

**Towards scaling up
comprehensive sexuality
education in the Arab Region:
an operational guide for UNFPA
staff and partners working on
CSE implementation**

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Disclaimer

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Towards scaling up comprehensive sexuality education in the Arab Region: an operational guide for UNFPA staff and partners working on CSE implementation



Foreword

Governments around the world have endorsed the urgent need and right of adolescents and youth to be informed on sexual health issues. They have emphasized the importance of comprehensive sexuality education (CSE) for health, as well as for gender equality and development in general, in many intergovernmental documents, including the Programme of Action of the International Conference on Population and Development (ICPD) and the Commission on Population and Development (CPD), and the 2030 Agenda for Sustainable Development, the Political Declaration on HIV and AIDS.¹

CSE is part of UNFPA's Strategic Plan (2022-2025) and is essential to achieving the plan's three Transformative Results: ending preventable maternal deaths, ending unmet need for family planning, and ending gender-based violence and harmful practices, including female genital mutilation and child marriage.

In 2020, UNFPA's Arab States Regional Office conducted a situation analysis to explore the CSE landscape in the Region. While the Region has made significant progress in expanding and building upon its engagement with religious leaders, youth, skills training, digital platforms and other initiatives, more remains to be done to ensure that adolescents and young people have the knowledge and skills they need for good health and well-being.

One of the key recommendations of the 2020 report was to enhance CSE in the Region by developing a Regional operational guide, which would clarify UNFPA's position on CSE, considering the religious and cultural norms in the Region, as well as give guidance on how to advocate for CSE in the Arab countries.² Following these recommendations, UNFPA has developed

this operational guide to support countries in implementing age- and context-appropriate CSE both in school and out of school, and in linking it with the demand for youth-responsive services.

CSE is an extremely nuanced and complex topic that touches upon a wide variety of sociocultural norms. Political, religious and ethnic beliefs all influence uptake of CSE, and changing behaviour requires tremendous sensitivity and thoughtfulness. This guide accepts that each country in the Region is unique and has its own path, while also acknowledging that there is enough evidence and experience related to CSE programming across the world to enable it to be adapted to the local context in the Arab countries.

This publication is primarily designed to guide UNFPA staff in Country Offices in the Arab Region in implementing the CSE component of the UNFPA Youth Strategy, *My Body, My Life, My World*. It can also serve as a reference for UNFPA's partners at national and Regional levels. Finally, the guide will help to integrate CSE programming with UNFPA's other signature initiatives addressing the needs of adolescents and youth in the Region, such as unintended pregnancies, family planning, gender-based violence, female genital mutilation, HIV and sexually transmitted infections, and child and early marriage.

UNFPA in the Arab Region will continue to support governments, communities and youth organizations in their efforts to enable every adolescent to reach their full potential and empower young people to live a healthy life free of stigma and discrimination.

LAILA BAKER

Director

UNFPA Regional Office for Arab States

¹ For further information on relevant paragraphs, see Appendix I to the [International technical guidance on sexuality education](#) (2018).

² [Navigating comprehensive sexuality education in the Arab Region: a situational analysis](#) (UNFPA, 2020).

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Table of Abbreviations

ASRO	Arab States Regional Office
AYSRHR	Adolescent and youth sexual and reproductive health and rights
CEDAW	Committee on the Elimination of Discrimination Against Women
CPD	Commission on Population and Development
CSE	Comprehensive sexuality education
CSO	Civil society organization
FGM	Female genital mutilation
GBV	Gender-based violence
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
ITGSE	International Technical Guidance on Sexuality Education
LGBTQ+	Lesbian, gay, bisexual, transgender, and queer/non-cisgender identities (such as intersex, gender non-binary/non-conforming and agender)
MENA	Middle East and North Africa
NGO	Non-governmental organization
RHAS	Royal Health Awareness Society
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization



Introduction

The vision of “My Body” and “My Life” in UNFPA’s global strategy for adolescents and youth, *My Body, My Life, My World*, is that “all adolescents and youth can exercise their rights to make informed choices over their own bodies [and] for a healthy life and successful transition into adulthood.”³ The strategy recognizes sexual and reproductive health and rights (SRHR) as cornerstones of the transition from youth to adulthood. UNFPA’s approach is to foster access to comprehensive sexuality education (CSE), supportive families and peers, safe schools and spaces for adolescents, and the development of skills and other assets to set adolescents and youth on a positive trajectory to adulthood. UNFPA emphasizes respect for adolescents’ agency and autonomy, partnering with them rather than serving them as passive beneficiaries.

UNFPA partners with other stakeholders (UNESCO, UNICEF, IPPF) to support countries in implementing in-school CSE at national level. UNFPA is also a recognized leader in helping countries provide community-based, out-of-school CSE and link it with the demand for youth-responsive services. CSE in and out of school is an essential part of UNFPA’s Strategic Plan 2022-2025, which puts adolescents and youth front and centre in all three outcomes. One of the strategy’s principles is “leaving no one behind”, and this determines another approach to delivering CSE – to cover all groups of young people, including marginalized and key populations.

In 2018 the revised and fully updated edition of the UN *International technical guidance on sexuality education* (ITGSE)⁴ was launched. It serves as a framework for CSE based on the most relevant global evidence-based knowledge and experience, and is fully endorsed by UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and the WHO. In 2016 UNFPA initiated and coordinated the development of the UN *International technical and programmatic guidance on out-of-school comprehensive sexuality education* (Out-of-School Guidance),⁵ which was launched in 2020 as a supplement to the ITGSE. In 2019 UNFPA started to test the Out-of-School Guidance in *Ghana, Malawi, Iran, Ethiopia and Colombia*.

In the *global status report on CSE* (2021),⁶ two-thirds of reporting countries stated that 76-100 per cent of the schools in their country were providing some kind of sexuality education – defined as teaching about generic life skills, sexual and reproductive health (SRH) and HIV prevention. However, policies and laws vary in their strength of commitment to CSE, and there continues to be a gap between policy rhetoric and implementation. Globally a number of countries have national curricula and are moving in the direction of breadth of content across different age ranges (comprehensiveness) and mandatory teaching. While notable progress is being made, CSE-specific content on contraception, sexual diversity and access to SRH services is often nascent in formal curricula.

3 While there are no universally adopted definitions of adolescence and youth, the United Nations understands adolescents to include persons aged 10-19 years and youth as those between 15-24 years; this is also the terminology used in this report.

4 Published by the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNAIDS Secretariat, the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), UN Women, and the World Health Organization (WHO).

