Incorporating Comprehensive **Sexuality Education** within **Basic and Higher Institutions** of **Learning** in KwaZulu-Natal

UNFPA

Acronyms

ESA	Eastern and Southern Africa
DWCPD	Department of Women, Children and People with Disabilities
DoH	Department of Health
DHET	Department of Higher Education and Training
DSD	Department of Social Development
CoGTA	Department of Cooperative Governance and Traditional Affairs
DBE	Department of Basic Education
CAPS	Curriculum and Assessment Policy Statement
LO	Life Orientation
CSE	Comprehensive Sexuality Education
ASRHR	Adolescent Sexual and Reproductive Health and Rights
HEIs	Higher Education Institutions
SMTs	School Management Teams
SGBs	School Governing Bodies
MoES	Ministries of Education
ITGSE	International Technical Guidance of Sexuality Education

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Executive Summary

The assessment was commissioned by the United Nations Population Fund (UNFPA) to assess Comprehensive Sexuality Education (CSE) within the Life Orientation (LO) curriculum in KwaZulu-Natal (KZN). The assessment aimed to identify common practices and trends in the roll out and implementation of CSE nationally and internationally.

School visits were undertaken in six schools in three districts in KZN. Focus group discussions (FGDs) were used to gather information from teachers, learners and school management on inclusion and provisioning of CSE in the LO CAPS.

CSE is the responsibility of all stakeholders and governments across all sectors and should include parents' empowerment.

The diagram below shows the various partners in the promotion and implementation of CSE as identified by the Department of Education and Early Childhood Development in Victoria (2011).

Identifying the partners assists in defining their roles and responsibilities. The congruence with the South African schooling environment and the relevance of the partners and stakeholders identified make the diagram relevant. The diagram also shows where the inter-relationships of functions and stakeholders are located.

A number of issues have emerged that challenge the implementation of an effective strategy for incorporating CSE into schools and universities. Various research projects have assessed the successes and gaps. All government departments and sectors have structured their programmes in line with the national Integrated Strategic Plan for HIV and AIDS, STIs and TB. The government Social Cluster of departments, namely Departments of Education (DBE and DHET), Health (DoH) and Social Development (DSD) have been mandated to work together on an integrated health programme and to structure programmes that will lead to the development of Life Skills and behaviour change, as well as reduce risky behaviour and infection rates among young learners.
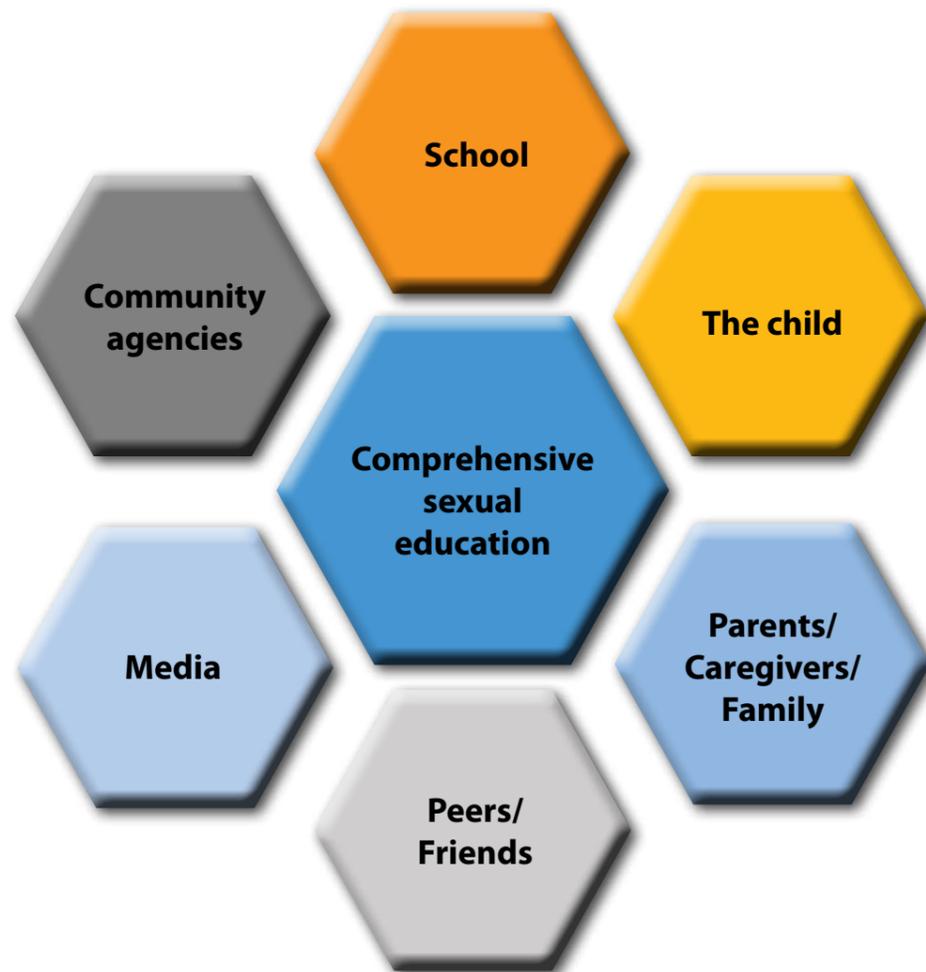
Introduction

Evidence has shown that comprehensive sexuality education that is age-appropriate, gender-sensitive and life skills-based, and can provide young people with the knowledge, skills and efficacy to make informed decisions about their sexuality and lifestyle. When young people are equipped with accurate and relevant information, when they have developed skills in decision-making, negotiation, communication and critical thinking, and have access to counselling and SRH/HIV services that are non-judgmental and affordable, they are better able to:

• Take advantage of educational and other opportunities that will impact their lifelong well-being;
• Avoid unwanted pregnancies and unsafe abortions;
• Improve their sexual and reproductive health and protect themselves against STIs, including HIV; and
• Understand and question social norms and practices and contribute to society.

As defined by UNFPA CSE "is a right-based and gender-focused approach to sexuality education, whether in school or out of school. CSE is curriculum-based education that aims to equip children and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development by embracing a holistic vision of sexuality and sexual behaviour, which goes beyond a focus on prevention of pregnancy and sexually transmitted infections (STIs)."

CSE enables children and young people to:
• Acquire accurate information about human sexuality, sexual and reproductive health, and human rights, including sexual anatomy and physiology; reproduction, contraception, pregnancy and childbirth; sexually transmitted infections (STIs) and HIV/AIDS; family life

and interpersonal relationships; culture and sexuality; human rights empowerment, non-discrimination, equality and gender roles; sexual behaviour and sexual diversity; and sexual abuse, gender-based violence and harmful practices; and
• Explore and nurture positive values and attitudes towards their sexual and reproductive health, and develop self-esteem, respect for human rights and gender equality. CSE empowers young people to take control of their own behaviour and, in turn, treat others with respect, acceptance, tolerance and empathy, regardless of their gender, ethnicity, race or sexual orientation.

The historic East and Southern Africa (ESA) Ministerial Commitment was endorsed and affirmed at the 2013 International Conference on HIV and AIDS in Africa (ICASA) on 7 December 2013 by 20 countries. Education and Health Ministers African Countries committed to accelerate access to Comprehensive Sexuality Education (CSE) and health services for young people in the region.

ESA Targets 2015
• A good quality CSE curriculum framework is in place and being implemented in each of the 20 countries;
• Pre- and in-service sexual and reproductive health (SRH) and CSE training for teachers, health and social workers are in place and being implemented in all 20 countries; and
• By the end of 2015, decrease by 50% the number of adolescents and young people who do not have access to youth-friendly SRH services, including HIV, that are equitable, accessible, acceptable, appropriate and effective.

