Lessons learned in the implementation of CSE in different settings

OVERVIEW

Despite recognition of the need for CSE and growing acceptance that CSE is a right; availability of evidence of effectiveness and cost effectiveness; availability of tools to advocate, plan, monitor, and evaluate programs;[1-8] and inclusion of CSE in international declarations and regional/national plans of action,[9-16] progress at implementation of CSE in some countries and geographical regions has been slow.

Across settings, a common challenge is moving from small-scale projects or weakly designed and executed programs with poor quality and limited coverage to large-scale, well-designed and well-conducted programs coordinated by Ministries of Education and included in national school education policies and programs. This transition faces barriers at multiple levels related to five factors: comfort, commitment, capacity, cash, and accountability. Additionally, programs face the challenge of preventing paralysis due to backlash during implementation and reviving progress if they become stalled by resistance.

A small number of countries have scaled-up and sustained CSE, and can provide insights into effective strategies and investments. These recommendations include placing CSE on the national agenda, planning the scale-up of CSE from the start, managing the scale-up of CSE effectively and efficiently, building support while anticipating and addressing opposition, promoting and safeguarding sustainability, and understanding potential barriers at different levels.

THE ISSUE

While we have considerable project-level experience, often led by NGOs, we have few examples of scaled-up and sustained CSE programs led by Ministries of Education and implemented through integrated and systematized approaches.[17-20] Common limitations include: reaching school-going adolescents late; using only small-scale, short-lived projects to reach out-of-school adolescents or those with special needs, or leaving them out completely; focusing on abstinence and the biology of sexual and reproductive health (SRH) and not on its social or practical aspects; and failing to link with health facilities. A major factor in the stalled implementation progress is related to the deep-seated discomfort about adolescent sexuality and the political and cultural resistance to CSE at the global, regional, national, and local level.

However, a small but growing number of countries (i.e. Senegal, Zambia, Nigeria, India, Pakistan, Argentina, Estonia, and Mexico)[21-29] have scaled-up and sustained CSE programs by:

Placing CSE on the national agenda and planning scale-up from the start. In Nigeria, for example, a group of NGOs led by Action Health Incorporated demonstrated the need for CSE using HIV as the entry point, along with the feasibility and effectiveness of CSE in projects, and formed a national coalition to advocate for a national policy and strategy. The coalition then worked with internal and external change agents over eight years to contribute to a policy and national scale-up plan. Meanwhile, to build engagement with stakeholders during scale-up, they used state-level advisory and advocacy committees

involving teachers' unions and parents groups, alongside proactive, energetic, and on-going consultations with supporters and opponents.

Putting proper systems in place for scale-up through government leadership. In Zambia, for example, the education sector's review and revision of the national curriculum provided the window of opportunity to scale-up CSE throughout the Ministry of General Education's (MoGE) systems, including national policy, teacher training, monitoring and evaluation, school supervision, primary and secondary level curricula and examinations. Intersectoral engagement with Ministries of Health, Education, Community Development, and Youth and Sport, as well as with NGOs and cooperating partners, enhanced program ownership and sustainability, strengthened linkages between schools and SRH service providers, and catalyzed the development of a complementary CSE Framework for out-of-school young people.

Managing scale-up effectively and efficiently. In India, for example, vertical scale-up of Udaan in Jharkhand state was partially accomplished at the outset through inclusion as an integral part of national policy, and was later aided by transfer of responsibility from the Health to Education Department. Horizontal scale-up, meanwhile, was accomplished through a true public-private partnership between the Department of Education and C3, an Indian NGO which provided technical support. Additionally, the program tasked a Core Committee with planning, implementing, monitoring, and reviewing Udaan, built on capacity of existing government staff for implementation at lower levels, developed a school-based MIS, and reiteratively shared progress at midterm sharing meetings.

Building community support and dealing with backlash. In Pakistan, for example, Aahung and Rutgers Pakistan built community support by strategically choosing issues to address, framing their work with care, having sensitive content vetted, and actively reaching out to gatekeepers to improve transparency and understanding. Meanwhile, they skillfully dealt with backlash by using supportive media persons as intermediaries, arranging for journalists to visit schools and see the programs for themselves, and organizing information-sharing and discussion sessions.

Promoting and safeguarding sustainability. In Argentina, for example, advocacy from civil society and women`s groups that the right to CSE was grounded in the national constitution succeeded in building government ownership, including the investment of substantial government funding. Continuous efforts were made to create sustained civil society support for Educación Sexual Integral, foster government champions, and show effectiveness by gathering and using data to increase demand. Equity was ensured through advocacy for attention in conservative provinces.