5 Published by UNFPA, UNESCO, UNAIDS, UNICEF and WHO Human Reproduction Programme (WHO/HRP).

6 Published by UNESCO, UNFPA, UNAIDS, UNICEF, UN Women and WHO.

The 2020 UNFPA report [Navigating comprehensive sexuality education in the Arab Region: a situational analysis](#) shows that there is very little institutionalization of CSE in Arab countries. Among the 20 countries reviewed, only two reported “yes” to the question “Is CSE in the school curriculum?” Several initiatives and attempts to develop CSE programmes have been made in the Arab Region, but to date they remain limited by lack of the effectiveness, scale and synergies necessary for a concrete and sustainable impact – that is, equipping adolescents and youth with knowledge, skills and attitudes in line with ITGSE standards.

WHAT IS THE AIM OF THIS GUIDE?

This operational guide is intended to help UNFPA personnel in the Arab Region and their CSE implementing partners to better understand and use opportunities to advance CSE in national policies and accountability mechanisms, and to provide UNFPA Country Offices and counterparts with concrete and concise guidance on recommended approaches and possible entry points to plan and lead effective CSE programs in the Region.

HOW IS THIS GUIDANCE STRUCTURED AND WHAT DOES IT INCLUDE?

- **WHAT IS CSE?** This section provides an overview of key principles, concepts and issues in comprehensive sexuality education, in line with UNFPA’s Global Strategy and corresponding Regional documents.
- **BUILDING THE CASE FOR CSE IN THE ARAB REGION:** Based on the Region’s context, needs, challenges and opportunities, this section highlights the positive impact of quality sexuality education on the health and well-being of adolescents and youth and achieving the three Transformative Results. It also highlights challenges and barriers to CSE, and provides a strategic

At the same time, several countries in the Region – notably Jordan, Morocco, Palestine and Tunisia – have become champions of implementing digital technologies for CSE and SRHR of adolescents and youth, which proved themselves essential during the COVID-19 pandemic. Examples include the mobile app “SexoSanté” in Tunisia; “SEXprime” (meaning “Express oneself”), an online platform in Morocco; Majd, the “brave student” and UNFPA virtual ambassador in the State of Palestine; and Jordan’s digital campaign targeting parents (“See it with their eyes”). For more information, see p.27.

This operational guide also offers justifications to advocate for favourable policy environments and increased investments in CSE at the Regional level. This publication is aligned with (and draws in part upon) the CSE Module of UNFPA’s operational guidance for the implementation of the *My Body, My Life, My World* Strategy.

- framework to address opposition to CSE in the Arab Region.
- **RECOMMENDED APPROACHES AND ENTRY POINTS:** This section focuses on recommended considerations and concrete steps for UNFPA personnel to plan and lead effective CSE programmes in the Arab Region; it also provides best practices from the Region together with specific recommendations on what to do and what not to do.
- **LESSONS FROM THE COVID-19 PANDEMIC**
- **REFERENCES AND SUGGESTED READINGS**

What is CSE?

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

of their rights throughout their lives (ITGSE, p.16). Initially introduced by the International Planned Parenthood Federation (IPPF) in 2006, this definition of CSE gained recognition and wider use with the publication of the [UNFPA operational guidance for comprehensive sexuality education: a focus on rights and gender](#) (2014). In addition, UNFPA considers CSE to be a rights-based and gender-focused approach to sexuality education, whether in school or out of school.



Key Characteristics and Concepts of CSE

In various settings, sexuality education may go by other names – such as “life skills”, “family life”, “HIV education”, “health education” or “holistic sexuality education”. However, certain core principles must always be present in sexuality education programmes and curricula:

- Respect for human rights and diversity, with sexuality education affirmed as a right
- Critical thinking skills, promotion of young people’s participation in decision-making, and strengthening of their capacities for citizenship
- Fostering of norms and attitudes that promote gender equality and inclusion
- Addressing vulnerabilities and exclusion
- Local ownership and cultural relevance
- A positive life-cycle approach to sexuality.

CSE is education delivered in both formal and non-formal settings that is:

- **Scientifically accurate:** The content is based on facts and evidence related to SRH, sexuality and behaviours.
- **Age-and developmentally appropriate**
- **Incremental:** CSE is a continuing educational process that starts at an early age, and where new information builds upon previous learning, using a spiral-curriculum approach.
- **Curriculum-based:** CSE is included within a written curriculum that guides educators’ efforts to support students’ learning. It can be delivered in either in-school or out-of-school settings.
- **Comprehensive:** Adolescents and youth acquire knowledge about SRHR and reproductive rights issues, including, but not limited to: sexual and reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; healthy relationships, gender-based violence (GBV); attitudes, skills, social norms, well-being, identity; and sexually transmitted infections (STIs), including HIV and AIDS. CSE covers the full range of topics that are important for all learners to know, including those that may be challenging in some social and cultural contexts.
- **Based on a human rights approach**
- **Based on gender equality**
- **Culturally relevant and context-appropriate**

- **Transformative**
- **Enabling for young people** to develop life skills needed to support healthy choices.

There are eight key concepts in the CSE curriculum, which are of equal importance:

1. Relationships
2. Values, Rights, Cultures and Sexuality
3. Understanding Gender
4. Violence and Staying Safe
5. Skills for Health and Well-being
6. The Human Body and Development
7. Sexuality and Sexual Behaviour
8. Sexual and Reproductive Health

The eight key concepts are each separated into age-specific applications across four age groups: 5-8 years, 9-12 years, 12-15 years and 15-18+ years. The topics are reiterated in each of these categories incrementally.

If started from an early age, provided incrementally over time and including all of the key concepts, CSE empowers young people to make informed decisions about their SRH and to develop the life skills necessary to protect themselves while respecting the rights of others.

Out-of-school CSE is delivered outside the school curriculum in non-formal settings. Out-of-school CSE programmes are particularly valuable because they can: provide CSE to children and young people in situations where it is not included in the school curriculum; supplement in-school CSE, particularly in contexts where it is not comprehensive or of high quality; provide CSE to children and young people who are not in school; and provide CSE that is tailored to the needs of specific groups of children and young people, in accordance with UN technical and operational guidance on out-of-school CSE. These groups include:

- Young people with disabilities
- Young people in humanitarian settings
- Young people living with HIV
- Young Indigenous people
- LGB young people
- Transgender young people
- Intersex young people
- Young people who use drugs
- Young people selling sex
- Young people in prisons

CSE in Global Agreements

While the term “comprehensive sexuality education” is not referenced in legally binding conventions or declarations, it is fully grounded in the internationally accepted human rights frameworks.

