Venkatraman Chandra-Mouli (Chandra)
for and with adolescents

🌐 drvchandramouli.com
✉ chandramouli@bluewin.ch
🐦 @ChandraMouliWHO
in venkatramanchandramouli

Scaling up, sustaining & enhancing school-based sexuality education in resource constrained & conservative contexts

Replicable lessons from six *positive deviant* countries: Uruguay, Mexico, Nigeria, Senegal, Pakistan & India
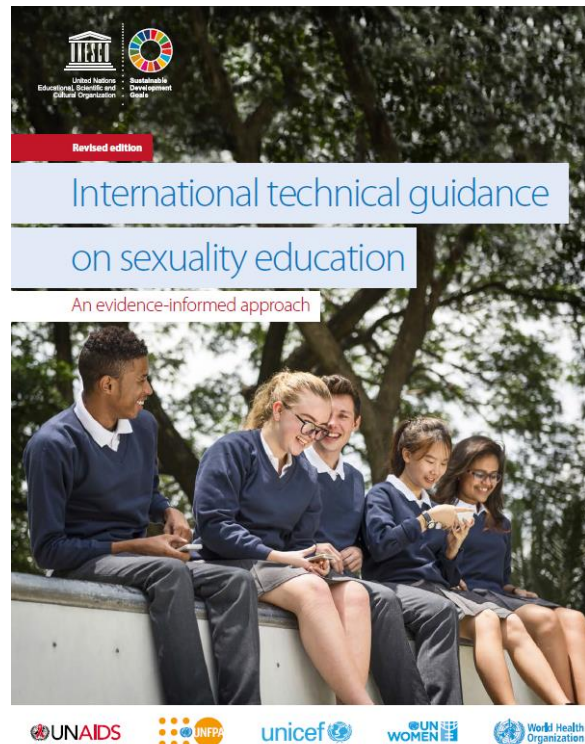
Image source: imagebazaar

A few words of explanation about terminology

Comprehensive Sexuality Education is a curriculum-based process of teaching & learning about the cognitive, emotional, physical & social aspects of sexuality.

It aims to equip children & young people with knowledge, skills, attitudes & values that will empower them to:
•realize their health, well-being & dignity
•develop respectful social & sexual relationships
•consider how their choices affect their own well-being & that of others
•understand & protect their rights throughout their lives

- "National policies & curricula may use different terms to refer to CSE. These include prevention education, relationship and sexuality education, family-life education, HIV education, life-skills education, healthy lifestyles, and basic life safety.

- **Regardless of the term used, 'comprehensive' refers to the development of learners' knowledge, skills and attitudes for positive sexuality and good sexual and reproductive health.**

International technical guidance on sexuality education

An evidence-informed approach

Revised edition

UNAIDS   UNFPA   unicef   UN WOMEN   World Health Organization

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venkatramanchandramouli

Thirty years after the International Conference on Population and Development (ICPD), where are we with sexuality education (SE) ?

Image source: imagebazaar

**Programme
of Action**

Adopted at the
International
Conference
on Population
and Development,
Cairo,
5-13 September 1994

"….a remarkable consensus among 179 governments that individual human rights & dignity, including the equal rights of women & girls & *universal access to sexual & reproductive health & rights*, are a necessary precondition for sustainable development..."

Source: Report of the operational review of the implementation of the Programme of Action of the ICPD & its follow up beyond 2014.

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Programme of Action

Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994

"7.37 Support should be given to <u>integral sexual education</u> & services for young people, with the support & guidance of their parents & in line with the Convention on the Rights of the Child,…"

Educational efforts should begin with the family unit, in the community, & in schools at an appropriate age,…"

"7.47 Governments, in collaboration with NGOs, are urged to meet the special needs of adolescents & to establish appropriate programmes to response to those needs. Such programmes should include support mechanisms for the <u>education & counselling of adolescents</u> in the areas of gender relations & equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection & AIDS prevention…"

"7.48 Programmes should involve & train all who are in a position to provide guidance to adolescents concerning responsible sexual & reproductive behaviour, particularly parents, & families, & also communities, religious institutions, school, the mass media, & peer groups."

30 lessons learned after the ICPD, where are we with Sexuality Education ?

1/5

- **There is solid evidence that children & adolescents need SE; that when SE is well-designed & well-delivered it is effective** (in building knowledge & understanding, attitudes & values, & skills; and that it can promote healthy behaviours & contribute to the positive health outcomes given the right context); **that it does not harm; & that school-based SE is cost effective, can be scaled up & sustained.**

- **There is a large & growing body of programme support tools for advocacy, planning, management, monitoring, review & evaluation.**

There is strong evidence from research studies & evaluations of the effectiveness of SE

Fonner VA, Armstrong KS, Kennedy CE, O'Reilly KR, Sweat MD. School-based sexuality education and HIV prevention in low- and middle-income countries: A systematic review and metanalysis. *PLoS ONE*, 2014, 9 (3)e89692.

" Results from meta-analysis demonstrate that school-based sex education is an effective strategy for reducing HIV-related risk. Students who received school-based sex education interventions had significantly greater HIV knowledge self-efficacy related to refusing sex or condom use, condom use, fewer sexual partners and less initiation of first sex during follow-up "

Goldfarb ES, Lieberman LD. Three Decades of Research: The Case for Comprehensive Sex Education. *Journal of Adolescent Health*. 2021; 68(1):13-27.

" Review of the literature of the past three decades provides strong support for comprehensive sex education across a range of topics and grade levels. Results provide evidence for the effectiveness of approaches that address a broad definition of sexual health and take positive, affirming, inclusive approaches to human sexuality."