RECOMMENDATIONS

Based on evidence and lessons learned from CSE implementation across a number of countries convened in WHO in 2016, the following actions are recommended:

Place CSE on the national agenda
Strong political commitment needs to be built and sustained. Building political commitment and leadership of Ministries of Education, along with other state and non-state partners, will require internal change agents (NGOs, academia, media persons, and civil society) and external change agents (governmental and non-governmental development agencies) to work together, using windows of opportunity that arise or creating new opportunities through advocacy.
Coalitions of 'policy entrepreneurs' can lobby decision makers and influential others with:
- data on the pressing need to address an existing/developing problem;
- evidence that pilot projects to implement holistic approaches to CSE locally are feasible and effective;
- low risk of negative social reactions to the application of the intervention.

Plan the scale-up of CSE from the start
Careful planning, including costed plans, can ensure that the scale-up is effective and sustained. Scaling up requires attention to both vertical and horizontal scale-up, as well as securing national and local ownership of the program. The intervention to be scaled-up needs to be clearly and simply defined with careful attention to resource needs (managerial, technical, funds and materials) at national and subnational levels. Its delivery should be integrated into existing systems and should be used to strengthen them. Regular monitoring and evaluation and strategic documentation of results are essential from early on in the scale-up process.

Manage the scale-up of CSE effectively and efficiently
Managing scale-up requires ensuring that the right players are on board with clear responsibilities and that the resources needed for program scale-up are secured. Governments should play a leading role, with good coordination mechanisms to facilitate the engagement and complementary contributions of different sectors. Partnerships with credible, experienced NGOs can be used to support implementation and monitoring. It also requires a shared commitment to scaling up with quality and equity. Gathering and using data to ensure that decisions are based on sound and up-to-date information is central.

Build support while anticipating and addressing opposition
Proactive and ongoing efforts are needed to build support and to anticipate and address opposition. Building support and shared ownership for CSE scale-up among a range of stakeholders, including parents, teachers, community and religious leaders, media persons, and policy makers, is crucial. At the same time, one must be aware that political, cultural and religious conservatism may pose serious challenges that need to be anticipated and appropriately addressed.

Promote and safeguard sustainability
Ensuring sustainability requires deliberate investment of efforts in institutionalization, in building support, in assuring financial support, and in capacity development. This can also include linking the scale-up effort to rights-based principles enriched in important national documents, such as constitutions, and working to integrate activities into broader strategies, and indicators into broader measurement frameworks.

Understand potential barriers at different levels
Strategies should be used to identify the factors at each level that could contribute to resistance, backlash, and/or stalled implementation progress, as illustrated in the figure below.[30] Based on these factors, programs should design an approach that recognizes and addresses all barriers in a systematic manner. Further implementation research is needed in this area.
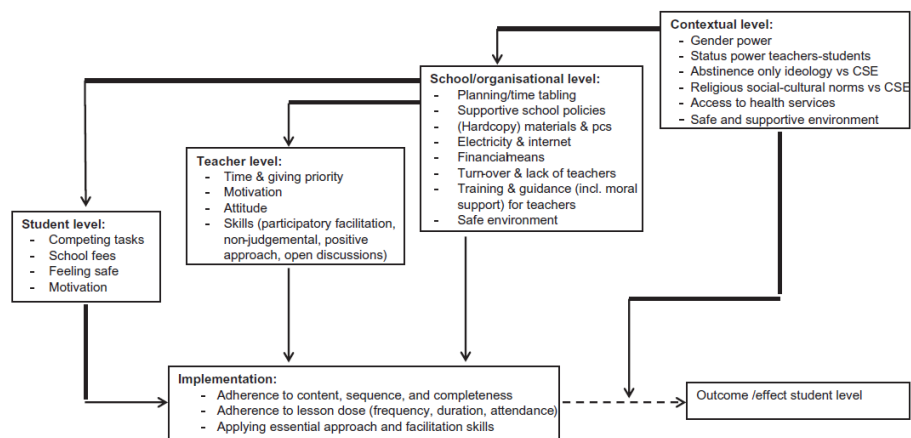

Figure 1. Barriers to CSE implementation and effectiveness.[2]