Programme of Action of the ICPD and the CPD

ICPD Programme of Action, para 7.41:

“The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions”, and “information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies [and] sexually transmitted diseases”.

CPD Resolution 2012/1, OP26:

“Calls upon Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality”.

CPD resolution 2013/1, OP11:

“Ensuring the access of adolescents and youth to full and accurate information and education on sexual and reproductive health, including evidence-based comprehensive education on human sexuality”.

2030 Agenda on Sustainable Development

SDG 3.7:

“Universal access to sexual and reproductive health care services, including for family planning, information and education”.

SDG 4.7:

“All learners acquire knowledge and skills needed to promote sustainable development, including among others through education for [...] human rights, gender equality...”

Committee on the Rights of the Child

General comment No. 20, para 61:

“Age-appropriate, comprehensive and inclusive sexual and reproductive health education, based on scientific evidence and human rights standards

and developed with adolescents, should be part of the mandatory school curriculum and reach out-of-school adolescents”.

Committee on the Elimination of Discrimination Against Women (CEDAW)

General Recommendation 24, para 23:

“Particular attention should be paid to the health education of adolescents, including information and counselling on all methods of family planning”; such education should address “gender equality, violence, prevention of sexually transmitted diseases and reproductive and sexual health rights”.

For a full list of international frameworks and information on relevant paragraphs, see Appendix I in the ITGSE.

Conventions Adopted by Some Arab Countries

Committee on the Elimination of Discrimination Against Women (CEDAW) (ratified by Egypt, Jordan and Tunisia, and acceded to by Algeria, Djibouti, Iraq, Lebanon, Libya, Morocco, Palestine, Syria and Yemen), Article 10(c):

“The elimination of any stereotyped concept of the roles of men and women at all levels and in all forms of education by encouraging coeducation and other types of education which will help to achieve this aim and, in particular, by the revision of textbooks and school programmes and the adaptation of teaching methods.”

Lanzarote Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (ratified by Tunisia), Article 6 – Education for children:

“Each Party shall take the necessary legislative or other measures to ensure that children, during primary and secondary education, receive information on the risks of sexual exploitation and sexual abuse, as well as on the means to protect themselves, adapted to their evolving capacity. This information, provided in collaboration with parents, where appropriate, shall be given within a more general context of information on sexuality and shall pay special attention to situations of risk, especially those involving the use of new information and communication technologies.”



Building the Case for CSE in the Arab Region

The Arab Region has diverse contexts, and different challenges.

Female genital mutilation (FGM) is prevalent in some Arab countries, especially Yemen, Djibouti, Somalia, Egypt and Sudan, whereas in other countries it is not commonly practised. In seven Arab countries the **adolescent birth rate** is higher than the global average of 44/1,000, namely, Egypt, Iraq, Palestine, Somalia, Sudan, Syria and Yemen. Although data are not available for all countries, **child marriages** still occur in the Region, and some countries have enabling legislation. **Traditional and conservative norms and values** are prevalent and are often religiously motivated. From a programmatic perspective, there is a **lack of access to SRH information and services for adolescents and youth**, in particular for unmarried, disabled or elderly women and girls.⁷

HIV prevalence in the Region is low: it is highest in Djibouti, at 1.2%. However, HIV infections in the Middle East and North Africa (MENA) increased by 33% from 2010 to 2021, making it one of only three Regions in the world where HIV is still on the rise. While MENA is the Region with the lowest HIV burden in the world – it had 180,000 people living with HIV at the end of 2021 – it also has the world's lowest HIV treatment coverage (50% of people living with HIV in 2021) and the lowest proportion of people living with HIV who are virally suppressed (44% in 2021).⁸ Lack of SRH knowledge among young people can lead to behaviours that put them at risk of HIV, increase their vulnerability to sexual violence, and affect their mental health and well-being, marked by a difficult transition from childhood to adulthood. It also makes

adolescent girls and young women more likely to be victims of GBV.

CSE can address these challenges faced by the countries of the Arab Region. The ITGSE highlights evidence that CSE using a rights-based approach contributes to the following outcomes:

- Delayed initiation of sexual intercourse, decreased frequency of sexual intercourse, decreased number of sexual partners, and increased use of contraception.
- Increased knowledge and improved attitudes of young people regarding SRH and behaviours. Nearly all sexuality education programmes that have been studied increase knowledge about different aspects of sexuality and the risk of pregnancy or HIV and other STIs.
- Improved knowledge, skills and intentions to avoid risky sexual behaviours (such as unprotected sex), and improved intentions to use clinical services.
- Short-term positive effects on knowledge and attitudes, including increased knowledge of one's rights within a sexual relationship; increased communication with parents about sex and relationships; and greater self-efficacy to manage risky situations. There are also longer-term significant positive effects found on psychosocial and some behavioural outcomes.

⁷ [Navigating comprehensive sexuality education in the Arab Region: a situational analysis](#) (UNFPA, 2020)

⁸ [IN DANGER: UNAIDS global AIDS update 2022](#) (UNAIDS, 2022).

The Out-of-School Guidance states that CSE can also contribute to broader goals, like changing social norms and contributing to policy change:

- “Programmes should contribute to a larger set of approaches that seek to reduce gender inequality and vulnerability, and change harmful social norms that contribute to stigma and discrimination.” (p.10)

- “Equally, programmes should contribute to approaches that aim to influence governments and authorities that formulate and implement laws and policies affecting children’s and young people’s sexual and reproductive health and their human rights.” (p.10)

Challenges and Barriers to CSE

Based on a recent mapping of CSE interventions in Arab countries, the majority of efforts and initiatives are limited to “awareness-raising” that is not curriculum-based, and they are conducted through informal education opportunities, mainly by non-governmental organizations (NGOs) and civil society organizations (CSOs). Integration of CSE into formal education is still hesitant, and the non-formal education sector is almost untapped for CSE, or it occurs only on a very limited scale.

The Regional assessment conducted by UNFPA ASRO in 2020⁹ showed that despite noticeable country differences, similar bottlenecks regarding CSE appear across the Region. While HIV prevention and treatment programmes, efforts to address early pregnancy, and sexual health services and education have been implemented to varying degrees in the different Arab countries, these topics remain highly sensitive and stigmatized across the Region. The situation analysis shows that traditional and conservative norms and values are prevalent, and are often religiously motivated. In some countries it seems to be difficult to create and make use of political momentum. From a programmatic perspective, access to quality SRH information and services for adolescents and youth is lacking, and in particular for women and girls who are living with a disability or unmarried.