ESA Targets 2020
• Eliminate all new HIV infections among adolescents and young people aged 10-24;
• Increase to 95% the number of adolescents and young people aged 10-24, who demonstrate comprehensive HIV prevention knowledge;
• Reduce early and unintended pregnancies among young people by 75%;
• Eliminate gender-based violence;
• Eliminate child marriage; and
• Increase the number of schools and teacher training institutions that provide CSE to 75%.

Objectives

The objectives of this assessment were to:
- Undertake a rapid literature review of all policies, frameworks and research studies relevant to the delivery of CSE;
- Coordinate and convene a workshop with the DBE, DHET and DSD, Life Orientation educators and Curriculum developers to identify gaps and challenges in the delivery of CSE; and
- Develop an action plan to address the gaps and challenges identified.

Methodology

In defining the methodology, a number of considerations were taken into account:
- Using current research to set up an evidence-based approach to plan and implement core activities and contextualise appropriate different processes at institution level;
- Defining how curriculum alignment will be modelled so that there is finer alignment between national policies and proposed support interventions;
- Setting up processes, structures and monitoring that will support an iterative process of implementing core activities;
- The replicability and sustainability of proposed strategies, both across other identified districts nationally and as a model for replication on the African continent;
- Fast-tracking engagements with responsible departments given that DBE is the lead department within the Social Cluster, and as such will have to manage how the other departments are involved, what their mandates are and how collective reporting is done; and
- For effective reporting on efficacy of plans and materials, clear outcomes, measurables and targets need to be defined within the different contexts where implementation will take place.

It was agreed that a more qualitative methodology would be used, fixed against what current quantitative research is showing, but also using methodologies that can easily be supported by provincial LO officials, whose responsibility it is to support and monitor LO teachers.

The methodology also considered support for teaching and learning and some support and reporting to the School Management Team, as a way of identifying what support the management of such an intervention may require.

In the South African context, the School Governing Body deals with issues that impact parental interests, and would thus also need to be considered in the reporting structures. Again, the research tools considered the South African (and particularly the KZN) context and sustainability and replication in other African contexts as a secondary output.

Literature Review

This section reviewed the literature review on current CSE strategies and programmes in basic and higher education institutions in order to make evidence-based recommendations on how to support institutions to improve their focused interventions to increase HIV/AIDS prevention and improve risk reduction mechanisms at institutional level. It investigated what has been done to strengthen the focus on preventing the spread of HIV/AIDS and the factors that mitigate against improving the SRH of young people. The literature review informed and recommended the implementation of a Comprehensive Sexuality Education strategy and awareness programmes across the systems in South Africa, with the aim of impacting on the reduction of infection, and recommending capacity building programmes and resource provisioning to support institutional programmes.

Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health and Rights for Adolescents and Young People on Eastern and Southern Africa (ESA)

According to UNESCO, on 7 December 2013 the Ministers of Education and Health and representatives from 20 countries in eastern and southern Africa gathered in Cape Town and affirmed a landmark commitment to support sexuality education and SRH services for adolescents and young people. In so doing, they acknowledged that the region is experiencing major growth in the youth population, which has major implications for education, health and overall development.

The Eastern and Southern African (ESA) Commitment affirmed the rights of current and future generations to health, education and non-discrimination and recognised the State's responsibility to promote human development, including quality education and good health. Working jointly would have enormous potential to promote good health and well-being, prevent early and unintended pregnancy, and the transmission of HIV and other STIs, and facilitate access to care and support.

This Commitment, which was the result of intensive consultation at regional and country level, paves the way for accelerated scale up of HIV prevention through sexuality education and essential health services. The process was led by UNAIDS with the support of UNESCO, UNFPA, UNICEF, WHO and a number of bilateral and civil society partners, including young people's organisations.

It seeks to change the way millions of young people access the sexual and reproductive health information and services they need to live healthy and empowered lives. By accessing information and services young people can make informed decisions on when to enter into relationships and the timing and spacing of their children. This will help them stay safe from HIV and thus bring an end to the epidemic.

Early Sexuality Education

Sexuality Education is 'bigger' than biology, having social dimensions that can impact on students' need and right to know how their bodies function. The State Government Victoria Department of Education and Early Childhood Development (2011) notes that such dimensions include different cultural perceptions of what is considered appropriate to teach at a certain age; or may be generally held social values specific to socio-economic groups; or attitudes and beliefs perpetuated by the mass media regarding the sexual health education responsibilities of parents, health agencies and schools.

de Melker (2015) notes that, by law, all primary school students in The Netherlands must receive some form of sexuality education. The system allows for flexibility in how it's taught, but it must address certain core principles, including sexual diversity and sexual assertiveness. That encourages respect for all sexual preferences and helps students to develop skills to protect themselves against sexual coercion, intimidation and abuse. The underlying principle is straightforward: Sexual development is a normal process that all young people experience, and they have the right to frank, trustworthy information on the subject.

According to Kirby (2011), in Grades R-3 in South Africa about half of the International Technical Guidance on Sexuality Education (IGTSE) topics are potentially addressed by the Curriculum and Assessment Policy Statement (CAPS). CAPS provides subject content and topics progressively across grades, values and skills relevant to LO. However, several topics do not appear to be covered. They include basic values, peer pressure, decision-making, pubertal changes, basic reproduction, body image, expressions of love and maturity, basic rights and responsibilities of parenting, disease and the rights and needs of people living with HIV. Notably, the ITGSE topics recommend that some of these topics be covered only at the most basic level. Some of these topics are covered during later grades in CAPS.

National Adolescent Sexual and Reproductive Health and Rights (ASRHR) Framework Strategy 2014 – 2019

The South African Cabinet recently approved the DSD's National Adolescent Sexual and Reproductive Health and Rights Framework Strategy (ASRHR), which guides stakeholders in addressing the challenges that adolescents face in fully realising their sexual and reproductive health and rights (SRHR). Developed in consultation with stakeholders from government departments, civil society and development partners, it is underpinned by evidence contained in reports and strategies that examined various aspects of ASRHR in South Africa. The evidence indicated th that a number of gaps exist in the promotion of young people's SRHR.

SRHR is considered a basic human right that is fundamental to the development of any nation. Investing in the sexual and reproductive health of adolescents and youth is crucial. There is thus a need to create and/or strengthen a responsive policy and planning environment to meet the SRHR needs of adolescents, taking sexual orientation and those living with disabilities into account. The National ASRHR Framework Strategy is aligned with the South African Constitution and the Bill of Rights and therefore adopts a human rights approach.

Since the Framework Strategy is a multi-stakeholder and multi-sectoral approach, it targets all stakeholders within government and civil society that affirm their commitment and accountability in implementing the key guiding activities relevant to their areas of work.

The National ASRHR Framework Strategy outlines the following five key priority areas that are underpinned by a set of accompanying objectives:
- Priority 1: Increased coordination, collaboration, information and knowledge sharing on ASRHR activities among stakeholders;
- Priority 2: Developing innovative approaches to provide comprehensive ASRHR information, education and counselling to adolescents;
- Priority 3: Strengthening ASRHR services and support in relation to various health concerns;
- Priority 4: Creating effective community support

networks for adolescents; and
- Priority 5: Formulating evidence-based revisions of legislation, policies, strategies and guidelines on ASRHR.

Advancing the sexual and reproductive health and rights of adolescents, acknowledging and including underserved groups such as lesbians, gays, bisexuals, transgender and intersex (LGBTI) individuals, sex workers, HIV positive youth and those living with a disability calls for the development of an inclusive agenda that promotes the quality of life and the rights to choose whether and when to have children; to exercise sexuality free of violence and coercion; seek pleasure with respect for other people's rights; protect fertility; and access modern techniques for the prevention, diagnosis and treatment of STIs.

Whilst the provision of and the right to accessing SRHR are assured at various levels, at local and community level, people are not always aware of these services and do not know how to access them. Given that these challenges are experienced by many adults, especially those living in areas where services are not easily available; one can only imagine the difficulties experienced and the reality faced by adolescents.