Sexual and Contraceptive Behaviour of Adolescents and Young Adults in Germany

Results of the representative "Youth Sexuality" survey

Sara Scharmanski · Angelika Hessling

A nationally representative 'Youth Sexuality 'survey has been carried out every five years, since 1980.
The 9th survey was carried out in 2019.,with over 6000 young people in Germany, 2019

- ✓ Fewer 15-16 year olds start to have sex
- ✓ Fewer have sex for the first time accidentally or unexpectedly
- ✓ The majority of older adolescents and young adults recall their first sexual experience as positive
- ✓ Fewer 17-19 year olds have sex without a contraceptive (usually a condom)

FIGURE 1

HETEROSEXUAL INTERCOURSE EXPERIENCE AMONG ADOLESCENTS WITHOUT A MIGRANT BACKGROUND (UNTIL 2009: GERMAN CITIZENSHIP), A TREND COMPARISON

Question: Please indicate all of the items on this list that you have done or experienced yourself.
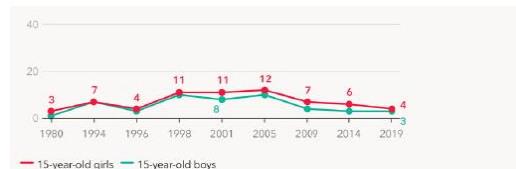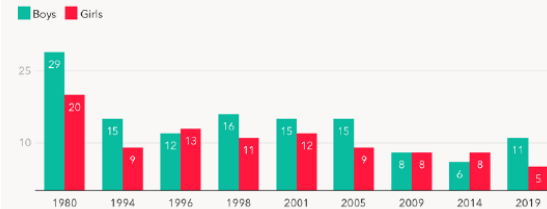Here: heterosexual intercourse

— 15-year-old girls — 15-year-old boys

FIGURE 5

NO CONTRACEPTION DURING THE FIRST TIME – A LONG-TERM TREND OF ADOLESCENTS WITH GERMAN CITIZENSHIP OR WITHOUT A MIGRANT BACKGROUND

Question: What did you / your partner do during your first time to prevent a pregnancy? Responses 'did nothing'

■ Boys ■ Girls

Basis: 14- to17-year-olds with German citizenship / from 2014: without a migrant background with heterosexual intercourse experience | figures in percent
Source: BZgA, dataset Youth Sexuality, 1980, 1994, 1996, 1998, 2001, 2005, 2009, 2014 and 2019 surveys

We have **evidence** on:

- Effectiveness
- Cost-effectiveness
- Scaling up

We have **tools** for:

- Advocacy
- Programme design & management
- Measurement

SE has been included in numerous international & regional **commitments**

30 lessons learned after the ICPD, where are we with Sexuality Education ?

2/5

- **SE is increasingly present in national policies, strategies & guidelines.**

- **Curricula review show that SE content in government-approved school curricula are generally set too little** (contain important gaps)**, too late** (intended for secondary school students)**, & of limited match to students' interests & concerns** (does not address what students want to know)**.**

- **Research studies & evaluations show the poor fidelity & quality of school-based SE delivery.**

The journey towards comprehensive sexuality education

Global status report

"Data from 155 countries found that 85% report that they have policies, laws or legal frameworks related to sexuality education. Despite this favourable policy background, there remains a significant gap between policy and implementation on the ground."
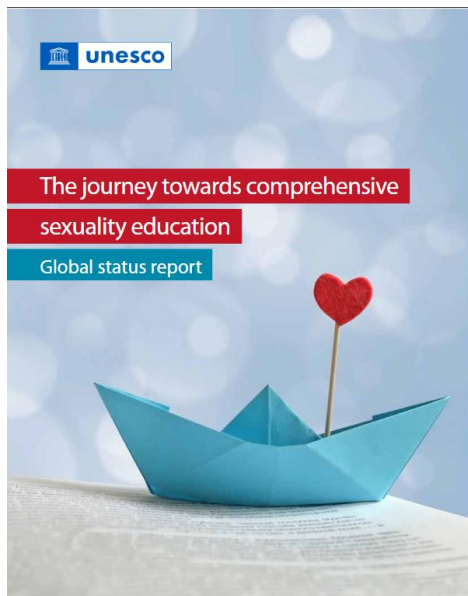
LAWS AND POLICIES
The enabling framework for delivery

COVERAGE
The extent of delivery in school settings

CURRICULA
Breadth, quality and relevance of content

DELIVERY
How well teachers are prepared and are teaching quality CSE

ENABLING ENVIRONMENT
The wider school environment, community and political support or engagement.

There is a **stronger policy & legal environment** for delivering sexuality education, with a **wider focus**.

Overall, sexuality education is more **widely implemented around the world in secondary schools,** than in primary schools.

More countries **incorporate sexuality education into formal national curricula** but in reality they often only include biological aspects.

There is **increased effort in teacher preparedness & capacity building**. But less than one in three young people believed that their school taught them about sexuality well.

There is a **slow move towards whole of school approaches**, including engaging parents/guardians & linking up with health services.

The journey towards comprehensive sexuality education
Global status report

YPT
Young People Today

Sexual and Reproductive Health Matters

Taylor & Francis

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/zrhm21

The East and Southern Africa Ministerial Commitment: a review of progress toward fulfilling young people's sexual and reproductive health and rights (2013–2018)

Katherine Watson, Elsie Akwara, Patricia Machawira, Maria Bakaroudis, Renata Tallarico & Venkatraman Chandra-Mouli

- Notable progress in policy and programme decisions, but unmatched with progress in population-level survey data
- Beyond the numbers, there was resounding consensus that the ESA Commitment has injected new energy into efforts to advance young people's health, rights, and well-being at regional and national

From Paper to Practice:
Sexuality Education Policies and
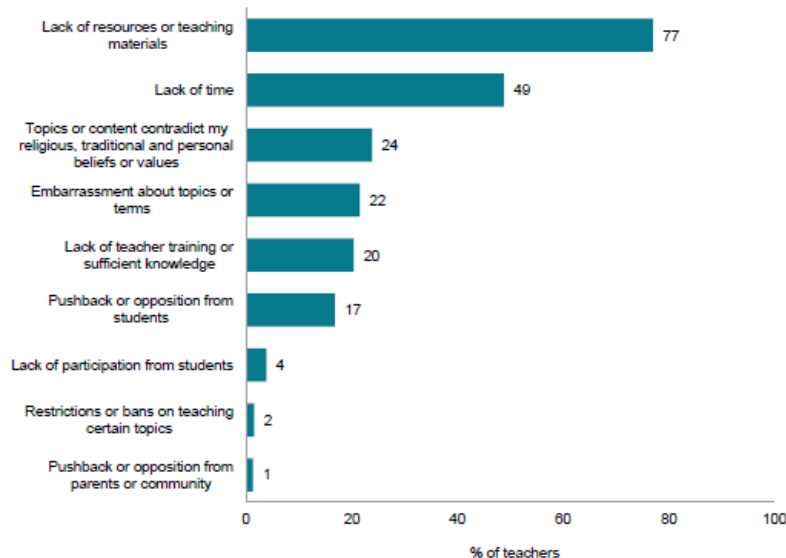# Their Implementation in Ghana

GUTTMACHER
INSTITUTE

Key Points

- Sexual and reproductive health (SRH) education is a key component in a multifaceted approach to address the sexual and reproductive health needs of adolescents.