Since the Nairobi Summit on ICPD25 in November 2019, five countries in the Arab

Region have made commitments to advance CSE and have been at the forefront of CSE work: Jordan, Morocco, Palestine, Sudan and Tunisia. Within the Region’s best practices, Tunisia is celebrating with the government a CSE framework to mainstream CSE into school curricula from kindergarten onwards. Egypt serves as yet another good example of innovative approaches and media engagement, with its “Love Matters” platform for young people to share SRH information. In Syria, UNFPA introduced the Young Mothers’ Club, an out-of-school CSE programme in which pregnant adolescent girls receive a combination of life-skills and tailored GBV and SRH information.

However, instances of active opposition have occurred in the Region. While opposition to CSE and SRHR is nothing new, over the past few years it has clearly become more politically engaged, well funded, well prepared and coordinated. At the level of the state and all institutions, strong religious views and

perspectives on gender, sexuality and children govern and restrict access to SRHR and CSE in the Arab countries. The extent of opposition to SRHR support, education and rights across the Region requires UNFPA offices and their partners to take careful and well-considered

approaches to proposing and implementing programming. The Arab Region, therefore, offers important lessons for other Regions in terms of working within institutions and communities to build support for CSE.

Strategic Framework for Addressing Opposition to CSE

The Strategic Framework aims to present an overview of possible response strategies to overcome barriers and challenges to CSE. It is organized into five strategies linked to UNFPA’s work:

1. **Partnerships with different areas of the state**
2. **Strengthening civil society partners and partnerships**
3. **Internal UN coordination**
4. **Communication**
5. **Research**



⁹ [Navigating comprehensive sexuality education in the Arab Region: a situational analysis](#) (UNFPA, 2020).

PRINCIPLES	APPROACH	ACTIVITIES	RECOMMENDED ACTIONS REGIONAL/NATIONAL
1. Partnerships with different areas of the State: National/subnational ministries; Parliamentarians; Judiciary			
a) Protect advances	Conduct continuous political scanning. Look for the best partners at different levels. If national government limits the possibility of working on CSE and SRHR, alliances may be found in subnational contexts.	Be flexible in finding the proper “entry point” in different moments. Be prepared for context variations.	National: Identify main allies within health and education ministries.
b) Prepare for opposition	Prepare the environment for intergovernmental meetings.	Scan the possibility of enhancing alliances with the judiciary and parliamentary system.	National: Strengthen links with parliamentarians supportive of ICPD agenda.
c) Identify contextually relevant and appropriate “entry points” and frames	National: Prepare governmental allies to participate in global/Regional intergovernmental meetings. Enhance government-CSO alliances for such participation. Support main CO’s national/political allies to participate in global/Regional and subregional intergovernmental meetings.		National: Support judiciary staff who may mitigate judicial strategies by anti-gender movements, i.e. movements opposed to gender equality and CSE.
2. Strengthening civil society partners and partnerships			
a) Invest in strengthening existing partners and partnerships	Mitigate the influence of anti-gender groups in world conferences and forums.	Engage meaningfully with and support youth-led, feminist and faith-led advocacy.	Regional: Support participation in congresses organized by anti-gender groups in order to understand and monitor opposition.
b) Different levels of support for CSO: Regional/National/Community-based	Building school and community-level support.	Engage meaningfully with parents, families and teachers.	Regional: Support Regional networks of allies for CSE/ SRHR.
	Monitor violation of women’s and youth’s SRH rights to create “witness cases”. Support community work done by feminist and young leaders’ groups. Support monitoring of SRHR and CSE services in territories to have early warnings about the actions of the groups. Ensure support and confidence for CSE among educators.		Regional/National: Support strategic litigation by feminist groups. National: Support public audiences in the countries where issues of women’s rights, legal interruption of pregnancy, sex and gender diversity etc. are being discussed.
3. Internal UN coordination			
a) UN and partner preparedness to encounter opposition	Create a coalition across UN agencies. Exchange information regarding opposition. Develop contextually relevant messaging that counters (but does not directly respond to) opposition.		Regional: Create Regional coalitions to exchange lessons, information from country contexts. National: Identify focal points in each country who track opposition. National: Map existing and potential opposition.

4. Communication			
a) Understand challenges and best practices around CSE language and framing	Translate the focus of UNFPA's work and mandate into simple messages.	Cultivate media allies and partners.	Regional: Select CSO and media partners. Select spokesperson/ organizations to talk with the media. Strengthen social-media work with Regional influencers (Youtubers, TikTokers, Instagrammers).
b) Use contextually relevant and sensitive language and framing	Consider how "Family" can be incorporated in CSE language and framing.	Develop and implement a communications strategy.	National: Devise simple messages to disseminate through social media and other platforms.
c) Take the discursive initiative, proposing conceptual and narrative frameworks that allow framing the discourse of gender equality		Design and produce the same discourse in different ways, with different degrees of development and specificity, taking into account the specific needs, functions and interests of the recipients.	National: Consider creating a network of parents that supports/demands CSE.
d) Find the win for everybody			
5. Research			
a) Monitor opposition	Make ongoing efforts to track the advocacy work of coordinated opposition groups.	Map opposition and potential opposition; map allies and potential allies.	Regional: Support Regional academic and journalist networks which are producing evidence on anti-gender strategies and supports.
b) Conduct public-opinion surveys	Produce evidence on young people's opinions about CSE.	Give voice to groups demanding CSE.	Regional: Form task teams to share and exchange information about opposition.

The Wheel of Context

Dr Sara Nasserzadeh and Dr Pejman Azarmina from Relationship Panoramic.Inc have set out six contextual dimensions or factors that people doing SRHR advocacy should be familiar with in the development and implementation of any CSE plans.

Historical background

- What are the untold stories around sexuality in the community?
- What positive or negative views does the community hold about sexuality education?
- Is there currently a sexuality education programme in the community?
- Does the community have any previous experience with sexuality education? If so, how was it perceived? By whom? Were opinions divided?

Culture, religion and language

- Is sexuality seen as an integral part of overall health and well-being, or is it linked to a certain stage of life of the individual (puberty, marriage)?
- When, if ever, is sexuality education presented, and to what extent?
- What is sexuality education called (e.g. family education, reproductive health, personal care)?
- Are we taking into account how language and vocabulary in the programme contribute to its acceptance and success?
- Is there a strong religious tradition within the community? If so, how does this impact daily life and gender relations, and how does it inform values around sexuality?

Social stability vs change

- Are there competing needs within the community due to large-scale changes that could threaten the stability of sexual education programmes?
- Are there programmes of different scale that impact the programme we are implementing?
- Is collaboration among different organizations and/or branches of government helpful or a hindrance in delivering a sexuality education programme?
- How sustainable is our funding with changes in government departments?
- How do we track policy changes?