Of grave concern is the lack of comprehensive information on SRHR that is informative, age, language and content appropriate, accessible and accurate for adolescents both within and out of school. Various methodologies should be explored that enable CSE to reach adolescents and youth. Involving young men and women in gender-sensitive programmes on SRHR could transform unequal power relations. Encouraging intergenerational dialogues among adolescents, parents and faith-based organisations could empower these groups to deal with discussions around issues of sexuality.

There is a need for campaigns to improve standards of healthcare services to ensure that the rights of adolescent are respected, protected and fulfilled in an environment free of discrimination based on gender, HIV status, sexuality, sexual orientation

or gender identity. This could be achieved by increasing SRHR's service delivery to all adolescents and youth in both urban and rural areas.

The need therefore arises to create and/or strengthen a responsive policy and planning environment to meet the SRHR needs of adolescents contributing to their health security. Such efforts would ultimately transform the youthful population into a national asset with reduced teenage pregnancy rates and maternal mortality among young mothers; increased educational attainment, and decreased HIV levels among young people, etc. This would enable South Africa to reap the anticipated demographic benefits associated with having a youthful population.

Strategy Documents to Address ASRHR

It is clear that a large number of gaps exist in the promotion of young people's SRHR. Since the 1990s various United Nations conferences have advocated for the advancement and promotion of such rights. They reiterated that countries should adopt an inclusive view of human rights to health that goes beyond the right to health services. Various government departments and organisations in South Africa developed strategy documents to address these issues.

The strategy documents provide an indication of the depth and scope of interventions across the different departments and their priority focus in addressing ASRHR. The analysis below identifies key aspects of the strategies that would be useful to consider when developing a comprehensive and cross-sectoral Action Plan.

Since the Action Plan seeks to adopt a multi-stakeholder and multi-sectorial approach to address the gaps in sexual and reproductive rights, it targets all stakeholders within government and civil society to affirm their commitment and accountability to the implementation of the key guiding activities in their strategy documents.

Annexure B. 1 provides a comprehensive review of the policy and strategy documents of various government departments to address ASRHR.

According to Advocates for Youth, Right, Respect and Responsibility, experts have identified the critical characteristics of highly effective sex education and HIV/STI prevention education programmes. Such programmes:
- Offer age- and culturally appropriate sexual health information in a safe environment;
- Are developed in cooperation with members of the target community, especially young people;
- Assist youth to clarify their individual, family, and community values;
- Help youth to develop skills in communication, refusal, and negotiation;
- Provide medically accurate information about both abstinence and contraception, including condoms;
- Have clear goals to prevent HIV, other STIs, and/or teen pregnancy;
- Focus on specific health behaviours related to the goals, with clear messages about these behaviours;
- Address psychosocial risk and protective factors with activities to change each targeted risk and promote each protective factor;
- Respect community values and respond to community needs; and
- Rely on participatory teaching methods, implemented by trained educators using all the activities as designed.

Kirby's research identified highly effective sex education and HIV prevention programmes that affect multiple behaviours and/or achieve positive health impacts. Behavioural outcomes include delaying the initiation of sex as well as reducing its frequency, the number of new partners, and the incidence of unprotected sex, and/or increasing the use of condoms and contraception among sexually active participants. Long-term impacts include lower STI and/or pregnancy rates.

Sexuality Education and the Links with the Life Orientation Curriculum and Assessment Policy Statement (CAPS)

Kirby (2011) notes that, in 2009, UNESCO in collaboration with UNAIDS, UNFPA, UNICEF and WHO, published two volumes of research and guidance on sexuality and STI/HIV education.

The volumes were titled *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators (ITGSE)*.

The first volume reviewed 87 studies of sex and STI/HIV education programmes throughout the world, including several in Africa, and demonstrated that about two-thirds of sex and STI/HIV education programmes positively change one or more sexual behaviours that place young people at risk of HIV and other STIs. Furthermore, nearly all the programmes that incorporated identified characteristics changed one or more behaviours in a desired manner. Programmes that did not incorporate these characteristics are not a complete solution to HIV transmission in South Africa. However, if curricula incorporating these characteristics are developed and implemented widely and with fidelity in schools and elsewhere in South Africa, they could be an effective component of a large initiative to reduce HIV transmission.

The DBE's CAPS was assessed to determine the depth and breadth of sexuality education in an effort to change behaviour. CAPS is the policy statement for each subject. It clearly outlines the content, timeframe, resources, methodology and assessment for all teachers teaching in the public school system. CAPS was designed to strengthen teachers' content knowledge, and identify core skills and attitudes to be built at each grade. The CAPS for LO address many of the psychosocial issues confronting learners. Sexuality education is one of the sub topics covered in the section 'Development of the Self' in Grades 7-9.

The ITGSE compared many programmes that were effective in changing behaviour. Virtually all of those that were successful were detailed curricula that directed educators what to do and say. They described each activity, the materials required for the activity, how to complete it and how long it would take, the particular facts or pieces of information to be presented and the particular points to emphasise, etc.

Currently, South Africa does not have a widely adopted, detailed, scripted curriculum. There are CAPS for four different grade levels, R-3; 4-6; 7-9 and 10-12. These specify broad topics to be covered during each grade, term and week and the number of hours allocated to different topics. However, they are not detailed, scripted curricula and they do not specify particular activities that should be implemented.

The following were some of Kirby's findings:
In Grades R-3, about half of the ITGSE topics are potentially addressed by the CAPS. However, several topics do not appear to be covered. These include basic values, peer pressure, decision-making, pubertal changes, basic reproduction, body image, expressions of love and maturity, basic rights and responsibilities of parenting, disease and the rights and needs of people living with HIV. Notably, the ITGSE topics recommend that some of these topics be covered only at the most basic level. Some of these topics are covered during later grades in CAPS.

In Grades 4-6, about half the ITGSE topics are potentially addressed by CAPS, but many are not. In general, most topics dealing with sexuality are not covered. These include anatomy and reproduction (including the structure and function of sexual and reproductive organs), pubertal changes, resisting unwanted sexual attention and abuse, enjoyment of sexuality during the life cycle (including masturbation), sexual response to stimulation, abstaining and contraception, commitment, marriage and parenting, STIs and living with HIV.

In Grades 7-9, some of the topics are covered, particularly those involving rights (including gender rights); common diseases (including HIV); support and care of people living with HIV; family; community and cultural values relating to sexual behaviour; peer pressure; risky situations; responses to peer pressure; and resources in the community for abuse. However, CAPS does not appear to adequately cover healthy and unhealthy relationships; pregnancy; methods of contraception; STIs; refusal skills; abstinence; risks of multiple and concurrent sexual partners; condoms; STI testing and community resources for reproductive health needs.

In Grades 10-12, some of the topics are covered, particularly those involving human rights, gender, consequences of STIs (including HIV), risk behaviours that lead to pregnancy and STIs, and skills (including communication skills). In these grades, CAPS does not appear to adequately cover healthy and unhealthy relationships; chances of pregnancy; consequences of pregnancy; methods of contraception; STIs and HIV; influences on sexual decisions; how to recognise, avoid and get out of situations that might lead to unwanted or unprotected sex; refusal skills; abstinence; risks of multiple and concurrent sexual partners; condoms; STI testing and community resources for reproductive health needs.

Recognising and being able to teach the difference between sexuality education and sex education and aligning it with international CSE standard are fundamental to the inclusion of Sexuality Education in the curriculum and ensuring articulation with the broad outcomes of the LO curricula.

The New Zealand Education curriculum, which includes sexuality education as part of the Health and Physical Education curriculum, is similar in learning outcomes, content and subject description to the South African curriculum. According to the New Zealand Ministry of Education (TE Tahuhu O TE Matauranga), it is important to distinguish between sex education and sexuality education, as sexuality education is a lifelong process. It provides students with the knowledge, understanding, and skills to develop positive attitudes towards sexuality, take care of their sexual health, and enhance their interpersonal relationships, now and in the future.

