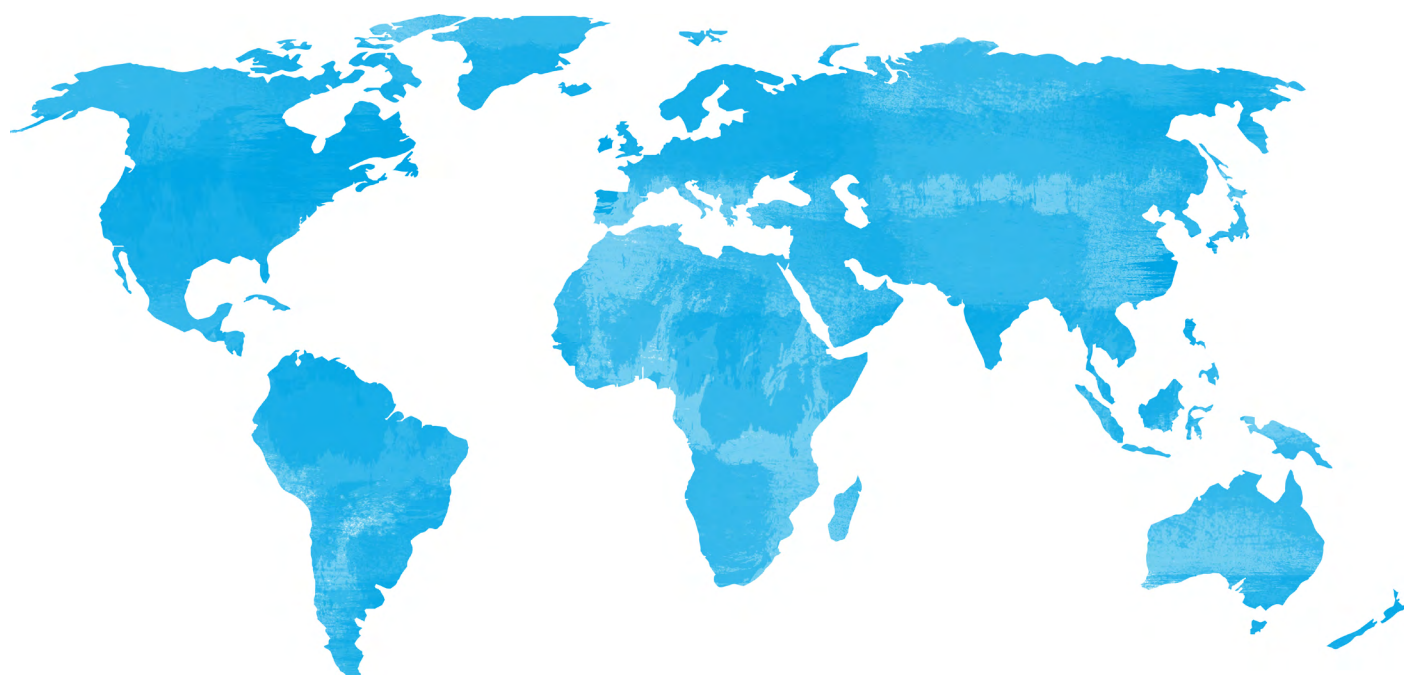


CSE AROUND THE WORLD

Best Practices



IPPF GLOBAL CONFERENCE ON CSE
- END REPORT -

December 12 - 13 2017
Oslo, Norway

CSE Around the World - Best Practices

Report from the IPPF conference on comprehensive sexuality education

December 12 - 13, 2017

Oslo, Norway

Hosted by Sex og Politikk (IPPF Norway)

Report composed by Laura Hurley (IPPF CO),
Stine Nygård (Sex og Politikk) and Thera Mjaaland.

CONTENTS

p. 5 Overview

- p. 5 Meeting objectives
- p. 5 Participants

p. 6 Programme

- p. 6 Tuesday December 12
- p. 6 Wednesday December 13

p. 7 Day 1 - December 12

- p. 7 Opening w/Johannes Rindal (Sex og Politikk) and Paul Fife (Norad)
- p. 8 Keynote address by Lena Luyckfasseel, Programme Director at the ENRO office in Brussels (on behalf of Carolyn Hickson, External Relations Director, IPPF CO)
- p. 8 Plenary 1: Examples of best practices
- p. 13 Plenary 2: Experiences from cross-regional collaborative projects
- p. 15 Group discussions: 1st session

p. 18 Day 2 - December 13

- p. 18 Group discussions: 2nd session
- p. 19 Group discussions: 3rd session
- p. 21 Presentation of revised International Technical Guidance on Sexuality Education, by Janelle Babb (UNESCO)
- p. 21 Closing session

p. 22 Final statement

p. 23 Presentation slides

- p. 23 Keynote address: IPPF and SRHR, by Lena Luyckfasseel, Programme Director at IPPF's European network (on behalf of Caroline Hickson, External Relations Director at IPPF CO)
- p. 25 Examples of best practices: Palestinian Family Planning and Protection Association (PFPPA), by Amina Stavridis
- p. 28 Examples of best practices: Family Planning Association of India (FPAI), by Preethi Mutta
- p. 31 Examples of best practices: Profamilia (Colombia), by Marta Royo
- p. 33 Examples of best practices: Sex & Samfund (Denmark), by Mia Sørensen
- p. 35 Presentation: CSE Institute, by Laura Hurley, Technical Adviser on Youth at IPPF CO
- p. 37 Cross-regional cooperation: ImSet, by Dora Georgiou, Cyprus Family Planning Association (CFPA)
- p. 39 Presentation: Revised International Technical Guidance on Sexuality Education, by Janelle Babb, UNSECO

p. 42 Participating IPPF member associations (alphabetical)

- p. 42 Albanian Center for Population and Development
- p. 43 Asociación Chilena de Protección de la Familia (Chile)
- p. 44 Associação Moçambicana para Desenvolvimento da Família (Mozambique)
- p. 45 Association Marocaine de Planification Familiale (Morocco)

- p. 46 Association Togolaise pour le Bien-Etre Familial (Togo)
- p. 47 Cyprus Family Planning Association
- p. 48 Egyptian Family Planning Association
- p. 49 Family Health Options Kenya
- p. 50 Family Planning Association of India
- p. 51 Family Planning Association of Nepal
- p. 52 Family Planning NSW (Australia)
- p. 53 Palestinian Family Planning and Protection Association
- p. 54 Planned Parenthood America (USA)
- p. 56 Planned Parenthood Association of Thailand
- p. 56 Profamilia (Colombia)
- p. 57 Reproductive Health Association of Cambodia
- p. 58 Reproductive Health Uganda
- p. 59 Riksförbundet För Sexuell Upplysning (Sweden)
- p. 59 Rutgers (Netherlands)
- p. 60 Sensoa (Belgium)
- p. 61 Serbian Association for Sexual and Reproductive Health and Rights
- p. 61 Sex og Politikk (Norway)
- p. 62 Sex & Samfund (Denmark)
- p. 63 Väestölitto (Finland)

p. 64 List of participants (by associations, alphabetical)

OVERVIEW

A two-day conference, coordinated by Sex Og Politikk, bringing together IPPF secretariat staff, as well as Member Associations (MAs) and some external stakeholders, to discuss best practices in Comprehensive Sexuality Education (CSE).

Meeting objectives

1. To share and showcase IPPF best practices for delivering, enabling and advocating for CSE around the world.
2. To prepare a joint statement for the high level technical preparatory meeting on CSE hosted by UNFPA and the Norwegian Ministry of Foreign Affairs on 14th December.

Participants

Secretariat staff from all six regions of IPPF and Central Office were present, as well as over 20 MAs representing all regions. Unfortunately the snow and visa issues meant that some participants were unable to attend, but still, almost 60 participants took part. We were also fortunate to have representatives from NORAD and UNESCO present at the meeting.



PROGRAMME

Tuesday December 12

9.30	Welcome and registration
10.00	Official opening: Paul Fife, Director NORAD/Johannes Rindal, President, Sex og Politikk
10.20	Key note address IPPF: "Where is IPPF going?" Caroline Hickson, External Relations Director, IPPF CO
10.40	Plenary: 7 examples of best practices by 6 MAs Amina Stavridis PFPPA Palestine, Preethi Mutta FPAI India, Marta Royo Profamilia Colombia, Mia Sørensen DFPA Denmark, Koffi Sangbana, ATBEF Togo, Suchada Thaibuthao PPAT Thailand. Sarah Onyango IPPF CO presenting the CSE Institute - 10 min each. Q&A. Facilitator Shadia Abdelrahim, AWRO
12.00	Lunch
13.00	Plenary: Cross-regional/ MA cooperation (1. RFSU, Sweden and RHAC, Cambodia, 2. Sex og Politikk, Norway and CFPA, Cyprus) - 20 minutes each. Q&A. Facilitator Lena Luyckfasseel, EN
14.00	Group discussions: 4 groups on two main pillars: CSE delivery + Advocacy and building support for CSE. One hour group work, 30 min feedback. (See attachment) Introduced by Marianne Støle-Nilsen (SoP)
15.30	Coffee break
15.45	Draft of final document presented, Laura Hurley, IPPF CO. Discussion
16.45	Plenary: Wrap up of the day
17.00	End of conference day 1
18.00	Reception at Oslo Rådhus hosted by Marianne Borgen, Mayor of Oslo
18.45	Guided tour in the City Hall
19.30	End of reception

Wednesday December 13

8.30	Plenary: Welcome and recap of previous day, expectations of the day
9.00	Group discussions: 4 groups on two main pillars: CSE delivery + Advocacy and building support for CSE. One hour group work, 30 min feedback. (See attachment) Introduced by Marianne Støle-Nilsen (SoP)
10.30	Coffee break
11.00	Group discussions: 4 groups on two main pillars: CSE delivery + Advocacy and building support for CSE. One hour group work, 30 min feedback. (See attachment) Introduced by Marianne Støle-Nilsen (SoP)
12.30	Presentation of new International Technical Guidance on Sexuality Education, Jenelle Babb, UNESCO programme officer helath and education
13.00	Lunch
14.30	Presentation of final document by Laura Hurley, IPPF CO
15.00	Closing session: Adoption of IPPF input to the UNFPA technical conference 14.-15.12.
16.00	End of conference day 2

DAY 1 - DECEMBER 12



Opening w/Johannes Rindal (Sex og Politikk) and Paul Fife (Norad)

The meeting was opened by Sex Og Politikk Executive Director Tor-Hugne Olsen, followed by Chair Johannes Rindal, who talked about the excellent opportunity of having a global IPPF conference with CSE as the main topic and the importance of youth in the new Sustainable Development Goals (SDGs). «I hope this conference can be a milestone for strengthening our emphasis on CSE».



Paul Fife, Director for Education and Global Health at Norad spoke of his support for the conference and the work of IPPF in general:

«IPPF MAs play a crucial role - you are established and have credibility - the world is changing and you remain a powerful partner in all the countries represented here. You are here as a force for good...Norad has been supporting IPPF since the 1970s because we value the work that you do. We place trust in our partnership to advance the agenda and will continue the dialogue with Sex Og Politikk into the new year, as a representative of this group. We want you to hold us accountable and welcome your constructive engagement - being active in country but also internationally you have a unique vantage point. Hold us accountable, be there and be wise»

He spoke about the importance of cross-sectoral collaboration and seeing CSE within broader SRHR agenda. Speaking of the roadmap which would be produced at the end of the high-level meeting he urged participants to be part of the movement:

«We need broad sectors to participate, we need young people to be engaged meaningfully to represent what they think is important and we want to promote continuity - not just one off events and surges of energy, but sustainable ways to continue this work. Linked goals of climate change, job creation, and how to provide opportunities for young people to access income are top of the agenda for many countries. Also fragile/humanitarian contexts - the role of civil society is especially important in these environments where governments may not be willing or have capacity to support with CSE and other issues»

Keynote address by Lena Luyckfasseel, Program Director at the ENRO office in Brussels (on behalf of Carolyn Hickson, External Relations Director, IPPF CO)
View presentations slides on p. 23

Lena Luyckfasseel, Programme Director for IPPF's European Network presented a keynote presentation looking at the history of SRHR, through the lens of Norwegian IPPF co-founder Elise Ottesen-Jensen.



Leading to the introduction of sexuality education in Sweden, Elise Ottesen-Jensen's work continues to inspire IPPF's work in the case of CSE. Ahead of her time when family planning tended to be understood from a population control perspective, she put it in the context of sexuality and gender equality. She founded the National League of Sexual Guidance, she campaigned against prejudices about sexuality, and started sexuality education in school in Sweden in 1945 (in Norway it had started in 1939). She was also a founding member of IPPF.

Evolving in a context where contraception had been illegal and around 20.000 illegal abortions were performed every year (1920-30) her thinking is still relevant and is reflected in IPPF's work today:

1. Keep front and centre the moral urgency that drives us.
2. Deeply understand the context you are working in.
3. Find ways to connect to those who are suspicious, and include them.
4. Most importantly, include parents as allies.
5. Tell children what they need to know when they need to know it.
6. Sexual and reproductive health should be embedded in the broader issues of equality and rights.

IPPF's strategic framework today includes the ambitious aim of reaching 1 billion youth with CSE a year. Since 1945, when CSE was first introduced in school in Sweden, IPPF has made enormous strides forward. Young people today know a lot more about their bodies, contraception and safe sex. Still, sexuality education tend to be "too little, too late, too biological". Furthermore, despite Sweden having inclu-

ded CSE in school already in 1945, the country statistics is still high on sexual harassment. Since CSE is understood to contribute to an equal, diverse and just society, shouldn't we do better in these countries we have been working the longest? So we can do more; we should do more; we should do it better!

It is also about making the link between CSE and all the things it contributes to. Without it we cannot move the agenda and reach the Sustainable Development Goals. We need to find clever ways of doing this; we need to find the right words; the right framing to explain what we do in order to counter opposition and open peoples' hearts and minds to the importance of sexuality education. So let us put the pursuit of emotional and sexual literacy at the heart of CSE!

Plenary 1: Examples of best practices

We were then able to hear examples of best practices in CSE from each of the six IPPF regions, facilitated by Shadia Abdelrhim, Arab World Regional Office:

- Amina Stavridis PFPPA Palestine
- Preethi Mutta FPAI India
- Marta Royo Profamilia Colombia
- Mia Sorensen DFPA Denmark
- Koffi Sangbana ATBEF Togo (presented by Faida Nsensele, Africa Regional Office)
- Suchada Thaibuthao PPAT Thailand

Following lunch, Laura Hurley, Technical Adviser on Youth at IPPF Central Office gave an overview of the upcoming 'CSE Institute' which will be launched as a pilot next year. The Institute is working with the Swedish, Dutch and Danish MAs to develop technical assistance for other MAs wishing to build their CSE work, as part of the wider 'Technical Assistance Network' initiative.



Following are transcripts/ summaries of each of these presentations.

Amina Stavridis, PFPPA, Palestine

View presentations slides on p. 25

PFPPA's work is in a context of political instability, lack of youth-friendly services and unavailability of resources for CSE. Consequently, youth continue to have unanswered questions in relation to sexuality and contraception. On the other hand, and despite being insufficient, there is a national curriculum on SRHR. But it is hampered by lack of social counsellors and teachers as well as a support system within the school. Misconceptions are therefore widespread among youth. According to the national curriculum, students start from grade 7 with some lessons about adolescence, personal hygiene and changes in their bodies. In grade 8, they will add more about nutrition, mother and child health and post-natal care, which is too early. In grade 9, they will talk about psychological health including depression about stress, about violence, reproductive health and early marriage. In grade 10 they will talk about family health, community life and family planning and social influences, and reproductive anatomy.



PFPPA has experience in the field of sexual and reproductive health stretches back to 1964. The member association has trained and competent staff with RH committees and a coalition against GBV as well as unsafe abortion and experience from attempting to modify the national CSE curriculum in Palestine. PFPPA have a good reputation and relationship with different ministries and NGOs. Participation in regional and global meetings gives us the inspiration to continue our work in our association.

Youth are trained by PFPPA's staff and volunteers through positive messages and information in regards to CSE. Youth are also trained as peer educators. Our best practices concerning youth has gained momentum since 2012 where we started our innovative approach to train 400 youth as peer educators through summer camps with different activities. Eventually, this has resulted in 50,000 youth being reached through peer-to-peer education sessions. And about 10% of them is referred to the youth-friendly services. PFPPA develops their material based on the questions raised

during the youth trainings and sessions. We also encourage initiatives coming from youth themselves, and are currently supporting around 10 such initiatives.

Through PFPPA's relationship with Ministry of Education we started to train social counsellors in schools. Till now, we have trained 60 social counsellors; 22 of them as ToT (trainers-of-trainers). We also reach out to parents through the parents committees at school. We have also developed a guideline in Arabic for the social counsellors and school teachers for their work with sexuality-related topics. Through the Ministry of Education we also training service providers on CSE and have developed a manual for their own approach of pre-marriage counselling as well as a booklet for youth to help themselves.

The usefulness of working with religious leaders depends on the country context. In Palestine they are in generally opposing our work. But based on the diversity and instability in Palestine they support youth education which include CSE, but not in all aspects like sexual identity. We have trained religious leaders on CSE, and they are reaching out through their speeches at mosques and at churches with CSE messages. Even some of the like-minded religious leaders has become CSE trainers, and are supporting our teams in the training sessions.

Road to success: Keeping up good relations with NGOs and ministries, training youth and the social counsellors, develop information material and manuals, keep up good relations with the media are the main steps on our road to success.

Obstacles: political instability, lack of official data on CSE in Palestine; CSE is not considered a priority in our context of political instability and where ministers are constantly changing.

Last note: Never exclude anyone in your program!

Preethi Mutta, Youth Program Officer, FPAI, India

View presentations slides on p. 28

FPAI work all over India stretches back six decades. But talking about sexuality is still a taboo. So young people are, basically, uninformed. 53% of girls and 84% of boys have ever received any information about SRH. Early marriage is prevalent and 58.2% of girls become pregnant and mothers during adolescence. Because of gender inequality malnutrition and anaemia is high among girls. Gender based violence is also at issue in this male-dominated society. Young people are not given equal opportunities and are not well informed about their rights.

It is important to understand adolescents as a heterogeneous group. The fact that they are in- and out of school, married and unmarried, living in slums and villages (and rich and poor families) in geographically diverse areas also means that they are not equally vulnerable. Consequently, their needs are different. So, when developing CSE programs one has to consider adolescents' different needs and design programs accordingly. There are no specific health programs for adolescents in India and their needs are ignored. Their need for information is unfulfilled since talking about sexuality is taboo. Reproductive health services

are for married people only and do not cater for unmarried adolescents needs in a positive way. Therefore, it is very important to create a safe and enabling environment in order for young people to make informed choices about their own sexual and reproductive health.



FPAI programs on young people focus mainly on community mobilisation and facilitation of a supportive and enabling environment where they can access information and services. We have school-based programs for young people in formal settings as well as for out-of-school youth. While training is important for any group of young people when it comes to sexual and reproductive health information, it is important to always make sure that services are also available. Providing information is not enough; they have SRH needs and should get the chance to access SRH services. Accordingly, FPAI's youth programs are centred on community mobilisation, school-based and out of school activities and access to sexual and reproductive health services.

We also try to include youth participation at all levels in our organisation, including in decision-making. They are also part of our advocacy work in relation to government and other local and global institutions/organisations. Based on previous experience it is very effective to let young people talk about their service needs. Young people might not have been aware of their rights but acquire advocacy skills through our trainings.

The CSE program is mainly focusing on giving young people the values and skills they need to enjoy their sexuality – physically and emotionally, individually and in relationships. We want to increase the access to essential packages of youth-friendly CSE, and again, make sure they have the opportunity to access RH services. It is imperative to create a safe and enabling environment when working with young people, so that teachers, parents and other community members can support them in their decisions. It is also important to equip young people with the skills to advocate for their rights.

FPAI has also developed a CSE manual and different booklets. While the Government of India has an adolescent sexuality education curriculum it is currently banned in many regions on the pretence that it is culturally inappropriate. So, we try to work with the Ministry of Education and education departments in order to fill the gaps resulting from this opposition - outside school by forming youth groups. Again, it is very important also to work with parents and teachers. We also use social media in this out of school strategy.

Marta Royo, Executive Director Profamilia, Columbia
View presentations slides on p. 31

Profamilia is the largest organisation in Columbia specialising on sexual and reproductive health and educational services since 1965. When I started in the organisation 5 years ago, I realised that for many years the provision of health services was not aligned to the provision of educational information. The best practice we have developed so far is trying to put the educational work that we have been doing in a structural form.

Profamilia has five strategic lines of work:

1. clinics (providing SRH services that are also youth-friendly in 30 clinics),
2. farma/RH commodities (income generating services),
3. research (in cooperation with ministries and others),
4. advocacy (work closely with the government since CSE is now banned in the government structure in agreement with the churches), and
5. 'educa' putting all our experience over 52 years into making an official CSE program for Colombia (inspired by IPPF curriculum on CSE and relating to rules and programs from the Ministry of Education). This program is integral as it is not only concerned with sexual and reproductive rights but also citizenship and the well-being of the person.

Profamilia have two ways of providing 'educa' so far: 1) through actual presence, and 2) via our visual platform. We want to build a sexuality transforming community based on informative awareness-raising on all levels. We hire specialists (as opposed to social workers in the past) to build the programs since we have to respond to all the rules and regulations of the government. We arrange workshops and special training sessions with teachers and parents.

The technical consultancies we are asked to do in schools on CSE also give us an opportunity to evaluate our program in order to convince the government as well as public schools that it actually advances sexual and reproductive health and rights. Based on a clear CSE strategy that is given a formal structure and is developed through an institutional model, the content of 'educa' has advanced through constantly analysing, designing, developing and evaluating the program.

'Educa' is built on 6 pillars:

1. Gender
2. Sexual and reproductive health
3. Sexuality, sexual rights and reproductive rights
4. Affection and sexual relations
5. Culture and society

6. Empowerment and participation



We have so far developed 4 protocols for the training of adolescents, young people and adult leaders, and one protocol for the training of teachers. We also want to put together a team of specialised professionals in order to continue to provide the educational service we have provided over the past 52 years. The next step for us is to present the problem to the government hoping to get certification in order to continue and expand our work on CSE.

Mia Sørensen, Program Officer in Sex of Samfund /DFPA Denmark

View presentations slides on p. 33

Even though DFPA work both internationally and nationally, I will concentrate on the national program in this presentation. It is concerned with our best practice of enabling teachers to provide sexuality education in Danish schools through the yearly national campaign developed by DFPA called 'Uge 6' (Week 6) in the sixth week of every year. Based on the fact that in Danish the word '6' and 'sex' is pronounced the same way, it manages to attract a lot of attention.

What is good about the campaign is that it ties all our work with ministries, politicians and duty-bearers throughout the year together. Through its intensified attention to sexuality issues, the campaign manages to attract the media which is welcomed by politicians since it gives them a chance to promote their own ambitions in this area. This also works well for us. In fact, the campaign is the time of year when we launch any new CSE material in the age-group 6-18 to be used in the Danish school system. Working with researchers, we also get feedback on our work during this yearly campaign.

In 2017, around 70% of the pupils in school took part in our campaign. Teachers have to sign up for the campaign in order to access our CSE material. This also gives us an idea of how many pupils we are reaching with sexuality education, and it gives us an opportunity to follow them up afterwards in terms of how they experienced the campaign.

As DFPA's main focus is on teachers and school nurses we also launched last years a new educational portal (www.undervisningsportal.dk) on sexuality education that cater for their needs and the barriers they face. There is no such CSE material issued by the Danish Government, no specific training of teachers, no time-table and there are no exams on the topic. So our portal includes learning objectives and an overall guideline of what to teach. While the curriculum is quite comprehensive, it will be revised next year. We try to advocate for this educational portal throughout the year and make the teaching sessions and different exercises easily accessible for busy teachers who also might fear addressing sexuality issues in their classes. Another of the issues that we address throughout the year but which we also focus on during our campaign is courses for teachers and school nurses if they are interested and can pay since it is not free. We have developed a discussion guide and also have a hotline that teachers (and school nurses) can call.