Politics and legislation

- How do we measure progress? In what context?
- What is the current state of the government?
- Who are the decision-makers supporting sexuality education?
- Are there different stakeholder groups to work with?
- Is the government centralized or decentralized?

Recommended Approaches and Entry Points

This section presents some strategies that have proved to be effective in planning CSE programmes around the world, and provides examples of the adaptation of CSE in the Arab Region. They are not the only considerations to bear in mind – see the ITGSE and the Out-of-School Guidance for more – but they are worth highlighting.

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

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

- **Multicomponent programmes are important for reaching marginalized young people.** Sexuality education has the greatest impact when school-based programmes are complemented with community elements, especially those that link sexuality education with youth-friendly health services, including condom distribution, with providers trained to address the needs of young people respectfully and non-judgmentally.
- **Teachers and facilitators responsible for delivering CSE also require training.** This includes training on skills to address sexuality accurately and clearly; to consider their own attitudes and values in order to enhance their comfort in teaching; and to use active, participatory learning methods.
- **Programmes addressing both pregnancy prevention and STI/HIV prevention are more effective than single-focus programmes.** For example, they can increase effective contraceptive and condom use and decrease reports of sex without a condom.
- **Gender-responsive programmes are essential to achieving important health outcomes** such as reduced rates of early and unintended pregnancy or STIs, and of GBV. Such programmes are based on a gender- and age-responsive context analysis and include dedicated interventions for young women.
- **Implementation fidelity = impact.** When effective curricula are delivered as intended, without deviating from the original design, content or delivery approaches, they are much more likely to have the desired positive impact on young people's health outcomes.



How to Plan and Implement CSE Programmes

CRITICAL STEPS

CRITICAL STEPS	
Building support	<ul style="list-style-type: none"> ● Use what's there ● Lobby for national policies ● Build community support and address opposition
Programme development	<ul style="list-style-type: none"> ● Know your goals ● Know your context ● Know your curriculum
Programme delivery	<ul style="list-style-type: none"> ● Establish systems for scale-up with government leadership ● Involve the community ● Establish a training system for teachers/facilitators ● Use digital technologies

BUILDING SUPPORT

CRITICAL STEPS

COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE

Use what's there
 Make use of existing international, Regional and local frameworks and agreements supporting CSE to lobby for new or improved government policies

For a list of policy frameworks and international frameworks, see Appendix I to the ITGSE.

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

Sexuality education in Tunisia is explicitly backed by the first national law to combat violence against women, passed in 2017, which mandates *l'éducation à la santé et à la sexualité* (education for health and sexuality) (Republic of Tunisia, 2017, see Article 7), and it is furthermore supported by the 2014 constitution (Article 8 on Youth empowerment and article 38 on Health). Strong advocacy efforts for sexuality education directed towards the Ministry of Education have been led by the Arab Institute for Human Rights, the Tunisian Association for Reproductive Health (IPPF affiliate) and UNFPA.

Build community support and address opposition

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

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

In Tunisia, UNFPA built on concerted efforts and planned interventions by various advocacy groups, institutions and NGOs, including teachers unions and youth-led organizations, to accelerate the pace of CSE curriculum adaptation and integration. All actors joined one advocacy plan instead of diffuse efforts.

DO	DON'T
<ul style="list-style-type: none"> ● Conduct a community needs assessment to identify the unique needs of each social context ● Involve young people in the development, leadership and delivery of CSE materials and programmes, and be mindful of their different experiences and needs ● Also involve governments, relevant ministries, communities, faith-based organizations, families and health-care providers, and adapt CSE to what is right for the specific young people of each community 	<ul style="list-style-type: none"> ● Assume that stakeholders are familiar with the purpose and content of CSE – even if they say they are ● Underestimate the deep-seated discomfort about adolescent sexuality and the political and cultural resistance to CSE at global, Regional, national and local levels ● Adopt a one-size-fits-all model of sexuality education curriculum ● Make assumptions about the CSE needs of various groups of vulnerable youth

PROGRAMME DEVELOPMENT

CRITICAL STEPS	COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE
<p>Know your goals</p> <p>Develop a theory of change before deciding on the specific interventions you will implement</p>	<p>The best theories of change are developed by diverse groups who bring many perspectives. Start by defining the long-term goals of the programme, then map backwards to identify the outcomes (of interventions) that are preconditions for reaching those goals. The theory of change shows the causal links between longer-term, intermediate and shorter-term outcomes. Define your outcomes clearly: for example, they may be biological, behavioural or health-related; or they may be related to knowledge, attitudes, values, skills, self-efficacy and intentions. It is then possible to design interventions leading to the desired outcomes. In the theory of change, elements are mapped graphically to show each outcome in logical relationship to all the others in a chronological flow. The theory of change helps to ensure that programmes are logical, evidence-based, focused and measurable. For an example, see the Theory of Change for the UNFPA Multi Country Programme on Out of School CSE.</p>
<p>Know your context</p> <p>Conduct a situation analysis</p> <p>Assess the social, SRH needs and behaviours of children and young people targeted by the programme, based on their evolving capacities</p> <p>Consider how to integrate CSE with existing programmes</p> <p>Facilitate access to existing SRH services</p>	<p>Participatory action research (PAR) advocates that those who are the subjects of research should be involved in the process actively throughout the cycle. Key features of PAR are that it enables action through a reflective cycle, whereby participants collect and analyse data, then determine what action should follow. PAR balances power between the researcher and the research subjects: selecting the research topic, collecting and analysing data, and deciding what action should happen as a result of the research findings are all done together.</p>

CRITICAL STEPS	COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE
<p>Know your curriculum</p> <p>Use the ITGSE and Out-of-School Guidance to ensure that your curriculum covers a comprehensive range of topics</p> <p>Involve experts on human sexuality, behaviour change and related pedagogical theory</p> <p>Make sure the content is culturally relevant</p>	<p><i>Love Matters</i> in Egypt is an explicit CSE initiative based on public dialogue and information delivery. It is curriculum-based, age-appropriate and culturally contextualized.</p> <p>In Tunisia, the CSE steering committee was established to oversee the development of a culture-relevant, science-based and age-appropriate CSE curriculum. The committee consists of education experts, school inspectors, sexology experts, CSE trainers and SRH professionals.</p>
DO	DON'T
<ul style="list-style-type: none"> ● Focus on clear goals and learning outcomes at each age level ● Include younger children in CSE, develop age-appropriate content, and facilitate access to related services for all age groups ● Consult with parents/guardians and offer parent-focused CSE to parents of young children or even newborns 	<ul style="list-style-type: none"> ● Provide the same CSE to all age groups, since various age groups have different CSE needs ● Exclude parents or family members in community engagement
<ul style="list-style-type: none"> ● Address how biological experiences, gender and cultural norms affect the way children and young people experience and navigate their sexuality and their SRH in general ● Centre a human rights perspective ● Use CSE to encourage advocacy to address broader structural goals, such as changing social norms and policies, reducing stigma and discrimination, and advocating for adolescents and young people's access to SRH services 	<ul style="list-style-type: none"> ● Focus only on individual knowledge ● Blame participants for structural problems, such as criticizing young men for attitudes that are harmful to girls and women