- In senior high schools, SRH education topics are integrated into two core and two elective subjects, but those in the core subjects are limited in scope, and the overall approach emphasizes abstinence.

- Three-fourths of students were exposed to at least one topic in five key categories related to SRH education; only 8% of students reported learning about all of the topics that constitute a comprehensive curriculum according to international guidelines.

- Nearly all students had learned about abstinence, HIV, reproductive physiology and SRH rights in their classes; fewer than half had learned about contraceptive methods and practical skills, such as communicating in relationships, where to access HIV or STI services, how to use contraceptives or where to get them.

- Teachers reported challenges to teaching SRH topics effectively, including lack of time, lack of appropriate skills and inadequate teaching materials.

- Overall, schools in Ghana are implementing an advanced program compared with programs in other countries in the region. Yet broadening the range of topics to reflect international guidelines and promoting practical skills related to contraceptive use would improve the comprehensiveness and impact of the program, and better integrating topics into core subjects would standardize the information that all students receive.

- Improving and systematizing teacher training, and diversifying teaching approaches to encourage active student participation and promote practical skills, confidence and agency, are essential if SRH education is to be delivered accurately and effectively.

- Further steps should be taken to demystify and desensationalize sexuality among adolescents, and continued sensitization of the community, teachers and school heads is needed to ensure that adolescents are supported in learning SRH-related skills.

FIGURE 4.13

The most common issues teachers face in teaching SRH education are a lack of resources and time.

Issue	% of teachers
Lack of resources or teaching materials	77
Lack of time	49
Topics or content contradict my religious, traditional and personal beliefs or values	24
Embarrassment about topics or terms	22
Lack of teacher training or sufficient knowledge	20
Pushback or opposition from students	17
Lack of participation from students	4
Restrictions or bans on teaching certain topics	2
Pushback or opposition from parents or community	1

% of teachers

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30 lessons learned after the ICPD, where are we with Sexuality Education ?

3/5

- The focus of SE has evolved from population control, through HIV prevention, to sexual & reproductive health. It is beginning to embrace sexual & reproductive rights & justice.

- SE champions are pressing for greater & more inclusive content (e.g., on beginning early; on building individual & social assets: on normalizing sexual activity & acknowledging the central place of pleasure & satisfaction in it; on being inclusive to different sexual orientations & expressions; on addressing bodily autonomy & consent; & on explicitly addressing contraception & abortion).

- Sadly, SE opponents are pushing in the opposite direction (i.e., on keeping SE focused on no sex before marriage & on removing any reference to sexual orientation, gender identity & expression)

REPORT SUMMARY

Influencers and Attitudes

How will the next generation understand domestic abuse?

Listening to children and young people to build a better future

women's aid
until women & children are safe

Gaps in reproductive & sexual health education:

- **Biological sex education seems to feature strongly in the curriculum with 75% of the 18-25 year olds we surveyed recalling learning about this in secondary school. However 35% of responders recalled no education about domestic abuse, healthy relationships or controlling behaviour throughout school.**
- **Girls had significantly better understanding of these three issues than boys, suggesting that RSHE should be improved specifically to target boys' relationship literacy.**

What children & young people want from RSHE:
Reflecting on what they had found useful about RSHE, 18-24 year olds cited discussing topics they would not feel comfortable discussing at home & not feeling judged as key components.
In terms of what had made RSHE poor, having lessons that felt rushed & awkward was identified as a key reasons for over a quarter of participants.

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Comprehensive Sexuality Education in India

A review of government and civil society-led curricula and strategies

April 2022

Review commissioned by

POPULATION FOUNDATION OF INDIA
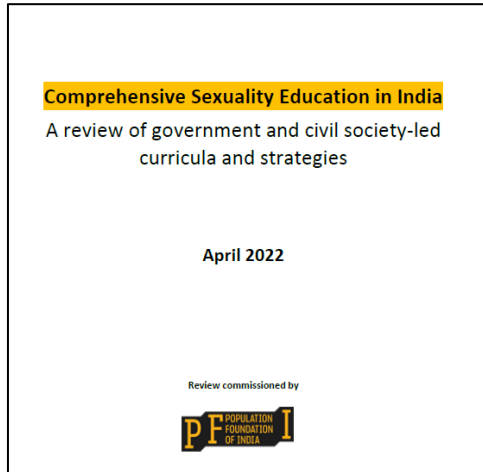
"The content in this priority theme (in the School Health Programme) is less comprehensive & informative than what was available in the Adolescent Education Programme curriculum that included discussions around reproductive processes & anatomy, & ways of preventing HIV."

"Furthermore, since the curriculum content does not talk about sex or sexual relationships among adolescents & the discussion on romantic relationships is sparce, the content misses out on important discussions around asking for consent, communicating desires & needs, dealing with rejection & heartbreak, breakups & infertility."

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30 lessons learned after the ICPD, where are we with Sexuality Education ?

4/5

- Discomfort with & resistance to SE is not new. What is new is that now is better organized, increasingly well funded, & more assertive.

- It is part of a globally connected push back on various aspects of sexual & reproductive health & rights.

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'**Despite CSE's proven positive impact on the sexual & reproductive health & rights of adolescents, there is a growing movement opposed to the curricula based on moral & religious grounds.**

Over the last decade, with a rise in the mainstreaming of CSE, key international anti-rights stakeholders based mostly in the US have been mobilizing activists from the global South, particularly from Africa & Latin America to advocate in United Nations spaces against women's and youth rights to SRHR information & services. They are also engaging with national & regional movements to shut down CSE programs.'