Each year the campaign is centred on a specific theme based on currently debated issues. Next year it will be about body. Despite sexuality education having been mandatory in Denmark since 1971, there are still a lot of issues that needs more focus like sexual integrity and insecurity about your body. The portal helps teachers to search learning objectives and the subjects to teach by age-group since these are not included in the time-table as such despite being mandatory. So DFPA assist teachers with that. We can also follow the number of downloads from the portal.

We use the feedback we get in our ongoing dialogue with MPs and ministers, collaborate with researchers for example on how CSE is presented in the government framework in Denmark and how CSE is interpreted by teachers in terms of what they include and exclude in their teaching which we know very little about. Therefore, our current focus is on the training teachers actually get in teachers training colleges (TTIs).

Faida Nsensele, representative from IPPF African Regional Office (replacing Koffi Sangbana, ATBEF, Togo)

In Togo there is still a lack of support for CSE, especially at community level. Consequently, young people have limited choices and knowledge about sexuality-related issues. Our project is therefore focused on promoting youth SRHR through CSE, and to enable its inclusion in the school curriculum, which is moving forward. Still at issue in Togo is how to reach out to the out-of-school youth with CSE. So this project, where we have formed a lobbying partnership with several other organisations, we try to bring CSE to the out-of-school youth within the community. The idea was that the community should have a leading role in the work with providing out-of-school youth with access to CSE in two regions of Togo where early marriage is still common.

ATBEF work through 4 paths:

1. Empowerment of youth through CSE
2. Empowerment through adolescent- and youth-friendly services
3. Empowerment from, by and through support of the community
4. Empowering legal and government officials for young

peoples' sexual and reproductive rights

At the centre of ATBEF's strategy are young people, and especially young girls, but boys also for some activities, young people with disabilities, parents since we are working in the community but also teachers. As to teachers, ATBEF look at them as potential actors who can make change within the community. In fact, we invest a lot in them in schools but we also rely on them out-of-school. ATBEF also work with community leaders and religious leaders, with service providers and lawyers, media and police as well as the politicians/parliament.

So what does ATBEF do? Among our strategies you have awareness-creation working with radio and all sorts of media but also by using cartoons, especially for the very young adolescents. We are investing a lot in capacity-building for adolescents themselves, for parents, religious leaders, teachers and service providers and others like police and the media. The capacity building touches on CSE, young peoples' sexual rights, youth-friendly services but also on social support. We also look at the legal system and all the legal mechanisms in order to announce when there is a violation of young peoples' sexual rights young people and the community should know. We empower young people through CSE, so what? They also need to know what to do and where to go if their sexual rights are violated. And not least, those who receive these reports, like the police, need to know how to welcome a young person. The media also need to know how to report these incidents.

In ATBEF's approach to CSE we follow the IPPF content but adapt them to the context of Togo. We create specific spaces for adolescents, especially for girls, but we also have special sessions for boys and young men addressing masculinity because we think boys have an important role to play in reducing GVB. We also have policy dialogues and form links to health systems in order to build the capacity of service providers on CSE. We also link up with legal and protection services. We also form linkages in our advocacy work.

ATBEF's project in Togo is community-led where we allow for the CSE package that we provide to be negotiated. We make the community understand what we want to do and give them the possibility to make their own Sexual Rights Charter where they own the agenda but where they also are integrating adolescent sexual rights and CSE within it.

We look at CSE from the entry point of empowerment as a youth-centred and innovative strategy. It also needs to be cross-sectional in its approach by including not only education and health but also other actors like the police as partners in the work for CSE and youth empowerment.

Lessons learnt:

- CSE is about empowerment
- Communities can lead and even better if the initiatives comes from them
- CSE has to be practical and based on a holistic approach from the start

Suchada Thaibuthao, PPAT Thailand

The Thailand society is very accepting about the diversity of sex. Nevertheless, talking about or discussing sex is a taboo – even in the family. Statistics from Ministry of Health in 2016 indicates that 250 girls 10-19 give birth every day. So what about sexuality education in Thailand?

In 1978 Ministry of Education (MoE) announced that sexuality education was to be taught as a subject in school on primary and secondary level. Alongside it, the MoE asked PPAT to work with them on sexuality education to adolescents and young people. So why would we do that? Many adolescent came to our clinic for counselling and services did not know where else to go with their SRH concerns. So we thought we could contribute by joining MoE in their preventive effort rather than just solving problems. However, when PPAT teach CSE in school to adolescents and young people many – even teachers, administrators and policy-makers – still think it leads to earlier sexual debut and more sex.

PPAT has worked tirelessly with MoE on youth CSE since 1978. This included working to equip teachers with sexuality education skills. But since teachers were uncomfortable with teaching CSE we changed our strategy to teach students directly. In fact, young people will discuss among themselves and would not approach the teacher when they have problems related to sexuality. So that is when we decided to focus on peer educators. PPAT partner with the Basic Education Commission and the National Scout Organisation of Thailand and is supported by Thai Health Promotion Foundation.

The priority of PPAT now is - together with our partners - to update existing curricula content to conform to the current situation and knowledge on life skills ranging from sexuality and reproductive health to drug use and social media topics. The MoE has also announced that this new curriculum is to be taught in the 48.000 schools around the country from this year.

PPAT tries very hard to introduce CSE to teachers because they would commonly centre on birth control and disease like HIV/STIs, and not on GBV and relationships. Their sexuality teaching is about anatomy and not about how to say no to ones' partner and know how to protect oneself.

We also do surveys on the needs of among stakeholders like parents, teachers, religious and community leaders, health service providers by way of focus group discussions. And we have also produced CSE manuals. Altogether we have published four manuals for:

- staff
- teachers
- peer-to-peer educators, and
- parents.

In addition, we have published one CSE manual for the Muslim community in the south of Thailand.

Recognising the high number of teenage pregnancies in Thailand (around 250 teenage births every day in 2016), the Government announced the Teenage Pregnancy Preven-

tion and Alleviation Act in 2016. It gives the adolescent girl the right to choose. Earlier she had to drop-out of school, now she can choose to continue. And the educational institutions must make sure they provide relevant CSE to their students.

Last year we also had the review of CSE in Thailand. The teaching method on CSE is still based on the lecture and lack in regards to active learning. Lack of topics on sexuality includes sexual rights, gender equity and relationships, unplanned pregnancy and STIs and the positive side of sex. The teachers also mentioned that they do not have enough training concerning this kind of knowledge, they lack teaching material and time within their teaching schedule within the current curriculum. The educational institution also needs mechanisms and more resources to teach CSE in a systematic way. Monitoring, evaluation and continuity are very important in this respect.

Laura Hurley IPPF CO (replacing Sarah Onyango)

View presentations slides on p. 35

The CSE institute is part of a wider issue in IPPF called the technical assistance network (TAN). This is about harnessing all the expertise and best practices within the federation in order to use it more by coordination through the secretariat.



The idea of the CSE institute as a tool kit is situated within IPPF's strategic framework. It is based on CSE being a key component of the new IPPF strategy which includes ambitious targets set for the number of young people reached with high quality CSE in the years to come. For example in 2016, 28.1 million young people completed a CSE program run by IPPF and its member associations and founded on rights-based, youth-centred and sex-positive approaches. Here I want to focus on the delivery of CSE which sometimes can be difficult. Hence, this is not about the concepts but how we get those CSE messages across through how we commonly work - through advocacy and linking up to services. As has been mentioned here earlier today by Preethi Mutta/FPAL, there is no point in having good CSE if there are no services available for young people to access their rights.

Having this new CSE initiative, we build on all the expertise we already have within the federation. It is a way of institutionalise all the learning on CSE and make sure that best practices can be shared. With different gaps and challenges it is a way of making sure that we can help each other.

We know IPPF has a strong vision and a strong commitment on CSE. We already have a lot of information material that can be contextualised for use in different places. We also have the inside-out CSE assessment tool which many MAs are already using to test the quality of their CSE. The CSE institute can also be a tool to strengthen weak areas of some MAs. So the institute is about increasing the scale and the reach of CSE. Reaching more young people but also making sure that we keep the focus on quality and comprehensiveness, and also that we make sure that we reach the most marginalised young people. In fact, that has always been the strength of the federation and its MAs. The question is how we can institutionalise IPPF's strengths.

The idea is that everything will be online as a virtual institute. It is basically about how we can move on by using technology in a sustainable way of information delivery. So as soon as we have stuff online it will be accessible for more people to use. And we hope that the CSE institute, after this pilot, will be able to reach more MAs and even organisations external to IPPF in order to spread best practices.

The technical implementation of the institute will start with the pilot next year (2018). This will involve recruiting the MAs that will benefit from the CSE institute based on a needs assessment that identify gaps and challenges and match them with MAs that are already part of the institute. This will enable MA to MA learning. Since this is a pilot we start small and will look at how this project can be scaled up by learning as we go. We also have formed a promising partnership with Open University, UK, for remote learning.

Plenary 2: Experiences from cross-regional collaborative projects

«IPPF is at its best when working together and sharing the expertise that they have. I hope we will be able to learn how these exchanges and support brings mutual learning»

Lena Luyckfasseel, ENRO

Two groups presented examples of cross-country initiatives on CSE. First, RFSU (Sweden) and Reproductive Health Association of Cambodia presented their joint initiative.

Sek Sisokhom, Program Officer, RHAC, Cambodia and Hans Olsson, Senior Adviser, RFSU Sweden

The program presented here on SRHR of school student through the official LSE curriculum is based on collaboration with a host of different national and international organisations providing financial and technical support. In partnership with ORU (?), we work closely with the Ministry of Education. Even though MoE was responsible for developing the LSE curriculum and is responsible for teaching the subject in school we have contributed in the process with our

experience on SRHR. RHAC also support the MoE by providing ToT (teaching of teachers) in the different provinces of Cambodia. RHAC also train core personnel in educational departments in different provinces/districts of Cambodia on progress tracking in terms of achievements, and provide monitoring and evaluation for the MoE to improve the CSE component of the LSE curriculum. Hence, RHAC's effort, together with its partners, focuses on building capacity to teach CSE in schools in the different districts/provinces.



In addition to supporting the implementation of the LSE curriculum, RHAC also works with the authorities around the country to raise awareness in the community on the importance of teaching CSE in school. As teaching CSE to young people is still controversial in Cambodia, RHAC needs to make sure we have support from stakeholders. RHAC also brings along material to support the core trainers in educational departments and teachers in schools in the area. Furthermore, we invite the school principals/directors and the provisional directors to join together in order to look at the progress of the teaching competency of the teachers as well as the challenges they encounter during the teaching of CSE - and discuss how to enable improvements.

RHAC does systematic monitoring and evaluation to improve the teaching of LSE in schools both in terms of teachers' confidence and teaching skills. We also found that teachers' skills improve even more when school directors are involved. The level of students' knowledge on CSE is in fact improving as a result of this; especially in primary and lower secondary school but less in high school.

One of RHAC's key advisers on CSE is Hans Olsson/RFSU. We have had workshops with the school health departments and staff throughout the year. in relation to the new official LSE-CSE curriculum and the writing of the new textbooks. In these workshops we talk about gender, LGBTI, participatory methods, norm-critical teaching and so on. What we really need to discuss all the time is young peoples' perspectives and their needs. And to be more promotive - not only prevent diseases like STIs - but on how we really promote

good communication on sexuality issues. It is also important to address gender stereotypes; you always have to talk about gender! We also work with methods that enable reflection on norms and attitudes; like 'who is in the class-room' which deal with the stereotyping of others.

Marianne Støle-Nilsen, Sex & Politikk, Norway and Dora Georgiou, Program Officer CFPA Cyprus
View presentations slides on p. 37

«We can find common ground as long as we don't dilute our own passion...We can base our manual on scientifically sound claims by using careful research methods to show what young people want and need»

Dora Georgiou, CFPA

Then Sex Og Politikk (Norway) and the Cyprus Family Planning Association introduced their presentation with a short film about the 'I'm Set' project. This 18 month project aimed to promote the sexual rights of children ages 12 - 15 through the implementation of mandatory human rights based CSE in middle schools in Cyprus. They also partnered with the Commissioner for Children's Rights, the Pedagogical Institute of Cyprus, and the Mediterranean Institute of Gender Studies - creating a strong coalition of expertise and support.

The objective of the project is to promote the sexual rights of teens aged 12-15 through activities that will aid implementation of mandatory human rights-based CSE in middle-schools. The CFPA has since 1971 been advocating for sexuality education in Cyprus, and we finally won when it was passed into law and became part of the curriculum (she didn't say when). Our next question was how we could solidify this change. As we all know, many changes occur that we are happy about, and a few years later we may lose those gains. So how could we solidify what we had achieved and move forward?



There is a lot of misunderstanding and confusion on what

CSE actually is and what we need to do. However, the new Health Education curriculum in Cyprus is quite comprehensive. It picks up on CSE-related issues under many different topics under the umbrella of Health Education. In fact, they can call it what they want as long as CSE is included.

The change in Cyprus was quite radical because we moved from the perspective of seeing health as a responsibility of individuals to seeing health as a social matter - a shared responsibility. Based on input from and advocacy work over many years, this perspective was incorporated in the Health Education curriculum. This shift to look at health as a social matter is an important contribution towards change.

Moving on to the project with Sex & Politikk, I will start from the gains we have already made. What we did was to look at the new curriculum and develop material that would help the teachers achieve the goals of the curriculum - meaning, we actually did the job of the government. The most important part is that we started it with lots of research on the ground. CFPA did a situation analysis. We did a literature review of materials in Europe, including Norway and Cyprus. We also did needs-assessment with teens and conducted focus group discussions (FGD) with teens in different age-groups. We conducted FDGs with biology and home economic teachers. And based on the results of our research we proceeded to create a draft manual for the teaching of sexuality education. This was where the Commissioner for Children's Rights in Cyprus came in. In fact, it has been important to include children in this project from the start to give them the respect and the right to express themselves on this issue.

When having created the draft manual, CFPA piloted the manual with teachers. So we tried it out on them in 15 hours of training over 5 weeks. And we used standardised questionnaires to get input from them. We also tried the manual on children during a weekend where we went through all the suggested activities in the manual. So we got an evaluation from that too. And based on this process which took 18 months, we created the final manual and disseminated it to all the middle-schools in Cyprus.

Lessons learned from this collaboration were:

1. There is more organised opposition against CFPA in Cyprus now, like organised parents, who are opposing CSE on the grounds that it violates their right to parent their children the way they want. CFPA has ignored the opposition because we know that there are no bases for their claims to illegality of CSE according to an earlier case that was brought to the European Court of Human Rights.
2. People in the government sector that were our allies they felt that they could not speak up against the government. They were afraid of losing their jobs, of being stigmatised, and so they actually wanted us to speak on their behalf.
3. It is always possible to find common ground through collaboration as long as we do not dilute our own passion.
4. Because of the research we did, we can base our manual on a scientifically sound claim founded on what the children wanted.

Group discussions: 1st session

Group discussions then allowed participants to delve into specific areas of CSE delivery and advocacy. Following are summaries of each of the four topics that were discussed.

Group 1: Enabling CSE (training, teacher manuals, curriculum etc.)

General situation is lack of CSE guidelines and standards as well as favourable legal frameworks and policies in our countries. There is still opposition to CSE among community members, parents and religious leaders, teachers, policy makers and other decision-makers. There are also deficiencies in the approach to CSE in schools, and lack of understanding makes it difficult to create links to local authorities and educational institution. High-number of drop-outs in school means that many miss out on whatever CSE there is. In many cases a CSE curriculum is missing altogether.



Among the strategies discussed was:

- Include religious leaders, teachers and parents in our work through communication with them and training.
- Deliver and enable CSE curriculum in diverse settings
- Work collaboratively with high officials, decision-makers and political leaders as well as other civil society organisations
- Establish memorandums of understanding with relevant institutions
- Development of CSE curriculum starting from the age of 10
- Design CSE material to reach out to parents and teachers
- Provision of CSE in- and out of school in formal and informal settings
- Develop positive methods of service provision related to SRH of young people
- Generate evidence-based data to demonstrate CSE's benefit for young peoples' lives
- Build partnerships with Ministries of Education, Ministries of Health and other state institutions to have them on board
- Explore the possibility to work with media

- Find spaces for CSE within the existing curriculum when there is opposition to it

Group 2: CSE toolkit (innovations, content/components of CSE: holistic, norm critical, LGBTIQ+)

In our group we discussed CSE toolkits, and what is taboo within existing CSE curriculums, like LGBTI. Ranging from progressive to more culturally conservative countries, there are countries where CSE curriculum at primary and secondary level as well as teacher trainings is good. There are also countries where even though there may be a CSE curriculum in place the MAs play a huge role in implementing it and filling gaps through teacher trainings and peer education. The complexity of contexts in the provision of CSE which can involve violence was discussed. And also the importance of involving religious leaders as they are the point of contact for many individuals and groups, as well as building their capacity as PPAT in Thailand is doing.



There is also some promising work being done in Serbia working with refugees and LGBTI through a querying of the CSE curriculum. One question raised was how we can measure what students actually learn from the CSE curricula. Commonly it is related to the number of unwanted pregnancies and STIs, but could there be other ways of measuring learning outcomes in CSE as it is not a subject at exams. Another question raised in the group was about what we will lose if all CSE is turned over to the government sector in terms of inventiveness and alternative activities like edutainment dramas and so on? It is also about the challenges evolving for handing over the teaching to teachers that do not have the needed capacity to teach the SRH content of the CSE curriculum.

Group 3: Policies

We started from the IPPF survey report on CSE in 25 countries in the European region. Most of these countries have MAs with ministries being responsible institutions for the CSE content. The report showed that in 24 of the countries there are policies and laws that are enabling for CSE to be taught in school. However, CSE was only mandatory in 12 of

the countries that were included in the survey, and the curricula are comprehensive only in 10 countries. There is also strong opposition to CSE in 47% of the countries.

So we discussed whether we need policies? Do we need a specific broad definition of CSE? Or should we do as the Nordic/Scandinavian countries with only a loose description of CSE in the policy without further details as to how it should be provided; only that some kind of CSE should be provided in schools.

We talked about the challenges because in most of the countries where there are policies there is no funding. The policy or law might include an excellent text on CSE but there is no implementation. Cross-sectional collaboration can also be a problem if, for example, a policy on CSE is issued by Ministry of Health and Ministry of Education says this is not our policy.

There are also different realities for providing CSE in different countries and regions. In Uganda, for example, the government has banned CSE in schools until a proper national framework is developed. However, as we can see from the survey, sexual diversity/LGBTI is becoming a problem in Europe as well. The case is also that CSE standards from Europe cannot easily be implemented in policies in other parts of the world. More restrictive ideologies of our international partners also affect our work with the provision of CSE.

Lastly, we should engage in consultancy processes for the development of CSE policies that also enables us to build strategic partnerships with ministries. But also to strengthen our work with academia and the bureaucracy in order to get good specialist allies. We should also develop our knowledge and skills to be able to influence policy processes on CSE.

Group 4: Political advocacy

We discussed the myriad challenges that we all face in our different contexts around the world around political advocacy. Despite the many context-specific challenges we experience in our countries, there are also a lot of best practices that is shared. Firstly, it is important to understand the legal system and how to insert your ideas in order to make change in policies within that system. You need to know where your pressure points are and how you can exert influence.

For a number of different reasons, but across the different countries we represent, the national or federal system may not be the place where we can affect change the most. If the national context is not friendly, go local. Seek out your local policy-makers are and establish what opportunities are there. Bottom-up policy change is often more meaningful and sustainable over time. So coalition-building on the local level may yield a longer-lasting and more positive result.

It is also critical to build coalitions across multiple sectors with partners who have skills and interests in regards to CSE. The way we envision CSE speaks to so many different sectors like education, health, development/human development, so in that way we have a cross-sectional case to make as to whether CSE is so important for our youth. Since

different sectors can point to other sectors for the handling of CSE, we have to insist that as a cross-sectional issue each sector has a role to play. We have to identify where in those sectors the issues are which will resonate the most with our CSE agenda, and that will allow us to start a conversation for policy change.

We should cultivate champions in all different kinds of spaces. So cultivate politicians, cultivate people in cultural spaces, in media, in pop culture, and cultivate young people. Train local spokespersons. For example, identify women's organisations and invite them to join in the advocacy work.

Map politicians, assess their views and values and share information in order to incorporate CSE in their agenda before they come to power. Finally, we have to make sure that CSE is not seen as an external issue that is brought in from elsewhere. We need to actively work against this view by approaching local policy-makers and community members to connect CSE to their issues and their lives, in order to make clear that it is integral to many policy goals.



DAY 2 - DECEMBER 13



Group discussions: 2nd session

Following an introduction, participants split into groups. Following are summaries of each of the four topics that were discussed.

Group 1: Formal and informal learning/in and out of school

We defined formal as something official that is in line with and has to be accounted for to the government/authorities. In regards to informal we defined it as something outside the government domain. We discussed how to go from informal to formal in CSE. One way is through the GPs as they constitute a link between the private and the public sector that will help us to go from informal to formal learning. Usually it is ministries that are approached, but we also have to consider other stakeholders. In fact, we have to consider the whole system, and this is where the GPs come in.

So how can we improve CSE within the informal domain? We shared best practices, and one valuable asset in our informal work is recognition; that each one of us is recognised as CSE leaders. We can use this recognition to create a sphere where the GPs can be included. We have the knowledge and the technical capacity, but we need funds in order to improve our informal ways of providing CSE.

We also have to keep in mind that we have to do our best to make it work. It is also necessary to increase the funding from private sector to the public sector in the case of CSE. We concluded that there are more best practices in different countries that need to be shared in order to move from informal to formal in the provision of CSE.

Group 2: Age-appropriate CSE

'Age-appropriateness' is context specific for each country, for example in Finland, 'health education' is a subject in school just like maths. In Chile, they are needing to introduce CSE topics into relevant subjects which are already on the

curriculum, and in Cambodia they need to get buy-in from the Ministry of Education and are pushing for CSE to start before age 10.

Need to identify gaps in terms of age appropriateness - need to base your advocacy on well documented information; use standards that are agreed on, use surveys etc.



For example, in Finland, a survey with parents, teachers and nurses (1000 respondents) found that there was very little information for children in kindergarten. They were able to develop "Body emotion education" - to lobby for mandatory CSE at this age, and to create tools and guidance (using WHO evidence), which was accepted. In Cambodia, gaps in the curriculum were identified with the help of the IPPF

Inside and Out CSE Assessment Tool and sensitized the Ministry of Education regarding gaps between best practice standards for different age groups and the actual curriculum

Sensitisation: Finland shared their survey results with the media to build public awareness on the need for younger children to be receiving information about their bodies. In Cambodia, interactive workshops were delivered with the MoE and school health department to help them better understand what age appropriate CSE is, provided ongoing support and evidence to get buy in.

Implementation: More information on the Finnish MA's programme for under 5's can be found [here](#).

Group 3: General awareness raising, campaigning, media Some tips on campaigning for CSE:

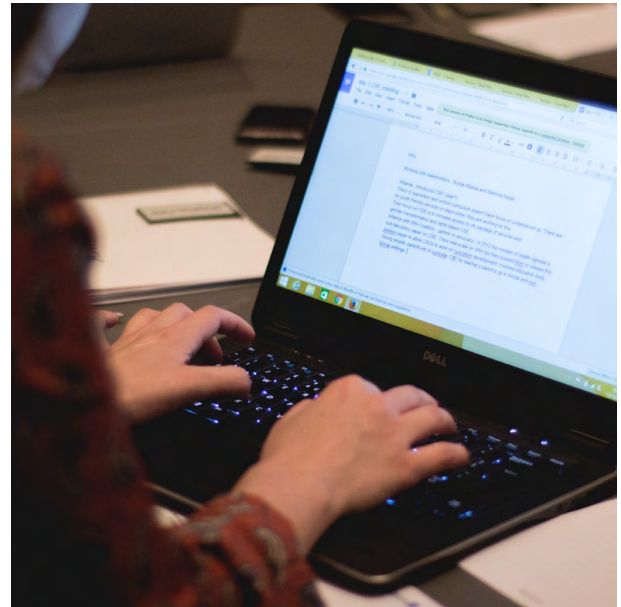
- Don't do anything without engaging your target groups. Use evidence and data.
- Use social media, catch on to trends which are being discussed to get media, create content which taps into this conversation.
- Tailor messages to particular groups.
- Make campaigns catchy and easy to remember - example from Uganda where the condom campaign is called 'If it isn't on, the game is off' which resonated with the public.
- Make things align across media as much as possible - 'one sound, one sight' - identifiable across platforms.
- Use special 'weeks' or days to work from and gain media coverage.
- Collaborate with like-minded organisations to pool resources and increase reach.
- Peer to peer communication - make sure campaign for young people reflects their realities. Would like to see a toolkit of best practices and tools for this.