The term 'sex education' generally refers only to the physical dimension of sexuality education. The New Zealand curriculum teaches sexuality education to "enable students to develop the knowledge and skills they need in order to understand their sexual development, to enhance their sexual and reproductive health, and to enhance their relationships with other people, including friendship, love, family, and parenting relationships".

Through curriculum development and strengthening students will consider how the

physical, social, mental and emotional, and spiritual dimensions of sexuality influence their well-being. Using the socio-ecological perspective, students will critically examine the social and cultural influences that shape the ways people learn about and express their sexuality, for example, in relation to gender roles, the concept of body image, discrimination, equity, the media, culturally based values and beliefs, and the law.

Sexuality education is enhanced when supportive school policies and practices are developed, links are made with relevant community agencies, and students are helped to identify and access support. Students require a range of developmentally appropriate learning opportunities in sexuality education. These include opportunities to develop:
• Knowledge, understandings, and skills relating to sexual development – physical, emotional, and social;
• Knowledge, understandings, and skills to enhance their sexual and reproductive health. For example, knowledge about the process of conception and the skills to make decisions that maintain and enhance their sexual health;
• Personal and interpersonal skills and related attitudes, including;
• The skills needed to examine people's attitudes, values, and beliefs and their rights and responsibilities;
• Respect for themselves and other people;
• Care and concern for themselves and other people;
• Effective communication skills;
• Problem-solving and decision-making skills; and
• Understandings and skills to enhance relationships, for example, in relation to friendship, love, families, and parenting.

According to the UNFPA, Comprehensive Sexuality Education enables young people to make informed decisions about their sexuality and health. These programmes build life skills and increase responsible behaviour, and because they are based on human rights principles, they help advance human rights, gender equality and the empowerment of young people (UNFPA – Comprehensive Sexuality Education).

Assessing CAPS using other ITGSE Characteristics of Effective Programmes

Thus far, this analysis has compared the topics covered in effective programmes with the topics identified in CAPS at different grades. It has not assessed CAPS in terms of the other characteristics of effective programmes. These characteristics are critical. Topics can be covered, but if this is not done in a way that meets most or all of these characteristics, the programme is much less likely to reduce sexual risk behaviour.

Effective programmes include characteristics that describe:
• The development of curriculum;
• The curriculum itself;
• Its goals and objectives;
• Its activities;
• Its teaching methodologies; and
• Implementation of the curriculum.

Factors of Effective Programmes Especially Relevant for South Africa

Kirby (2007) identified 17 factors that should guide the design, content and implementation of school-based curricula aimed at promoting positive sexual behaviour. Although mainly based on studies in developed countries, and not in South Africa in particular, these characteristics (drawn from the factors) provide an excellent framework to discuss the South African context.

Characteristics of the Development of the Curriculum
1. Involve experts in:
   • Research on human sexuality;
   • Theory and research on factors affecting behaviour; and
   • Instructional methods for changing each factor.
2. Assess the specific reproductive health needs and behaviours of young people in order to inform the development of the logic model.
3. Use a logic model approach that specifies:
   • The health goals;
   • The types of behaviour affecting those goals;
   • The risk and protective factors affecting those types of behaviour; and

• Activities to change those risk and protective factors.
4. Design activities that are sensitive to community values and consistent with available resources (e.g., staff time and skills, facility space and supplies).
5. Pilot-test the programme and obtain ongoing feedback from learners about how the programme is meeting their needs.

Characteristics of Curriculum Itself
6. Focus on clear goals in determining the curriculum content, approach and activities. These goals should include the prevention of HIV, other STIs and/or unintended pregnancy.
7. Focus narrowly on specific risky sexual and protective behaviours leading directly to these health goals.
8. Address specific situations that might lead to unwanted or unprotected sexual intercourse and how to avoid these and get out of them.
9. Give clear messages about behaviours to reduce the risk of STIs or pregnancy.
10. Focus on specific risk and protective factors that:
    • Affect particular sexual behaviours; and
    • Are amenable to change by the curriculum-based program, e.g., knowledge, values, social norms, attitudes and skills.
11. Employ participatory teaching methods that actively involve students and help them internalise and integrate information.
12. Implement multiple, educationally sound activities designed to change each of the targeted risk and protective factors.
13. Provide scientifically accurate information on the risks of having unprotected sexual intercourse and the effectiveness of different methods of protection.
14. Address perceptions of risk (especially susceptibility).
15. Address personal values and perceptions of family and peer norms about engaging in sexual activity and/or having multiple partners.
16. Address individual attitudes and peer norms concerning condoms and contraception.

17. Address both skills and self-efficacy to use those skills.
18. Cover topics in a logical sequence.'

Characteristics of Implementation
19. Implement programmes that include at least 12 or more sessions.
20. Include sequential sessions over several years.
21. Select capable and motivated educators to implement the curriculum.
22. Provide quality training to educators.
23. Provide ongoing management supervision and oversight.

In conclusion, Kirby's report states that CAPS does not appear to cover all CSE topics proposed in the ITGSE Volume II on the topics and content for CSE curricula. It is important to note that CSE is not an independent curriculum or programme in CAPS but particular CSE topics are included in the CAPS LO. Those topics not included in CAPS may need to be covered in co-curricular activities. In his visits to three school districts in different parts of South Africa, Kirby found that contextual issues were evident in all communities surrounding the schools – poverty, lack of jobs and lack of opportunity were very important factors in the environment.

While CAPS provides guidance to teachers, there is a dire need for a scripted curriculum to strengthen teacher's content knowledge on sexuality education and the pedagogy to be used.

Professor Lesley Wood undertook a detailed desk top review on the development of scripted lesson plans in support of CAPS Grades 7-9 for the DBE. The purpose was to review the literature to determine if the factors associated with sexual risk taking among youth in South Africa differed from international findings. Specifically, the objectives were:
• To collect and analyse quantitative and qualitative studies on the sexual behaviour of South African youth (aged 10-25) and the social and cognitive factors that affect such behaviours; and

- To determine whether South African youth subscribe to myths surrounding sexual behaviour that might increase their vulnerability.

Sixty-three studies were identified. The findings from the international studies on risk and protective factors hold true for the South African context, but specific factors that mitigate the success of curriculum interventions include gender norms that promote male dominance; poverty; orphanhood and the multiple adversities it creates; and entrenched cultural and social norms that preclude discussion of sexuality. Behavioural change is hampered by social, cultural and economic contexts, yet these are seldom addressed in programmes. Since there is an economic divide in the school system in South Africa, the same curriculum content might not be suitable for all socio-economic, cultural and race groupings. Another risk of curriculum 'failure' is lack of fidelity of implementation by teachers.

Sex Education in South African Schools

Thaver and Leao's paper on "Sexual and HIV/AIDS Education in South African Secondary Schools" states that sexual and HIV and AIDS education in schools has been the subject of debate and discussion for some time in southern Africa. These debates have mainly centred around three key issues – at what stage to introduce it, what kind of curricula is appropriate and who is qualified to provide such teaching? South Africa is one the few countries in the region that have made attempts to introduce sexual and HIV and AIDS education at secondary school level. Although this has had benefits, it has not been without its challenges.

According to Visser (2005) in 1995, the South African Department of Education, in conjunction with the Departments of Health and Welfare, began to develop the National Policy on HIV and AIDS Education (10 August 1999, Volume 410, Number 20372). The policy was designed to respond to the HIV and AIDS epidemic across South Africa by creating and implementing a life skills curriculum in schools (Department of Education, 1999). The goals of the national policy were to:

- Provide information about HIV and AIDS to reduce transmission;

- Develop life skills that would facilitate healthy behaviour in youth such as communication and decision-making skills; and
- Develop an environment of awareness and tolerance among youth towards those with HIV and AIDS.