FALSE PRETENSES:
The Anti-Comprehensive Sexuality Education
Agenda Weaponizing Human Rights

Ipas Partners for Reproductive Justice

World Health Organization

hrp
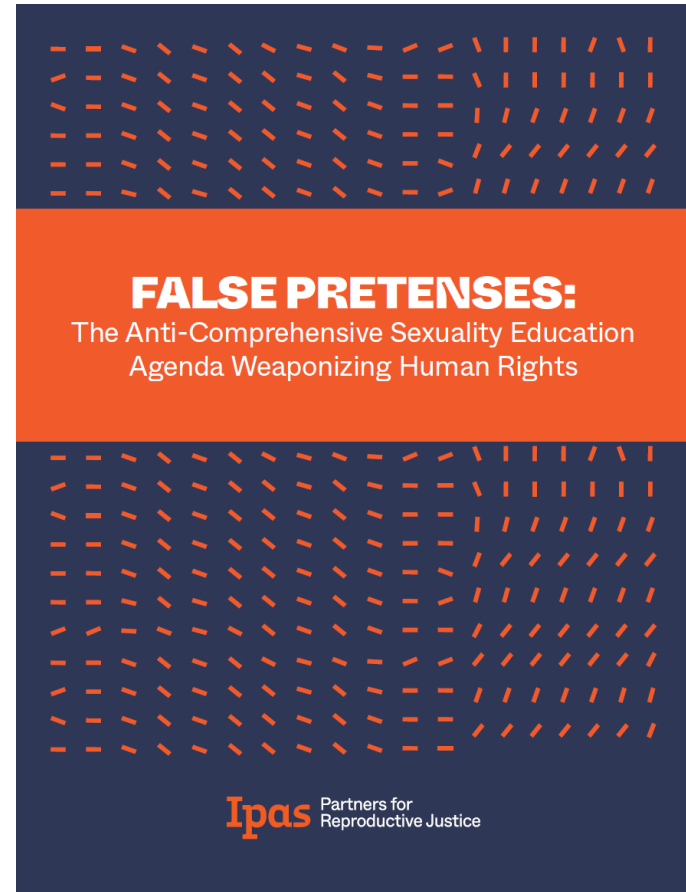
WHO is standing up to quasi-scientific misinformation about the lack of effectiveness of CSE

Sexual and Reproductive Health Matters

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/zrhm21

A reanalysis of the Institute for Research and Evaluation report that challenges non-US, school-based comprehensive sexuality education evidence base

Kelly VanTreeck, Shatha Elnakib & Venkatraman Chandra-Mouli

Journal of Adolescent Health 72 (2023) 332–333

JOURNAL OF ADOLESCENT HEALTH

www.jahonline.org

Commentary

Flaws and Errors Identified in the Institute for Research and Evaluation Report That Challenges Non-United States, School-Based Comprehensive Sexuality Education Evidence Base

Kelly VanTreeck [a,*,1], Shatha Elnakib, Ph.D., M.P.H. [a,b,1], and Venkatraman Chandra-Mouli, M.B.B.S., M.Sc. [a]

[a] Department of Sexual and Reproductive Health and Research, World Health Organization, Geneva, Switzerland
[b] Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

"Overall, our reanalysis reveals that the IRE review suffers from significant methodological flaws and contains many errors which compromise its conclusions about CSE. Our reanalysis is a tool for the international community to refute CSE opposition campaigns based on poor science."

" At best our findings indicated that the IRE analysis lacks the rigour necessary to inform any recommendations on CSE programming; and at worse, the report intentionally downplays the effectiveness of CSE interventions to support the authors' ideologically - driven stance against CSE."

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🌐 drvchandramouli.com
✉ chandramouli@bluewin.ch
🐦 @ChandraMouliWHO
in venkatramanchandramouli

- **Indian Academy of Pediatrics**
- **Federation of Obstetrics & Gynecological Societies of India**
- **Indian Association of Preventive & Social Medicine**
- **Indian Public Health Association**

AHA-IAP – FOGSI – IAPSM – IPHA

AHA: Adolescent Health Academy; IAP: Indian Academy of Paediatrics;
FOGSI: Federation of Obstetric and Gynaecological Societies of India;
IAPSM: Indian Association of Preventive and Social Medicine;
IPHA: Indian Public Health Association

Joint Statement on comprehensive education for adolescents and young people to support their healthy development and wellbeing

Call to action:

We, the national professional associations, as advocates and contributors to health and development of the people in India comingtogether for promoting realisation of the opportunity of demographic dividend presented by the biggest cohort of adolescents and young people in the contemporary history of India,strongly recommend immediate actions by all actors to support large scale programmes for information, education and services towards healthy development of all adolescents and young people, everywhere in our country.

- *We commit ourselvesand call upon other stakeholders* to support and facilitate, without delay, the following actions to ensure that all adolescents and young people, in schools, colleges and other educational institutes like coaching centers, as well as those outside the educational institutes, receive all the age-appropriate, scientific and evidence-based information. Harmonisation of multi-sectoral policies and strategies to protect the health and education rights of all adolescent girls and boys, and young women and men.

- Education system to implement comprehensive information and education programmes andaddressing the cognitive, emotional, physical and social aspects of health and wellbeing of adolescents and young people in variety of educational institutions, starting from 5 years of age. Such a system should

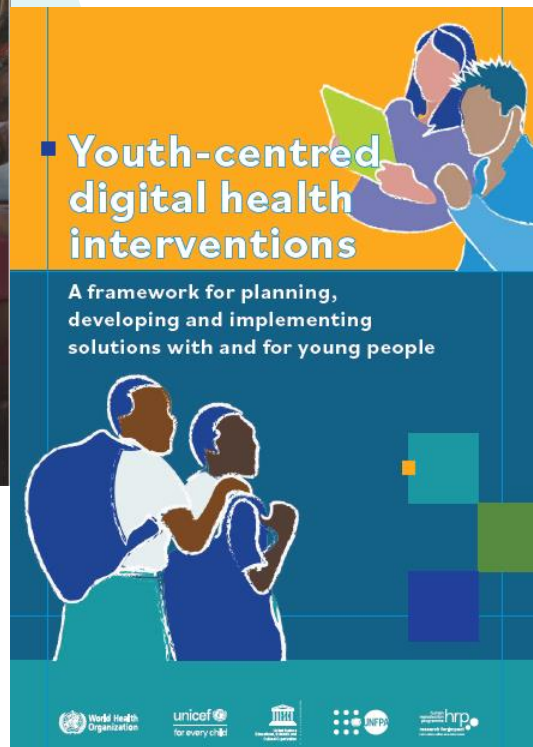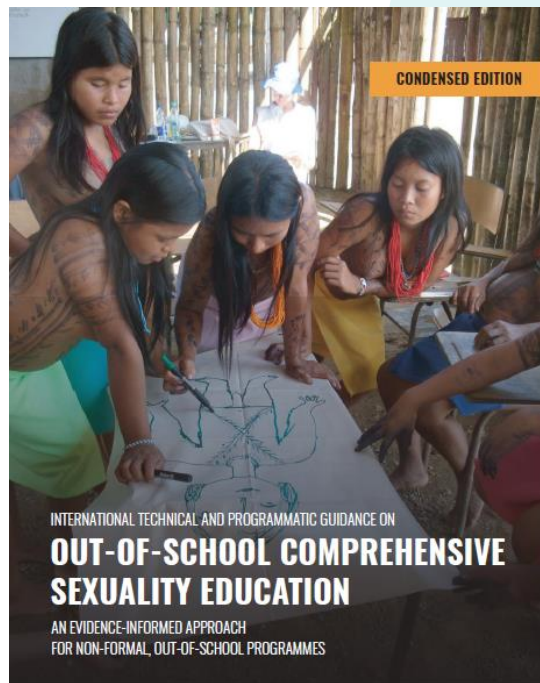**30 lessons learned after the ICPD, where are we with Sexuality Education ?**

5/5

- Although school enrolment & continuation are growing, there are still many adolescents out of school & cannot directly benefit from school-based CSE.