DO	DON'T
<ul style="list-style-type: none"> ● Assess the resources (human, time and financial) available to develop and implement the curricula ● Partner with young people to build on what already exists ● Plan for sustainability and scale 	<ul style="list-style-type: none"> ● Start from scratch – instead, consider the existing systems and resources that can be built upon to integrate or form CSE programmes
<ul style="list-style-type: none"> ● Look for opportunities for CSE provided by new living circumstances and changed routines, such as settings for young refugees or displaced people 	<ul style="list-style-type: none"> ● Assume that CSE cannot be provided in unstable contexts, or that sexuality cannot be addressed with people from conservative cultures
<ul style="list-style-type: none"> ● Cater to the different identities and address diverse needs by including young LGBTQ+ populations in determining CSE content (with consideration of the legal framework) ● Assess services to ensure that referrals are made to trans-friendly services, where needed 	<ul style="list-style-type: none"> ● Assume that all identities under LGBTQ+ have the same needs and interests ● Use male and female labels when talking about sexual and reproductive anatomy in CSE for young transgender people

PROGRAMME DELIVERY

CRITICAL STEPS	COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE
<p>Establish systems for scale-up with government leadership</p> <p>Careful planning, including cost plans, can ensure that scale-up is effective and sustained. Pay attention to both vertical and horizontal scale-up, as well as to securing national and local ownership of the programme. Regular monitoring and evaluation, and documentation of results, are essential from early on in the scale-up process.</p>	<p>In Tunisia the Ministry of Education officially declared the pilot phase of CSE in schools, mandating sexuality education for all learners aged 5-18, and appointed a ministry staff member to manage efforts. Further members joined the expert group, including representatives from the Ministry of Health, the Ministry of Women, Family and Children, education unions, teachers and youth, who worked together to integrate topics and learning objectives, guided by the revised ITGSE, into the curriculum across several subjects, with recognition of local context. Teaching and learning resources that support the curriculum have also been developed, and braille and audio adaptations are planned to be made for learners with disabilities. There has been some opposition from parents, conservative political parties and religious leaders throughout the process, and efforts have been made by the Ministry of Education, UNFPA and CSOs to address misconceptions and ensure that the broader community understands the rationale for CSE. The Tunisian Association for Reproductive Health and the Arab Institute for Human Rights has partnered with media organizations to demystify the concept of CSE, which has been central to challenging community misconceptions. As there was major risk of pushback by teachers of Islamic Studies, representatives were invited to join the expert committee and have been part of efforts to revise some of the language seen as more sensitive. There are plans for all teaching and learning tools to be made available online. There will also be an interactive online forum where people can ask questions and make suggestions.</p>

CRITICAL STEPS	COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE
<p>Involve the community</p> <p>This can include parents, teachers, community leaders, religious and faith-based organizations, media and other gatekeepers</p>	<p>Since 2020, UNFPA Palestine has supported the development and roll out of “Majd”, the “brave student” virtual ambassador, a 12-year-old male or female cartoon character (the same name is used for both) who advocates for positive change in the lives of Palestinian adolescents. Majd has reached 12,000 adolescents through Facebook, a mobile app and television. Through this platform, various programmes were introduced to keep children and adolescents engaged during the pandemic lockdown. Forty-seven young volunteers worked to develop content and introduce it through a variety of means, including an online summer camp, reading competitions, health and well-being sessions, online Majd diary sessions, digital-security and early-marriage campaigns, and question and answer sessions. Around 300 educational items (videos, posters and posts) were created, attracting nearly 140,000 views and 11,150 accounts. Now, Majd is institutionalized as a tool in the adolescent health manual of teachers and counsellors in the Ministry of Education.</p>
<p>Establish a training system for teachers/facilitators</p> <p>Ensure they are culturally competent and can communicate clearly with participants</p>	<p>In Tunisia, UNFPA and partners trained a pool of school inspectors, education supervisors and teachers as expert trainers on CSE, in charge of rolling out the training plan of teachers, as part of the national engagement to integrate CSE. The pool of trainers are engaged ministerial staff and are involved in rolling out CSE curricula, guaranteeing the institutionalization of CSE and ownership at national level.</p>

CRITICAL STEPS	COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE
<p>Use digital technologies</p> <p>Digital platforms and tools offer opportunities for reaching young people and engaging with them in innovative and interactive ways, as a complement to in-person CSE.</p> <p>Make the digital intervention youth-centred: ensure that young people (including ones from marginalized populations) are part of the planning and development process.</p> <p>Build on what already exists, and use platforms that are used by young people. Explore the impact and effectiveness of existing digital spaces, including social media and dating apps.</p> <p>Ensure that digital CSE programmes are curriculum-based. Just as with in-person CSE, adapt them to the local context.</p> <p>Assess and address privacy and security to ensure confidentiality and safety for all users.</p> <p>Invest in understanding the impact of digital platforms and effective ways of reaching audiences. Take advantage of individualization and interactivity.</p>	<p>“SEXprime” (meaning “express oneself”) is an online platform in Morocco which is dedicated to sexual education, where young people can express themselves, share their experiences and needs, and receive valuable, medically accurate, age-appropriate, affirming and honest information about SRH. The material, in digital format, allows young people to confront taboos and explore issues regarding their sexual health. Through the various training modules (SRH, gender, human rights, anti-violence, interpersonal relationships, emotional intelligence etc.), youth are equipped to cultivate self-respect and respect for others, and make informed decisions about their reproductive health. SEXprime also strives to assist adults – parents, teachers, educators and health-care providers in Morocco – to communicate effectively and honestly about sex and sexuality with the adolescents and young people in their lives. The online platform is managed by the Youth Innovation Group, supported by UNFPA Morocco.</p> <p>Love Matters Arabic is a Regional network based in Egypt, operated by the Center for Development Services. The platform provides information on relationships, sex and love and primarily addresses youth (aged 18-30 years) in the MENA Region. Its work is mainly conducted online via its website, forum and social-media channels. Love Matters Arabic has been very successful in reaching a young audience with taboo-breaking content in a very conservative setting, and therefore has been expanded to other countries in the Region. In each country, it provides the same delivery method, but the content and language are tailored to the target audience. It seeks to bridge the gap in SRH information between young people, sexual health experts, educators and services.</p>