Group 4: Working with stakeholders

Broad consultative process is beneficial to progress - even the formation of the group means that people are learning

through this process. Croatia - decision to introduce CSE but field was not prepared, parents and religious orgs gave backlash which was problem for implementation - we need to work with these groups from the start.



Look for entry points - one example given was exposure of sexual abuse in football clubs in Holland opening up a conversation about gender, sexuality and safety. Tailor your evidence and materials to certain groups - for example, religious leaders may not react as well to an IPPF publication as to UN or statistical materials.

Parents are a wide-ranging group and we need to think about how we can tailor our messages relating to class/ethnicity etc - we should use research and surveys to show that most parents do support CSE. We will have parents within our own circles - use vocal advocates who are parents to infiltrate the groups and influence. Start small with parents, start with teenage pregnancy and work your way up - find champions.

See young adults not just as beneficiaries - next generation of parents, train them to change values.

Group discussions: 3rd session

Following are short summaries of each topic discussed during the third session of group discussions.

Group 1: CSE for minorities/immigrants

Working with Immigrants: Customisation of resources for local context - when working with migrant camps, often only provided with essential medical services yet many young people have not had access to CSE in their country of origin and have poor SRHR literacy.

Need to find appropriate way to engage with immigrants - be it through young people, or with leaders within the camps of specific cultural groups. In Serbia, utilising young people as peer educators to train to provide CSE, as well as providing clinical services and empowering young people to have choice - start with more basic topics like love and relationships, then through to condom use, gender, LGBTI etc.

In Sweden and Belgium, online resources have been developed - www.zanzu.be and www.rgsu.se/upos A write up of RFSU's work with young immigrants can be seen on the IPPF website: <https://www.ippf.org/blogs/young-asylum-seekers-need-know-more-about-sex>



Working with People with Disability (PWD):

- working with disability workers, teachers, parents and people with disability and support by the development of training, capacity building, supporting organisations to become disability inclusive as well as resource development and ongoing support
- capacity building comes from human rights point of view - with reference to SRHR and UN Convention on the Rights of Persons with Disabilities (UNCPRD), addressing myths, barriers and impact and then supporting with a range of resources and matching them to young person's education needs
- supported by a range of other services, such as parent forums, engaging young people in consumer consultation group and as guest speakers, having a disability resource library with resources for loan for educators, parents and development of specific disability resources - www.fpnsw.org.au <https://www.fpnsw.org.au/health-information/individuals/disability/sex-safe-and-fun> , https://www.fpnsw.org.au/sites/default/files/assets/FPNOW_GrowingSexuality_booklet.pdf

Group 2: Youth involvement/peer education

(Unfortunately we weren't able to locate the notes from this group discussion)

Group 3: Working in hostile environments

Someone's first priority might be survival/safety rather than SRH. Service providers need to be well trained in a broad range of issues and need to adapt and be persistent. In Palestine one of the specific issues with opposition to CSE is sexual identity - they focus on services rather than advocacy. Peer educators are trained on all topics but the delivery and topics will depend on the audience. RFSU works with LGBT organizations to support them and provide tools and safe

spaces, as well as opportunities to share voices.

In Morocco, refugees are included in the staff team, they have exclusive rights to train refugees from UNHCR.

Group 4: Youth involvement in advocacy

In Arab World the Regional Office is supporting MAs to engage young people with using the Inside and Out assessment tool. This process familiarises young people with CSE and what components are needed, capacity building on knowledge as they learn, enables them to advocate. They are able to show gaps in provision by presenting the results of the assessments. Tunisian MA is working on advocacy tool to include It's All One Curriculum in official curriculum of schools and universities and young people are involved in this process.

Albania - young people are always at centre of projects, not just beneficiaries. Involved from beginning with design to M and E. Engage young people by providing services for free, give training and skills/capacity building, chance to demonstrate/voice those skills, international workshops, certificates/awards as recognition. Child protection policies must be in place and shared with young people to show you care about their wellbeing. Create a strategy of youth involvement with young people so they feel valued and are aware of expectations.

Uganda - The MA has ensured platforms for young people to join the advocacy process (regarding the ban on CSE) from the lowest to the highest levels - negotiate to ensure young people have a space to input. They have training and a mentor for 6 months and a workplan for 1-2 months. Ensure their presence is institutionalised - young people's committees are recognised.



Nepal - FPAN provides training to YP so they can share information with other young people, multiplies the number of volunteers.

Denmark - Ministry of Foreign Affairs has a youth advisor (who is a young person) - Restless Development worked

with them to make a plan for youth involvement. Also have national youth delegates. But at a meeting she faced barriers from those who didn't believe she was really a diplomat! Young people should be present in all areas, not just 'youth' or 'education' settings, not having youth 'pre-meetings' or 'side-tracks' but fully integrated.

Zimbabwe: Build a 'powerblock' - to sway opinion and drive discussions - helps with tactics to gather intelligence on how to manoeuvre. Young people involved in creating curriculum but work wasn't done to build the capacity of in school young people to assess what is actually being provided, to monitor the implementation. There are student-led groups who can hold teachers to account on delivery of CSE. Ministry only responded because young people reported that they were not receiving lessons. Involving youth in research, working with consultants etc to avoid bias.

Cyprus: institutionalising youth involvement - don't just have young people on your board, but make sure they are able to truly participate. Engaging marginalised youth - compensation for missed work time, expenses paid.

Bolivia - MA has strong youth network - train youth leaders with whole CSE curriculum, are peer educators, and advocates (they have a competency tool for youth leaders in terms of when they are ready to advocate and so on). They have a youth network with president sitting on MA's board.

Norway - youth network started two years ago - 100 members, have young people on the board. Next year they will begin to give talks on CSE to students and health professionals and cooperating more with youth politicians.

Presentation of revised International Technical Guidance on Sexuality Education, by Janelle Babb (UNESCO)

[View presentations slides on p. 39](#)



Before lunch, Janelle Babb from UNESCO gave a presentation on the upcoming revised International Technical Guidance on Sexuality Education. The guidance will be online from January and replaces the original, produced in

2009. Many key features are retained, such as the purpose and scope, with essential topics and learning objectives for ages 5-18+ outlined as well as approaches for planning, delivering and implementing CSE. The misconceptions about CSE (and responses to these) have been built on and the whole guide revised with a new review of evidence and curricula. The revised guidelines shift from CSE as 'prevention' to a positive framework and links to the SDGs are included. There are new reflections on language and definitions of terms such as 'comprehensive'.

Janelle confirmed that the guidance will be printed in the six UN languages with a plan to translate into more in the new year.

Closing session

In the afternoon, the joint IPPF statement for the high-level meeting was discussed and agreed and the final statement can be viewed on p. 22.



For the closing session, Marissa Billowitz from the Western Hemisphere regional office asked participants to dream big on their intentions for CSE next year, and to make resolutions for actions to take to move forward the agenda. Tor-Hugne reminded participants that it is very likely that a high-level meeting on CSE will take place next year and urged all to continue discussions and how we might contribute to this as a Federation.

«We might seem small when we are on our own but together we are very big!»

Marissa Billowitz, WHRO

FINAL STATEMENT

IPPF has a proud history of providing, enabling and advocating for Comprehensive Sexuality Education around the world. Since the creation of our CSE Framework in 2006 we have continued to build capacity and support for CSE, with our Member Associations reaching over 28 million young people with comprehensive sexuality education programmes last year.

IPPF acknowledges the Norwegian government's commitment to sexual and reproductive health and rights, and applauds Norway's recent initiative to expand children and young people's access to CSE. In the face of increasing opposition, and, in some instances a rolling back of existing rights, IPPF and others committed to ensuring young people's right to good quality information, education and services value Norway's strong leadership in this area. We greatly appreciate this opportunity to convene with other thought-leaders and stakeholders to map out what high-quality, rights-based provision of CSE can look like for children, adolescents and young people around the world.

The right to information about sexuality, reproductive rights and health, and gender equality has been established in several international instruments, including the Sustainable Development Goals, the ICPD Programme of Action and the UNESCO strategy 2014-2021. CSE is not just necessary to protect and advance young people's health and well-being, but it is a right, which should be afforded to all.

IPPF believes that:

- CSE represents an important platform to discuss issues such as sexual and reproductive rights, sexual and gender based violence, relationships and more. It extends beyond just health outcomes to embracing sexuality as a positive aspect of our lives, with learning which can last and develop throughout the life-cycle.
- CSE must be rights based, founded on core values and human rights principles, and laws that guarantee human dignity, equal treatment and opportunities for participation.
- CSE should also be gender transformative, aiming to change restrictive gender norms and promote relationships between genders that are fair and just.
- Good quality CSE must be inclusive and informed by young people's own needs and experiences - IPPF's youth-centered approach ensures that young people feed in to CSE programmes at every level. This includes reaching out-of-school and other underserved populations, including young people with disabilities.
- CSE should be sex-positive: educational materials should demonstrate a non-judgemental and positive attitude towards sexuality and clarify that sexual pleasure is important for personal well-being and happiness.

CSE is key for empowering young people to develop critical thinking skills, positive citizenship and civic participation and to seek healthy and positive relationships. Research shows that CSE is cost-effective and has positive impacts on young people's health outcomes. What has proven to be the most effective means for ensuring young people gain knowledge

of sexuality, gender, and relationships is the availability of compulsory CSE delivered by trained educators, which is integrated into curricula and policy documents.

IPPF hopes to see continued political and financial support in the area of CSE and strengthened support of young people's rights to comprehensive education and SRH services in the face of increasing opposition. Access to CSE must be aligned with good quality, youth friendly and non discriminatory health services, advocacy work which protects and enables young people's right to information and healthcare, and sensitization of stakeholders and other key adults that have influence in the lives of young people.

We ask that Governments:

1. Acknowledge that access to CSE including information about sexuality, gender, and relationships is a fundamental human right.
2. Remove legal barriers to young people's sexual and reproductive health and rights, and adopt enabling policy frameworks. Ensure consistent implementation, monitoring mechanisms and long-term core funding for CSE - coordinating health, education and other relevant sectors for a joined-up approach.
3. Include CSE (as previously defined), as compulsory content in schools/other educational establishments, into the curricula at least from primary school level onwards.
4. Enable civil society and communities to participate and provide technical support in the development of curriculum and delivery, as well as participate in the monitoring of non - formal CSE including for out-of-school young people.
5. Ensure that educators possess the skills needed to deliver CSE by including CSE in educator training and, ensure ongoing training and support.
6. Accompany CSE interventions with community sensitization, particularly of parents, aimed at changing social norms around sexuality and CSE and provide space for young people to influence and demand their rights.

We hope that to see high quality and comprehensive CSE programmes, informed by the revised UNESCO guidelines, being supported by governments and other key stakeholders. IPPF anticipates a continued dialogue with Norad and other key leaders in this field to push forward on this very important issue which has the potential to change the lives of many children and young people worldwide.

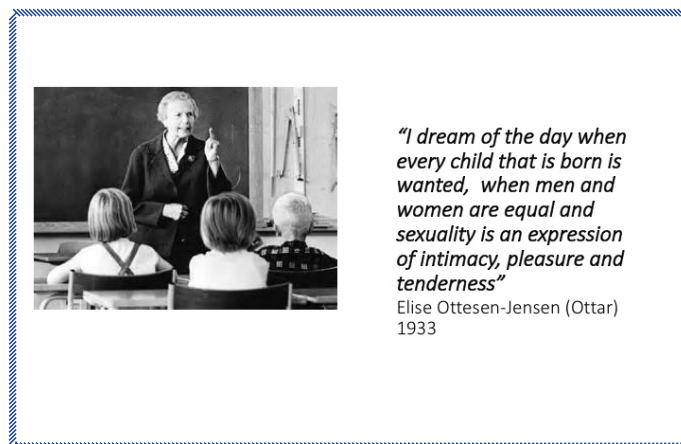
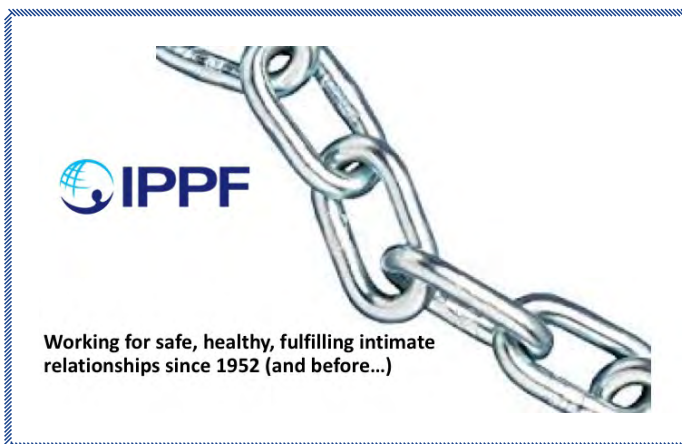
I thank you for your attention.

Delivered by Tor-Hugne Olsen, IPPF, at UNPFAs High Level technical meeting in preparation for a Summit on Advancing Comprehensive Sexuality Education to achieve the 2030 Agenda for Sustainable Development. Oslo, Norway 14 December 2017

KEYNOTE ADDRESS

IPPF and SRHR

by Lena Luyckfasseel, Programme Director at IPPF's European Network
(on behalf of Caroline Hickson, External Relations Director at IPPF CO)



Lessons from Ottar

*"It's not the children who are fault, we are at fault [...] to Elise, it seemed clear that **the innocents were being punished.**"*

1. Keep front and centre the moral urgency that drives you.

"I travelled, oh how I travelled, in rural areas, into the forests. I lived the way the farmers lived. When I spoke, I spoke about their lives. Everything I said I had learned from them when living with them"

2: Deeply understand the context you are working in

"When I travelled around policemen often sat in the front row. Workers would say 'you have to be very careful...'; but what could I do. I went on, I talked about the difficulties of the people, difficulties with which these policeman had grown up. I talked about how difficult it had been for their mothers. They recognised all of it and were moved. When they were moved they didn't take any more notes. Then I could talk about other things. That's the way I did it"

3: Find ways to connect with those who are suspicious of you, appeal to their values, the things they care about

4. Most importantly include parents

"When I come to a place where I'm going to meet teachers, I try to meet with the parents on the previous evening. I say, "Tomorrow I'm going to tell your children this and that and thus and so. What have you told them? The parents usually cooperate, even the ones who are afraid in advance"

"It should begin when a child asks "Where did I come from?" Then father and mother should tell the truth as it is – a thousand times more beautiful than all the fairy tales or all the tiny lies one can think up"

5: Tell children what they need to know when they need to know it

"These [left] ideas moved me... I wanted to organise [women] to see to it they were better off, but they didn't ask questions about they what they could do about peace or how to organise themselves. They said something like, could I tell them why it is that rich women don't have as many children as we do"

6. Sexual and reproductive health and rights are embedded in wider equality and rights (and are an entry point to same)

*Continuing the chain...
IPPF's View on CSE Today*

A holistic, developmental and age appropriate, culturally and contextually relevant and scientifically accurate learning process grounded in a vision of human rights, gender equality, sex positivity and citizenship; aimed at:

1. Empowering children and young people to uphold their own rights and the rights of others and to contribute to achieving an equal, diverse, compassionate and just society;
2. Enabling children and young people to make decisions about their health and access SRH
3. Enhancing children and young people's capacity to engage in equal, happy, healthy, fulfilling and consensual relationships and experiences

"One billion people will act freely on their sexual and reproductive health and rights.:

- By 2022, IPPF is aiming to achieve an increased:
- # of Member Associations (MAs) with a strategy to deliver or enable the delivery of CSE;
- # of national curricula adapted according to IPPF's vision on CSE;
- # of underserved/marginalized young people reached through CSE;
- # of MAs having a quality ensured delivered or enabled CSE programme;
- # of educators who have received quality training and follow up on CSE;
- # of MAs conducting rigorous evaluations of their CSE programmes, including measurement of young people's ability to exercise their sexual rights.

THE CHAIN CONTINUES...



**TOO LITTLE, TOO LATE,
TOO BIOLOGICAL**

#METOO

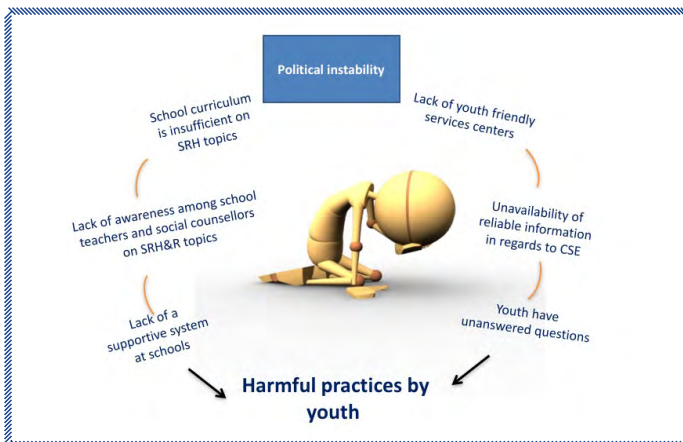
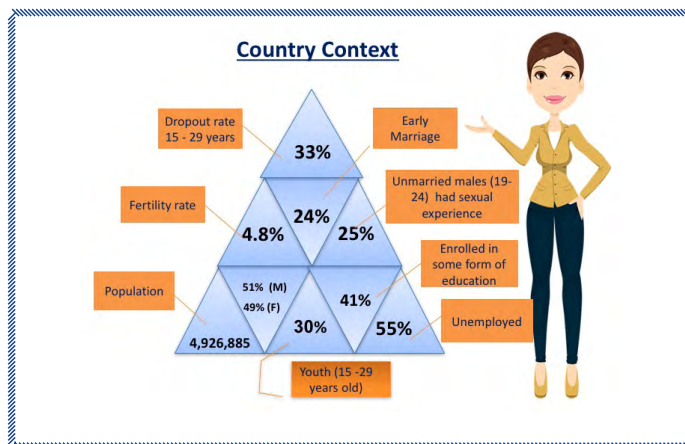


EXAMPLES OF BEST PRACTICES

Palestinian Family Planning and Protection Association (PFPPA)

by Amina Stavridis

A presentation slide for the Palestinian Family Planning and Protection Association (PFPPA). It features the IPPE logo (International Population Perspectives) and the text: "Palestinian Family Planning and Protection Association (PFPPA) CSE BEST PRACTICES Presented by Amina Stavridis For a happy family... For a better future..".



Quick review of CSE related topics within the school curriculum:

- Understanding adolescence and the physical and psychological changes that they experience.
- Accepting changes of puberty as a natural stage in a person's life.
- Personal hygiene

Seventh Grade

An illustration of a classroom with a teacher pointing at a whiteboard and students sitting at desks.

- Nutrition during adolescence.
- Mother and child health care.
- Pre-and post-natal care, child development during the 1st year, vaccinations and immunizations.

Eighth Grade

An illustration of a classroom with a teacher pointing at a whiteboard and students sitting at desks.

- Psychological health (Self Esteem and acknowledgment, dealing with pressures, violence).
- Reproductive Health (RH) (Understanding RH, Early marriage and Pre-marital tests).

Ninth Grade

An illustration of a classroom with a teacher pointing at a whiteboard and students sitting at desks.

- Family health and community (Life stages, family planning, social roles and its effect).
- Body part functions (Reproductive system and Urinary system).

Tenth Grade

PFPPA strengths to addressing CSE in Palestine:

- Experience in SRHR for decades with youth by competent staff.
- Being members of national committees such as: RH committee, forum against gender based violence (Muntada), coalition against unsafe abortion, etc...
- Experience on modifying curriculums.
- Good reputation with local CBO partners and ministries.
- Participates in regional and global meetings and networks.



Let's

Have a close look at

Our BEST PRACTICES

Youth

- Training 400 youth as CSE peer educators (120 trained through summer camps).
- 50,000 youth reached through P2P (nearly 10% referred to PFPPA Youth Friendly Service Centers to provide further information and services)
- IEC materials developed based on questions from youth.
- Youth initiatives

MoE/ Social Counsellors

- 60 social counsellors trained on CSE
- ToT training conducted for 22 social counsellors
- Reached over 7,000 parents through single sessions by PFPPA team
- Guideline developed and distributed as a tool for social counsellors and teachers to use for addressing related topics

MoH / service providers

- 30 service providers trained on CSE for pre marriage counselling.
- Contributed with MoH to develop a manual for Service providers and booklet for young couples on pre marriage counselling covering CSE topics.

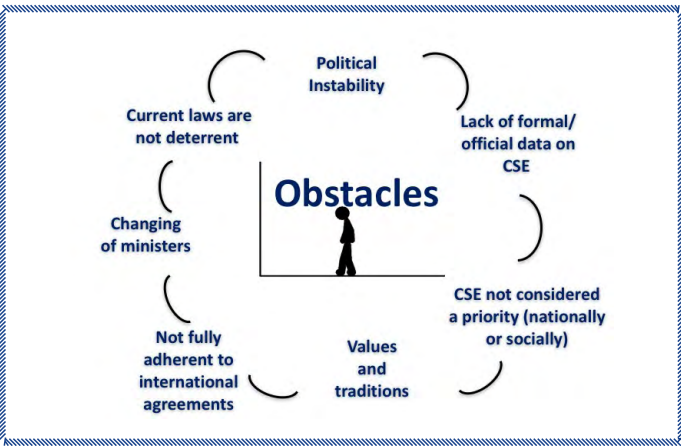
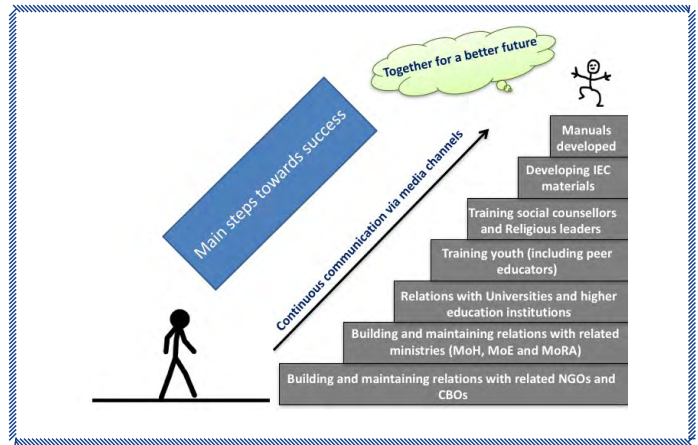
Religious leaders

- 200 religious leaders trained
- 14,000 beneficiaries reached with CSE information
- Religious leaders became CSE trainers

CSE publications

الأولى: تعارف، توقعات وميثاق العمل
الثانية: المهارات الإنشائية والحياتية
الثالثة: العلاقات الشخصية المتبادلة
الرابعة: الصحة الجنسية والرفاهة والحقوق الجنسية
الخامسة: الجسدية
السادسة: البوغ، والتغيرات والحمل والإجهاض
السابعة: النوع الاجتماعي
الثامنة: الصحة الجنسية والإنجابية
التاسعة: الدعوة من أجل الحقوق والصحة الجنسية والمساواة بين الجنسين

الأولى: المراهقين ودور الأهل.
الثانية: من المراهقة أو سن النضج.
الثالثة: تساؤلات وأجابات.
الرابعة: ممارسة العادة السرية وتأثيرها على سلوك المراهق.
الخامسة: الوفاة والتخفيف من حب الشباب.
السادسة: العلامات التي تدل على حدوث تحرش جنسي.
السابعة: أضراس الزواج المبكر.
الثامنة: استخدام الإنترنت بأمان.
التاسعة: نصائح الأهل.