- While there are some outstanding initiatives to reach adolescents outside the school setting, many & especially the most vulnerable are not being reached.

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Around the world – as of 2018 – **258 million school-aged children and young people were not in school**.

(UNESCO Institute for Statistics, 2019)

UNESCO
INSTITUTE for STATISTICS

United Nations Educational, Scientific and Cultural Organization

CONDENSED EDITION

INTERNATIONAL TECHNICAL AND PROGRAMMATIC GUIDANCE ON
OUT-OF-SCHOOL COMPREHENSIVE SEXUALITY EDUCATION

AN EVIDENCE-INFORMED APPROACH
FOR NON-FORMAL, OUT-OF-SCHOOL PROGRAMMES

Youth-centred digital health interventions

A framework for planning, developing and implementing solutions with and for young people

World Health Organization   unicef for every child   UNFPA   hrp

The programme is being implemented in 12 countries: Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen, and Zambia.

Providing girls with SE and building their sense of self and confidence is a key focus of this initiative.

UNFPA-UNICEF
GLOBAL PROGRAMME
TO ACCELERATE ACTION TO
END CHILD MARRIAGE

Online Bulletin

Medicus Mundi Suisse

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Venkatraman Chandra-Mouli (Chandra)
for and with adolescents

drvchandramouli.com
chandramouli@bluewin.ch
@ChandraMouliWHO
venkatramanchandramouli

Thirty years after the ICPD, what lessons have we learned on scaling up, sustaining & enhancing school-based SE from countries in resource-constrained & conservative contexts ?

Image source: imagebazaar

WHAT WE DID AS PART OF THIS STUDY – 1/2

(i) We learned how low-and-middle-income countries from around the world had scaled up health problems other than in adolescent health.

(Why ? Because large-scale government led adolescent health programmes in low-and-middle-income countries is a relative new phenomenon).

(i) We learned what aspects of the scale up effort they sought to learn about & what methods and tools they used ?

(Why ? Because different aspects of scale up have been studied & different methods & tools have been used).

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WHAT WE DID AS PART OF THIS STUDY – 2/2

(i) **We identified countries that had scaled up one intervention (comprehensive sexuality education**

(Why ? Because the list of countries that have done so is not available.)

(i) **We studied four different aspects of the scale up effort – whether they had been scaled up & sustained, how they put this on national governmental agendas, & how they planned and scaled up, & how they built support & overcame resistance through the journey**

(Why? These are the questions the governmental planners & programmers, & organizations that support them want to know.

(i) **We have already started sharing the stories of these individual countries. The synthesis & distillation effort that is the core of this study has helped me pull out the learning, & the implications of this learning for research & evaluation, for norms, standards & guidance development, & for country programmes.**

(Why ? Because, we are convinced that we need to change the gaps and weaknesses in the evidence-action pathway).

| FRAMING HEALTH MATTERS |

Generating Political Priority for Maternal Mortality Reduction in 5 Developing Countries
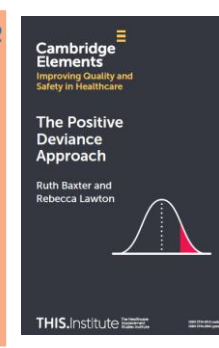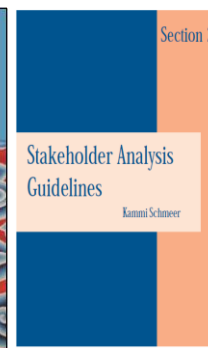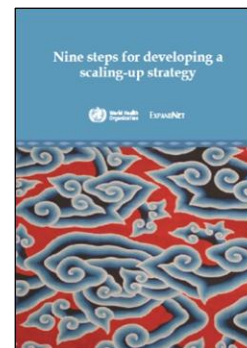
Jeremy Shiffman, PhD

TABLE 2—Factors Influencing the Degree to Which Maternal Mortality Reduction Appeared on National Policy Agendas: Guatemala, Honduras, India, Indonesia, and Nigeria, Early 1990s to Mid-2000s

798 | Framing Health Matters | Peer Reviewed | Shiffman   American Journal of Public Health | May 2007, Vol 97, No. 5

Nine steps for developing a scaling-up strategy

Section 2
Stakeholder Analysis Guidelines
Kammi Schmeer

Cambridge Elements
Improving Quality and Safety in Healthcare
The Positive Deviance Approach
Ruth Baxter and Rebecca Lawton
THIS.Institute

Crowe et al. BMC Medical Research Methodology 2011, 11:100
http://www.biomedcentral.com/1471-2288/11/100

BMC Medical Research Methodology

COMMENTARY   Open Access

The case study approach

Sarah Crowe[1*], Kathrin Cresswell[2], Ann Robertson[2], Guro Huby[3], Anthony Avery[1] and Aziz Sheikh[2]

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1/5 There are countries in resource constrained & conservative contexts that have scaled up, sustained & enhanced their SE programmes

Sub-Saharan Africa:
- ❑ Nigeria
- ❑ Senegal

South-Asia
- ❑ India
- ❑ Pakistan

Latin America:
- ❑ Mexico
- ❑ Uruguay

'Positive deviant' countries:

- **Achieved** nation-wide or substantial sub-national coverage
- **Sustained** for at least three years
- **Demonstrated** some programme results at the programmatic outputs and individual outcome levels

From a forthcoming paper titled: Scaling up, sustaining, & enhancing school-based sexuality education programmes in resource constrained and conservative contexts: Replicable lessons from positive-deviant countries – India, Pakistan Nigeria Senegal, Mexico & Uruguay.