CRITICAL STEPS	COUNTRY EXAMPLES, GOOD PRACTICES AND PRACTICAL ADVICE
<p>Build monitoring and feedback systems into the digital platform to gather data for improvement.</p> <p>Plan for adequate content management and product maintenance.</p> <p>Conduct quality assurance checks of any digital platform/ application you promote.</p> <p>Monitor interventions such as group pages, blogs and interactive forums. When participants engage in live chat or provide information to each other, consistent monitoring by knowledgeable staff is critical to ensure the accuracy and integrity of information presented.</p>	<p>SexoSanté is an app developed and hosted by the Tunisian Ministry of Health/National Office for Family and Population and dedicated to youth aged 15-24. It includes information on puberty, menstruation, GBV, STIs and SRH in general and is available online and offline. The application has been downloaded by more than 10,000 people in the first year. Being hosted by the National Office for Family and Population guarantees institutional anchoring and sustainability.</p>
DO	DON'T
<ul style="list-style-type: none"> ● Provide inclusive and comprehensive HIV education, including to young people living with HIV 	<ul style="list-style-type: none"> ● Assume that young people living with HIV are already well informed
<ul style="list-style-type: none"> ● Deliver high-quality training to teachers and peer educators to create safe spaces 	<ul style="list-style-type: none"> ● Avoid sensitive or difficult topics ● Use stigmatizing language or a judgmental view of sexuality in the CSE curriculum
<ul style="list-style-type: none"> ● Use trauma-informed methods and empowerment approaches 	
<ul style="list-style-type: none"> ● Consider using peer educators to deliver CSE, especially to young key populations 	<ul style="list-style-type: none"> ● Use just one approach to identifying candidates for peer educators, such as expecting them to respond to a notice

DO	DON'T
<ul style="list-style-type: none"> ● Select peer educators from a broad base of potential candidates ● Use a variety of methods to identify candidates suitable for different groups of vulnerable youth, and include young people from the target population in the process ● Make use of social media to find candidates 	<ul style="list-style-type: none"> ● Overestimate the benefits of peer education on young people. Studies have found that while it increases knowledge, and in some cases changes attitudes and intentions, it does not have a significant effect on behaviours, such as the use of condoms or other forms of contraception. However, the effects of peer education on young key populations are somewhat greater, suggesting that it may be a more effective approach for marginalized or hidden populations. Peer education may be more effective if it is integrated in holistic interventions and if the role of peer educators is focused on sensitization and referral to experts and services. Peer educators can work together with professional educators to deliver programmes. Peer education may be especially useful when programmes led by professional educators are not available or accessible; when adults are not fluent in the slang and colloquial language used by children and young people, especially when talking about sexuality; where peers are more likely to be trusted than professionals or others who are not part of the learners' peer group, e.g. among children and young people who are suspicious of people who represent past or present mistreatment and discrimination; or in ethnic communities where non-members may face barriers of culture, language or experience.¹⁰
<ul style="list-style-type: none"> ● Deliver CSE regularly (preferably weekly) to provide participants a greater opportunity to learn, reflect and to assimilate the curriculum 	<ul style="list-style-type: none"> ● Place all CSE sessions over several consecutive days, unless this is unavoidable because participants must travel a long distance to attend

10 [International technical and programmatic guidance on out-of-school comprehensive sexuality education](#) (UNFPA, 2020).

DO	DON'T
<ul style="list-style-type: none"> ● Use digital CSE as a supplement where there is reduced or no access to face-to-face CSE in and outside school settings 	<ul style="list-style-type: none"> ● Rely solely on digital technologies to reach young people, as there are still disparities in Internet access by geography, gender, levels of literacy etc.
<ul style="list-style-type: none"> ● Take advantage of a range of methods appropriate to participants' literacy levels ● Match methods and materials to the resources available 	<ul style="list-style-type: none"> ● Assume that all participants will have the same learning style and preferences ● Assume that computers, projectors or electricity will be available in all locations where CSE is taught
<ul style="list-style-type: none"> ● Have single-gender sessions as well as CSE sessions for all genders together 	<ul style="list-style-type: none"> ● Rely solely on gender-segregated programmes
<ul style="list-style-type: none"> ● Consider appropriate, inclusive teaching and learning methods if delivering CSE to young people with and without disabilities together ● Be aware of how particular disabilities affect sexuality 	<ul style="list-style-type: none"> ● Segregate participants based on ability when providing CSE to young people living with and without disabilities together
<ul style="list-style-type: none"> ● Use "people-first" language (e.g. "young person with a disability", not "disabled young person"), and adopt the language preferred by young people to refer to them ● Use gender-neutral language when delivering CSE to young transgender populations 	<ul style="list-style-type: none"> ● Assume that you know which population a young person identifies with. An individual may have overlapping identities, not all of which are obvious (e.g. blind and gay, Indigenous and selling sex) – or they may not identify with a specific group at all
<ul style="list-style-type: none"> ● Emphasize risk reduction for young people who use drugs, acknowledging that abstinence may take multiple attempts 	<ul style="list-style-type: none"> ● Assume that abstinence from drug use is a realistic goal
<ul style="list-style-type: none"> ● Maintain a comprehensive approach and try to adopt empowerment approaches to facilitate social change in CSE with young people who sell sex 	<ul style="list-style-type: none"> ● Focus solely on HIV and STI prevention in CSE with young populations who sell sex



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Lessons from the COVID-19 Pandemic

When schools closed during the pandemic, CSE delivered out of school filled a vacuum in many places and served as a key intervention for leaving no one behind.^{11,12} Taking into account the need for CSE programmes to shift to digital spaces in such situations, it is crucial to address the drivers of inequities in accessing digital platforms and technology (the digital divide), particularly for girls and young women and populations left further behind. One of the ways to address the digital divide is by partnering with organizations that develop TV and radio shows with educational components, in order to disseminate CSE content and messaging.

Reaching marginalized groups of young people with SRH information and services through digital platforms, local radio channels,

television, smartphones, house-to-house flyers, megaphones, etc. showed a lot of potential.

One of the lessons of the pandemic is the importance of applying technology and digital platforms that are appropriate in the specific context to ensure that we are reaching the right people. Among the challenges encountered are that practical skills-building for CSE facilitators cannot be done completely online, and that it is difficult to monitor community-based activities conducted online.