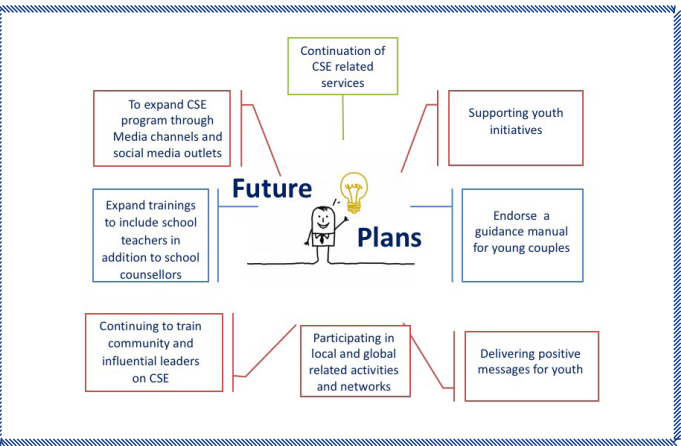
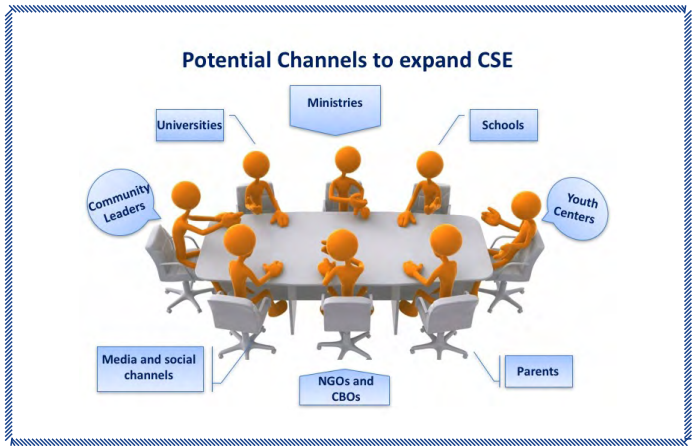


Lessons learned

- ❖ Be brave and patient when addressing CSE topics in the community.
- ❖ Have diverse partnerships with other local organizations (particularly those working with human rights).
- ❖ Target influential persons in the community.
- ❖ Allow service providers, youth and decision makers to gain a sense of ownership towards CSE program

Lessons learned

- ❖ Well trained peer educators has a great effect on improving decisions on the sexual rights and provides needed referrals for SRH related services.
- ❖ Never exclude anyone in your program.
- ❖ Utilize diverse approaches for different target groups



EXAMPLES OF BEST PRACTICES

Family Planning Association of India (FPAI)

by Preethi Mutta

CSE- FPA INDIA EXPERIENCE

PREETHI MUTTA
TECHNICAL PROGRAMME
MANAGER

FAMILY PLANNING ASSOCIATION OF INDIA

- FPAI provides SRH services to vulnerable communities across 43 Branches/ Projects- 18 states of the country.
- 4 million people accessing 8 million health services
- Young people –actively involved in governance and programs

INDIAN LANDSCAPE: YOUNG PEOPLE

- Young people (10-24 yrs)** comprise 356 million or 28.2% of India's population
- Sexual & Reproductive Health:** Ill informed:
 - 53% girls and 84% boys had ever received any SRH info.
 - 8% girls have a sexual debut by the age of 15 as compared to 2.7% boys.
 - early marriages, 27% unmet need for contraception
 - 58.2% of pregnant and mothered adolescents
- Nutrition:** 56% girls anemic
- Gender based violence:** 34% married girls faced GBV, 13% girls had faced sexual violence
- Mental health:** 13% suicides occur in the age group 15-24

33% of disease burden and almost 90% of premature deaths among adults are associated with behavior that began during adolescence

Data source NFHS III

UNDERSTANDING ADOLESCENT HEALTH NEEDS

- Adolescents are heterogeneous- in / out of school , married/unmarried, slums/villages/geographically isolated
- Not all adolescents are equally vulnerable.
- Health services typically fall through cracks of adult and pediatrics medicine
- Information needs are unfulfilled
 - Health education
 - Coping with growing up - support for building skills (life and livelihood)
 - 'Rights' and opportunities
- need access to health services
 - so that they can live in a safe and supportive environment

FPA INDIA'S PROGRAMMES FOR YOUNG PEOPLE

Community Mobilization | School-based activities | Activities for Out-of-School young people | Health services | Governance and Decision making | Engagement with Policy makers – Youth Advocates

Programs currently reach out to over 350,000 young people

PROGRAMME OBJECTIVES

- To equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships through CSE
- Increasing access to essential package of youth friendly Sexual and Reproductive Health (SRHR) services
- Creating enabling environment through sensitization programmes and addressing stigma associated with young peoples SRHR
- Building skills among young people to advocate for Sexual and Reproductive Health, Rights and Gender Equality
- Encouraging Youth participation in Governance and Decision Making

TYPES OF YOUNG PEOPLE WE WORK WITH

- In school young people
- Out of school young people
- Migrated young people
- Street Children
- young people with a low socio-economic status
- children's of commercial sex workers
- unmarried young people
- newly married young people
- young people living with HIV
- very young people (10-14 years).
- LGBT young people

READING/TRAINING MATERIAL



CSE MODULE AND REFERENCE BOOKS

- Its All in One Curriculum adapted by all the branches
- Growing up is Fun module developed inline with Its All in One Curriculum for early Adolescents (10-14 years)
- Education in human sexuality – training of trainers
- CSE - Training manual for peer educators

STRATEGIES FOR INFORMATION SESSIONS (AEP PLUS) – IN SCHOOL

- Partnership with Education and Health Department
- CSE components discussion with school staff
- Combined meeting with Teachers & Parents
- Sensitization of School management and staff
- Prepare action plan to conduct CSE session
- Train peer educators and teachers
- Organize competitions/ activities among the students
- Question Box Activity
- Counselling Corners
- SRH service sessions
- Referral linkages
- Career counseling

STRATEGIES FOR INFORMATION SESSIONS (AEP PLUS) – OUT SCHOOL YOUTH

- Mapping of out of school young people
- Formation of youth groups
- Sensitization meeting with community members and parents
- Linkages with NGOs, CBOs, Govt programmes
- Training of peer educators
- Time & venue decided by youth group for CSE sessions
- Entertainment activities like Cricket match, debate and dance/singing competitions
- Youth Friendly Centers for youth to have access to information and services
- SRH service sessions
- Skills development classes
- Referral linkages

EDUCATION THROUGH SOCIAL MEDIA

- ❖ Online CSE reading materials
- ❖ Social media campaigns to reach out to more young people and provide platform to express their opinions on issues related to SRHR
- ❖ IL&FS Education and Family Planning Association of India launched Sparsh – a Sex Education Program through Mobile Phones

CSE SESSION TRACKING

- CSE course required a minimum of 8-10 hours
- And split across a few months depending upon availability of time
- Tracking sheet has been developed
- Unique identification number is given to the young people
- Attendance is monitored

WHAT WORKS?

- Important to have a Safe space
- Well-trained facilitators
- Sensitize gatekeepers
- Innovative techniques with fun and learning approaches (story telling, games)
- Separate boys and girls for some topics
- Clear curriculum content but flexibility of prioritizing topics
- Holistic view of young person's needs
- Link discussions to their real world
- Train teachers on adolescent communication
- Encourage youth participation in programme management
- Involve older youth to reach younger adolescents and to guide activities



SERVICE DELIVERY: STRATEGIES

- Convenient hours at the Static Clinics
- Outreach Service sessions - in schools and at the Youth Centers for out of school young people
- Project branding
- Partnerships with NGOs/CBOs for inward and outward referrals
- Counseling Cells in Schools and Colleges
- CSE sessions backed up with Service sessions
- Vehicle Provision- for out of school young people



CHALLENGES

IN SCHOOL:

- Paucity of time-Schools
- permit about 3-4 hours in a week.
- If school is co-educational- separate sessions for boys and girls

Out of School young people:

- Drop out rates high-
- Health is not a priority

Partnerships:

- Follow Ups, Reporting by referral agencies
- QOC of PMPs and referral agencies

STRATEGIES TO ADDRESS

- two Resource person
- Interested teachers trained
- Skills building classes, literacy classes, entertainment programmes.
- Distribution of Certificates
- Outreach service sessions
- Regular monitoring and capacity building

SERVICES FOR YOUNG PEOPLE

- Sexuality counseling , (clarification of myths & misperceptions, handling relationships, dealing with growing up issues)
- General health (skin care, nutrition)
- Contraceptive services including emergency contraception
- Safe abortion care
- RTIs/STIs
- HIV
- Gynecological
- Antenatal and postnatal care
- Sexual and Gender-Based violence

ADVOCATING FOR SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS AND GENDER EQUALITY

- First organization to introduce Sexuality Education in India
- Advocacy Tool Kits
- Partner of national youth Alliance
- Advocacy Capacities built of Youth members
- Involve Municipal Corporation and Local Self Government Officials for special programs
- Partnership with Education and Health Department
- Media meets
- Campaigns on social Media



PARTNERSHIPS

Formal and Informal

- International organisations
- NGOs/CBOs: CSE sessions, inward/outward referrals
- Government frontline workers (ICDS ,AWW, ASHAs): For CSE sessions, referrals, space for meetings
- Capacity building
- Local Trusts/agencies: Space for Youth Centres, community mobilisation
- Corporates
- Community Based Providers: for condoms, OCPs, referrals
- Government- RKSK ,
- FOGSI
- PMPs

TYPES OF PARTNERSHIP

Formal :

A collaborative alliance between FPAI and any NGO, public/ private agency including corporate houses ,which individually may have different objectives or structures but share resources and competencies for a common task which also helps to achieve their specific individual goals. e.g. NGOs, Corporates, Consultants, Project donors

Informal: Not a structured alliance. E.g. with govt. frontline workers

PARTNERSHIP BENEFITS

- Access (to young people): reaching out to a wider 'pool' of young people- SWs, living in shelter homes, LGBT, NGO networks for info and services
- Long-term stability: greater 'reach' means more development impact
- Reputation and credibility: improved organizational reputation, visibility and credibility
- Developing new ways of addressing old issues
- Wider network for advocating for young people's issues
- Reduced (or shared) costs and better delivery systems

Thank You

EXAMPLES OF BEST PRACTICES

Profamilia (Colombia)

by Marta Royo



Profamilia is a private, non-profit organization founded in **1965**

Profamilia specializes in sexual and reproductive health.

With 52 years of experience in promoting and guaranteeing the sexual and reproductive rights of the most vulnerable and poorest Colombian population, Profamilia is continuously working towards maintaining a modern, innovative, knowledge-generating organization with high quality services, creating solutions for the development of the country and its most vulnerable population, especially young people.

Profamilia

01 IPS

Provision of health services, reaching more than 650 thousand users each year.

Profamilia

02 Pharma

Marketing and distribution of sexual and reproductive health products throughout the country.

Profamilia

03 Research


In partnership with the Ministry of Health and Social Protection, Profamilia carries out the National Demography and Health Survey, which measures population growth and sexual and reproductive health in Colombia.

Profamilia

04 Advocacy


Working closely with the government to develop policies on Sexual and Reproductive Health.

Profamilia



05 Educa

Educa includes the promotion of holistic sexuality education strategies through face-to-face, virtual and mixed teaching methodologies. Educa is designed to promote sexuality education within and outside of Colombia, prioritizing the most vulnerable populations. The educational processes are based on guidelines of the National Policy on Sexuality, Sexual Rights and Reproductive Rights, the IF framework for Comprehensive Sexuality Education, and It's All One Curriculum, the principles of Education for Sexuality and Construction of the Citizenship Program of the Ministry of National Education and in-house educational expertise from Profamilia.



Building sexuality, transforming community

This model focused on adolescents and young people, providing them with meaningful and contextualized learning that promotes autonomous, informed, free, pleasant, and responsible sexuality within the framework of the Human Rights and social relations. Through the educational frameworks, we contribute to the transformation of realities and the co-construction of new paradigms, which favor the development of democratic communities, in peace and with social justice.

The educational activities that are designed and carried out within the framework of this educational model are grounded in the promotion of the rights and dignity of human beings, the free exercise of sexuality, and the promotion of responsible citizenship with an emphasis on gender-sensitive, differential, vulnerability, and life cycle perspectives.



The methodologies

- Informative: awareness-raising activities and conferences
- In-person and virtual workshops
- Courses: training sessions of varying duration
- Diploma courses
- Technical consultancies on sexuality education

The contents are developed through the ADDIE instructional model (Analysis, Design, Development, Implementation and Evaluation); this model is implemented as follows:

- 1 Needs and priorities are identified in collaboration with the target population.
- 2 The authors/expert tutors that lead the activities are identified.
- 3 The educational activities are carried out.
- 4 Evaluations are developed.
- 5 Pilot tests are carried out.
- 6 The necessary adjustments are made.




Educa's content is framed in the following six thematic pillars:

- Genders
- Sexual and reproductive health
- Sexuality, sexual rights and reproductive rights
- Affection and sexual relations
- Culture and society
- Empowerment and participation

Educa includes the following tools to ensure effective implementation:

- Pedagogical "tool box" with more than 280 in-person activities.
- Virtual platform with 30 virtual courses targeted at children, adolescents, young people, adults, and professionals.
- Four otocols for the training of adolescents, young people and adult leaders.
- A protocol for teacher training on the "Education for Sexuality and Construction of Citizenship-PESCC Project"
- Diverse didactic materials



Profamilia educa

Educa has a team of professionals dedicated to thinking, innovating, assessing and bringing educational content to communities, organizations, companies or individuals.

The core team: Director, Pedagogical analyst, e-Learning designer, e-Learning assistant, and the support of Profamilia's Young People and Research team.

Field team: Social sciences and health professionals who are experts in Comprehensive Sexual Education.




EXAMPLES OF BEST PRACTICES

Sex & Samfund (Denmark)

by Mia Sørensen

Comprehensive Sexuality Education

The Danish Experience

IPPF Conference
Oslo 12th December 2017

Mia Lund Sørensen
Programme Manager

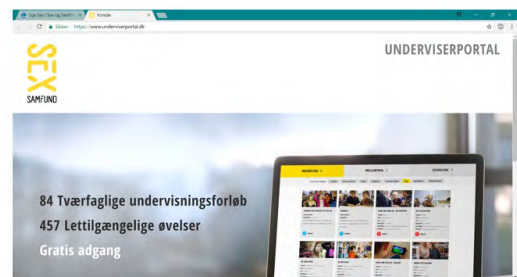


<http://sexogsamfund.dk/ugesex>



The Campaign

- Politicians, ministries, etc.
- Media
- Materials for schools (6-18 year-olds)
- Evidence on the situation in Denmark



Online portal

www.underviserportal.dk

- Launched January 2016
- Free access to all teaching materials
- Search by age group, learning objectives, subjects and more
- Opportunity to follow the number of downloads



Advocacy

- We use evaluations and feed back in our dialogue with MPs and ministries
- Collaborate with researchers
- Current focus on teacher training colleges



Curriculum on CSE in Denmark Competency targets

	3rd grade	6th grade	9th grade
Health and well-being	The pupils can explain what promotes health and well-being in their own lives	The pupils can promote health and well-being at the school	The pupils can promote their own and others' health and well-being, based on democracy and rights
Gender, body, and sexuality	The pupils can talk about diversity in relation to the body and gender based on their own life	The pupils can analyze diversity in gender, body, and sexuality	The pupils can assess/evaluate standards and rights to the body, gender, and sexuality in a society perspective

DFPA The Danish Family Planning Association

Uge Sex/Week Six-materials for teachers Campaign themes

- 2012: Gender
- 2013: Family
- 2014: Boundaries
- 2015: Health and well-being
- 2016: Social media
- 2017: (Sexual) Rights
– online and offline
- 2018: #Body



DFPA The Danish Family Planning Association

Additional web sites

- www.kroppelop.dk (6-9 year olds)
- www.migogminkrop.dk (10-12 year olds)
- www.sexformig.dk (13-16 year olds)

Counselling:

- <http://privatsnak.dk/> (10-12 and 13-15 year olds)
- <http://www.sexlinien.dk/> (15-24 year olds)
- <http://sexogsamfund.dk/foraeldre> (parents)
- <http://sexogsamfund.dk/fagfolk/voksne> (professionals working with the elderly)

DFPA The Danish Family Planning Association

Thank you for your attention



DFPA The Danish Family Planning Association

PRESENTATION

CSE Institute

by Laura Hurley, Technical Adviser on Youth IPPF CO

IPPF From choice, a world of possibilities

The CSE Institute: A Technical Assistance Network (TAN) Project

Presented by:
Laura Hurley
Technical Officer, Youth
IPPF Central Office

Background

- The CSE Institute was conceptualized to move IPPF's CSE programming to the next level in line with the IPPF Strategy and Secretariat Implementation Plan
- It is one of the approaches identified for provision of direct technical assistance (TA) between MAs – the Technical Assistance Network

CSE in IPPF

DELIVER+ENABLE TOOLKIT:
Scaling up comprehensive sexuality education (CSE)

A holistic, developmental and age appropriate, culturally and contextually relevant and scientifically accurate learning process grounded in a vision of human rights, gender equality, sex positivity and citizenship

In 2016 28.1 million young people completed a CSE programme delivered by IPPF Member Associations

Opportunities

1. IPPF Member Associations have a wealth of expertise in delivering CSE in a range of settings and to a range of audiences, tailored to the context.
2. IPPF's rights-based, youth-centered, sex-positive approach.
3. A well-developed CSE programme, including a curriculum and a toolkit for scaling up CSE.
4. IPPF's Strategic Framework (2016 – 2022) which puts emphasis and targets on delivering direct and enabled CSE services, and presents a shift in thinking about the content and delivery of CSE

The CSE Institute

- The CSE Institute aims to increase the scale and reach of CSE and to meet the ambition of the IPPF strategic framework 2016-2022
- The goal of the Institute is to increase the number of young people receiving rights based, sex positive, norm-critical and gender transformative CSE in a way that will contribute to their ability to act freely on their SRHR
- The Institute will improve the scaling up and the effectiveness of CSE programmes of IPPF MAs by delivering virtual technical assistance on CSE
- The Institute has the potential to provide virtual web-based technical assistance (TA) to MAs and support the delivery of CSE at scale
- Initially targeting MAs, it is anticipated that the TA will reach other national and global organizations

CSE INSTITUTE

- IPPF's Framework for CSE: focus on sensitive topics
- Sex positive, rights based
- Gender transformative
- Celebrating diversity
- Evidence/ experience based
- Development appropriate

Content

- Quality Experience/evidence based
- Sustainable
- Youth-centred
- Contextual

Principles

- Learner-centred
- Based on rights of learners and needs of educators
- Critical reflection on values

Delivery

- Community involvement
- Linkage with services

Context

Implementation of the CSE Institute

Piloting of the CSE Institute will take between 12 – 18 months and will include:

- Recruiting MAs to participate in the pilot (CO/RO and facilitating MAs), using a specific criteria
- Engaging with MAs to identify gaps and determine their needs
- Prioritizing key CSE issues to address in the pilot – especially targeting ‘difficult’ issues and subjects such as abortion, LGBTI and pleasure
- Establishing thematic working groups to develop the initial products and deliverables to be piloted
- Reviewing content to meet the context and delivery approach – using an online platform
- Piloting in a number of MAs
- Monitoring, evaluation, accountability and learning activities.
- Sustainability. During the pilot, we will engage in mobilizing resources for the CSE Institute. Phase II of the Institute will entail scaling up to more MAs.

Current Status

- Initial meeting with TA-providing MAs was held in Amsterdam in 2017. These MAs are Rutgers (Netherlands), RFSU (Sweden) and Sex + Samfund (Denmark).
- These MAs were identified as potential TA providers because of the experience and success they have had in enabling CSE in their countries.
- In July 2017, the IPPF Governing Council approved the TAN proposal and designated funding for piloting the 3 TAN initiatives. The CSE Institute is one of the initiatives.
- The budget for the CSE Institute was approved in July.
- CO has engaged with the stakeholders throughout the year, including a face to face meeting with the Nordic MAs and several meetings with the Open University.
- The OU is currently finalizing a scope of work for the partnership with IPPF and an MOU was signed in October 2017.

CROSS-REGIONAL COOPERATION

ImSet

by Dora Georgiou, Cyprus Family Planning Association (CFPA)

im SET
IMPLEMENTING MANDATORY SEXUALITY EDUCATION FOR TEENS
 April 2014 to January 2016
 Dora Georgiou
 Cyprus Family Planning Association

Logos for eea grants, norway grants, and the Republic of Cyprus are visible.

CYPRUS FAMILY PLANNING ASSOCIATION
SEXOPOLITIKK
 Norwegian association for sexual and reproductive health and rights

Logos for Hellenic Republic, Institute of Gender Studies, and other partners are visible.

I'M SET: objective

- To promote the sexual rights of teens aged 12 to 15 through activities that will aid **implementation** of mandatory human rights based Comprehensive Sexuality Education (CSE) in middle schools in Cyprus
- Inclusion in the curriculum had been previously achieved
- How can we build on these gains? How can we solidify these changes?

Design of Health Education Program after Educational Reform (2000)

1. Development and Empowerment of the Self 1.1 Development and evolution of the self 1.2 Emotional regulation and self esteem 1.3 Life values	2. Development of safe and healthy lifestyle 2.1 Healthy way of living and life circumstances 2.2 Food and health 2.3 Physical exercise and health 2.4 Use and abuse of substances 2.5 Safety
3. Development and Improvement of Social Self 3.1 FAMILY PLANNING, SEXUAL & REPRODUCTIVE HEALTH 3.2 Development of social skills and relationships 3.3 Diversity and transculturalism	4. Development of active citizen 4.1 Consumer Education 4.2 Financial and professional education 4.3 Rights and Obligations

THEORETICAL APPROACH – Health is not solely the responsibility of the individual

Use condoms

victimization stigmatization Emphasis on the individual

THEORETICAL APPROACH – Health is a social matter, a shared responsibility

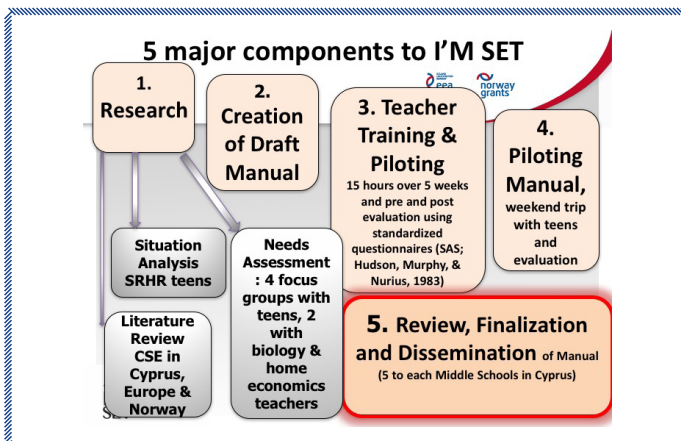
General socio-economic, cultural and environmental conditions

Social and community networks

Individual lifestyle factors

CHANGE

Source: Dahlgren and Whitehead, 1991



I'M SET: major output

- A teachers' Manual for delivering CSE, including teaching material, based on actual needs of students and teachers.
- <http://sexualityeducation.com.cy/>

- Thank you!

PRESENTATION

Revised International Technical Guidance on Sexuality Education

by Janelle Babb, UNSECO

Revised edition
International technical guidance on sexuality education
An evidence-informed approach

The Guidance at a glance

UNICEF
UN Women
WHO
Education 2030

Revised edition
International technical guidance on sexuality education
An evidence-informed approach

The Guidance at a glance

The International Technical Guidance on Sexuality Education (2009)

Primary goal: To equip children and young people with knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV

International Technical Guidance on Sexuality Education. Vol I: The rationale for sexuality education

International Technical Guidance on Sexuality Education. Vol II: Topics and learning objectives

UNESCO EDUCATION SECTOR | The ITGE 2009 | The ITGE 2016 | What's new in the Guidance? | Evidence on the role of CSE | Key concepts, topics and learning objectives | Building support for and delivering effective CSE | Key messages of the revised Guidance | 2

Revised edition
International technical guidance on sexuality education
An evidence-informed approach

The Guidance at a glance

The International Technical Guidance on Sexuality Education (2017)

The revised edition...