2/5 Factors that enabled these countries to place the nationwide scale up of SE programmes on their national political agendas

- **Direct transnational influences (especially effective when combined with technical & financial support)**

- **Domestic advocacy (with overt or covert partnership with external partners)**

- **In some places, political windows of opportunity emerged & were used**

Arguments used

1. **Data on needs & problems of adolescents**

2. **Evidence that [C]SE Programmes could be implemented without triggering social tensions**

From a forthcoming paper titled: Scaling up, sustaining, & enhancing school-based sexuality education programmes in resource constrained and conservative contexts: Replicable lessons from positive-deviant countries – India, Pakistan Nigeria Senegal, Mexico & Uruguay.
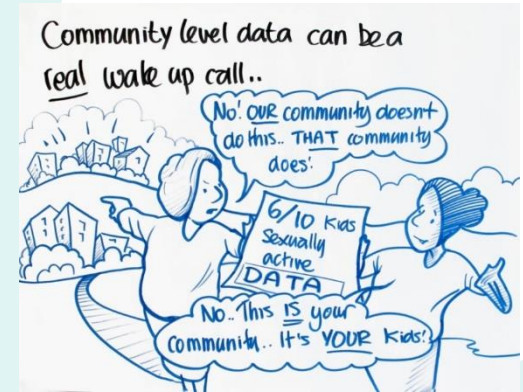
Making the case for SE: The case of Nigeria

Building support for national policy formulation

- **A group of NGOs led by *Action Health Incorporated* demonstrated the need, feasibility & effectiveness of sexuality education in projects**
- **They formed a national coalition to advocate for a national policy & strategy**
- **The coalition worked with internal & external change agents to contribute to a policy & national scale up plan – an eight-year journey**

Building support as nation-wide scale up occurred

- **State level advisory & advocacy committees involving teachers' unions & parents groups**
- **Proactive, energetic & on-going consultations continued with supporters & opponents**

Sex Education: Sexuality, Society and Learning
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/csed20

Scaling up comprehensive sexuality education in Nigeria: from national policy to nationwide application

Silvia Huaynoca[a], Venkatraman Chandra-Mouli[b], Nuhu Yaqub Jr.[c] & Donna Marie Denno[ad]

3/5 Factors that enabled these countries to implement their policies & to scale up, sustain & enhance their SE programmes

✓**They *planned the scale up effort meticulously***

They defined what specifically would be scaled up (the innovation), who would be responsible for supporting the scale up effort (resource organization) & who would be responsible for delivering SE (the user organization).

They did this planning with an intimate knowledge & understanding of the environment they were working in (environment).

✓***They managed it actively***

They secured resources - human, material & financial for it; advocated for it; tracked how it was doing & actively worked to keep implementation on track through problem solving & action planning

✓***They used data and implementation experiences***

They use their own learning & that of others to o enhance their programmes.

From a forthcoming paper titled: Scaling up, sustaining, & enhancing school-based sexuality education programmes in resource constrained and conservative contexts: Replicable lessons from positive-deviant countries – India, Pakistan Nigeria Senegal, Mexico & Uruguay.

Planning for scale up of SE: The case of Uruguay

The General Education Law, 2008 & the Sexual and Reproductive Health Law, 2008, mandated the provision of SE from the pre-school to the university level in public education.

Guidelines and teaching-learning materials have been developed centrally in a participatory manner

Available human and physical resources are deployed for classroom teaching

This is done by subject teachers or 'Reference SE Teachers' as part of their routine teaching work.

Teachers are trained to deliver SE in their pre-service training. They do ongoing training & get mentoring support.
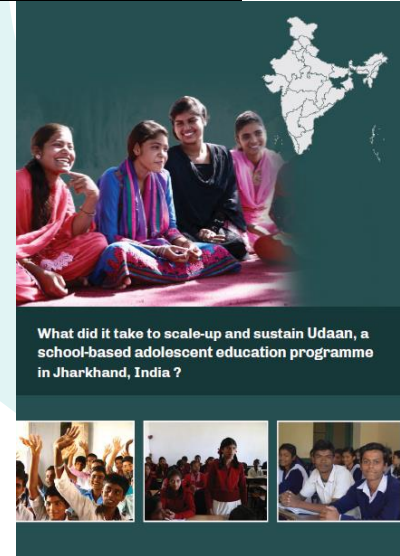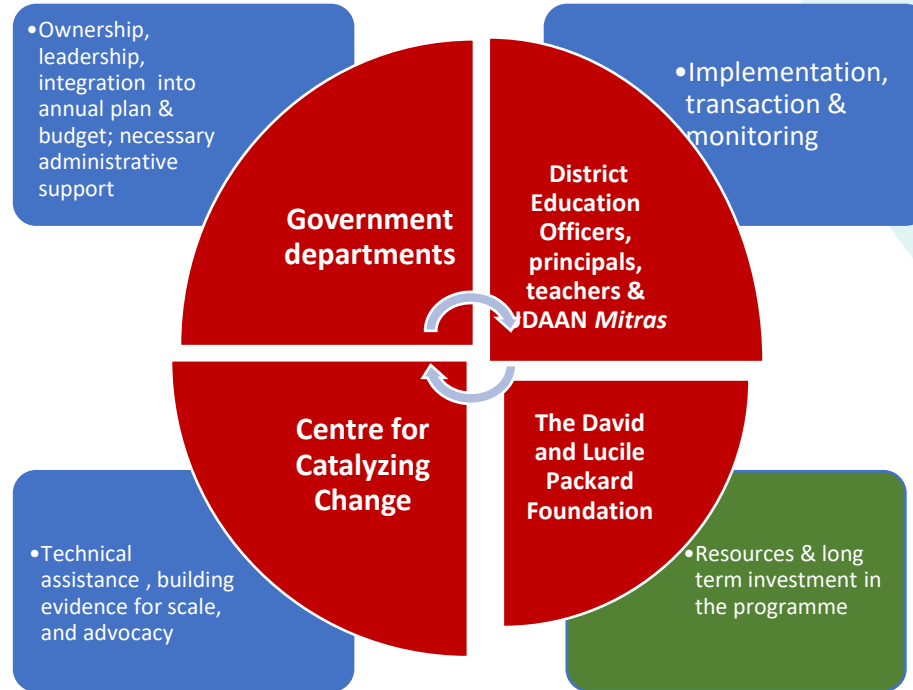

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EDUCACIÓN INTEGRAL EN SEXUALIDAD

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Managing the scale up of CSE:
The case of Jharkhand State, India

- Ownership, leadership, integration into annual plan & budget; necessary administrative support

Government departments

District Education Officers, principals, teachers & UDAAN *Mitras*

- Implementation, transaction & monitoring

Centre for Catalyzing Change

The David and Lucile Packard Foundation

- Technical assistance, building evidence for scale, and advocacy

- Resources & long term investment in the programme

What did it take to scale-up and sustain Udaan, a school-based adolescent education programme in Jharkhand, India ?

