



Knowledge hub

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Collection of best practices

Summary of the best practice

1. Title of the best practice (e.g. name of policy, programme, project, etc.) *

Zambia currently has the largest population of young people in its history, with 82% aged 35 years and below. Adolescents account for 25% of the total population and are at high risk of health and social issues during this period of transformation from childhood to adulthood. One way of addressing the knowledge gaps in order to improve SRHR outcomes for adolescents and young people is through the provision of comprehensive sexuality education (CSE) linked to SRHR services. CSE was integrated in carrier subjects in 2013 and rolled out nationally to schools as part of the revised curriculum in 2014. The aim of the CSE Framework is to provide young people with age-appropriate, culturally relevant, and scientifically accurate information. It includes structured opportunities for young people to gain knowledge, skills, and positive attitudes and values which will help them apply life skills in addressing challenges with regard to their sexuality. The CSE Framework explores all aspects of human sexuality under the following themes: Human Development; Relationships; Values, Attitudes and Skills; Culture, Society and Human Rights; Sexual Behavior; and SRH. While the program is targeting adolescents and young people aged 10-24 years directly, activities are also benefiting children younger than this directly through CSE in schools or indirectly through their parents, caregivers, and guardians, who are being trained or exposed to CSE. Secondary beneficiaries of the project include parents/guardians and pre- and in-service teachers, whose capacity to offer CSE is being strengthened. The program is promoting strengthened linkages between MoE and MoH to deliver CSE and offer youth friendly SRHR services respectively. The successful implementation of CSE has contributed to the reduction in the number of learners dropping out of school due to teenage pregnancies, increased knowledge on CSE and SRHR among young people, increased access to sexual reproductive health services and a general improved health outcomes and increased retention in schools.

2. Country or countries where the practice is implemented *

Zambia

3. Please select the **most relevant** Action Track(s) the best practice applies to *

- Action Track 1. Inclusive, equitable, safe, and healthy schools
- Action Track 2. Learning and skills for life, work, and sustainable development
- Action Track 3. Teachers, teaching and the teaching profession
- Action Track 4. Digital learning and transformation
- Action Track 5. Financing of education

4. Implementation lead/partner organization(s) *

The implementation lead is the Ministry of Education supported by UNESCO, other UN agencies and civil society organizations.

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. *

Health, pregnancy, HIV, gender, sexuality education, learners, teachers, parents, traditional leaders, parliamentarians, religious leaders

6. What makes it a best practice? *

The initiative is considered a best practice because the scaling up and implementation of CSE is led by Government through the Ministry of Education and therefore sustainable. That is why implementation of CSE is progressing well despite the aggressive CSE opposition in 2020. The Inter-sectoral engagement between Ministries of Health, Education, Community Development, Youth and Sport, non-governmental organizations (NGOs), and cooperating partners enhance government program ownership and sustainability. More importantly, the CSE program has contributed to the reduction in the number of learners dropping out of school due to teenage pregnancies, increased knowledge on CSE and SRHR among young people, increased access to sexual reproductive health services and a general improved health outcomes and increased retention in schools. The program has reached over 2 million grade 5 -12 learners with accurate information on CSE, trained 91, 155 teachers in effective delivery of CSE and over 5 million people with accurate information on CSE and services through mass media that included radio and TV

Description of the best practice

7. Introduction (350-400 words)

This section should ideally provide the context of, and justification for, the practice and address the following issues:

- i) Which population was affected?
- ii) What was the problem that needed to be addressed?
- iii) Which approach was taken and what objectives were achieved? *

Zambia currently has the largest population of young people in its history, with 82% aged 35 years and below. Adolescents account for 25% of the total population and are at high risk of health and social issues during this period of transformation from childhood to adulthood. The 2013-14 Zambia Demographic and Health Survey (ZDHS) indicates that about 32% of adolescents aged 15-17 years and 60% of those aged 18-19 years are sexually active, and therefore face risks of acquiring HIV and other sexually transmitted infections (STIs). They also experience mental health issues, trauma, and physical and sexual violence. Almost one in five adolescent girls are already married compared to only one in 100 adolescent boys aged 15-19; and one in four girls aged 17. On the other hand, adolescent boys seem more predisposed to alcohol and substance use and abuse compared to girls. The 2013-14 ZDHS also revealed low levels of comprehensive knowledge about HIV prevention among young people

One way of addressing the knowledge gaps in order to improve SRHR outcomes for adolescents and young people is through the provision of comprehensive sexuality education (CSE) linked to SRHR services. Investing in the education and health of adolescents and young people at the right time ensures that they are equipped with relevant knowledge on their SRHR to make healthy choices and decisions.