The policy served as a guideline for schools and other learning institutions. The programme was not developed as a pre-set manual or curriculum but as a guide to provide the foundation for specific programmes that would be designed and implemented by schools and institutions. While this has been a source of inconsistency, the government adopted this approach "in order to meet the demands of the wide variety of circumstances posed by the South African community, and to acknowledge the importance of governing bodies, councils and parents in the education partnership, this national policy is intended as broad principles only" (Department of Education 1999). Implementation commenced in 1998. Each province followed different procedures and approaches in training the teachers (Visser 2005), who would be catalysts for developing life skills programmes in their schools.

However, while the national policy is well intentioned, a number of obstacles must be overcome in order for its implementation to be successful.

Content of Curriculum

The variety of different life skills curricula currently being implemented by South African schools and institutions focus largely on HIV and AIDS awareness and information and do not sufficiently emphasise the importance of physical and mental wellness in youth. The curricula seem to be having a positive effect on students' knowledge and awareness of HIV and AIDS, but they do not adequately meet the goals of the national policy – namely, to promote healthy behaviour and positive attitudes. Visser (2005) explains that the curricula emphasise information about HIV and AIDS and not the advancement of life skills that would allow students to develop 'healthy lifestyles'. The DBE's (2015) scripted lesson plans were developed and aligned according to the CAPS. They take age

appropriateness and social and environmental factors into consideration.

Training of Teachers

Socio-economic inequalities have had a negative impact on educators' ability to implement the life skills programme in South African schools. Schools and institutions in poorer communities often lack the resources to provide adequate training for their teachers. In addition, these communities often have a more conservative method of educating, which is not compatible with the content and goals of the programme.

According to the Department of Early Childhood Development in Victoria rather than a lone teacher taking sole responsibility, sexuality education is more likely to be successful if it is taken on by all staff at the school. Schools that establish programme development committees or working parties made up of a principal class member, senior staff, teaching staff, health and well-being staff, a school nurse, parents and school council members support teachers in the delivery of this component of the school programme. Staff and parents' gain

confidence when there is a sense of strong school community involvement and ownership. Teachers play a central role in planning and delivering this programme.

They know the whole child, their age and stage of development, their family and their learning needs. Research shows that primary teachers who are reluctant to teach this aspect of a programme feel they have been inadequately trained and express discomfort about discussing these topics with students. Training, leadership support and broad school involvement make a difference in implementing effective sexuality education programmes.

In order to resolve these issues, the DBE developed the Integrated Strategy on HIV, STI and TB 2012 – 2014 to be implemented in schools to minimise HIV infections and unwanted pregnancy among learners. One of the strategies is to train teachers to focus more on class discussion and problem solving, rather than a conservative method, which emphasises the transmission of information rather than the development of skills.

Although there have been some initiatives by the Department of Education to implement the life skills programme in South African schools, inadequate training and experience among educators continue to be key issues.

Moreover, educators often feel isolated and singled out as being the sole coordinators of sexual education, while also encountering a lack of support from colleagues. Studies further indicate that teachers find it challenging to adapt the curriculum in an appropriate manner when there are a large number of students from various diverse backgrounds, age groups and religious affiliations.

Together with USAID, the DBE developed scripted lesson plans to support teachers in sexuality education. Scripted lesson plans (SLPs) for Grades 7 to 9 have been prepared to facilitate the teaching of content specifically related to sexuality education in CAPS. The SLPs have been aligned with CAPS outcomes, topics and sub-topics, and the content to be taught for the year across Grades 7 to 9. Thus, all planning and preparation has been done for teachers. The SLPs are comprehensive lessons and activities, with assessment tasks, that will help teachers to teach against the LO Annual Teaching Plans (ATPs) (Department of Basic Education, 2015). SLPs for all other grades will be developed by the DBE as part of their health-promoting Care and Support for Teaching and Learning (CSTL) programme.

Furthermore, the SLPS are not a 'stand-alone' curriculum. They have been mapped against LO learning outcomes and content. The CAPS topics have been linked with associated content from the SLPs, and each topic and its content in the SLPs can be taught across the year. There are 28 SLPs for Grades 7-9. These are provided as a pack so that Grade 7 teachers can see the progression to Grade 8 and Grade 9. Each grade teacher can see what has been taught in the previous grades. The SLPs are not to be taught consecutively but will be taught across the whole year, where they can be appropriately taught with content from the LO CAPS.

However, the effective implementation of the SLPs in LO is to a large extent dependent on the quantity and quality of teacher training. Earlier studies support the notion that educators' implementation of HIV and AIDS programmes is strongly influenced by their personal attitudes and beliefs towards the impact of sex education on the youth (Mathews 2006). It is still commonly believed that sex education encourages sexual activity instead of promoting safe sex behaviour (Jewkes 2009). However, studies suggest that educators that receive ongoing training have significantly deeper knowledge of the subject and also show a more tolerate attitude towards sexual education (Doherty-Poirier 1994). Therefore, teacher training is essential for a positive outcome as it improves educators' self-efficacy, commitment and capacity to educate learners about HIV and AIDS.

Community Involvement

Teachers find it challenging to implement the life skills curriculum while facing strong opposition from parents, religious groups and the community at large. In South Africa, it is still commonly held that sexual education belongs in the private sphere and should not be part of public education.

According to the Connecticut State Department of Education (CSDE), schools alone cannot be responsible for addressing a nation's most serious health and social problems. Schools, families and communities must work collaboratively to help children become healthy, productive citizens (CSDE, CSH Guidelines, 2007). Parents and guardians are their child's primary sexual health educators and have the responsibility to ensure that their child receives developmentally appropriate information about sexual health.

It is the school district's responsibility to provide a planned, ongoing and systematic health education programme that addresses the needs of all students. This should provide developmentally appropriate sexual health education. Parents and guardians have the right to keep their child out of lessons about family life and HIV/AIDS education.

Each school district is responsible for drafting a policy regarding opt-out procedures. In addition, it is recommended that parents and guardians be given the opportunity to learn about the sexual health education curriculum and review materials.

This could be done during school orientation, parent education nights, posted on school web sites, or shared informally throughout the school year.

The CSDE outlines eight key policy recommendations to support implementation of comprehensive school health education. Similar policies that support the fundamental principles set out above should be established for a sexual health education programme.

Adapted from the Comprehensive Sexuality Health (CSH) Guidelines, 2007

Given the close alignment in outcomes and content with the CAPS these recommendations are useful in strengthening CSE in CAPS.

Key Findings

- South Africa does not have a widely adopted, detailed, scripted curriculum for Sexuality Education. What South Africa does have are the Curriculum and Assessment Policy Statements (CAPS) for four different grade levels, R-3; 4-6; 7-9 and 10-12. These specify broad topics to be covered during each grade, term and week and the number of hours allowed for different topics. However, they are not detailed scripted curricula and they do not specify particular activities that should be implemented

- In Grades 4-6, about half the ITGSE topics are potentially addressed by CAPS, but many are not. In general, most topics dealing with sexuality are not covered. These include: anatomy and reproduction (including the structure and function of sexual and reproductive organs), pubertal changes, resisting unwanted sexual attention and abuse, enjoyment of sexuality during the life cycle (including masturbation), sexual response to stimulation, abstaining and

contraception, commitment, marriage and parenting, STIs and living with HIV. Again, some, but not all, of these topics are covered in later grades.

- In Grades 7-9, some of the topics are covered, particularly those involving rights (including gender rights); common diseases (including HIV); support and care of people living with HIV; family; community and cultural values relating to sexual behaviour; peer pressure; risky situations; responses to peer pressure; and resources in the community for abuse. However, CAPS does not appear to cover adequately healthy and unhealthy relationships; pregnancy; methods of contraception; STIs, refusal skills; abstinence; risks of multiple and concurrent sexual partners, condoms, STI testing and community resources for reproductive health needs.

- In Grades 10-12, some of the topics are covered, particularly those involving human rights, gender, consequences of STIs (including HIV), risk behaviours that lead to pregnancy and STIs, and skills (including communication skills). In these grades, CAPS does not appear to cover adequately healthy and unhealthy relationships; chances of pregnancy; consequences of pregnancy; methods of contraception; STIs and HIV; influences on sexual decisions; how to recognise, avoid and get out of situations that might lead to unwanted or unprotected sex; refusal skills; abstinence; risks of multiple and concurrent sexual partners; condoms; STI testing and community resources for reproductive health needs.