American Journal of Sexuality Education

What Did It Take to Scale Up and Sustain Udaan, a School-Based Adolescent Education Program in Jharkhand, India?

Venkatraman Chandra-Mouli, Marina Plesons, Alka Barua, Aparajita Gogoi, Manju Katoch, Mohammed Ziauddin, Rita Mishra, Vinita Nathani & Anand Sinha

Enhancing the CSE programme: The case of Jharkhand State, India

|	Evaluation 1 Aug 2007 (CEDPA, 2007)	Evaluation 2 Oct 2009 (CEDPA, 2009a)	Evaluation 3 Nov 2009 (CEDPA, 2009b)	Evaluation 4 Jul 2010 (CEDPA, 2010b)	Evaluation 5 Oct 2010 (CEDPA, 2010a)
Aim	To assess the impact on students' life skills and reproductive health knowledge, attitudes, and behaviour	To assess the levels of knowledge, attitudes, perceptions, and intentions and programme quality/effectiveness	To assess students' knowledge, attitudes, perceptions, and intentions and to evaluate the programme quality and effectiveness.	To assess the implementation and institutionalization of regular MIS reporting	To assess students' knowledge, attitudes, perceptions, and intention of students
Implementation Approach	Camp Mode 2006-2007	Camp Mode 2007-2008	Academic Year Mode 2008-2009	Academic Year Mode 2009-2010	Academic Year Mode 2010-2011
Quantitative Data Collection	Quasi-experimental post-intervention impact evaluation	Post-intervention impact evaluation	Quasi-experimental post-intervention impact evaluation	Pre-post intervention impact evaluation	Pre-post intervention impact evaluation
Sample	Classes 9 and 11 Total: 6,498 students - Intervention group* (2,666) - Control group* (3,832)	Classes 10 and 12 Total: 2,535 students	Classes 9 and 11 Total: 4,023 students - Intervention group* (2,234) - Control group* (1,789)	Classes 9 and 11 Total: 4,371 students	Classes 9 and 11 Total: 2,580 students

What did it take to scale-up and sustain Udaan, a school-based adolescent education programme in Jharkhand, India?
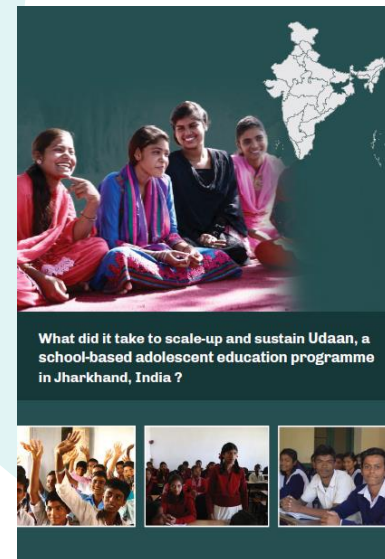
Sexuality Education — American Journal of Sexuality Education

ISSN: 1554-6128 (Print) 1554-6136 (Online) Journal homepage: http://www.tandfonline.com/loi/wajs20

What Did It Take to Scale Up and Sustain Udaan, a School-Based Adolescent Education Program in Jharkhand, India?

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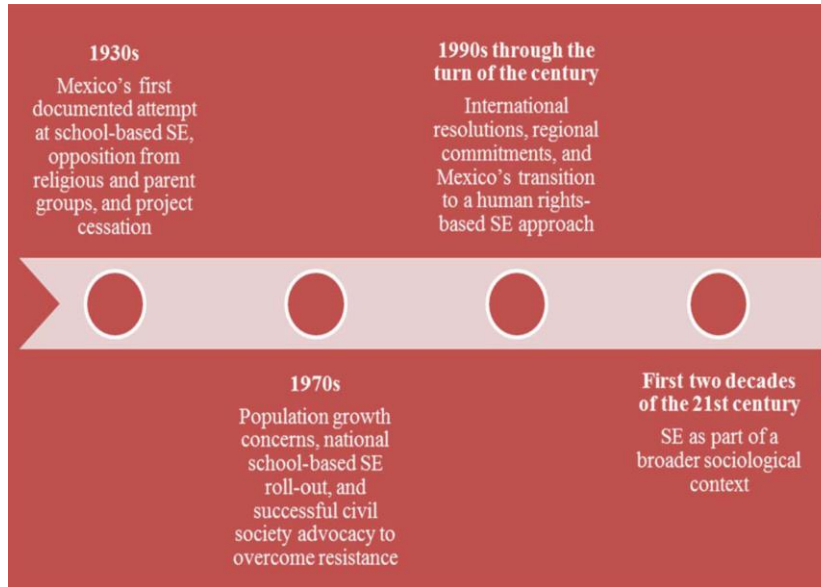
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In both planning and managing the scale up effort, a key consideration was _linking and integrating efforts into existing policy and strategy frameworks, workplans and_ budgets, and delivery systems.
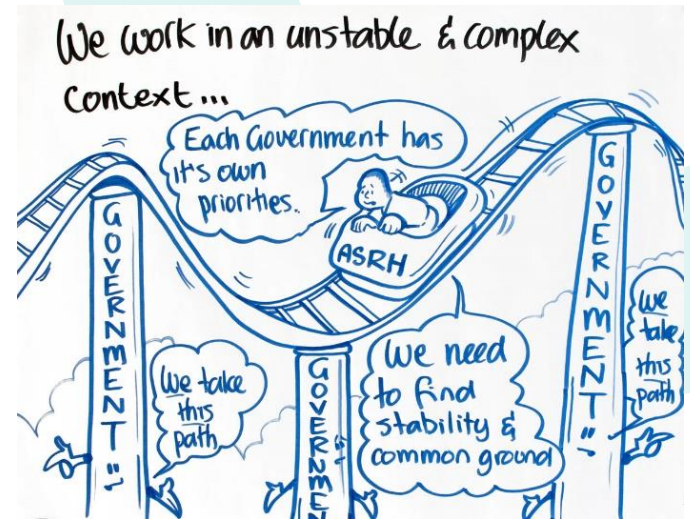
From a forthcoming paper titled: Scaling up, sustaining, & enhancing school-based sexuality education programmes in resource constrained and conservative contexts: Replicable lessons from positive-deviant countries – India, Pakistan Nigeria Senegal, Mexico & Uruguay.