- is based on a new review of evidence, together with a review of curricula and curricula frameworks, both commissioned by UNESCO in 2016;
- was developed with input from a CSE Advisory group comprised of technical experts from across the globe, working in the fields of education, health, youth development, human rights and gender equality;
- involved broad consultation, including: through an online survey of user perspectives on the original Guidance; targeted focus group discussions at country level; and, a global stakeholder consultation meeting in 2016

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Revised edition
International technical guidance on sexuality education
An evidence-informed approach

The Guidance at a glance

The International Technical Guidance on Sexuality Education (2017)

Key features retained: purpose and scope

- Identifies the characteristics of effective CSE programmes
- Recommends essential topics and learning objectives that should be covered in CSE curricula for learners aged 5 to 18+ years
- Outlines approaches for planning, delivering and monitoring CSE programmes

The Guidance is voluntary and non-mandatory, based on current evidence and international best practice, and recognizes the diversity of national contexts in which sexuality education is taking place.

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Revised edition
International technical guidance on sexuality education
An evidence-informed approach

The Guidance at a glance

The International Technical Guidance on Sexuality Education (2017)

Key features retained: audiences

- Government education, health and other ministries
- Non-governmental organizations
- Youth workers and young people
- Other stakeholders working on quality education, SRH, adolescent health and gender equality

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Revised edition
International technical guidance on sexuality education
An evidence-informed approach

The Guidance at a glance

The International Technical Guidance on Sexuality Education (2017)

Key features retained: addressing concerns and misconceptions of CSE

Concerns	Response
✗ CSE leads to early sexual initiation	✓ CSE does not lead to early initiation or more sex, it leads to delayed initiation and more responsible sexual behaviour
✗ CSE deprives children of their 'innocence'	✓ Evidence shows that children benefit from scientifically accurate, non-judgmental and age- and developmentally-appropriate information through formal schooling.
✗ CSE goes against our culture or religion	✓ CSE programmes should build support among the custodians of culture in order to adapt content to the local cultural context, while also addressing negative social norms and harmful practices that are not in line with human rights
✗ Parents will object to sexuality education being taught in schools	✓ CSE programmes are meant to work in partnership with and engage parents

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The International Technical Guidance on Sexuality Education (2017)

Key features retained: addressing concerns and misconceptions of CSE cont'd.

Concerns	Response
<ul style="list-style-type: none"> Teaching CSE is too difficult for teachers 	<ul style="list-style-type: none"> Most teachers have the skills or can be trained in CSE as included in national curricula
<ul style="list-style-type: none"> CSE is already covered in other subjects (biology, life-skills or civics education) 	<ul style="list-style-type: none"> Effective CSE covers a comprehensive set of topics, attitudinal and skills-based learning outcomes which may not necessarily be included in other subjects
<ul style="list-style-type: none"> Young people already know everything about sex and sexuality through the internet and social media 	<ul style="list-style-type: none"> Online media doesn't necessarily provide age-appropriate, evidence-based facts. CSE offers them a healthy space for discussion.
<ul style="list-style-type: none"> CSE is a means of recruiting young people towards alternative lifestyles 	<ul style="list-style-type: none"> The main principle of CSE is that everyone has the right to accurate information and services related to their health and well-being, without judgement

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UNESCO Education Sector | The Guidance of a place | Education 2030

What's new in the Guidance?

UNESCO EDUCATION SECTOR | The ITCSE 2009 | The ITCSE 2017 | What's new in the Guidance? | Evidence on the role of CSE | Key concepts, topics and learning objectives | Building support for and delivering effective CSE | Key messages of the revised Guidance? | 8

UNESCO Education Sector | The Guidance of a place | Education 2030

What's new in the Guidance?

- The latest evidence and lessons learned from implementing CSE programmes across diverse education settings.
- Key concepts, topics and learning objectives that have been enhanced and expanded
- A deeper understanding of the relevance of CSE to young people's healthy development and overall well-being
- Presents sexuality with a positive approach and provides a conceptual framework for sexuality within the context of CSE
- Recognizes that CSE goes beyond educating about reproduction, risks and disease
- Reaffirms the position of CSE within a framework of human rights and gender equality
- Reflects the contribution of CSE to the realization of multiple Sustainable Development Goals, including

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What's new in the Guidance?

A new definition of CSE

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 wellbeing and that of others; and,
- understand and ensure the protection of their rights throughout their lives.

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What's new in the Guidance?

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

- Scientifically accurate
- Incremental
- Age and developmentally appropriate
- Curriculum based
- Comprehensive
- Based on a human rights approach
- Based on gender equality
- Culturally relevant and context appropriate
- Transformative
- Able to develop life skills needed to support healthy choices

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What's in the revised Guidance?

UNESCO EDUCATION SECTOR | The ITCSE 2009 | The ITCSE 2017 | What's new in the Guidance? | Evidence on the role of CSE | Key concepts, topics and learning objectives | Building support for and delivering effective CSE | Key messages of the revised Guidance? | 12

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Evidence on the role of CSE

Main conclusions of the evidence review:

- Comprehensive sexuality education has **positive effects**, including young people's knowledge and improving their attitudes related to sexual and reproductive health and behaviour.
- Sexuality education **does not increase** sexual activity, sexual risk-taking behaviour or STI/HIV infection rates
- Abstinence-only programmes are **not effective** in delaying sexual initiation, reducing frequency of sex, or reducing number of sexual partners

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Evidence on the role of CSE

Main conclusions of the evidence review cont'd.

- Gender-focused programmes are substantially more effective than 'gender-blind' programmes in achieving health outcomes, reducing unintended pregnancy or STIs.
- Programmes that are comprehensive and delivered fully as intended are more likely to have the desired positive impact on young people's health outcomes
- Sexuality education is most impactful when school-based programmes are complemented with non-discriminatory, youth-friendly services and parental engagement

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Key concepts, topics and learning objectives

- A comprehensive set of key concepts, topics and illustrative learning objectives to guide the development of locally-adapted curricula
- Learning objectives that are age-appropriate and logically sequenced to become increasingly complex with age and developmental ability across four age groups (5-8 years; 9-12 years; 12-15 years and 15-18+ years)
- 8 key concepts taught simultaneously and focused on 3 domains of learning: **knowledge, attitudes and skills**

Key Concept 1: Intelligence	Key Concept 2: Values, Rights, Choices and Respects	Key Concept 3: Intelligence
Topics: 1.1 Gender 1.2 Learning Life and Research 1.3 Science, Health and Respect 1.4 Long-term Consequences and Planning	Topics: 2.1 Values and Integrity 2.2 Human Rights and Equality 2.3 Culture, Society and Health 2.4 Gender-based Violence	Topics: 3.1 The Social Construction of Gender and Gender Roles 3.2 Gender Equality, Inequality 3.3 Gender-based Violence
Key Concept 4: Intelligence and Learning	Key Concept 5: Skills for Health and Well-being	Key Concept 6: The Human Body and Development
Topics: 4.1 Science 4.2 Critical, Ethical and Body Integrity 4.3 Use of Information and Communication Technologies (ICT)	Topics: 5.1 Science and Non-Behavioral Social Behavior 5.2 Decision-making 5.3 Communication, Refusal and Negotiation Skills 5.4 Media Literacy and Sexuality 5.5 Finding Help and Support	Topics: 6.1 Sexual and Reproductive Health and Physiology 6.2 Reproductive System 6.3 Fertility 6.4 Body Image
Key Concept 7: Identity and Personal Relations	Key Concept 8: Personal Responsibility for Health	
Topics: 7.1 Sex, Sexuality and the Sexual Life Cycle 7.2 Sexual Behaviour and Sexual Reproductive Health	Topics: 8.1 Pregnancy and Pregnancy Prevention 8.2 HIV and AID/STIs, Contraception and Support 8.3 Understanding, Accepting and Reducing the Risk of STIs	

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Key concepts, topics and learning objectives Example

Key Concept 5: Skills for Health and Well-being

5.2 Decision-making

Learning objectives (5-8 years)

- Recognize that decisions are made every day and that some decisions have consequences
- Identify decisions that they make and are proud of
- Identify decisions that they make that they or others have made that had either good or bad consequences
- Understand how consequences (bad and good) people may not help from parents or friends who do not understand or empathize
- Develop an understanding of circumstances that can help them make good decisions
- Identify a parent/guardian or trusted adult who can help them make good decisions

Learning objectives (9-12 years)

- Recognize that decision-making is a skill that can be learned and practiced
- Understand that decision-making is a skill that can be learned and practiced
- Apply the decision-making process to address problems
- Recognize that a parent/guardian or trusted adult who can be a source of help for decision-making skills

Learning objectives (15-18 years)

- Recognize that decision-making has consequences on oneself and others, including social and health consequences
- Analyze potential social and health consequences of decisions related to sexual behaviour on the individual, family and society
- Recognize that sexual decision-making affects oneself, the family and society
- Express empathy for others who are affected by their sexual decision-making skills
- Make responsible decisions about sexual behaviour

Key Message: Sexual decision-making has consequences on oneself and others, including social and health consequences

Topics:

- 5.1 Norms and Peer Influence on Sexual Behaviour
- 5.2 Decision-making
- 5.3 Communication, Refusal and Negotiation Skills
- 5.4 Media Literacy and Sexuality
- 5.5 Finding Help and Support

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Building support and planning for the implementation of CSE programmes

- Use evidence that demonstrates young people's existing needs within the national/local context
- Use existing international, regional and local frameworks and international agreements that support CSE
- Share arguments on the importance of the social and emotional well-being of children and young people

Delivering effective CSE programmes

- Developing effective curriculum (preparatory phase and content development)
- Designing and implementing CSE programmes (stand-alone or integrate)
- Monitoring and evaluation of CSE programmes
- Scaling-up CSE programmes

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Key messages of the revised Guidance

UNESCO EDUCATION SECTOR | The TISE 2009 | The TISE 2017 | What's new in the Guidance? | Evidence on the role of CSE | Key concepts, topics and learning objectives | Building support for and delivering effective CSE | Key messages of the revised Guidance | 18

Why do young people need and want CSE?

Because CSE...

- Prepares them for a safe, productive, fulfilling life in a world where gender-based violence, gender inequality, early and unintended pregnancies, HIV and other sexually transmitted infections (STIs) still pose serious risks to their health and well-being.
- Presents sexuality with a positive approach, emphasizing values such as respect, acceptance, tolerance, non-discrimination, equality, empathy, responsibility and reciprocity.
- Provides age-appropriate and phased education about human rights, gender equality, relationships, reproduction, sexual behaviors risks and prevention of ill health.

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Why do young people need and want CSE?

Key sexual and reproductive health (SRH) issues that affect young people that can be addressed through CSE

- Puberty
- Pregnancy
- Access to modern contraception
- Abortion (safe and unsafe)
- Violence, including gender-based violence
- HIV and AIDS
- Sexually transmitted infections (STIs)

Other key SRH issues that affect young people that can be addressed through CSE

- The influence of ICT on sexual behaviour
- Poor mental/emotional health
- Alcohol, tobacco and drugs

Subgroups of children and young people have specific SRH needs and other issues

- Young people living with HIV (YPLHIV)
- Young people living in poverty
- Young people with disabilities
- LGBTI young people
- Young people affected by humanitarian crisis

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Why use the Guidance?

The Guidance will enable users to:

- gain a clear understanding of CSE, the need for CSE and the desired positive outcomes of CSE;
- clarify misunderstanding and address misconceptions as to the purpose and nature of CSE;
- share evidence and research-based recommendations to guide policy-makers, educators and curriculum developers in designing good quality CSE programmes;
- develop relevant, evidence-informed, age- and developmentally-appropriate CSE curricula, teaching and learning materials and programmes that are culturally responsive;
- build support for CSE at community and school levels;
- increase awareness, through CSE, about relevant sexual and reproductive health issues that impact children and young people.

UNESCO EDUCATION SECTOR | The TISE 2009 | The TISE 2017 | What's new in the Guidance? | Evidence on the role of CSE | Key concepts, topics and learning objectives | Building support for and delivering effective CSE | Key messages of the revised Guidance | 21

Thank you

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PARTICIPATING IPPF MEMBER ASSOCIATIONS



QENDRA SHQIPTARE PER POPULLSINE DHE ZHVILLIMIN
ALBANIAN CENTER FOR POPULATION AND DEVELOPMENT

Albanian Center for Population and Development

Albania is an upper middle-income country that has gone through political, economic and demographic changes over the past 25 years. Total population: 2 896 000. The country has the lowest rate of use of modern contraceptive methods (MCM) in the European region, estimated in 2008/09 Demographic and Health Surveys (DHS) at 11%. In 2016, the HIV infection rate was 35.1 per 100,000 population. Adolescent fertility rate 22 (births per 1 000 women ages 15-19). Approx. 17.47% % of population is at age 14-24 years old (INSTAT 2017).

The education system has undergone a series of reforms creating the right environment to improve comprehensive sexuality education. There is opposition to school sexuality education in the country. Some parents and caregivers, community members and teachers see sexuality education as a factor that leads young people into early sexual activity. They also argue that sexuality education could be good for young people, but not for children at a young age.

ACPD is established since 1993. ACPD stands for a free reproductive life, a safe reproductive life, an autonomous reproductive life for women, men and families. Our primary goal is to benefit the women and men that seek information, healthcare and counseling and/or women and men that do not actively seek our help. Through 2009-2017, ACPD has been working to increase support to empower adolescents and young people to make informed decisions regarding their sexual and reproductive health and be able to act on those decisions. ACPD has implemented many projects with the support of International Planned Parenthood Federation and UNFPA based on a triangular approach:

- To increase access to comprehensive, gender-sensitive, rights-based sexuality education.
- To increase access to an essential package of youth-friendly services.
- To influence policy change that prioritizes the sexual and reproductive health needs of young people, particularly on introducing CSE in the school curriculum.

The ACPD has implemented an extensive sexuality education programme which has included building community support, deliver and enable CSE, advocacy and SRH service provision.

Introduction of CSE at pre-university level of education

In partnership with the SRHC, the ACPD successfully advocated for the Minister of Health to sign a sub-law within the SRHR law in 2012, which consisted of a position/policy paper on comprehensive models/strategies of SE in the country. This greatly helped ACPD's advocacy efforts to gain the support of the MoE resulting in development of the CSE guidelines/curricula based on IPPF's IAOC, and international resources UNESCO, UNAID, WHO, UNICEF. The Institute for Educational Development officially became involved in the development of CSE cross curricula modules, ACPD led this process. Other stakeholders have also been involved in consultations and curriculum review. Books for children and teachers (cross curricular modules) titled "Sexuality and Life skills" were developed. In 2015 the cross curricula has been piloting/implementing within the subjects of biology, health education and physical education.

Awareness raising on CSE and advocacy

The organization has established strategic alliances with relevant partners that making governments accountable for the advancement of young people's SRHR, including the provision of CSE in schools. ACPD organized round tables, meetings, conferences with high officials of the MoH, other state institutions and key stakeholders' representatives to advance the agenda of introduction CSE in education system.³³ young people trained as advocates have been leading all advocacy events. Various media related activities, TV and radio programs were held to promote CSE and enhance support among community in this regards. Approximately 100,000 people including parents, teachers, community members, leaders and decision-making with the positive messages on CSE

CSE delivery and enabling

ACPD staff has trained 444 peer educators in ASRHR in formal and non formal settings. Trained young people build their knowledge and skills related to: SRH, contraceptives methods, and sexual transmitted infections including HIV, rights, gender, pleasure, violence, diversity and relationships. They spread their knowledge with other 4,000 people. 244 teachers built their capacity to properly deliver the CSE in schools and put the learnings in practise. Following the training, teachers conducted 50 sessions with pupils. Pupils had given a positive feedback related to interactive methodologies, very useful information (concerning sexuality, their rights and health, gender, citizenships etc.) they benefited and life skills they acquired. 200 education professionals were enabled with CSE. 400 parents (housewives, community leaders, different careers etc.) were provided with knowledge and skills on sexuality. After the training

many parents cited, concrete examples of how they had been able to apply their learning at home.

Interrelation of CSE with provision of YF services

In about 9 years ACPD has achieved: 70, 000 SRH services provided to young people.

Outcomes

- An increased number of young people including those from vulnerable have access to the SRH services they need in Tirana and Vlora districts.
- Parents and teachers at national level are more positive and supportive towards young people sexuality and sexual rights.



Sobre APROFA

La Asociación Chilena de Protección a la Familia (APROFA) es una corporación de interés público, sin fines de lucro, dedicada a brindar servicios de atención, capacitación, y promover iniciativas, leyes y políticas en materias de salud y educación sexual y reproductiva. Su quehacer se enmarca en los esfuerzos por la equidad y la no discriminación con perspectiva de género y enfoque de derechos, se orienta a brindar acceso a métodos seguros, efectivos, y legales, priorizando a los adolescentes y jóvenes en situaciones de pobreza y de mayor vulnerabilidad, especialmente los más susceptibles a embarazos no planeados, Infecciones de transmisión sexual y VIH.

APROFA fue creada en 1965 por un grupo de médicos preocupados por los altos indicadores de aborto inducido y la mortalidad materno-infantil en sectores menos atendidos y más empobrecidos. En ese contexto, lideró la implementación de la política de Planificación Familiar en Chile en alianza con el gobierno de la época.

Afiliada a la Federación Internacional de Planificación Familiar (IPPF) en 1967, organizó en Santiago, y por primera vez en Latinoamérica, la Octava Conferencia Internacional de la Federación Internacional de Planificación de la Familia, y en 1968 firma un convenio con el Servicio Nacional de Salud (Ministerio de Salud) con el objetivo de "regularizar y establecer sobre las bases legales un programa cooperativo de regulación de la natalidad en todo el territorio nacional, además de promover el bienestar de la familia, favoreciendo una procreación responsable, ejercicio y derecho a una paternidad responsable". En dicha oportunidad, APROFA actuó como intermediario en la donación de insumos anticonceptivos provenientes de la Agencia Internacional para el Desarrollo de los Estados Unidos (USAID).

- A greater acceptance of young people's sexuality and rights among youth, community members and politicians.
- Women and girls, as well as men and boys are aware of their human rights.
- It is increased the access to comprehensive, gender-sensitive, rights-based sexuality education among young people in Tirana, Vlora districts.
- Young people have become potential agent for change and make their voice heard as regards young people sexual rights in national political arena.
- Since 2013, ACPD have increased the uptake of SRH services among young men and boys by 25 per cent year-on-year.

Actualmente APROFA se define como una organización que trabaja para asegurar cuidados en salud sexual y reproductiva, priorizando a los adolescentes y jóvenes, según los postulados que acordó la Conferencia Internacional de Población y Desarrollo realizada en El Cairo, que extendió los Derechos Sexuales y Reproductivos a los adolescentes y jóvenes menores de 18 años.

En el ámbito de la Salud Sexual y Reproductiva y sus derechos, APROFA cuenta con un amplio equipo de trabajo conformado por matronas, psicólogo/as y trabajador/as sociales que organizan su quehacer en dos líneas de intervención: Adolescentes y Jóvenes y Atención en Salud Sexual de la Mujer. Cuenta con CENTROS AMIGABLES PARA JOVENES, en los que los especialistas basan su trabajo en un Modelo de Atención en Servicios Exclusivos para Adolescentes y Jóvenes, de 10 a 24 años de edad, brindando las siguientes prestaciones:

- Diagnóstico de Embarazo, Atención clínica en Regulación de Fecundidad, Entrega de Métodos Anticonceptivos, Control Ginecológico, Diagnóstico y Tratamiento de ITS, Atención de Diversidad Sexual, y Anticoncepción de Emergencia.
- Consejería basada en un modelo destinado al autocuidado de la salud así como a prevenir embarazo adolescente y juvenil, prevenir enfermedades de transmisión sexual, prevenir la violencia familiar y en el pololeo, y aquella basada en género, uso de condón y paternidad responsable.
- Actividades de promoción y campañas de información y sensibilización política, incidiendo en la promulgación de leyes que contribuyan a la salud sexual y reproductiva.

APROFA CAPACITACIONES S.A es un referente en materias de formación en sexualidad, afectividad y género para agentes de la educación formal e informal; como también para agentes de la salud, en materias de sexualidad, VIH/ITS y métodos anticonceptivos, entre otros. Actualmente contamos con una amplia oferta de formación, donde cada institución o establecimiento puede obtener una propuesta personalizada y basada en las necesidades internas de su comunidad. A través de talleres, cursos y asesorías me-

metodológicas se entregan las herramientas necesarias para la implementación de un programa de sexualidad.

Además contamos con materiales didácticos y educativos que pueden ser utilizados con docentes, apoderados, personas jóvenes y familias, entre otros. Estos materiales cuentan con derechos de autoría de APROFA, y están a disposición en nuestra sala de ventas.

Área de Educación APROFA

El área de educación de la Asociación Chilena de Protección de la Familia –APROFA, surge como una respuesta institucional frente a la necesidad de educación integral de la sexualidad que existe en la sociedad chilena. Y, en relación con esto, las demandas de la sociedad civil, docentes, profesionales de la salud y estudiantes de contar con espacios de formación especializados.

El área de Educación integra tres componentes; capacitaciones, juventudes y desarrollo de contenidos.

Desde capacitaciones, se gestionan los procesos administrativos relacionados con los registros SENCE y ATE, mismos que permiten realizar ofertas de capacitaciones a instituciones públicas y privadas. Por otra parte, desde este componente se planifican, crean y definen contenidos de los cursos, mismos que tienen tres formatos básicos.

1. Asesoría Técnica Educativa. Cursos de veinte horas, dirigidos a docentes, directivos, administrativos y auxiliares de la educación. Actualmente están registrados dos cursos. Uno sobre sexualidad, afectividad y género y el segundo sobre VIH y Educación.
2. Cursos Especializados. Asociados al registro SENCE y dirigidos a profesionales de educación, salud y empresas. Actualmente ofertamos el curso de consejería en

- VIH que cuenta con aval del Ministerio de Salud.
3. Cursos Cortos. Estos tienen una duración de cuatro horas, están abiertos al público en general y permiten a la sociedad civil acceder a información de calidad, desde la perspectiva de género y el enfoque de derechos en temáticas relacionadas con sexualidad, salud sexual y salud reproductiva así como derechos sexuales y derechos reproductivos.

En el componente de juventudes se desarrollan tres líneas de trabajo, las que incluyen formación de pares, advocacy y promoción comunitaria de derechos sexuales y reproductivos.

1. Formación de pares. Integra a las y los promotores activistas de Aprofa, que son estudiantes secundarios, universitarios y jóvenes en general de entre 14 y 24 años que tienen interés en los temas y participantes de un proceso de formación que les permite informar y formar a otras personas jóvenes sobre estos temas.
2. Advocacy. Esta línea promueve la incidencia de las personas jóvenes en temas que tienen que ver con la política pública, particularmente busca colocar el tema de la educación integral de la sexualidad en la agenda pública para posibilitar la reflexión de la sociedad civil frente al tema y la generación de políticas públicas relacionadas.
3. Promoción comunitaria. Esta línea trabaja en la promoción comunitaria de derechos sexuales y derechos reproductivos desde la población joven. Implica el reconocimiento de las y los promotores activistas como referentes comunitarios en temas de sexualidad y a la vez la capacidad de ellas y ellos para generar procesos de referencia a puntos de atención de APROFA en el territorio.



Associação Moçambicana para Desenvolvimento da Família

AMODEFA (Mozambican Association for Family Development) is a non-governmental organization, founded on 15 June, 1989 with its work focused in the defense and promotion of sexual and reproductive health and rights for adolescents and young people, women and men through the dissemination of information, Comprehensive Sexual Education and the provision of integrated quality services.