- Fundamental to the inclusion of Sexuality Education in the curriculum, and ensuring articulation with the broad outcomes of the Life orientation curriculum is recognising and being able to teach to the difference between sexuality education (lifelong) and sex education (physical aspect of sexuality education).

- While CAPS provides guidance to teachers, there is an absence of scripted curriculum to strengthen teacher's content knowledge on sexuality education.

- Behavioural change is hampered by social, cultural and economic contexts, yet these are

seldom addressed in programmess. Since there is an economic divide in the school system in South Africa, the same curriculum content many not be suitable for all.

- The variety of different life skills curricula currently being implemented by South African schools and institutions focus largely on HIV and AIDS awareness and information and do not sufficiently emphasise the importance of physical and mental wellness in youth. The curricula seem to be having a positive effect on students' knowledge and awareness of HIV and AIDS, but they do not adequately meet the goals of the national policy – namely, to promote healthy behaviour and positive attitudes.

- Schools and institutions located in poorer communities often lack the resources to provide adequate training for their teachers. In addition, these communities often have a more conservative method of educating, which is not compatible with the content and goals.
- Although there have been undertakings by the Department of Education to implement the life skills programme in schools, inadequate training and experience among educators continue to be a key issue. Moreover, educators often feel isolated and singled out as being the sole coordinators of sexual education, while also encountering a lack of support from colleagues.

- Teachers find it challenging to adapt the curriculum in an appropriate manner where the classroom environment often consists of large student groups from various diverse backgrounds, age groups and religious affiliations.
- Teachers find it challenging to implement the life skills curriculum while facing strong opposition among parents, religious groups and the community at large
- Learners feeling unsupported when dealing with difficult relationships, uninformed and unsympathetic parents, poor peer relations, unsafe schools; no community-based activities to keep them safe.

- Lack of psycho-social support to deal with daily issues of counselling, reporting rapes, hungry learners, emotional distress of both teachers and learners; poor teacher training and preparation for CSE.
- No or low confidence in support services like SA Police Services, local clinics, hospital health services, traditional leaders, church groups, Home Affairs (legal documents to access grants).

Recommendations

Based on the findings, the following recommendations were made:

- It is crucial that educators are given the necessary preparation and guidance to implement the life skills programme in order for the schools to successfully achieve the objectives of the curriculatures.
- Training programme should be mandatory for all teachers and should include aspects such as critical thinking and directing free and open discussions among students.
- Sexual health education should be taught by certified, highly qualified, effective teachers;
- It should include content specific standards for knowledge, skills and qualities teachers need in order to prepare students to meet the challenges of the 21st century;
- In addition, community members must be involved in the implementation of the life skills programme. Youth are influenced not only by their educators, but also by their parents, spiritual leaders and peers. It is necessary that these community members play an active role in promoting healthy sexual behaviour in youth;
- Curriculum guidelines are needed for the development, review and adoption of curriculum;
- Standard-based programmes for CSE Sexual health education should be offered as part of a planned, ongoing, systematic, sequential, and standards-based school health education programme. Standards represent an articulation of what a student should know and be able to do;
- Ongoing professional development should be provided for teachers, school management, the district LO officials, and school health and mental health services (DoH);
- Regular monitoring and evaluation is needed to determine how much of the curriculum is being

delivered and whether instruction is consistent with the planned curriculum;

- Allocate sufficient time and resources for effective instruction and delivery of CSE in curriculum;
- Sexual health should be taught by certified, highly qualified, effective teachers. Connecticut's Common Core of Teaching: Foundational Skills and the Health Education content specific standards sets out the knowledge, skills and qualities that Connecticut teachers need in order to prepare students to meet the challenges of the 21st century;
- The district should have guidelines for the development, review and adoption of the curriculum. The CSDE's Healthy and Balanced Living Curriculum Framework is a best practice document, based on the National Health Education Standards and created to guide school districts' development of school health education, including the sexual health education curriculum;
- Sexual health education should be offered as part of a planned, ongoing, systematic, sequential, and standards-based school health education programme. Standards set out what a student should know and be able to do (CSDE, 2006). The Healthy & Balanced Living Curriculum Framework, the Guidelines for the Sexual Health Education Component of Comprehensive Health Education and the National Sexuality Education Standards provide information, skills-based content standards and performance indicators that promote behaviour change and health literacy for students in pre-kindergarten to Grade 12.
- The district should allocate sufficient time and resources for effective instruction. Based on research and best practice, the CSDE highly recommends that at minimum, students in pre-

kindergarten to Grade 4 receive 50 classroom hours of health education per academic year and those in Grades 5-12 a minimum of 80 hours (CSDE, CSH Guidelines, 2007). Within those allotted times it is recommended that 12 or more class sessions be dedicated to sexual health education in order to achieve longer-term impacts (Kirby *et al*, 2006).

- Sexual health education should offer multidisciplinary, multicultural perspectives and provide learning opportunities for multiple learning styles, including instruction and classroom materials that address the needs of all children and youth.
- The district should provide ongoing, timely professional development relating to sexual health education for teachers, programme administrators, and school health and mental health providers. School districts should assess and address teachers' knowledge, skill and comfort level to ensure effective delivery of this instruction.
- The sexual health education curriculum, instruction and assessment should be aligned. This ensures that classroom implementation and learner assessment are consistent and that strategies measure whether learners have attained the curriculum objectives.
- The health education programme should be reviewed on a regular basis, at least every three-to-five years, to determine if content and materials need to be updated or revised. This includes reviewing educational materials that are used in the programme.
- The district should conduct regular evaluation of the health education programme at least every three-to-five years. The programme should be evaluated systematically to determine how much of the curriculum is being delivered and whether instruction is consistent with the planned curriculum.