WORKING TO PROMOTE & SAFEGUARD SUSTAINABILITY: THE CASE OF MEXICO

Building support

- Even though the foundational basis for the scale up of SE was a national policy, *they worked hard to build acceptance/concurrenc*e – how to name it, who to target, what content to include. In doing they made compromises.

- They reached out to various stakeholders, especially targeting those who were neither supporters or opposers.

Overcoming resistance:

- Despite this all faced opposition from decision makers or the community at large.

- They learned to move from *being reactive only to being proactive.*

- They learned to *prepare for, anticipate & respond calmly & purposefully*.

From a forthcoming paper titled: Scaling up, sustaining, & enhancing school-based sexuality education programmes in resource constrained and conservative contexts: Replicable lessons from positive-deviant countries – India, Pakistan Nigeria Senegal, Mexico & Uruguay.

Building support & overcoming resistance: The case of Pakistan

Context:
- **National policy on sexuality education in place**
- **Little government-led implementation**

Rutgers Pakistan & Aahung built community support
- **By strategically choosing issues to address**
- **By framing their work with care**
- **By having sensitive content vetted**
- **By actively reaching out to all to explain what they were doing**

They dealt with backlash

(from an alliance of media/politicians/religious leaders)
- **By using supportive media persons as intermediaries**
- **By arranging for journalists to visit the schools & see for themselves what was going on**
- **By organizing information sharing/discussion sessions**

GWSP GLOBAL HEALTH: SCIENCE AND PRACTICE
Dedicated to what works in global health programs

ORIGINAL ARTICLE

Building Support for Adolescent Sexuality and Reproductive Health Education and Responding to Resistance in Conservative Contexts: Cases From Pakistan

Venkatraman Chandra-Mouli,ᵃ* Marina Plesons,ᵇ* Sheena Hadi,ᶜ Qadeer Baig,ᵈ Iliana Langᵉ

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human reproduction programme
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CONCLUSIONS & RECOMMENDATIONS 1/2

Conclusion: Studying how countries secured support for scaling up, sustaining & enhancing SE, & how they have actually done it in their respective contexts, provides useful lessons that could be applied elsewhere.
Recommendation: A call for more research on how legal & policy advocacy, strategy development & application have been done in different contexts.

Conclusion: Currently policy & programmatic guidance draw primarily from experimental & quasi experimental studies. Properly developed case studies of projects & programmes in the real-world contexts can complement the findings of such studies & evaluations, & thereby enrich the guidance.
A call for organizations developing policy & programmatic guidance to draw more heavily on lessons learned from policy advocacy & formulation/reformulation, & from strategy development & execution in real world contexts.

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Conclusion: In every country studied, the impetus for the effort to scale up, sustain & enhance SE programmes came from civil society bodies who were deeply immersed in SE. They learned by doing & from others (including those within & outside their countries) as & when needed, & grew & developed in expertise, confidence & ability to move the agenda in the process.

Recommendation: A call to organizations to complement their support to government bodies who are leading the effort, with sustained efforts to build a critical mass of individuals & institutions with expertise & passion in SE. These individuals & institutions could be from government bodies, nongovernment organizations & academia.

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drvchandramouli.com
chandramouli@bluewin.ch
@ChandraMouliWHO
venkatramanchandramouli

Venkatraman Chandra-Mouli (Chandra)
for and with adolescents

Image source: imagebazaar

Key messages

**"when it comes to implementation, what is worth doing is worth doing well"**

"It is possible to think of different points along a continuum as reflecting poor, medium or high quality implementation and to relate these points to the probability of program success.

In general:

1. **Programs are unlikely to achieve any of their goals if they are implemented poorly.**

2. **Programs implemented with moderate levels of quality run the risk of failing to achieve their goals or of achieving reduced benefits**

3. **High quality programs are more likely to be successful in achieving and maximizing participant benefits compared with programs of low or moderate quality.**

Aahung's 20-year journey to scale-up of life-skills based education in Sindh, Pakistan
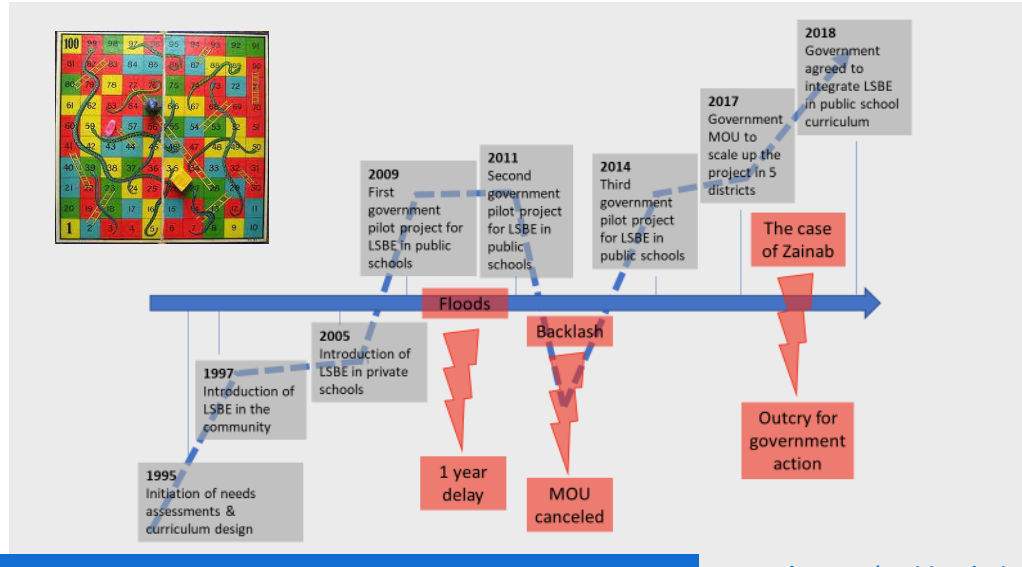
The approaches that Aahung & others in Pakistan used were not new, but they brought these approaches together & doggedly pursued them. They are positive deviants.

The term 'positive deviants' was first used to describe people who - with exactly in the same circumstances and with the same resources - are significantly and consistently more successful than the norm.

Marsh DR, Schroeder DG, Dearden KA, et al. The power of positive deviance. *British Medical Journal*, 2004, 329, 1177-1179.