AMODEFA has presence and services in 9 out of 11 provinces of the country, namely: Cabo Delgado, Nampula, Zambézia, Sofala, Manica, Inhambane, Gaza, Maputo and Maputo City. Is government preferred local partner when it comes to promotion and provision of family planning, HIV & AIDS, integrated Youth Friendly Services and the extend

that the government has awarded AMODEFA with Public Utility title.

It is a member of IPPF (International Planned Parenthood Federation) from which AMODEFA was attribute a title of earning Center for Portuguese-speaking African Countries. Activities implementation is based in a Strategic plan (2016 - 2010) composed with four pillars: (1) - Advocacy; (2) - Conferring Powers to the Community; (3) Provision of Clinical Services and (4) - Institutional Development.

About AMODEFA CSE program

Mozambique, as other African country is characterized by a young population (xxxxx%) is less than 25 years old. Among some other problems Mozambique presents low level of knowledge about HIV particularly among young people aged 15-25 (31%), high prevalence of HIV (13.9%) and 6.9% of young people aged 15-24 are infected with HI. At national level, around 46% of young people aged 15-19 are already mothers or were pregnant. Moreover, 4 percent of the women aged 15-19 became pregnant before age 15 and 44 percent before age 17.

Looking at the indicators described above, CSE is highly needed in Mozambique and research have shown that providing accurate, complete and age-appropriate information on sexuality and contraception helps young people to take steps to protect their health, including delaying sex, using condoms and or other contraceptive methods.

The Government of Mozambique is conscious of the existing gaps and is committed to deliver CSE which is aligned with country and large steps have been taken towards that described in review of primary school curriculum including some components of sexual reproductive health and rights such us: contraception, Sexually Transmitted Infections, and HIV prevention. In parallel have adopted an multisectoral approach involving Ministry of Health, Ministry of Education and Human Development, Ministry of Youth and Sports, AIDS Council to the comprehensive health of adolescents and young people with an emphasis on reproductive health in order to provide good quality health care that is accessible and adequate to the needs of adolescents and young people, this approach include among other strengthening technical capacity and training, provision of services and increase utilization, young people involvement and improving their life skills and one good example is Geracao Biz Program through AMODEFA youth program.

Although AMODEFA is delivering country specific CSE

program, in partnership with other Sexual Reproductive Health organizations, SRHR committee advocacy is ongoing to ensure CSE is fully included in primary school curriculum as well as in teachers training curriculum.

As a way of ensuring the link between the CSE and other youth programs, AMODEFA trained young organizations in CSE and identified champions.

Over the last three years AMODEFA has managed to reach 1,181,345 young people in 2014, 1,161,165 in 2015 and 1,750,395 young people of both sexes in 2016 with CSE in the provinces of Cabo Delgado, Zambezia, Gaza and Maputo Province and City.

AMODEFA have actively participated in the development of peer educators manual adapted from Geracao Busy and all in one curriculum manuals.

About Marcelo Kantu representing AMODEFA

Marcelo Kantu, Clinical and Counseling Psychologist, married and father of two children, an employee of AMODEFA for more than 15 years assigned to the Programs Department, assuming the functions of acting Director of Programs, Monitoring and Evaluation Assistant for the Executive Director, Coordinator of the Learning center and focal point of the African Citizen Initiative. For many years he was a Youth Officer.



Association Marocaine de Planification Familiale

Created in 1971, within a public utility status in 1972, the Moroccan Family Planning Association (MFPA) aims to promote a Morocco where all women, all men and all young people have the right to access to education, information and sexual and reproductive health quality services according to their needs, where individual choices are fully respected and where stigma and discrimination have no place. MFPA delivers sexual and reproductive health services through 25 fixed clinics, 7 mobile clinics, 5 friendly youth centres. We have been able to offer 6 million of services for almost 1million people last 2016. Today, MFPA is recognized as the biggest national NGO that promote sexual and reproductive health services for youth over the country. According to our last vulnerability study, 85% of MFPA's clients are vulnerable and 75% of them are under 25 years.

For that reason, MFPA has committed a whole advocacy process for the sexual and reproductive health rights targeting national and local stakeholders and policymakers: parliamentarians, local elected officials, religious leaders, government organizations, media, youth leaders etc in order to enable youth get access to sexual and reproductive health services and education all over the country.

Youth under 25 years represent 27% of the Moroccan population, which is almost 11 millions of people. They become sexually active at the early age of 16 and get married at an average age of 32. There is almost a 15 years of unsafe sexual practices where youth suffers from sexual transmissible infections, unsafe abortion, and lack of accessibility to family planning because the Moroccan law do not recognize sexual practices out of marriage relationships.

Indeed, MFPA has trained 900-peer educator among youth on a comprehensive sexual education, conduct weekly training among schools for youth and offer an average of 4 million services each year for youth over its fixed and mobile clinics. Besides, we have conducted workshops in the Moroccan parliament and asked the ministry of education to introduce formal sexual education within school's curriculum. In 2018, we aim to negotiate with the ministry of education and the ministry of health the aim of making comprehensive sexual education part of the national curriculum.



Association Togolaise pour le Bien-Etre Familial

L'Association Togolaise pour le Bien Etre Familial est une Organisation Non Gouvernementale existant au Togo depuis Janvier 1975. Membre à part entière de l'IPPF, l'ATBEF offre également un large éventail de services.

Une expérience de 40 ans et une expertise avérée dans la mise en œuvre de projets d'offre de services conviviaux aux jeunes en SSR/PF/VIH/sida

Au Togo,

- Le taux de fécondité chez les adolescentes (15 à 19 ans) : 85 pour 1000 femmes
- 17% des adolescentes ont commencé leur vie féconde.
- Une proportion non négligeable (2%) de filles de 15 à 19 ans a eu une naissance avant l'âge de 15 ans.
- Environ 9% de jeunes ont eu leurs premiers rapports sexuels avant l'âge de 15 ans.
- 8,1% ont contracté leur mariage ou union avant l'âge de 15 ans.
- Le taux de grossesses précoces est de 17.3%. 3

Ces jeunes adolescentes ont des choix limités, parmi lesquels les avortements à risque et une maternité précoce.

Face à cette situation, le gouvernement s'est engagé à développer des actions et politiques pour améliorer les connaissances, aptitudes et pratiques des jeunes et adolescents. Or plusieurs personnes confondent très souvent « sexualité et rapports sexuels ».

C'est dans cette perspective que l'ATBEF initie des programmes d'éducation sexuelle complète qui est une « approche d'éducation sexuelle intégrale basée non seulement sur les aspects reproductifs de la sexualité chez les jeunes, mais aussi sur ses droits, ses besoins réels, le genre et la volonté de les doter des connaissances exactes sur la sexualité, des compétences essentielles de la vie, des attitudes et des valeurs positives dont ils ont besoin pour déterminer de façon responsable leur sexualité et s'y épanouir physiquement, affectivement, individuellement et dans le cadre de leurs relations avec les autres ».

Il est mis en œuvre par des acteurs appropriés qui ont des compétences dans le domaine éducatif et dans l'encadrement des jeunes. La stratégie de mise en œuvre du projet est essentiellement basée sur deux catégories d'acteurs : le Ministère en charge de l'éducation, de la Santé et les jeunes du MAJ de l'ATBEF. En plus d'eux, des organisations telles que l'Association Protestante des Œuvres Médico-sociales et Humanitaires du Togo (APROMESTO), l'Union Musulmane du Togo (UMT), la Fédération des Associations des Parents d'Elèves (FASPAREL), le Conseil National des Jeunes (CNJ), le Réseau des Médias Africains de lutte contre le Sida, la Tuberculose et le Paludisme (REMASTP).

L'approche participative adoptée par l'ATBEF a favorisé la

planification des activités avec les acteurs, un facteur déterminant du bon fonctionnement du partenariat. Les formations des acteurs ont porté sur les composantes essentielles de l'ESC

Le contenu des programmes d'ESC : 7 composantes et en 46 sous composantes

Genre

Rôles et attributs de genre niveau de compétence- Perception de la masculinité et de la féminité au sein de la famille et tout au long du cycle de vie- Stéréotypes et inégalités basés sur le genre-Manifestations et conséquences des préjugés- Evolution des normes et valeurs de la société

Santé sexuelle et santé de la Reproduction

Anatomie et physiologie des organes génitaux de la fille et du garçon- Sexualité et cycle de la vie.- Dysfonctionnements sexuels- Informations et soins liés à la santé sexuelle et de la reproduction- Grossesse chez l'adolescente- Planification familiale- Utilisation correcte du préservatif- IST/VIH/ sida- Vivre avec le VIH

Citoyenneté Sexuelle

Instruments Juridiques Internationaux- Instruments Juridiques Nationaux- Politique Nationale de jeunesse - Culture et Pratiques- Normes- Plaidoyer- Participation- Choix et prise de décision- Protection- Consentement et droit d'avoir des rapports sexuels- Citoyenneté et respect de l'autorité

Plaisir ou Epanouissement Sexuelle

Désir sexuel et rapport sexuel- Sexualité saine et Santé émotionnelle. Amitié, camaraderie et Amour-Affirmation de soi-Alcool et drogue

Lutte contre les violences

Différentes formes de violence- conséquences des violences- Soutiens disponibles et Prise en charge des victimes- Prévention et plan de sécurité personnelle- Technique d'autodéfense

Promotion de la diversité

Diversité de la vie - Perception positive de la diversité- Discrimination Apprendre à croire à l'égalité- Apprendre à croire à l'équité- Aider les jeunes à aller au-delà de la simple tolérance

Rapports avec les autres ou Relation interpersonnel

Différents types de rapports- Droits et responsabilités- Dynamique de pouvoir- Distinction entre relations saines et malsaines- Communication entre parents et enfants- Communication entre jeunes

Principales réussites

- Obtention de l'accord et de l'adhésion du gouvernement togolais à l'ESC et l'assistance technique du Ministère de l'éducation
- Mise en place d'un réseau informel de plaidoyer avec les principales parties prenantes
- Intégration de l'ESC dans les programmes du préscolaire et du primaire et du 1er cycle du secondaire
- Production des curricula et guides ayant intégré l'ESC

- Expérimentation les établissements scolaires des Régions Maritime et Plateaux
- Elaboration des guides de prêches pour les Imams et les Pasteurs des Eglises protestantes officielles du Togo
- Evaluation de processus du projet
- Formation de 120 prestataires de soins de santé sur la prise en charge psychosociale des victimes de viols
- Formation de 30 prestataires de services judiciaires (y compris la police) sur l'ESC et les violences sexuelles
- Formation de 240 prestataires de santé sur les services conviviaux adaptés aux adolescents
- Formation de 21,750 membres des clubs d'adolescents, en ESC adaptés à l'âge
- Formation des Organisation à Base Communautaires pour accompagner les jeunes dans la promotion de leur droit à la SSR
- Formation de 3,500 Enseignants sur l'ESC
- Formation de 2610 leaders communautaires sur l'ESC, incluant les relations sexuelles transactionnelles et forcées, des adolescents
- Formation des Organisations de la Société Civile sur le plaidoyer et la responsabilité sociale en matière de la santé sexuelle et reproductive des adolescent-e-s.
- Formation des membres du Conseil Consultatif National des Enfants (CCNE) sur les initiatives de plaidoyer touchant à leur santé sexuelle et l'ESC
- Organisation des journées de réflexion sur la SSR des adolescent(e)s
- Intégration de la SSR et de l'ESC dans les plans d'action villageois et cantonaux
- Elaboration et mise en œuvre des chartes villageoises de protection de la jeune fille contre les rapports sexuels forcés et transactionnels dans 870 villages
- Elaboration de spots radiophoniques et d'outils de sensibilisation sur l'ESC.
- Mise en place une ligne verte pour l'information, le consulting et le référencement des adolescents en matière de L'ESC et l'offre de services adaptés
- Séances de causerie-débat avec les parlementaires sur la SSR des adolescents et l'ESC
- Mise en place d'un partenariat stratégique avec les médias pour le plaidoyer sur de l'ESC et la SSR des jeunes.
- Conception et dissémination d'une bande dessinée sur l'ESC.
- Offre de services dans les établissements scolaire de 870 villages

Bonnes pratiques

- Education sexuelle à base communautaire : activités

axées sur la communauté(les jeunes ,les parents , les leaders communautaires et religieux) qui non seulement est considérée comme bénéficière mais aussi comme un acteur indispensable pour la pérennité des activités.

- «Salifou et Assib» : l'éducation sexuelle complète alignée aux standards de l'IPPF à travers la bande dessinée.
- Offre de services en clinique mobiles dans les établissements scolaires dans ou l'ESC est implémenté.
- Franchises sociales avec les points de prestations pour l'offre de services conviviaux aux jeunes.
- Mise en place une ligne verte pour l'information, le consulting et le référencement des adolescents vers L'ESC et l'offre de services adaptés
- Initiation des jeunes aux activités génératrices de revenus en faveur des jeunes bénéficiaire de l'ESC pour contribuer à renfoncer leur habilité à exercer leurs droits sexuels.

Défis

- Implication la hiérarchie catholique au processus
- Mobilisation les fonds indispensables pour l'intégration au secondaire
- Implication formelle du milieu extrascolaire et universitaire au processus
- Mobilisation des fonds pour porter à l'échelle l'ESC à travers les Ecoles Normales de Formation des enseignants togolais (ENI et ENES)
- Mobilisation et implication d'autres partenaires nationaux et internationaux au financement du projet
- Plaidoyer pour amener le MEPSA à inscrire le processus dans son propre budget

LEÇONS APPRISSES

1. La sexualité avec le développement des techniques d'information et de communication (TIC) cesse de plus en plus d'être un "sujet tabou" et les enfants en savent plus que les adultes ne le pensent;
2. Les jeunes aussi bien scolaires qu'extrascolaires souhaitent bénéficier d'éducation sexuelle plus intense dans les écoles et sur leurs lieux d'apprentissage ;
3. Une partie importante des membres des communautés, en dehors de la jeunesse, désire également avoir des informations exactes sur la sexualité ;
4. Les parents sont réticents par rapport à l'éducation sexuelle complète des tout petits enfants
5. L'ESC ne peut être conduite que dans un cadre de réseautage avec l'essentiel des parties prenantes en matière de sexualité des jeunes



CYPRUS
FAMILY
PLANNING
ASSOCIATION

Cyprus Family Planning Association

The Cyprus Family Planning Association (CFPA) is one of

the oldest and most well established voluntary, non-governmental and non-profit organization in Cyprus, founded in 1971, and a member of the International Planned Parenthood Federation (IPPF).

CFPA's vision is a world where sexuality education is expressed and enjoyed in freedom, equality, respect and

love. CFPA offers high quality educational and informational services, and advocates for the advancement of Sexual Reproductive Health and Rights (SRHR).

The Association's mission is to promote the development of a society where all people can enjoy the basic human right to make free and informed choices in their sexual, emotional and reproductive lives and to defend, protect and advocate for the SRHR of all women, men and young people, through the work of its committed, competent and skilled volunteers and staff.

Educational Services

One of the main priorities of the CFPA is the provision of educational services regarding sexuality education. The Association's educational services are provided through workshops, seminars, trainings and/or lectures to different groups living in Cyprus, inclusive of people of all genders, ages, nationalities, socio-economic status, education and religious beliefs. Educational workshops are provided to children in schools, students at Universities, to parents, to teachers and other professionals. In addition to that, the CFPA publishes and disseminates authoritative information and educational material on SRHR issues.

Help Line 1455

Information and support is provided by the CFPA, through

its Help Line, to all interested individuals especially to young people by staff members, as well as by trained volunteers. The issues covered through the Help Line are related to sexuality, relationships, sexual health, sexual orientation, unwanted pregnancies etc.

Advocacy /Research

An essential part of the CFPA's mission is to create awareness among the general public on SRHR issues, and to put pressure on politicians and stakeholders responsible for SRHR policies. Moreover, the Association carries out research programs and documents the needs in Cyprus related to SRHR.

Youth for Youth Group

Young people are one of the main focal points of CFPA's work. In 1996, a group of active young volunteers established the "Youth for Youth" Group. The "Youth for Youth" Group is one of the governing bodies of CFPA and consists of members to 16-30 years of age. The Group members are actively involved in the decision-making processes of the organization in the design and implementation of programs of the Association including educational services.

The CFPA is an active member of civil society locally and internationally, creating and maintaining partnerships with organizations and government's sectors.



Egyptian Family Planning Association

Egyptian Family Planning Association (EFPA) is one of the Arab World and Africa's leading volunteer-based associations in the field of population and family planning, EFPA was founded in 1958 and has been a member of the International Planned Parenthood Federation - IPPF/ Arab World Region since 1963. EFPA has branches in 19 governorates with 101 service delivery points throughout the country.

EFPA's vision, in its new strategic plan (2016 - 2022) and in accordance with the SDGs' targets number 3,4 and 5 (health, gender equality and education), aspires to see all people in Egypt are acting freely in regard to their sexual and reproductive choices, in an environment free from violence and discrimination. Part of EFPA's core work is providing high quality sexual and reproductive health services, in 2016, EFPA provided 1,383,141 services.

Throughout EFPA's long history in the SRHR-field, it has cooperated with different prominent entities to execute its strategic directions, such as IPPF, Plan International/Egypt, UNFPA, UN Women, USAID, FHI, Pathfinder, Business for Social Responsibility/ BSR, Love Matters, The Egyptian

Coalition against FGM as well as, UNAIDS.

In 2017, the total population of Egypt reached around 95m with 26.6.8% young people between 15-29 years old.

Sexuality education remains one of the biggest challenges in the Egyptian community particularly with the limited information on sexual and reproductive health provided in the educational curricula for young people. According to the culture in Egypt, parents or guardians usually avoid discussions on SRH and believe that children should not be exposed to such information. There is widespread resistance to SRH messages targeting unmarried young people.

Therefore, EFPA works with the Ministry of Education to conduct a culturally appropriate CSE program that target students, teachers and parents as extra-curricular activities. Moreover, EFPA conducts CSE interventions in non-formal setting through collaboration with the Ministry of Youth and Sports in the youth clubs and cultural centers.

Linkage between CSE information and services is ensured through the 14 EFPA Youth Friendly Clinics in 9 branches where youth friendly services are provided. In 2017, 2,853 young people were reached either through complete CSE trainings or single sessions and 444,092 youth friendly services were provided.

Despite the cultural barriers facing EFPA team in implementing CSE programs, EFPA succeeded to contribute in the

breakthrough legislation of the anti-FGM law in Egypt, as well as raising the legal marital age/Child Law in 2008.

EFPA strongly believes in information sharing and aware-



Family Health Options Kenya

We are an NGO - recognized technical leader, a trusted partner in implementing important projects, and one whose work transcends project confines to empower those with limited access to SRHR/HIV services, MYP - We open doors for young people, allowing them more choices to improve their lives.

A national organization rooted in an understanding of local needs and priorities of young people and marginalized groups, diverse staff and partners working effectively together to achieve our mission. Our methodologies and tools are proven and effective - CMIS, Community Engagement Initiated in 1962 - first Family planning clinic in Kenya. Our volunteer programs add value on a personal scale. And, our reputation for accountability and efficiency is rooted.

FHOK Youth program focuses on provision of integrated sexual and reproductive health information and services. Through 8 youth friendly model centers in Nairobi, Mombasa, Nakuru, Kisumu, Bondo, Eldoret, Kakamega, Meru, Thematic areas - Advocacy, YFS, CSE, livelihood. Partnerships and Collaborations with other organizations including MOH, MOE, parents, religious leaders. The program has classified its centers into 3 health service models: Integrated service model, i.e. a youth friendly corner within a health facility where young facility which are youth spaces providing a holistic response to young people Youth Group Mentorship - In this model FHOK identifies other existing youth groups and Collaborate with them in areas of SRHR.

CSE programs

The population of young people in Kenya stands at 75%, these young people continue to experience unmet SRHR needs. Young girls ages 15-19 who have had first birth stands at 15% while those of the same age that are pregnant stands at 18% i.e. National while the leading counties have a prevalence of 40% and 33.3%, Narok and Homabay respectively. Contraceptive uptake amongst young people is at 40% below the national average of 58%. Furthermore CSE is needed in Kenya due to the fact that young people still have inaccurate information matters relating to Sexuality, According to a study on sexuality Education done by African population and Health research centre and Guttmacher Institute (2017) Nearly one in four Kenya Secondary school students in Homabay, Mombasa and Nairobi Counties think that using a condom is a sign of mistrust in a relationship.

ness-raising, as an essential factor in empowering young people, to positively influence their lives, effect change in their communities and eventually the country as a whole.

While Kenya as a country has numerous policies and laws on ASRHR e.g. National ASRHR policy, anti FGM bill 2011, Kenyan constitution article 23, 26 and article 27 which guarantees freedom and quality there exist non enabling environment for young people to access and utilize ASRHR services. Policies and law have very weak implementation plans that would allow tracking and monitoring of CSE programme in the country. Key line ministry i.e., ministry of education Health have not derived linkages of working together e.g. while unmet SRHR needs such as early and unwanted pregnancies have effect of the adolescents and young people in school the ministry of Health has no clear policy on SRHR service uptake at school level, while education ministry has concentrated on the core business without integrating retention effort with CSE which is seen as a health issues thus should be handled by ministry of Health who then don't have operational framework in schools. Religious leaders and parents have maintained a hard line position on CSE education eroding gains made in the development of National CSE Curriculum. Currently Human Sexuality Education has been integrated in Life skills education and forms part of the new Educational sector reforms in the Country. CSO'S are consolidating efforts to advance the advocacy agenda on CSE.

Key strategies

Smartika - To ensure increased awareness knowledge and skills on CSE amongst young people FHOK through the support of IPPFRO introduced a CSE digital platform dubbed smartika na CSE harnessing a forum that is readily available through mobile smart phones. For comprehensive and quality CSE online delivery, FHOK works with young people aged 18-24 who are able to access smart mobile phones as facilitators of CSE these young people are recruited through a participatory method, they are trained for 5 days. Those trained- are then deployed to recruit a maximum of 50 young people into the digital platform those recruited as participants go through an evaluation at the beginning and at the end. Participants are taken through the 7 components of CSE and sessions are spearheaded by the TOTs where the lead facilitator moderates the sessions with the help of the co-facilitator and the service provider in pedagogy. For quality assurance, an M&E plan is used to support and guide the implementation.

Youth led-advocacy known as Jitume initiative - . In order to ensure MYP of YP in holding duty bearers/decision makers accountable FHOK initiated the youth led advocacy known as Jitume which seeks to empower young people to drive advocacy targeting decision makers both at county and national level of governance, Jitume seeks to achieve commitment by duty bearers in the implementation of policies and legis-

lation that are anchored within the Kenyan law while at the same time push for the inclusion and participation of young people in policy formulation and implementation including M&E. through the initiative young people in FHOK came up with "we have something for us : listen to us" which is a departure from "Nothing for us without us". They new rallying call came up because young people realised that they have the necessary knowledge and they know what they what and not parent, policy makers, teachers should decide for them what they what included in the SRHR agenda Youth group mentorship - In this model FHOK identifies other existing youth groups and Collaborate with them in areas where young people are marginalize and vulnerable and are not able to access CSE - prisons and those with disability

The MA works with young people in every sector to reach them with CSE noting that young people are not homogeneous and are subject to different SRHR needs.

Partnerships

Partnerships with Ministry of Education, Health, and religious Leaders caucus e.g. NCKK, Parent Associations, Right Here Right Now Alliance, ASRH Alliance, Department of Gender, County Health Committees Youth Groups and Community Based groupings.

Linkages between CSE and youth programmes

Youth program within the youth centers is spearheaded by young people who are trained in different categories such as:

- Peer Educator - young people recruited and trained in school/institutions of Higher learning to work with their peer in respective schools
- Peer Providers - Young people out of school trained to provide minimum SRHR services e.g. pills, Counseling, Condoms and CT services within the community



Family Planning Association of India

Family Planning Association of India (FPA India) has over six decades of experience in the field of Sexual and Reproductive Health and Rights (SRHR). It has helped millions of people living in rural and urban areas in fulfilling their aspirations to get a better quality of life. Established in 1949, FPA India has been recognized as India's leading and largest SRH organization. It provides information on sexuality education and family life, along with a wide range of services in SRHR including family planning, bringing health and happiness to millions.