Action Plan

An Action Plan (see annexure A) to support CSE incorporation at institutional level aims to focus on activities for key focus areas, which have been synthesised from the information and recommendations in the literature review.
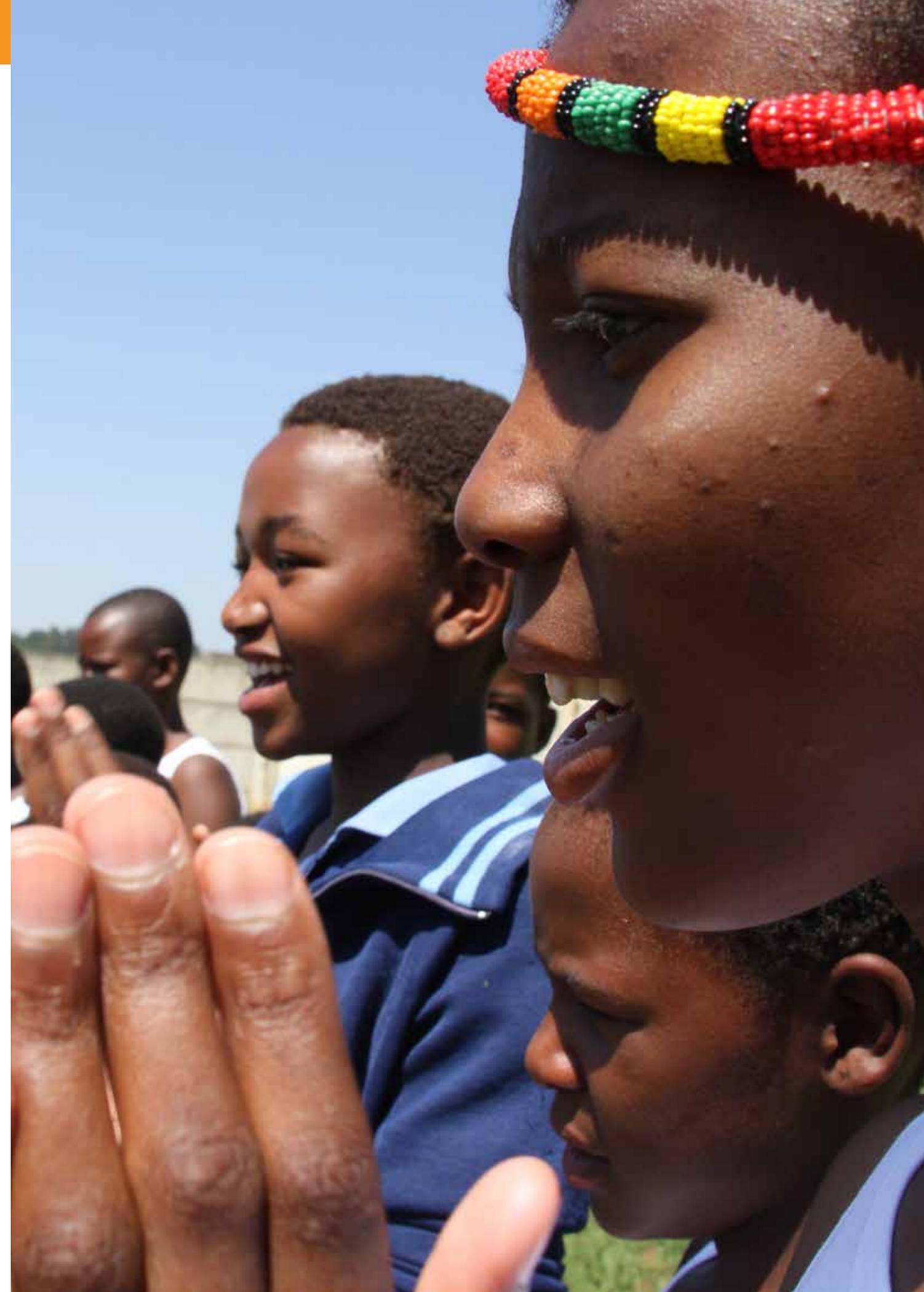
An Action Plan seeks to guide stakeholders to address the challenges that adolescents face in fully realising their sexual and reproductive health and rights. In response to the framework, the DBE, DHET, DH and DSD will develop an action plan to institutionalise CSE within schools and higher institutions of learning (HEIs) in KZN. The process will include five districts in KZN, namely Uthukela, Zululand, Umkhanyakude, Ilembe and Ugu.

The Action Plan sets out the intended outcomes and activities for each key focus area, and the roles and responsibilities of the departments involved and other stakeholders. Quarterly outcomes are suggested to facilitate management of activities and reporting on progress.

Mapping of each focus area over three years will assist with national planning and strategy management. A participatory approach was adopted to develop the Action Plan in order to encourage buy-in. It enabled direct input of expectations and experiences, particularly of teachers, learners and school managers given that they are key recipients of the Plan.

References

1. Department of Social Development. 2015. *National adolescent sexual and reproductive health and rights framework strategy 2014 - 2019.*

2. Department of Basic Education 2015. *Progress Report on the HIV Aids Scripted Lesson Plan.*

3. Department of Education and Early Childhood Development. State Government Victoria, 2011. Catching on Early. *Sexuality Education for Victorian Primary Schools. Victoria.*

4. HIV/AIDS in-service training for teachers makes a difference in student HIV/AIDS-related knowledge and attitudes. *Canadian Journal of Human Sexuality,* 3(3), pp. 227-235.

5. http://www.aids.org.za/hivaids-in-south-africa. AIDS Foundation of South Africa

6. http://www.unfpa.org/comprehensive-sexuality-education

7. http://www.advocatesforyouth.org/component/content/article/450-effective-sex-education. Advocates for Youth, Rights, Responsibility and respect, Characteristics of Effective Sexuality Education.

8. https://nzfvc.org.nz/news/revised-guidelines-sexuality-education-schools-released

9. Jewkes, R., 2009. Growing up sexual in the age of HIV & AIDS. In: C. Mitchell and K. Pithouse, eds. *Teaching and HIV & AIDS in the South African Classroom.* Johannesburg: Macmillan South Africa, pp.147-158.

10. Kirby D. 2011. *A way Forward: Recommendations to the South Africa DBE*

to design and implement an effective HIV Education curriculum that reduces sexual risk for HIV.

11. Mathews, C., Boon, H., Flisher, A. J. and Schaalma, H. P., 2006. *Factors associated with teachers' implementation of HIV/AIDS education in secondary schools in Cape Town, South Africa. AIDS Care,* 18(4), pp. 388-397.

12. Revised guidelines on sexuality education in schools. http://health.tki.org.nz/Teaching-in-HPE/Curriculum-statement/Key-areas-of-learning/Sexuality-Education

13. Saskia de Melker, 2015. *The case of starting sex education in kindergarten.*

14. Thaver L and Leao A. *Sexual and HIV/AIDS Education in South African Secondary Schools.*

15. Wood L. 2013. *Desktop review for the development of Scripted Lesson Plans in support of the CAPS grades 7-9 for the Department of Basic Education, South Africa.*

16. Visser, M.J., 2005. Life skills training as HIV/AIDS preventive strategy in secondary schools: evaluation of a large scale implementation process. *Journal of Social Aspects of HIV/AIDS,* 2(1), pp. 203-216.

17. *www.sde.ct.gov. Connecticut State Department of Education.* Guidelines for the Sexual Health Education Component of Comprehensive Health Education.

18. www.unesco.org/.../ESACommitmentFINAL Affirmedon7thDecember. *Young People Today. Time to Act Now.*

19. www.advocatesforyouth.org. *Advocates for Youth Rights, Respect, Responsibility. Effective Sex Education.*

Annexure A: Implementation Plan

OUTCOMES	INPUTS	OUTPUT	ACTIVITIES	METHOD	DATES	RISKS
Inception Report drafted detailing the plan for the implementation of the scope of work	Signed contract	Inception report	Drafting Inception report	Consultative meeting Desktop review	10th July	Meeting postponed Relevant people not present
Detailed implementation plan drafted for project	Inception Report Discussion with provincial coordinator	Detailed plan of activities, risks and mitigations, and dates for guiding development process	Drafting an Implementation Plan	Desktop development and quality assurance	10th July	Inception Report not accepted Delays in meeting all relevant parties
Literature review conducted as a basis for making recommendations for project activity plans	Research reports UNFPA Operational Plan Project plans	Literature review	Conducting literature review	Desktop development	17th July	Input documents not received
Project management scoping meeting	Process maps for all project activities	Approved project plan: meeting schedules and reporting formats	Meeting with project management to scope and approve all planned activities	Consultative meeting	20th July	Meeting not convened; delays
Draft concept document and framework for guiding the development work of all follow-up activities and processes	Literature review	Criteria and indicators developed as a framework to guide discussions and development work	Guiding concept document developed for support of follow-up development process and activities	Desktop Development Consultative meeting	30th July	Literature review not complete
Development workshop with all stakeholders (capacity building)	Workshop schedule and programme	Workshop report	Conducting development workshop with provincial and district LO officials, educators, provincial curriculum developers, HEIs LO programme managers	Workshop session	7th Aug	Workshop not approved Non-attendance
Training workshop with all stakeholders (capacity building)	Training programme	Workshop report	Conducting training workshop with provincial and district LO officials, educators, provincial curriculum developers, HEIs LO programme managers	Workshop session	21st Aug	Workshop not approved Non-attendance