REFERENCES

1. UNFPA. *Operational Guidance for Comprehensive Sexuality Education: A focus on Human rights and Gender.* New York: UNFPA;2014.
2. UNESCO. *International Technical Guidance on Sexuality Education: an evidence-informed approach for schools, teachers and health educators.* Paris: UNESCO;2009.
3. UNESCO. *Levers of Success: Case studies of national sexuality education programmes.* Paris: UNESCO;2010.
4. UNESCO. *School-Based Sexuality Education Programmes: A Cost and Cost-Effectiveness Analysis in Six Countries.* Paris: UNESCO;2011.
5. WHO. *Promoting adolescent sexual and reproductive health through schools in low income countries: An information brief.* Geneva: WHO;2009.
6. IPPF. *From evidence to action: Advocating for comprehensive sexuality education.* London: International Planned Parenthood Federation;2009.
7. WHO Regional Office for Europe and BZgA. *Standards for Sexuality Education in Europe: A framework for policy makers, educational and health authorities and specialists.* Cologne: WHO Regional Office for Europe and BZgA;2010.
8. IPPF. *It's All One: Guidlines and activities for a unified approach to sexuality, gender, HIV, and human rights education* New York: Population Council; 2009.
9. UN General Assembly. *Transforming our world : the 2030 Agenda for Sustainable Development.* New York: UN General Assembly;2015.
10. UN General Assembly. *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 : resolution / adopted by the General Assembly.* New York: UN General Assembly;2016.
11. UN. *Beijing Declaration and Platform of Action, adopted at the Fourth World Conference on Women.* New York: UN;1995.
12. UNFPA. *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994.* New York: UNFPA;1995.
13. Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa. 2013.
14. Report of the first session of the Regional Conference on Population and Development in Latin America and the Caribbean: full integration of population dynamics into rights-based sustainable development with equality: key to the Cairo program of action beyond 2014. 2014.
15. Addis Ababa Declaration on Population and Development in Africa Beyond 2014. 2013.
16. The Sixth Asian and Pacific Population Conference ICPD Review. 2013.
17. Awusabo-Asare K, Stillman M, Keogh S, et al. From paper to practice: Sexuality education policies and their implementation in Ghana. New York: Guttmacher Institute;2017.
18. Sidze E, Stillman M, Keogh S, et al. From paper to practice: Sexuality education policies and their implementation in Kenya. New York: Guttmacher Institute;2017.
19. Monzón A, Keogh S, Ramazzini A, et al. De la normativa a la pràctica; La política y el currículo de educación en sexualidad y su implementación en Guatemala. New York: Guttmacher Institute;2017.
20. Motta A, Keogh S, Prada E, et al. De la normativa a la pràctica; La política y el currículo de educación en sexualidad y su implementación en el Peru. New York: Guttmacher Institute;2017.
21. Kempers J, Ketting E, Chandra-Mouli V, Raudsepp T. The success factors of scaling-up Estonian sexual and reproductive health youth clinic network - from a grassroots initiative to a national programme 1991–2013. *Reproductive Health.* 2015;12(1):2.
22. Huaynoca S, Chandra-Mouli V, Yaqub Jr N, Denno DM. Scaling up comprehensive sexuality education in Nigeria: from national policy to nationwide application. *Sex Education.* 2014;14(2):191-209.
23. Chau K, Traoré Seck A, Chandra-Mouli V, Svanemyr J. Scaling up sexuality education in Senegal: integrating family life education into the national curriculum. *Sex Education.* 2016;16(5):503-519.
24. Faur E. *Diez años de Educación Sexual Integral en la Argentina: Sistematización de una experiencia exitosa.* 2016.
25. Chandra-Mouli V, Plesons M, Barua A, et al. What did it take to scale up and sustain Udaan, a school-based adolescent education programme in Jharkhand, India. *American Journal of Sexuality Education.* 2017.
26. Chandra-Mouli V, Plesons M, Hadi S, Baig Q, Lang I. Building support for adolescent sexuality and reproductive health education and responding to resistance in conservative contexts: Cases from Pakistan. *Global Health Science and Practice.* 2017.
27. Chandra-Mouli V, Gómez Garbero L, Plesons M, Lang I, Corona Vargas E. Phases of Evolution and Resistance to Sexuality Education in Mexico. *Global Health Science and Practice.* 2017.
28. Chandra-Mouli V, Plesons M. Community engagement and sexuality education in conservative contexts: the case of Pakistan. BBC Media Action Insight; 2016.
29. UNESCO. CSE scale-up in practice. Case studies from eastern and southern Africa. Paris: UNESCO;2017.
30. Vanwesenbeeck I, Westeneng J, de Boer T, et al. Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings: The World Starts with Me. *Sex Education*. 2016;16(5):471-486.