Working with young people

Half of India's population is below 25 years; around 32 per-

- Youth Mentors/Resource Persons (YRP) - Young people trained and supported to provide oversight to schools, Facilitators and act point of contact for SRHR service referrals at community

Innovations

- Girls only youth centre - ensure Girls are attaining Transformation and Empowerment
- Use of social media to advance CSE agenda at County and National level.
- Integration of MYP into programming
- Working with Prisons department to reach young prisoners with CSE
- Working with those with Disability and immigrants young women and men

Representative at the conference

Josephine Kimani aged 27 years is a firm believer of mentorship for youth and adolescent. Propagates Girls empowerment especially within those that are marginalized and vulnerable primarily within the Somali community. She is a student of University of Nairobi studying sociology and has a diploma in project Management. Her engagement in CSE has been as a Mentor and Coach to young girls and boys within Mathare and Kariobangi Slums. Josephine started working with young people as a peer educator graduating through hard work and commitment to SRHR Agenda to become the Centre Coordinator of FHOK Eastleigh Youth Clinic, which serves young people from different sectors within low income areas of eastern part of Nairobi Kenya. Through her effort 1000 Somali immigrants who cross border with SRHR related needs have been successfully served. Actually her center has been dubbed as the home away from home since through counselling offered at the facility young girls are served and link to other related services within Nairobi. Lastly it's through her immense contribution that saw FHOK Youth programme categorized as the top 5 youth leadership program by LMG-USAID.

cent are in the 10-24 age group. India's young population is growing at an accelerating rate. This group is more literate than the earlier generation and is aspirational, and has more access to information.

FPA India works with young people through its 43 Branches/Projects. The programme is designed to cater to young people between the ages of 10-24 years, both in the formal settings of schools/colleges and those who are out-of-school, especially the vulnerable and marginalized living in rural/remote areas and slums, young people with a low socio-economic status, migrated young people, children's of commercial sex workers, unmarried young people, newly married young people, young people living with HIV and very young people (10-14 years).

Advocating for CSE

FPA India, has since three decades been reaching out to young people with vital information and health services and has also been advocating for young people to benefit

from regular classes on sexuality education as a part of the school curriculum. Probably, the demand of civil society organizations such as FPA India who advocate the importance of sexuality education is likely to be fulfilled soon. The draft of the National Education Policy 2016 made public on June on www.mygov.in website clearly mentions the significance of "sex education in schools for adolescent for safety measures". Our strategic pathways for youth involvement in SRHR are:

- Youth participation at all levels
- Youth forums involving young people from the operational area
- Youth in active policy decision role

Comprehensive Sexuality Education (CSE)

FPA India has been working for over six decades with young people in the ages 10-24 years, both with students in schools/colleges and those who may not be in the formal settings of schools (school drop-outs or never been to school). The programme is not limited to only sexual and reproductive health (SRH), but increased attention is also given to make the intervention holistic addressing other needs of young people including mental health, understanding unhealthy lifestyles, nutrition, preventing violence, career counselling and opportunities for skills building for income generation.

FPA India's programme for young people has 3 broad objectives:

1. To increase access to comprehensive, gender-sensitive, rights-based sexuality education.
2. To increase access to an essential package of youth-friendly services.
3. To influence policy change that prioritizes the sexual and reproductive health needs of young people, particularly on introducing CSE in the school curriculum.

Based on the premise that it is every young person's right to sexuality education that is comprehensive, gender sensitive and life skills-based the Association has developed its

curriculum 'Growing Up is Fun' which is specially designed for information provision for very young adolescents in the age group 10-14 years. The curriculum is based on IPPF's Comprehensive Sexuality Education framework and the globally accepted 'It's All One Curriculum'. Range of topics including Gender and Diversity, Sexual and reproductive health and HIV, Rights and Responsibilities, Pleasure, Violence and Abuse, Diversity, Relationships, Life Skills are discussed.

To complete the CSE course a minimum of 8-10 hours are required and are split across a few months depending upon availability of time in schools or of the out of school groups. CSE discussions use interactive methodologies, games, quiz sessions and video films. This comprehensive package of sexuality education is currently being used across all FPA India Branches for providing information and to build skills for young people in schools and colleges and also for those out of the formal school system.

In addition FPA India has also published 'Education in Human Sexuality - A Sourcebook for Educators' which is used for training Master Trainers and as a reference book. FPA India also has a number of reference books for young people which are pictorial and in an FAQ format e.g. 'Bloom and Blossom' and 'Growing Up is Fun'.

In 2016, FPA India introduced sexuality education in 623 Government and Municipal schools, 1071 teachers were trained to provide sexuality education. 916 youth groups are formed in the community involving out of school young people. Every year over 90,000 young people were provided comprehensive sexuality education both in schools and for out of school young people.

To enable the programme know how many young people have completed the CSE course, a Tracking Sheet has been developed where every participant is given a unique identification number and attendance is monitored to know how many young people could attend all sessions.



Family Planning Association of Nepal

Family Planning Association of Nepal (FPAN), established in 1959, is the first and a leading national NGO devoted to 'Sexual and Reproductive Health Rights (SRHR)' in Nepal, started delivering family planning and SRH services and implementing programs in Nepal. It is a bonfire Member Association of the International Planned Parenthood Federation (IPPF) since 1969. FPAN has been complementing and supplementing the national health and population programs after the government launched its own Family Planning and Maternal and Child Health Project in 1969.

FPAN is a member of the Reproductive Health Coordi-

nation Committee of the Department of Health Services and sub-committees chaired by Family Health Division (e.g., Adolescent Health Sub-Committee, Safe Abortion Sub-Committee, Safe motherhood Sub-Committee, RH FP Logistics sub-committee) of Ministry of Health. FPAN is chairing the NGO Coordinating Council (NGOCC) including 32 I/NGOs, bilateral and multilateral UN Agencies involved in SRHR since 1996. FPAN has been mobilizing advocacy groups from NGOCC for advocacy on CSE and financing of SRH.

FPAN implements its program and deliver services through 28 branches and in 37 districts through partnership with other I/NGOs and CBOs. It has 480 full-time staff (professional and administrative) and 11,000 volunteers at community and 14,160 peer educators. FPAN's current programs are the part of its' Strategic Plan (2016-22), which are focused on 5As: adolescent, Safe Abortion, HIV/AIDS, advocacy and Access and gender is a cross cutting issue in

all 5As.

FPAN serves 10 million people in 42 districts and 1,110 Village Development Committees (VDCs) through 303 static clinics (21 Family health centres; 114 community clinics and 168 Community based organization) and has 51 Mobile teams. FPAN is also rendering service through non-clinical SDPs, 524 Reproductive Health Female Volunteers; 86 YIC, 53 School YIC, 7 multi-purpose resource centres for young people and 1 hotline centre. FPAN has 8 birthing centres; 3 training centres, 21 SAS centres and 51 integrated HCT Centres. It works with poor, marginalized, socially excluded and underserved (PMSEU), sex workers, people living with HIV (PLHIV), LGBTI, IDU and MSM, migrant workers, GBV survivors, trafficked returnees, urban slums dwellers, and marginalized, underserved, and vulnerable and young people in rural areas.

Comprehensive Sexuality Education project

The young people's sexual reproductive health and right has been core interest of the FPAN. Through different strategies and innovative approaches FPAN has been focusing young people. Like, Youth Information Centre (YIC), School Information Centre (SIC), Multi-Purpose Resource Centre (MPRC), life skills based peer education, school SRH promotion initiative (for Integrated Health, Population and Environment Program) are key innovation of FPAN which are instrumental in increasing young people's access to SRHR information and services.

FPAN had implemented the Comprehensive Sexuality Education project, funded by the Danish International Development Agency (DANIDA), for two years from 2008 till 2010. It aims to move the sexuality agenda forward, and develop a new model that will strengthen the evidence-base and further the global agenda on this important issue.

The programme focused on the creation of sustainable advocacy networks with stakeholders to promote CSE and



Family Planning NSW

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW Australia. Founded in 1926, we are the oldest family planning service in Australia, providing services and information to the community for 90 years.

We deliver clinical services to more than 30,000 clients annually, provide the Family Planning NSW Talkline, a confidential telephone, email and livechat information and referral service and deliver best practice education and training in reproductive sexual and health for doctors, nurses,

undertake a national advocacy campaign. It worked with key stakeholders to adopt a broad based sexuality education curriculum and build skills to ensure its effective implementation. In addition, it focused on the need to promote CSE to achieve sexual and reproductive health outcomes, as well as counter the numerous religious, moral and other challenges to CSE which exist at community, national and international levels.

Basically, the CSE program provided an opportunity and a platform to deal not only with SRH, but also with many social issues like violence (through its components) that directly contribute to the sexual well-being and improved SRH status of young people. Similarly, the program of this nature advocated directly on the need for CSE with high level policy makers in the health and education sector in Nepal. As CSE is found to be so important, it equips young people with life skills and empowers them to make autonomous, informed decisions, and nurture positive attitudes and values. Moreover, it is necessary for the development and well-being of all people and societies.

However, discrimination, stigma, violence, ignorance and some cultural and traditional beliefs threaten people's sexual rights around the world and young people are especially vulnerable to sexual rights violations. Through new strategic direction of IPPF, FPAN is committed to Enable young people to access CSE and realize their sexual right.

FPAN as a high performing institution in the era of competitiveness among NGOs, INGOs and all the institutions at national level. Achieving confidence of broad range of stakeholders through manifestation of professional competence also comes into framework. This results in thinking seriously about FPAN's governance, administrative, program and human resource systems and procedures for achieving sustainable effectiveness.

teachers and other health, education and welfare professionals, training over 1,400 professional each year.

We provide a wide range of health promotion activities across diverse population groups, ensuring access to high quality information about reproductive and sexual health. Our services are targeted to marginalised and disadvantaged members of the community, including Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people, people from rural and remote communities and LGBTIQ people.

Our work is evidence-based, and shaped by our research, our published clinical practice handbooks on reproductive and sexual health, our nationally recognised data and evaluation unit and validated through our own extensive clinical practice.

Our International Programme promotes the rights of all

people to achieve reproductive and sexual health and well-being with a primary focus on the Pacific region, including Timor-Leste and Papua New Guinea.

Comprehensive Sexuality Education

Australia has a national Health and Physical Education curriculum that has minimum standards for sexuality education with local implementation at a state based level.

The curriculum progresses from building knowledge, understanding and skills that supports students to build and maintain respectful relationships, make health-enhancing and safe decisions, and interpret health messages from different sources to take action to enhance their own reproductive and sexual health and wellbeing.

The curriculum is structured in a way that it contains examples of content, such as consent, STIs, sexual health, contraception and diversity, however delivery of content isn't mandatory resulting in different implementation by state and with faith based and independent schools.

Family Planning NSW offers training and resources to primary and secondary school teachers to support the delivery

of age appropriate information on reproductive and sexual health to their students in accordance with the curriculum. We have worked in partnership with the Department of Education for many years building the capacity of teachers and providing targeted health promotion and professional education programs and activities in schools on request.

From 2014-2017, Family Planning NSW delivered the Safe Schools program in NSW, a nationally funded program that provided professional development to teachers to equip them to create safe, supportive learning environments for LGBTI students.

This program attracted very negative media and political debate fuelled by a conservative Christian lobbying organisation who linked marriage equality with the teaching of sexual and gender diversity in schools. Unfortunately we have seen governments becoming more conservative resulting in the removal of CSE information from public websites for teachers and removal of lessons on sexual and gender diversity to students.

- Taking care of your body during menstruation

Eighth grade students:

- Nutrition during adolescence
- Mother and child health care (pre-and post-natal care, child development during the 1st year, vaccinations and immunizations)

Ninth grade students:

- Psychological health (Self Esteem and acknowledgment, dealing with pressures, violence)
- Reproductive Health (Understanding RH, Early marriage and Pre-marital tests)

For Tenth Grade students:

- Body part functions (Reproductive system and Urinary system)
- Family health and community (Life stages, family planning, social roles and its effect)

Problems/ Obstacles faced

- The school curriculum regarding Sexual Education is very vague and is often avoided by teachers when teaching the material.
- Minimal youth friendly centers available
- Lack of trusted information available for youth on related SRH&R topics.
- Youth have questions but have no reference where to receive answers.
- Lack of awareness and knowledge of school teachers and counselors regarding how to deal with SRH topics with school students.
- Social Restrictions: cultural beliefs, conservatism and religious extremists
- Restrictive laws and policies



Palestinian Family Planning and Protection Association

Palestine currently has a population of nearly 5 million living in the West Bank, Jerusalem and the Gaza Strip. 30% of the Palestinian population are between the ages of 29-15 years old. It has recently been reported by the UNFPA in their "Youth in Palestine" report issued in October that within the Strategic opportunities "Sexuality is central to the transition from adolescence to adulthood" and "It is time for inclusive, holistic, youth-friendly health services".

Statistics have shown that early marriage (before the age of 18) in Palestine is 24% and early child bearing (females with a live birth before 18) is 22%. While youth within the same age group face an unemployment rate of 39% according to 2015 statistics.

PFPPA began the implementation of the CSE program in Palestine as of the beginning of 2014. Noting that CSE topics are covered within the school books vaguely, and are often overlooked by the teachers.

Topics covered in the Palestinian Curriculum

Seventh grade students:

- Understanding Adolescence and the physical and psychological changes that they experience
- Accepting changes of puberty as a natural stage in a person's life

- Lack of data regarding CSE
- Other political priorities

Strengths for PFPPA addressing CSE in Palestine:

- Experience in SRHR for decades with youth
- Being members of national committees such as: RH committee, forum against gender based violence (Muntada), coalition against unsafe abortion, etc...
- Experience on modifying curriculums
- Good reputation with local CBO partners and ministries
- Participates in regional and global meetings and networks

Achievements in CSE

- Establishing and maintaining local partners including with: Related Ministries (Ministry of Education (MoE), Ministry of Health (MoH) and Ministry of Islamic Religious Affairs), youth centers, and local CBOs.
- Gaining relations with higher education institutions and universities
- Conducting training courses and workshops for youth, religious leaders and school counselors
- Conducting CSE Summer camps for youth
- Conducting CSE single sessions (inside and outside of schools)
- Printing IEC related materials
- Preparing and distributing a CSE guidance manual
- Initiatives proposed and implemented by youth on CSE topics

Direct Beneficiaries from CSE program

- Approximately 400 youth trained on CSE peer to peer education
- Over 50,000 youth reached through CSE related peer to peer sessions and with CSE related messages
- Over 10,000 youth reached through Single sessions (inside and outside of school)
- Nearly 6,000 young people completed a quality-assured CSE program (delivered or enabled by Member Association volunteers or staff).
- Over 200 religious leaders trained on CSE respectively reaching over 14,000 beneficiaries with accurate CSE information and messages
- Providing CSE sessions to over 7,000 parents

Lessons Learned

- Analyzing the situation and defining influential persons in the community is a significant first step in the program
- Must be brave and patient when addressing CSE topics

in the community and with community leaders.

- Partnerships with other local organizations provides strength to the program
- Results rely on the support of service providers, youth and decision makers by feeling the ownership and commitment of their work and efforts towards the program

Future Plans

- Continuation of CSE related services
- Supporting youth initiatives
- Preparing a guidance manual for young couples
- Delivering positive messages for youth
- Expand trainings to include school teachers in addition to school counselors
- Continuing to train community and influential leaders on CSE
- To expand CSE program through Media channels and social media outlets
- Participating in local and global related activities and networks
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Planned Parenthood Federation of America

Planned Parenthood is the largest provider of sex education in the US, reaching nearly 1.5 million people each year in school and community settings through 56 affiliates across the nation. Affiliate education programs reach young people, parents, and youth serving professionals, providing high

quality education, outreach, and training to improve sexual and reproductive health. Planned Parenthood education programs reach a diverse population. Sixty percent of education participants in FY2016 were young people ages 12-24, and 66% of education participants were people of color, priority audiences for PPFA and affiliates.

Sex education is overwhelmingly supported by every demographic group and in every area of the country. Surveys consistently show that more than 90% of the American public supports sex education in high school and middle school and, further, that people want a wide variety of topics covered as part of sex education programs including healthy relationships, sexually transmitted diseases, contraception, sexual orientation, and consent. Despite that public support, only 24 states and the District of Columbia mandate sex education in some form in public schools. In 2016 Planned Parenthood affiliates provided education programming to nearly 500,000 young people in public and private schools.

Sex Education

Planned Parenthood education departments utilize a variety of program models to provide high quality sex education and training:

- *Evidence-Based Interventions (EBIs)*

Evidence-based Interventions are programs that have been proven through rigorous research to not only improve knowledge and attitudes but to change behaviors that prevent unintended pregnancy such as delaying the onset of sexual activity or using birth control. Since 2009, the U.S. Department of Health and Human Services has sponsored an independent systematic review of the teen pregnancy prevention literature to identify programs with evidence of effectiveness in reducing teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors. There are currently 44 programs with behavioral outcomes that have been identified by the review and these programs are eligible for replication with specific federal funding. Forty-six affiliates currently use at least one evidence-based intervention.

Several affiliates have developed and rigorously evaluated new programs. One Planned Parenthood developed program for middle school students, Get Real: Comprehensive Sex Education that Works, developed by Planned Parenthood League of Massachusetts, has been identified as an evidence-based program and is included in the independent, systematic review.

- *Multi-session Education Workshops*

Planned Parenthood frequently develops workshop series to respond to particular requests from schools or community based organizations or to respond to findings from needs assessments, particularly when there won't be sufficient time to replicate an evidence-based intervention in its entirety. Fifty-three affiliates offer multi-session workshops.

- *Peer Education Programs for Teens*

Peer education involves training teens to provide education to other adolescents, with careful supervision from professional staff. In addition, peer education programs serve as leadership development for the peer educators themselves. Peer education programs have a variety of formats including theatrical presentations and group presentations, facilitated by young people for young people. There is a body of literature which shows that peer education is an effective tool for promoting healthy behaviors among adolescents, and has positive impacts on the peer educators themselves. Forty-six affiliates have at least one peer education program.

- *Promotoræes Programs*

The Promotoræes health education and delivery model is based on a model from Central America in which women receive training and then share health information with their local communities. Planned Parenthood affiliates have adapted this model to provide information and education in numerous Latino communities across the United States. Promotoræes work as community health educators sharing sexual and reproductive health information and connecting community members to services at Planned Parenthood. They are also known as community health workers, peer health educators, and lay health advisors and provide workshops on a range of topics including talking with children about sex and sexuality, accessing health services, reproductive health issues, and more. Fourteen affiliates currently have Promotoræes programs.

- *Parent or Family Programs*

Planned Parenthood believes that parents and caregivers should be supported in their role as the primary sex educators of their own children. Affiliate education departments provide programs and resources to support families in having open, healthy discussions about sex and relationships with children of all ages and to learn other strategies for helping to keep their children safe and healthy. Many education departments implement the evidence-based intervention Families Talking Together, which has been proven to reduce sexual risk behaviors among

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and develop new resources and generate earned media attention to the topic of parent-child communication about sexuality. Fifty affiliates offer parent or family programs.

- *LGBTQ Programs*

Planned Parenthood is a leader in providing tailored programs to LGBTQ youth. These programs include support groups and safe spaces, peer education programs, and partnerships with LGBTQ centers and GSAs to provide inclusive sex education. All of Planned Parenthood's sex education programming is designed to be inclusive of all sexual orientations and gender identities. Thirty-nine affiliates provide tailored LGBTQ programs.

- *Training of Professionals -- External*

Many affiliate education departments offer professional training for external partner organizations and professionals

in the community, particularly youth serving professionals. Topics include training on evidence-based interventions and LGBTQ inclusivity in classrooms. In FY16 Planned Parenthood educators provided training to more than 20,000 professionals.

- *Single Session Workshops and Outreach*

Single session workshops and other outreach activities keep Planned Parenthood visible in the community, promote services, and strengthen relationships with a variety of partner organizations. Outreach activities include health fairs and participating in community and partner organization events. Single education sessions introduce audiences to the organization, the services offered, and help to build relationships which can lead to future programming. All affiliates conduct outreach activities and provide single session workshops.



Planned Parenthood Association of Thailand

Established in 1970, the Planned Parenthood Association of Thailand under the Patronage of Her Royal Highness the Princess Mother (PPAT) is a non-profit organization working to improve quality of life of population in Thailand through the promotion of sexual and reproductive health and rights.

Thailand's population at present is at 66,136,726 and 20 percent, or about 13 millions, are population under 15 years old. Despite advance development in many aspects, young people in Thailand are still facing sexual and reproductive health problems due to lack of access to accurate information and friendly services. This resulted in high rate of unplanned pregnancy among teenagers in the past couples of years. Consequently, Thailand has enacted "The Prevention and Remedial Measures for Adolescent Pregnancy" Bill which focus on providing comprehensive sexuality education

(CSE), consultations on pregnancy prevention and services needed to young people and allowing teenage mothers to continue their studies at school until graduation.

As part of civil society working on this issue for almost 50 years, PPAT also took part and implements programs to increase adolescents' access to CSE and sexual and reproductive health services. PPAT works with schools and universities by providing our CSE to young people as we found out that the existed sexuality education curriculum only focus on anatomy aspect but never touch on relationship or diversity aspects. In this regard, PPAT also conducts trainings for teachers and peer educators on CSE in order for them to be able to disseminate knowledge to their students and peers in schools and in their own communities. As a result, in 2016, PPAT was able to provide CSE to 82,220 people.

In the future, PPAT hopes to revise our own CSE in order to keep up with the current context of Thai society and expand the programs through our network for young people both in and out of schools.



Profamilia

Profamilia is a private, non-profit organization founded in 1965. With 52 years of experience in promoting and guaranteeing the sexual and reproductive rights of the most vulnerable and poorest Colombian population. Profamilia is continuously working towards maintaining a modern, innovative, knowledge-generating organization with high quality services, creating solutions for the development of the country and its most vulnerable population, especially young people.

Its mission is performed through five strategic lines of action:

1. IPS: provision of health services, reaching more than 650 thousand users each year.
2. Pharma: marketing and distribution of sexual and reproductive health products throughout the country.
3. Research: in partnership with the Ministry of Health and Social Protection, Profamilia carries out the National Demography and Health Survey, which measures population growth and sexual and reproductive health in Colombia.
4. Advocacy: working closely with the government to develop policies on Sexual and Reproductive Health.
5. Educa

Educa includes the promotion of holistic sexuality education strategies through face-to-face, virtual and mixed teaching methodologies. Educa is designed to promote sexuality education within and outside of Colombia prioritizing the most vulnerable populations. The educational processes based on guidelines of the National Policy on Sexuality, Sexual Rights and Reproductive Rights, the IPPF framework for Comprehensive Sexual Education, and It's All One Curriculum, the principles of Education for Sexuality and Construction of the Citizenship Program of the Ministry of National Education and the in-house educational expertise of Profamilia.

The educational model called: "Building sexuality, transforming community" focused on adolescents and young people, providing them with meaningful and contextualized learning that promotes autonomous, informed, free, pleasant, and responsible sexuality within the framework of the Human Rights and social relations. Through the educational frameworks, we contribute to the transformation of realities and the co-construction of new paradigms, which favor the development of democratic communities, in peace and with social justice.

The educational activities that are designed and carried out within the framework of this educational model are grounded in the promotion of the rights and dignity of human beings, the free exercise of sexuality, and the promotion of responsible citizenship with an emphasis on gender-sensitive, differential, vulnerability, and life cycle perspectives.

The methodologies

- Informative: awareness-raising activities and conferences
- In-person and virtual workshops
- Courses: training sessions of varying duration
- Diploma courses
- Technical consultancies on sexuality education

The contents are developed through the ADDIE instructional model (Analysis, Design, Development, Implementation and Evaluation), and implemented as follows:

1. Needs and priorities are identified in collaboration with



Reproductive Health Association of Cambodia

Established in 1996, the Reproductive Health Association of Cambodia (RHAC) is a leading Cambodian non-governmental organization that delivers sexual and reproductive health (SRH) information and services in areas including family planning, men who have sex with men (MSM) friendly service, youth friendly service, and transgender friendly service in Cambodia. RHAC 15 clinics provide quality comprehensive SRH services for the general population; and vulnerable groups and key populations such as entertain-

the target population.