CSE was integrated in carrier subjects in 2013 and rolled out nationally to schools as part of the revised curriculum in 2014. CSE is referred to as Reproductive Health and Sexuality in the revised Zambia Education Curriculum Framework (ZECF), where it features as a crosscutting theme. The revision of the curriculum provided an opportunity to strengthen CSE in the curriculum following advocacy with stakeholders, and concurrently to the development of the ZECF, a CSE curriculum framework to guide the integration of CSE into carrier subjects by grade level was developed in 2013 using the ITGSE. The aim of the CSE Framework is to provide young people with age-appropriate, culturally relevant, and scientifically accurate information. It includes structured opportunities for young people to gain knowledge, skills, and positive attitudes and values which will help them apply life skills in addressing challenges with regard to their sexuality. The CSE Framework explores all aspects of human sexuality under the following themes: Human Development; Relationships; Values, Attitudes and Skills; Culture, Society and Human Rights; Sexual Behaviour; and SRH.

8. Implementation (350-450 words)

Please describe the implementation modalities or processes, where possible in relation to:

- i) What are the main activities carried out?
- ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
- iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
- iv) What were the resources needed (budget and sources) for the implementation?

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The scaling-up strategy was to integrate CSE throughout the MoE systems. The key activities for the scale up and implementation of CSE included:

1. The training of MoE curriculum developers and teacher training personnel in CSE to enable the development of the CSE curriculum and teaching and learning materials - 2012
2. The development and production of CSE learner and teacher books for Grades 5-12 – on-going
3. Capacity-building of in-service teachers in the effective implementation of CSE at school and classroom level through online and in person training models – on-going
4. Orientation of head teachers in the effective management and implementation of CSE at school and classroom levels – on-going
5. Capacity-building of teacher educators in effective methodologies for delivering CSE to trainee/students' teachers – on-going
6. Capacity-building of the Examination Council of Zambia specialists in order to integrate CSE in learner assessments tools and annual examinations – on-going
7. Capacity-building of national and provincial standards officers to effectively monitor delivery of CSE at school level – on-going
8. Capacity-building of EMIS officers to collect and analyze the HIV-sensitive indicators – on-going
9. Integration of CSE into primary and secondary teacher training curricula - 2015
10. Strengthening of linkages between schools and SRH service providers – on-going
11. Community engagement on CSE through mass media that includes radio and TV programmes, as well as community dialogues – on-going
12. Training/sensitizing of PTAs, traditional and religious leaders on CSE – on-going.

Activities to ensure sustainability

Effective advocacy has enabled the buy-in of relevant stakeholders (ministries, civil society, members of parliament, traditional leaders, parents etc.) and provided support to the implementation of CSE activities. Furthermore, CSE has been integrated into the functions of the TWGs at the MoE, MoH, and NAC. CSE is defined within the context of national priorities and plans. In this regard, CSE activities implemented are not offered as stand-alone interventions, but rather build towards continued efforts by the government to address SRH challenges for young people in Zambia. Finally, CSE has been integrated throughout the MoE's systems, such as in teacher training, M&E, and supervision, and it is integrated in the school curriculum and in examinations.

Activities to monitor quality of CSE delivery

In order to facilitate and enhance effective monitoring of CSE in schools, UNESCO supported the MoE to integrate HIV-sensitive indicators into the EMIS. Thus, data on CSE will be collected and analyzed each year to monitor the delivery of CSE and inform planning. In addition, MoE standards officers have been capacitated to monitor CSE at school level, and CSE indicators have

been integrated in the Standards Monitoring Tool. The standards officers will play a critical role, as they are in charge of monitoring the delivery of quality education in schools. CSE activities are designed and implemented through government systems and structures. In addition, research studies have been commissioned and undertaken to monitor delivery and quality of CSE, including tracking of progress.

The key collaborators include the government ministries, UN and Civil Society partners.

Financial and technical resources were required in order to successfully development and implement an effective CSE curricula.

9. Results – outputs and outcomes (250-350 words)

To the extent possible, please reply to the questions below:

- i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
- ii) What were the concrete results achieved with regard to outputs and outcomes?
- iii) Has an assessment of the practice been carried out? If yes, what were the results? *

The implementation of CSE has contributed to reducing the rates of STIs, HIV, and unintended pregnancies. CSE has also demonstrated impact with regard to improving knowledge and self-esteem, changing attitudes, gender and social norms, and building self-efficacy.

In order to strengthen the linkages between the provision of CSE in schools and increased access to SRHR services for young people, UNESCO, in partnership with UNFPA, commissioned a longitudinal study in 2017 with the aim of strengthening the linkage of CSE to utilization of SRH services by young people in schools. The study tested three models (also known as study arms) between 2017 and 2020 of how CSE and adolescent health services can be linked in order to achieve the desired impact. In 2020, the end line assessment was conducted, data was collected among 2,114 young people and adolescents from 23 targeted primary and secondary schools in Mufumbwe and Solwezi through self-administered questionnaires by students using tablet computers, preloaded with Survey CTO software.

Adolescent pregnancies have declined overall, in all intervention study arms, since the baseline assessment with some schools achieving no pregnancies. In absolute figures, the decline in intervention arms was more than 50% in intervention arms, as compared with control arm, and significantly lower, as a proportion of adolescent girls and young women. Results further underscore need to empower girls to fully realize their professional or career goals, and subsequently lead productive lives, through accentuating their access to high quality education, that includes CSE and adolescent-responsive health services.

