skills development, youth and health, creative industry (i.e., arts, culture, and recreation) and youth work. Under youth health, the provision of CSE and SRH services that meet the specific needs of youth is a proposed strategy.
School Health and Nutrition Policy (2006)	The policy outlines all health and nutritional activities that go into promoting youth physical, social, and mental well-being. The policy notes that risky sexual behaviors among youth happen due to insufficient and incorrect information on sexuality and states that the government will ensure that family life and sexuality education will be promoted in all schools to promote knowledge and healthy living.
Frameworks and Strategies	
National AIDS Strategic Framework (2011–2016 and 2017–2021)	The NASF 2017–2021 recognizes the HIV/AIDS epidemic as a social developmental challenge and, therefore, incorporates emerging issues in the epidemic and the application of the Fast Track strategies to achieve UNAIDS targets for the elimination of new HIV infections. CSE is extensively highlighted as means to achieving the framework's goals. For instance, CSE is proposed as a strategy to foster social behavior change.
Zambia Education Curriculum Framework (2013)	In ZECF, CSE is called SRH and featured as cross-cutting among other CSE-relevant topics, such as HIV/AIDS and life skills.
The Life Skills Based Comprehensive Sexuality Education Framework (2014)	The LSBCSEF provides guidance on the delivery of CSE in school. It outlines; content to be covered by grade level, carrier subjects of different topic areas, appropriate teaching methodologies and expected learner outcomes.
Out-of-School Comprehensive Sexuality Education Framework (2016)	The OSCSE framework provides guidance on the delivery of CSE to out-of-school youth.

POLICIES	REMARKS
Adolescent Health Strategic Framework (2011–2015)	This framework outlines the means to develop and promote the delivery of appropriate, comprehensive, accessible, efficient, and effective adolescent-friendly health services nationwide as a way to comprehensively address adolescent health problems.
National Strategy on Ending Child Marriage in Zambia (2016–2021)	This strategy strives to put to an end to child marriage in Zambia, recognizing that CSE provides adolescents with information about sexuality, risks, and available services. One of the strategy's objectives is to facilitate provision of child-sensitive services to reduce children's vulnerability to child marriage. Provision of CSE for both in- and out-of-school youth is proposed as one way to achieve this objective.
IEC Materials	
Our Future: Sexuality and Life Skills Education for Young People (Grades 4–5)	Learners' book.
Our Future: Sexuality and Life Skills Education for Young People (Grades 6–7)	Learners' book.
Our Future: Sexuality and Life Skills Education for Young People (Grades 8–9)	Learners' book.
Our Future: Teaching Sexuality Education and Life Skills.	A guide for teachers.
Our Future: Preparing to Teach Sexuality and Life Skills	Teacher and community worker training manuals.
Comprehensive Sexuality Education for Out-of-School Youth in Zambia	Training of trainers manual.

Appendix 4
Positioning of Comprehensive Sexuality Education in School Curriculum

COUNTRY	NAME OF PROGRAM/SUBJECT	POSITIONING IN CURRICULUM
Botswana	Living: Skills for Life, Botswana's Window of Hope.	Infused into all subjects.
Burundi	*Not applicable*	Integrated into civics, biology, and languages.
Congo, DR	*Not applicable*	Integrated into carrier subjects.
Ethiopia	*Not applicable*	Integrated.
Kenya	Life Skills Education	In primary school, infused into all subjects. At secondary level, taught as a stand-alone subject.
Lesotho	Life Skills-Based Sexuality Education (LSBE)	In primary school, integrated into personal, spiritual, social, scientific, and technological learning areas. In secondary school, taught as a stand-alone subject.
Madagascar	Cadre d'Orientation de l'Education Sexuelle (COES)	Infused into all subjects.
Malawi	Life Skills Education	Taught as a stand-alone subject.
Mauritius		Integrated into carrier subjects.
Mozambique	Life Skills Education	Integrated into Portuguese, social science, civic and moral education, and natural science.
Namibia	Life Skills Education	Primary school integrated into environmental studies, natural sciences, health education and Window of Hope for Grade 1–3; stand-alone for Grades 4–7. In secondary school, taught as a stand-alone subject.
Nigeria	Family Life and HIV Education	Infused in all subjects.
Rwanda	School-Based Comprehensive Sexuality Education	Integrated into sciences, elementary technology, and social studies.
South Africa	Primary School: Life Skills Secondary School: Life Orientation	Taught as a stand-alone subject.

COUNTRY	NAME OF PROGRAM/SUBJECT	POSITIONING IN CURRICULUM
South Sudan	Life Skills and Peace-Building Education	Taught as a stand-alone subject.
Swaziland	Guidance and Counselling Life Skills Education	In primary school, integrated into health and physical education, languages, expressive arts and general studies.
		In secondary school, taught as a stand-alone course (life skills education).
Tanzania	Comprehensive Sexuality and Life Skills Education	At primary levels, integrated into civic and moral education and science and technology.
		At secondary levels, iintegrated into biology and civics for lower secondary and general studies for upper secondary.
Uganda	Sexuality Education	In primary school, integrated into English, science, social studies, religious education and geography.
		In secondary school, taught as a stand-alone subject—life education.
Zambia	Comprehensive Sexuality Education	Integrated into science, social studies, home economics, and religious education.

Appendix 5
ESA-CSE Commitment Targets

2015 Targets	
4.1	A good quality CSE curriculum framework is in place and being implemented in each of the 20 countries.
4.2	Pre and in-service SRH and CSE training for teachers, health and social workers are in place and being implemented in all 20 countries.
4.3	By the end of 2015, decrease by 50 percent the number of adolescents and young people who do not have access to youth-friendly SRH services, including services for HIV, that are equitable, accessible, acceptable, appropriate, and effective.
2020 Targets	
4.4	Consolidate recent and hard-won gains in the reduction of HIV prevalence in ESA, and push toward eliminating all new HIV infections among adolescents and young people aged 10–24.
4.5	Increase to 95 percent the number of adolescents and young people, aged 10–24, who demonstrate comprehensive HIV prevention knowledge.
4.6	Reduce early and unintended pregnancies among young people by 75 percent.
4.7	Eliminate gender-based violence
4.8	Eliminate child marriage.
4.9	Increase the proportion of all schools and teacher training institutions that provide CSE to 75 percent.

Appendix 6
Participants and Respondents for Zambia Case Study

Ministry of General Education
Ministry of Health
Ministry of Chiefs and Traditional Affairs
Ministry of National Guidance and Religious Affairs
Ministry of Gender
Ministry of Youth, Sport and Child Development
Forum for African Women Educationists—Zambia Chapter
UNESCO
Restless Development
Planned Parenthood Association of Zambia
Churches Association of Zambia
Swedish International Development Cooperation Agency
Population Council