2. The authors/expert tutors that lead the activities are identified.
3. The educational activities are carried out.
4. Evaluations are developed
5. Pilot tests are carried out
6. The necessary adjustments are made

Educa's content is framed in six thematic pillars:

- Gender
- Sexual and reproductive health
- Sexuality, sexual rights, and reproductive rights
- Affection and sexual relations
- Culture and society
- Empowerment and participation

Educa includes the following tools to ensure effective implementation:

- Pedagogical "tool box" with more than 280 in-person activities.
- Virtual platform with 30 virtual courses targeted at children, adolescents, young people, adults, and professionals.
- Four protocols for the training of adolescents, young people and adult leaders.
- A protocol for teacher training on the "Education for Sexuality and Construction of Citizenship-PESCC Project".
- Diverse didactic materials

Educa has a team of professionals dedicated to thinking, innovating, assessing and bringing educational content to communities, organizations, companies or individuals.

The core team: Director, Pedagogical analyst, e-Learning designer, e-Learning assistant, and the support of Profamilia's Young People and Research team.

Field team: Social sciences and health professionals who are experts in Comprehensive Sexual Education.

ment workers, transgender people, factory workers, students, and rural population. RHAC has been at the forefront to introduce and pilot comprehensive sexuality education (CSE), and support the Ministry of Education Youth and Sport (MoEYS) to roll out CSE nationwide.

RHAC initiated a three-year project, "Promotion Sexual and Reproductive Health and Rights (SRHR) of School Student through Life Skills Education-Comprehensive Sexuality Education" (LSE-CSE) in 2014. This project aimed to improve SRHR for young people aged 10 to 24 in Cambodia by firstly building capacity of school teachers in effectively delivering sexuality education, and sensitizing parents/guardians, and local authority to understand about the SRHR needs of young people. Last but not least, it was to advocate for in-

tegration of CSE into Cambodia's formal education system.

RHAC used holistic and multi-sectoral approach to promote sexual reproductive health education by working with various key educational stakeholders, including government ministries and civil society organisations. RHAC directly implemented LSE-CSE programs at government schools, and teachers were regularly monitored using monitoring checklists on their CSE teaching competency in class. RHAC finally assessed teacher's capacity and young people's positive behaviour by comparing mid-term evaluation, and project evaluation to baseline conducted in early 2014.

The project was implemented in 402 schools (303 primary schools, 78 secondary schools, and 21 high schools) in eight districts of Kampot, a southern province of Cambodia. 1,558 class teachers (858 of primary schools, 475 of secondary schools, and 225 of high schools) were trained on CSE curriculum, and a total of 61,038 students were reached with CSE sessions. 85% of classroom teachers had strong CSE teaching confidence which increased gradually from

quarter to quarter. As a result, young people showed their positive attitude and feeling toward teachers' session on sexual reproductive rights which is culturally and traditionally discouraged in any open discussion. Additionally, 573 parents/guardians and 262 local authorities were sensitized on CSE program introduced in schools for young people.

This project has significantly improved young people's knowledge and attitude toward SRHR. By reaching parents, teachers and students, the project made it possible for students to gain more courage and confidence to openly discuss with their parents and peers, and ask questions to their class teachers. Students agreed that knowledge about SRHR would enable them to make healthy and safe decisions, and protect themselves in non-harmful ways. There is greater level of knowledge of human development; the importance of friendship/relationship; the importance of staying in school; women's non-domestic roles; HIV prevention, transmission and treatment; and other related health and hygiene activities.



Reproductive Health Uganda

Reproductive Health Uganda (RHU) has over sixty years of service in the area of sexual and reproductive Health and Rights (SRHR). Initially operating under the name of Family Planning Association of Uganda, RHU rebranded in 2007 to expand her scope to cover wider SRHR concerns in accordance with matching International trends as well as changing face of SRHR concerns of populations including Young people. RHU is currently recognized in Uganda as an SRHR leader due to her advocacy strength at Local, National and International levels and scope of services delivered to hard to reach and marginalized audiences.

Working with young people

Uganda is a country of approximately 37,673,800 people to date with 77% of its population below 30 years of age, and an adolescent and Youth population of 10-24 years estimated at 35.2% of the total population (13,269,900).

The young population remains vulnerable to several SRHR ills with teenage pregnancy raging at 25%, and drop out of school due to pregnancy related causes in the first 7 years of school at over 30%.

RHU runs a vibrant Youth programme for in and out of school young people in her 18 country offices/clinics and project sites providing an array of interventions for Young people including teenage mothers, slum sex workers and other transient traders, young people in refugee settlements among others. The RHU Youth programme is Youth centered with a complete approach to leadership by young

people especially from the Youth Action Movement (YAM).

CSE environment in Uganda

Uganda remains a signatory to the Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in East and Southern Africa. This specifically commits that by 2020, ninety per cent of teachers are trained in SE and that at least 90 per cent of schools have SE curricula integrated.

There has however been an unpredictable state of affairs regarding the position of sexuality Education in Uganda over the last 2 year period, with an unprecedented opposition to the rights movement gaining key ground and influencing several National level policy and implementation actions especially targeting young people. These have consequently led to the withdraw of all non-state sponsored CSE materials in school and a subsequent government ban on CSE in Uganda.

Advocating for and working with CSE

RHU has been at the civil society forefront in advocating for a functional Sexuality Education environment in Uganda with clear policies and guidelines as well as an effective delivery.

RHU has used her years of experience and advocacy expertise to work with the Ministry of Education, other key players especially UNESCO to lead a section of civil society to demand for a Sexuality Education Framework in Uganda and brought to the fore, the continued absence of a school health policy essential for the implementation of SRHR programmes in school.

To date, a draft sexuality Education framework has been tabled for validation at the National level, carrying comments

from the civil society, and will soon be tabled for approval within the Ugandan parliament and/or cabinet of ministers.

Commitments to a costed school health policy have been made and will soon be made public with calls for partner support to fund its implementation. At the National level, religious and other dissenting voices have bought into the name "Sexuality Education" as presented currently in the guidelines which is itself a key achievement to have this reference to a subject critical to the growing and safe transition of Young people into adulthood in a culture where open discussion on sex and sexuality is morally despised.

RHU works with Young people as a core component of its strategic plan under IPPF/RHU Outcome area 2. RHU targets to reach 250,000 young people with Comprehensive Sexuality Education in a 7 year period of her strategic plan, as well as reach 5000,000 young people with information on SRHR through different media.

Ongoing Partnerships for advocacy and delivery of CSE programmes

RHU remains committed to deliver a rights based CSE programme and advocate for a full scale programme at the

National level to be rolled out and reach all young people in Uganda with the information consistent with their age and development times.

Several partnerships have been key in building RHU competence to understand and remain focused to a functional CSE programme within the prevailing National level hostility. Partners including the Danish Family Planning Association, Rutgers have remained critical in joint conceptualization and planning process, resource mobilization and ongoing capacity building for an effective SE environment and programme delivery implementing several programmes with RHU at the National level.

A coalition of likeminded CSOs for SE has been formed, held meetings with foreign diplomatic missions in Uganda for soft advocacy, joint Fundraising with partners. And Internal strength building processes including Sensitising management/governing bodies of RHU on SE and its key aims, dialogues with Members of parliament to build consensus and understanding on SE issues especially among SRHR and other health champions.



Riksförbundet För Sexuell Upplysning

RFSU has worked with sexuality education since it was founded 1933.

Today we work with sexuality education in schools in different ways, nationally and internationally with partners in countries like Cambodia, Bolivia and Ghana. Sexuality education – or CSE as it is called internationally – is one of three focus areas for the RFSU international program.

RFSU train teachers and other professionals, produce pedagogical material, lecture at conferences, and collabo-

rate with other organisations and governmental authorities. RFSU also work with advocacy to influence policies and political decisions regarding sexuality education. For the advocacy work we have an "8 point program" about how to improve sexuality education. RFSU also works with Unesco and other international bodies.

Among the material we have produced is "Sex on the map", "Sexuality Education in Easier Swedish" and "The World's Most Important Book".

At the moment we focus especially on sexuality education for young people who have migrated and "sexuality, borders and communication" to promote good communication, prevent sexual harassments and discuss norms (with a focus on masculinity), relationships and mutual consent.



Rutgers

Rutgers is an international centre of expertise on Sexual and Reproductive Health and Rights (SRHR) founded and based in the Netherlands. Our research, programmes and projects are carried out in the Netherlands and in different countries across Europe, Africa and Asia.

In the Netherlands, the majority of primary and secondary schools use our sexuality education packages. We support our various partners worldwide to improve sexual and reproductive health and the acceptance of sexual rights and gender equality in their countries.

We approach sensitive issues in a positive way and have gained a wealth of experience in making sexuality, and sexual and reproductive rights a topic of discussion within different cultural contexts. We aim to contribute to improving sexual and reproductive health and rights by focusing on young people; empowering young people towards happy

and healthy lives is at the core of Rutgers' strategy for 2017-2020.

Rutgers focusses on three interlinked pillars in its work: programme implementation, research and advocacy. One of the main assets of our organization is the combination of work in the Netherlands and in other countries. Programme implementation focusses on access to and quality of comprehensive sexuality education, access to and quality of SRH service provision, and creating acceptance and understanding for young people's sexuality.

In doing so, Rutgers collaborates intensively with and provides support to professionals and in-country partner organizations from civil society, government, academic institutions, and local and religious leaders. Our qualitative and quantitative research, carried out by Rutgers and its collaborating partners, is aimed at strengthening the evidence base of interventions, and development and measurement of sexual health indicators.

Through our advocacy at various levels, we aim at policy development, adaptation and enforcement in the Netherlands, at national and sub-national government level in selected countries, and at international level. The work carried out by Rutgers is characterized by a positive and rights-based approach.

On CSE

Young people are naturally curious about sex and sexuality. Rutgers asserts the right of young people to receive



Sensoa

Sensoa promotes sexual health as a centre of expertise in Flanders (Belgium) and does so with an international perspective.

Sensoa works on the basis of the World Health Organisation's definition of "sexual health". Sexual health is more than just the absence of disease and preventing the risks of unplanned pregnancy, sexual abuse, STDs or HIV. Attention should also be paid to the pleasurable and positive aspects of sexuality. This then translates itself into a constructive, respectful approach towards sexuality and sexual relationships.

For Sensoa, sexual health is inextricably linked with promoting and safeguarding sexual rights. We believe that sexual rights should be respected, safeguarded and upheld so that everyone is able to experience his or her sexuality free from coercion, discrimination and violence.

Key issues

Key issues for Sensoa are the promotion of comprehensive

adequate education and information in order to make well-informed choices in relationships and their sexual lives. Comprehensive Sexuality Education (CSE) means providing information and guidance about the physical and emotional aspects of growing up and starting relationships.

What makes our CSE comprehensive? Formal, effective sexuality education can happen in or out of school, but it must always be based on facts. To be comprehensive, our sexuality education is not solely focusing on sex and sexuality, but emphasizes the importance for young people to form healthy relationships, to gain self-esteem, to understand how to protect their physical and emotional well-being, and to respect differences. Young people should learn that they have sexual health rights, and they should understand the consequences of having sex and the importance of safer sex, and they have the right to be informed about the different contraceptive methods and where to access these.

Rutgers recognizes that many young people do not have access to CSE. Through different programmes and projects over the past years, we have developed tools, materials and approaches to facilitate the delivery of quality CSE in different settings, including in countries where (young people's) sexuality is a taboo subject. Our tools and materials cater for the needs of young people of different ages, from different backgrounds, and with different abilities. These tools and materials can be used in schools, at home, or in other settings such as youth groups and young offenders' institutions.

sexuality education, the prevention of STDs and HIV, the prevention of unplanned pregnancies, the prevention of sexual abuse (for instance with the Flag System) and the integration of people living with HIV.

CSE

Sensoa has an information website targeting 15-25 year olds directly, hosting more than 3 million user sessions a year (www.allesoverseks.be).

But Sensoa also works towards young people through professionals in education, youth care, sports, etc. They can find didactical and pedagogical tips, lesson materials, trainings on our website for intermediaries (www.seksuelevorming.be) Sensoa develops lesson materials for these professionals, freely available for download on our website. They can also borrow them for a small fee at one of our materials libraries.

Through a yearly campaign called Spring Fever Week, Sensoa motivates teachers to give CSE in their classes. We do this by creating lesson tips, lesson materials and trainings based around a yearly theme (flirting in 2018). Each year we also set up a mediagenic campaign. For instance, in March 2017 young people hijacked their classroom to give CSE because they weren't satisfied with the quality of CSE in their school. It was broadly reported in the press. In 2018,

Sensoa will be launching videos of people's CSE experiences on social media.

Sensoa offers trainings to intermediaries of different target groups about a broad range of topics (how to give CSE, using the Flag System, sexting, sti's and hiv, ...). Since 2017 Sensoa is working together with colleges (>18y) and univer-



Serbian Association for Sexual and Reproductive Health and Rights

Since its foundation in 2002 Serbian Association for Sexual and Reproductive Health and Rights – SRH Serbia (IPPF Member Association) works towards achieving a discrimination free, gender equal and pro-choice environment in which young people will be able to develop, prosper and make informed decisions regarding various aspects of life, including sexual and reproductive health. It also entails raising awareness on HIV/AIDS and embracing the differences.

CSE

Recognition of the specific needs of young refugees/migrants is necessary in order to assure the adequate response on site, but provision of relevant knowledge and information regarding their rights is equally essential for bridging the social and growing cultural distance and differences between refugees and local communities. Their political status, but also accepted social/cultural and gender norms and stereotypes which have a huge impact on their (in)ability to recognize and realize their rights, the language barriers, the fear of new, different and not always friendly environment, are the huge obstacles in seeking for provision of needed services or information.

In 2017, SRH Serbia adapted, implemented and tested CSE programme for young refugees/migrants through conduction of peer-to-peer non-formal educational sessions in two asylum/reception centres in Belgrade (Obrenovac and

sities to assist lecturers of future teachers in teaching their students about CSE.

There's also advocacy work towards the Flemish government to influence the standard curriculum goals.

Krnjača). The main aim of the programme was to empower and enable young refugees/migrants to improve and protect themselves and their health and rights, but also to better understand the different environment and to, consequently, ease their integration into society.

The trainings on SRHR and gender equality for young refugees/migrants are designed to help them to improve their health status, their access to health care and respective social services, as well as to increase knowledge on GBV and to empower them for the prevention/recognition/combatting GBV in order to become peer educators and provide on-site counseling to refugee population in the area of reproductive health and rights as well as offer referral services.

The main points of the program are its focus on preventive, instead of curative care, its contribution to knowledge pertaining to health and existence of social services among young refugees/migrants.

Having in mind that they come from different social, political and religious environment, that they do not have any kind of support/information/services related to the SRHR and GBV (especially those which would be user friendly and specifically tailored for refugee/migrant youth), together with the fact that these young people, because of the closure of the western Balkan route, will stay in Serbia, meaning in the centre, much longer than it was probably planned, it is necessary to support them by providing the relevant information regarding gender related stereotypes, norms, GBV, sexual and reproductive health and rights, as well as about the procedures where and how to seek for help, assistance and relevant services.

SEX^UPOLITIKK

Sex og Politikk

Sex og Politikk (IPPF Norway) is working to defend and promote sexual and reproductive health and rights (SRHR), both nationally and internationally. Sex og Politikk was formed in 1969 as Norsk forening for familieplanlegging and has since changed its name several times, but is since 2009 known by our current name.

We work mainly on advocacy and our only service delivery programme is CSE/Uke 6 (see below).

We work on all areas of SRHR but given our limited resources we have chosen three areas that we work particularly with: In addition to CSE these areas are abortion and sexual orientation and gender identity and expression.

Since 2011 the organization has run a nationwide campaign "Week 6", which now offers all the country's primary and secondary schools free educational material about health, well-being and sexuality. The campaign is inspired by "Uge Sex" in Denmark, and developed in collaboration with Sex & Samfund (DFPA).

Since 2011 the number of teachers and pupils who have

used the material have increased dramatically. In the school year ending in June 2017 1587 teachers at 999 schools (35% of the schools in Norway) had taught more than 120.000 pupils using the Uke 6 materials.

Thanks to Sex og Politikk's support from the Directorate of Health, Week 6 has been expanded to all grades of primary school. We are very proud that we now offer an age-appropriate educational material for the youngest pupils.

The material support teachers and other educators in the important conversations with pupils about emotions, body, friendship and development. An essential part of this is to strengthen pupils' ability to notice and express yes- or no-emotions and to be able to read and show respect for others' boundaries.

For secondary school, grade 8 to 10, we include a student website; www.sexfordeg.no. The material includes exercises, games and movies to encourage dialogue and reflection.

The material is directly related to the curriculum in 4 key subjects for sexuality education in Norway: Norwegian, religious studies, science and social studies, as well as to the general part of the curriculum. In addition, teachers use the



Danish Family Planning Association/ Sex & Samfund

The Danish Family Planning Association (DFPA) is Denmark's largest non-governmental organisation in the field of sexual and reproductive health and rights (SRHR). For six decades, we have fought for SRHR and gender equality in Denmark and globally.

Over the years, some of the Association's most important issues have been access to legal abortions and the introduction of compulsory sexuality education in primary and lower secondary schools in Denmark.

In the beginning, the activities of DFPA were only based in Denmark, but since 1994, we have carried out development projects in a number of countries. From the very outset, the DFPA has been a member of IPPF.

Sexuality Education in DFPA

DFPA works with sexuality education in a number of ways; We focus on capacity development of professionals such as teachers and school nurses, we do courses and materials to be used in educational sessions, we work with municipalities and other stakeholders at municipal level to strengthen their work, and we develop websites for children and youth to be used in the educational sessions.

materials when working with pupils' psychosocial learning environment.

Campaign Week in week 6

Teachers are encouraged to work interdisciplinary on CSE and link it to the campaign week, but the material is equally applicable any time during the school year. The teacher can freely choose which exercises s/he wants to use and when to use them, based on assessment of children/adolescents' needs, goals and teaching time available.

During the campaign week, week 6, Sex og Politikk visits schools and promote the material throughout Norway from the north to the south of our long country. The aim of the school visits is to highlight the indispensable role the school plays in sexuality education of children and youth. We involve the media and politicians in the school visits, to ensure that they will contribute to increased support for sexuality education and increase enrollment numbers for Week 6.

The materials are aimed at teachers and other staff in primary and secondary schools but anyone who talks with or educate children and young people about sexuality may enroll. Registration can be done for free on www.uke6.no.

We also have a young-to-younger corps who teach sexuality education to school classes. The national staff at DFPA teach sexuality education to vulnerable groups such as imprisoned people, refugees, migrant women groups, etc. We also offer most of our work online, and have a brand new site for parents.

At the core of our work is advocacy for sexuality education, currently with a focus on improving teacher training in the teacher training colleges. As part of this we work with the All Party Parliamentary Group on SRHR, the ministries, researchers, etc. All of this come together in our annual national campaign "Week Six".

Week Six

This has been running since 2008 with the aim of raising awareness among teachers and public on the fact that sexuality education is mandatory and supporting teachers in providing sexuality education. The objective of the campaign is to contribute the development of pupils' action competence in regard to gender, body and sexuality (incl. wellbeing, rights, and health). The campaign offers materials that can be integrated into other subjects, web sites and voluntary courses. It is based on the learning objectives and curriculum for CSE for primary and secondary school.

The goal is to create health promoting changes and action competence among children and adolescents. Participatory and action-oriented teaching methods. A positive approach to body, gender and sexuality. An approach based on dialogue and involvement. Diversity and human

rights as foundation.

Supportive activities

- Competitions for pupils
- Digitalization www.underviserportal.dk



Väestöliitto

Väestöliitto is a family welfare organisation working in the social and health sector. Our mission is to work for the well-being of families, youth and population, as well as for a healthy, safe, happy and balanced life. We strive for a more friendly society for families and children. Väestöliitto was founded in 1941. Its members represent non-governmental, and non-profit organisations in the fields of family, health, children, women and youth.

Our goal is a society with a balanced population development and where families live a good life. Our activities aim to support families, parenthood and partner relationships. The Federation provides services, acts as an advocate and carries out research. Through its services and research, it has acquired thorough expertise in issues related to the family, the population and sexual health.

Work to promote young children's' CSE

Väestöliitto provides web-info, advocacy, media statements, training and materials to promote children's right to SE. Service aims for parents and professionals working with 0-12yr-old children. Provides research-based, reliable, know-how promoting high-quality, holistic, sexuality education. Relies on WHO's 'Standards for Sexuality Education in Europe' (2010), which Väestöliitto has been developing in co-operation with WHO.

We advocated for the inclusion of age-appropriate CSE in the National core curriculum for early childhood education in 2016 (Finnish National Agency for Education), together with Children's Ombudsman and the Central Union for Child Welfare. The Curriculum is a norm (legally binding) and now includes all elements of age-appropriate CSE, however without the word sexuality.

At the IPPF Regional Council meeting in June 2016 in Cyprus, the resolution from Finland (Maria Kaisa Aula) was accepted. The resolution recommended doing a survey among the EN Member Associations regarding CSE aimed at young children (0 - 6 years).

Väestöliitto/RC attended the European Network of Ombudspersons for Children in Helsinki 2017. The resolution from the meeting "Comprehensive Relationship and Sexuality Education: the right of children to be informed" recommends mandatory CSE in the curriculum starting from early childhood education.

- Websites for learners and teachers
- Collaboration with public service TV
- Counselling for children and young people
- Supportive instruments for teachers and parents

CSE Programs

The ministry of social affairs and health funds Kumita condom campaign aimed at middle-school aged teenagers. The campaign aims to elaborate in a positive way on using condoms as a way of preventing sexually transmitted diseases. Kumita campaign provides each year 60 000 condoms to be distributed to eighth graders (14yr-olds). Pupils receive condoms (with basic information about how to use it) from school nurses in connection with a comprehensive health check-up. With the campaign, there are things happening all the time. At Rubbermania internet game, you get to squash bacteria to death. Downloading the Kumita app to your phone, you will find out if you are 'dating material' and whether you could give advice to a mate in trouble.

HundrED-innovation: A Model for Sex Education (<https://hundred.org/en/innovations/a-model-for-sex-education>). This innovation, made in collaboration with Väestöliitto, Seta - LGBTI Rights in Finland and four Finnish upper comprehensive schools, provides teachers tools to build sexuality education that answers students' questions. The model lets the students participate creatively and helps them use reliable sources to answer their questions. The framework designs the education around young people's questions and wishes, mapping the students' information needs. Students can use various methods: video, comics, poetry or creating trivia questions. Instead of being passive listeners, students participate in designing their education and the actual teaching process and learn research skills as well as the answers to their questions.

Poikien Puhelin (PP), The Telephone Service for Boys. Sex and Relationship Education on the Phone, by Chat and on Youtube. PP is a helpline for boys and young men under 20 years. The service, started in 2007, is run by a multiprofessional male team with expertise in issues affecting boys and young men. We provide counselling, information, advice and the perspective of a responsible adult male in issues that are pertinent in boys' lives. During 2017, the team has by mid-December answered more than 12,000 phone calls and had over 1,000 individual chats. The callers' age varies from 7yr-olds to young adults, however, most callers are of age 11-15. In the chat, the average age is higher.

Questions related to growing up, puberty, bodies, relationships, sexuality (including sexual encounters and practices, masturbation, porn, sexual orientation, gender identity and expression) are the most popular subjects. PP offers "direct answers to direct questions" with a sex-positive approach, sensitive to diversity.

PP's Youtube channel (<https://www.youtube.com/channel/UCOm2DENDI-E4aytODOWfs9g>) has currently over 1400 followers and 900 000 views.

We publish weekly a new video, starring plush toys and other heroes, offering short, straightforward answers to evergreen questions and new perspectives on the subjects mentioned above. We publish a deepening article with every

video and engage viewers to further comments, discussions or questions. The videos (all subtitled in Finnish, Swedish and English) and articles are also available on Wordpress (www.poikienpuhelin.wordpress.com).

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