The ultimate success of CSE for learners is dependent on having capable, well-trained teachers who are comfortable in delivering CSE lessons, and who receive ongoing management, supervision and support. Findings from an evaluation conducted in 2018 revealed that the CSE training delivered to teachers at the lower levels of the cascade model was not of a high quality due to the different layers involved in delivering this training, which in turn impacted on their ability to effectively teach and deliver quality CSE. In 2020, in recognition of the challenges associated with the cascade model and acknowledging that adequate preparation of teachers ensures delivery of accurate and age-appropriate CSE information to learners, a new model of using teacher training colleges (TTCs) as training hubs to facilitate pre- and in-service CSE teacher training. The new model of utilizing teacher training colleges as training hubs is effective because it targets in-service teachers as direct recipients of the training, while building the college lecturers' capacity to improve the CSE delivery for pre-service teachers. The training at college level also utilizes the Process Oriented Approach (POA), which is a unique teacher training methodology that recognizes that the way in which teachers teach CSE is influenced by their own personal attitudes, beliefs, and values. In addition, POA helps the pre and in service teachers to self-reflect on their own adolescence and the challenges they faced, and empowered them to be non-judgmental when delivering CSE to learners.

10. Lessons learnt (300 words)

To the extent possible, please reply to the following questions:

- i) What were the key triggers for transformation?
- ii) What worked really well – what facilitated this?
- iii) What did not work – why did it not work? *

- Inter-sectoral engagement between Ministries of Health, Education, Community Development, Youth and Sport, non-governmental organizations (NGOs), and cooperating partners enhance government programme ownership and sustainability.
- Creating and sustaining linkages with partners between national and regional levels provides an opportunity for sharing lessons which enhance programme efficiencies.
- Building partnerships with civil society organizations (CSOs) works as a quick enabler to impactful implementation of CSE among community members. For example, ZINGO, SAfAIDS and ChildLine have complemented the MoE's efforts in implementation of CSE in selected communities.
- There is a need to promote good quality teacher training, supervision and mentorship, especially at the district and school levels, for effective implementation of CSE.
- Head teachers who have received training in the management of CSE at school are supportive and play a major role in creating a supportive environment for effective delivery.
- Parents/guardians and community members who have received orientation on CSE appreciate its benefits and support its delivery to learners at school level.
- Involvement of community leaders has the potential to increase understanding and support for CSE programmes, given the key role they play in shaping opinion in societies.
- Government and political commitment through the MoE were important for successful integration and institutionalization of CSE in the education system.
- Involvement of community leaders has the potential to increase understanding and support for CSE programmes, given the key role they play in shaping opinion in societies.
- linkages and utilization of SRH services by learners remains a challenge. To address the identified challenges, UNESCO in partnership with UNFPA and working with Ministries of Education and Health contracted Population Council to conduct a study that aims to strengthen the linkage of CSE to SRH services by in-school young people. The objective of the study was to improve the sexual and reproductive health (SRH) outcomes of adolescents in Zambia. The recommendations from the study are informing the development of a sustainable model that will promote increased access and utilization of SRHR services for young people.

11. Conclusions (250 words)

Please describe why may this intervention be considered a “best practice”. What recommendations can be made for those intending to adopt the documented “best practice” or how can it help people working on the same issue(s)? *

The successful implementation of CSE has contributed to the reduction in the number of learners dropping out of school due to teenage pregnancies, increased knowledge on CSE and SRHR among young people, increased access to sexual reproductive health services and a general improved health outcomes and increased retention in schools. The programme builds on international guidance but is localized to Zambian needs and builds on collaboration between education, health, gender and youth sectors. CSE has been institutionalized and this has seen the continued implementation despite the aggressive CSE opposition that was experienced in 2020.

In the case of those who would want to adopt this intervention, it is advisable to ensure that there are adequate investments in evidence generation to guide the intervention and ensure it reflects national needs and realities and meets internationally recommended standards. Secondly, there is need to try and put government in the forefront of the programme for easy ownership and support. A programme must be well resourced with materials needed at school level to support the effective delivery of CSE at school level with specific training for teachers, in order for them to be comfortable. Lastly, an investment into a robust CSO network is a mandatory requirement to help provide technical support to the process.

12. Further reading

Please provide a list and URLs of key reference documents for additional information on the “best practice” for those who may be interested in knowing how the results benefited the beneficiary group/s. *

1. Zambia CSE Scale up In Practice Report (Regional Case study Report) 2017
2. Strengthening Comprehensive Sexuality Education for Young People In School Settings in Zambia: A Review and Documentation of the scale-up process UNESCO annual reports 2016
3. UNESCO Zambia annual report 2018
4. UNESCO Zambia annual report 2019
5. Zambia Education Curriculum Framework 2013
6. National AIDS Strategic Framework
7. Adolescent Health Strategic Framework
8. The Life Skills Based Comprehensive Sexuality Education Framework 2013