Engaging gatekeepers is critical to the success of taking up these adaptations in CSE programming, as they help to ensure an enabling environment for CSE.

Monitoring and Evaluation

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

- [Inside and Out: Comprehensive Sexuality Education \(CSE\) Assessment Tool](#) (IPPF, 2015)
- [Sexuality Education Review and Assessment Tool \(SERAT\) 3.0](#) (UNESCO, 2020)
- [M&E fundamentals: a self-guided mini-course](#) (USAID & MEASURE Evaluation, 2016)

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

Note that out-of-school CSE programmes may be more challenging to monitor and evaluate, for example how much of the programme has been delivered to each participant; whether

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

Evaluation measures how well the programme activities have met expected objectives and/or the extent to which changes in outcomes can be attributed to the programme or intervention. There are good resources available from UNFPA to guide you in evaluating your programmes, such as [The evaluation of comprehensive sexuality education programmes](#) (UNFPA, 2015).

Taking a Comprehensive Approach in the Time of COVID: a Case Study from Jordan

Adolescent and youth sexual and reproductive health and rights (AYSRHR) was promoted **at the individual level** by designing programmes to improve adolescents' and young people's knowledge around CSE through training and awareness-raising sessions. The goal was to empower them to lead peer-to-peer learning and create youth-led initiatives. To ensure that CSE was accessible to adolescents and young people, UNFPA worked with its partners

to transfer programmes to digital and online platforms; for example, during COVID-19 lockdowns six universities provided online reproductive-health elective courses for 7,749 students, of whom 70 per cent were female (in 2018-2022, 12 universities reached a total of 27,422 students with this course).

A total of 120 youth volunteers from the Y-PEER network and Shababna youth network

11 [Learning beyond the classroom: adapting comprehensive sexuality education programming during the COVID-19 pandemic](#) (UNFPA, 2020).

12 *Sexual and Reproductive Health Matters* journal, special edition (in process).

on university campuses accessed online CSE learning. In 2020, youth peer education sessions reached more than 1,500 young people, and virtual initiatives reached more than 6,600 social-media users. Shababna youth volunteers completed 2,474 volunteer hours during 2020.

In partnership with the Ministry of Education, SRHR awareness was integrated into established healthy-schools programmes. During 2020, a comprehensive toolkit on adolescent development and SRH was finalized and approved by the ministry. Social workers tested the module by conducting Zoom training sessions for students, reaching around 2,000 students (70 per cent of whom were female) by the end of 2021.

At the interpersonal level, parents were essential stakeholders. A toolkit for health-care providers to educate parents on adolescence and parent-child communication on SRHR and GBV was piloted in partnership with the Ministry of Health. The toolkit includes interactive online sessions covering a variety of topics, including how parents can discuss puberty, STIs, child marriage and healthy lifestyles. It also provides short animated videos that health workers can share with parent groups through WhatsApp to generate discussions. Individual follow-up sessions to enhance parents' communication skills with their children were provided upon request. In 2020, eight health centres reached 565 parents, and individual counselling was provided to 80 per cent of the parents (by June 2022, 24 health centres reached 2,550 parents, with 1,309 individual counselling sessions).

The organizational level intersects with the interpersonal level: AYSRHR promotion at the organizational level involved creating systematic CSE interventions within existing structures and programmes. These included launching an accredited course for nurses in Jordan through the [Jordanian Nursing Council](#) and investing in piloting youth-friendly health services.

In response to COVID-19, UNFPA provided technical and financial support for the shift to online and hybrid service modalities. In partnership with the Ministry of Youth, UNFPA, the Royal Health Awareness Society (RHAS) and World Diabetes Foundation launched the 3rd National Youth Forum/Youth Innovation Forum to support and empower youth to pitch innovative ideas on issues affecting adolescents and youth, mainly reproductive health, mental health, non-communicable diseases, healthy lifestyles and COVID-19 preventive measures.

AYSRHR was promoted **at the community level** during the pandemic by mobilizing media and social-media outlets to reach communities. More than 2 million people were reached by the Parent-Child Sexual Health Dialogue Campaign. In 2020 UNFPA worked with AmmanTV and 360 Moms on a television show called *Fe Al-Mamar* ("The Hallway"), addressing gaps in SRH knowledge and awareness of boys and girls. UNFPA collaborated with Sowt, a leading Regional podcast network with a large portfolio of shows and audiences, to support the sixth season of their podcast *Eib* ("Taboo"). Each episode of the podcast tackles an SRH or GBV topic relating to young people, highlighting the main cultural beliefs and practices impeding the advancement of gender equality and women's empowerment in Jordan. *Eib* reached over 330,000 listeners across all podcast apps.

Finally, **at the public-policy level** UNFPA launched a webinar series on AYSRHR in Jordan. The series of online seminars organized by UNFPA, RHAS and the Higher Population Council voiced the SRHR needs of adolescents and young people and promoted effective AYSRHR services, policies and education in Jordan. In addition, a CSE policy brief was produced and launched in 2021.



CSE in humanitarian settings

CSE is integrated in UNFPA's humanitarian response through informal CSE modules that are provided in youth centres and women's and girls' safe spaces. During lockdown, Questscope and 27 Syrian volunteers who lead the Space for Change youth centre in the Zaatari camp in Jordan created 17 WhatsApp groups to maintain the conversation and services around youth well-being, mentorship and health. UNFPA supported Zoom subscriptions for conducting virtual peer workshops and meetings, and provided 60 tablets to young people in the camp, in addition to providing technical training on facilitating online discussions, and refresher training on GBV and SRHR peer education, mental health and psychosocial support, and monitoring and evaluation. The aim was to enable Syrian youth leadership to manage and run the youth centre in lockdown. The centre is

the only dedicated youth centre in the Zaatari camp providing adolescents and young people (aged 12-30 years) with essential SRH and GBV awareness training, including life-skills training.

After its initial closure, the centre reopened at 35 per cent capacity, in line with government safety measures, offering a lifeline for socially distanced, vulnerable young people. During 2020, 1,395 people (637 males and 758 females) benefited from the activities conducted, including sports, arts, music, reading, information and communications technology, and languages. UNFPA and its partner have established a lending system for musical instruments to make sure that beneficiaries continue their learning journey and practise what they have learned virtually.

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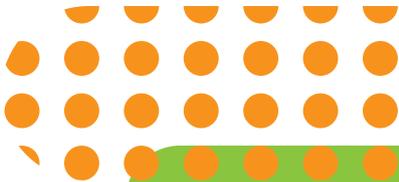
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