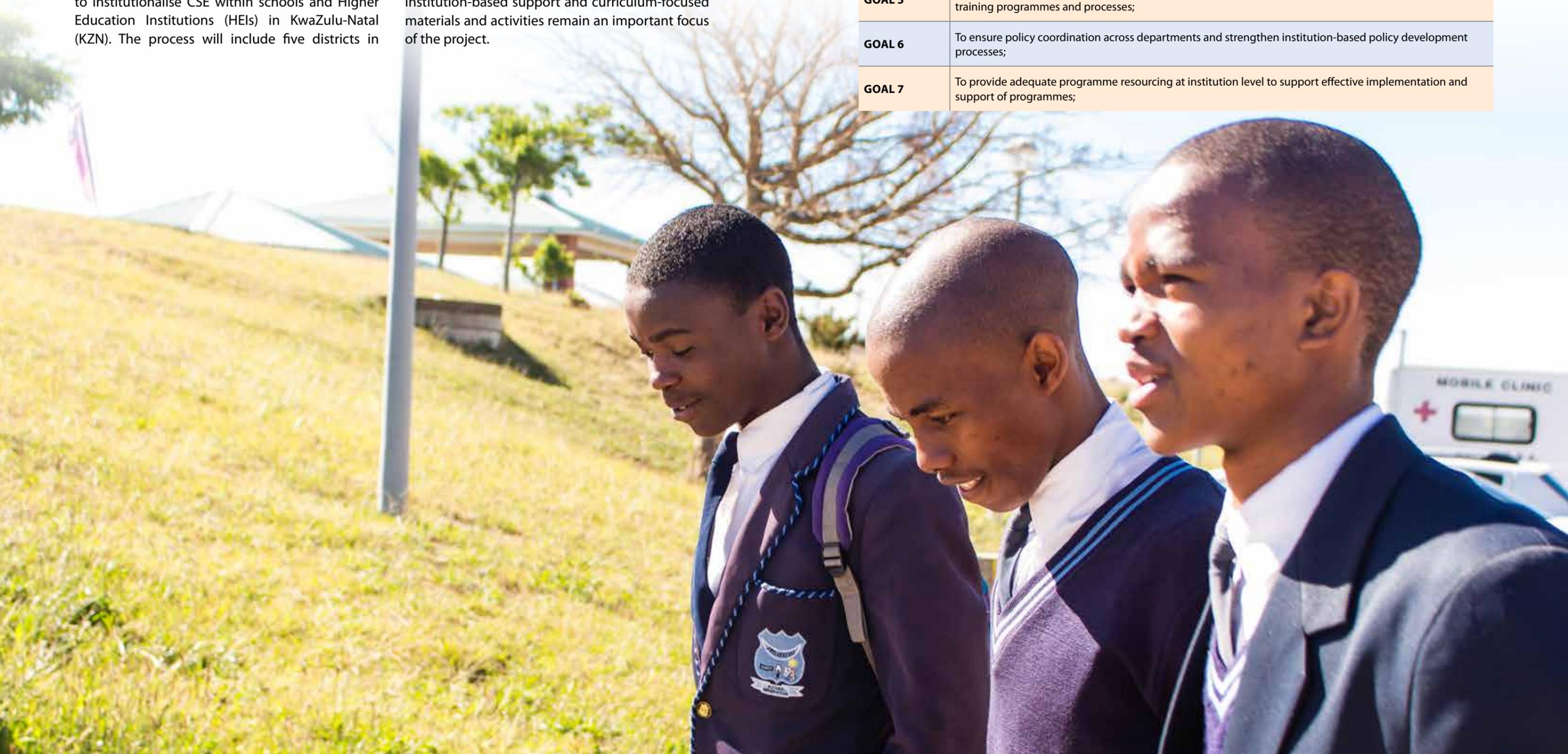| OUTCOMES	INPUTS	OUTPUT	ACTIVITIES	METHOD	DATES	RISKS
Draft Action Plan to improve and expand CSE in schools and HEIs	Workshop reports Feedback from monitoring of workshops Meetings with all stakeholders	Draft Action Plan	Drafting an Action Plan for managing, monitoring and supporting delivery of CSE in schools and HEIs	Desktop Development Consultative meeting (virtual)	30th Aug	Workshops and meetings not held
District maps in place for training of educators as a guide for institutional capacity building		Capacity building report for curriculum developers and LO subject advisors	Draft a district process map for staff development	Desktop development Consultative meeting (virtual)	30th Aug	
Integrated monitoring process developed for institution-based monitoring of CSE implementation	Literature review UNFPA Operational Plan	Draft monitoring process and tools developed	Draft a monitoring framework and process to monitor integration of CSE within schools and institutions of higher learning	Desktop development Consultative meeting	15th Sept	Monitoring plan not approved
Final report drafted with recommendations and final Action Plan	Workshop reports	Final report submitted	Submitting final report	Desktop development	30th Sept	Planned activities not completed

Annexure B: Action Plan

The National Adolescent Sexual and Reproductive Health and Rights (ASRHR) Framework Strategy has been approved by Cabinet as a strategy for the Departments of Education (DBE and DHET), Health (DoH) and Social Development (DSD). It serves as an action guide for stakeholders towards addressing the challenges that adolescents face in fully realising their sexual and reproductive health and rights. In response to this framework, these departments will develop an action plan to institutionalise CSE within schools and Higher Education Institutions (HEIs) in KwaZulu-Natal (KZN). The process will include five districts in KZN, namely Uthukela, Zululand, Umkhanyakude, Ilembe and Ugu.

The development of an action plan, with detailed activities, structures and responsibilities, and identified capacity building sessions will support the national programme to improve and expand HIV prevention and SRHR for adolescents and young people aged 10 to 24, with a particular focus on adolescent girls. Replicable models of institution-based support and curriculum-focused materials and activities remain an important focus of the project.

Overview of the Goals in the Action Plan

GOAL 1	To set up and foster inter-departmental collaboration and coordination within the Social Cluster and with all relevant external stakeholders and interest groups;
GOAL 2	To ensure the development and management of relevant outcomes-based programmes to promote the focus on the incorporation of CSE in institutional curricula and programmes;
GOAL 3	To define, coordinate and institutionalise effective support for programme implementation;
GOAL 4	To recommend, commission and manage a comprehensive and integrated advocacy and communication strategy;
GOAL 5	To develop and strengthen institutional capacity using targeted, structured, coordinated development and training programmes and processes;
GOAL 6	To ensure policy coordination across departments and strengthen institution-based policy development processes;
GOAL 7	To provide adequate programme resourcing at institution level to support effective implementation and support of programmes;

Implementation of the Action Plan is dependent on the following:

Key Focus Area 1 : Strengthened Partnerships

Goal 1: To set up and foster inter-departmental collaboration and coordination within the social cluster and with all relevant external stakeholders and interest groups

Outcome: Setting up functional, coordinated partnerships in line with the National Agenda and departmental plans for improving the focus on and the delivery of CSE programme provisioning and implementation.

Key Focus Area 2: Evidence-Based Programme Development

Goal 2: To ensure the development and management of relevant outcomes-based programmes to promote the focus on the incorporation of CSE in institutional curricula and programmes

Outcome: Developing relevant inter-department programmes and projects, and supporting existing institution-based programmes, to strengthen CSE implementation through a more aligned process for CSE programme development.

Departments of Education	**Programmatic Incorporation of CSE Content into Curricula:** Universities, through their Research function, have the competence of developing their knowledge-base of CSE to include a focus on the importance of including Health Economics, and Social Discourse and the pedagogical implications of incorporating CSE into curricula.
	Evidence-Based Approach to Programme Development: Evaluation of current programmes will provide evidence on their efficacy and impact in managing, implementing and coordinating CSE in the system. An outcomes-based approach to developing programmes will allow for the development of standards on which to base each recommended programme.
	Programme Development for Community Development: Given the time constraints of teaching LO in school and university curricula, and already over-loaded teaching programmes, community-based projects as support programmes will extend the current outreach from institutions.
	An Early Intervention Approach to Programme Implementation: Developing a programme for how CSE is offered at ECCD level primarily in community sites by practitioners that are not necessarily formally trained.
	Stronger Alignment of CSE Programmes for Basic and Higher Education Institutions by ensuring that teacher education programmes increase the teacher knowledge-base and pedagogy for teaching the school LO curriculum.
	Setting up a Pilot Teacher Training Process for Both Initial and Continuing Professional Development so that any teacher training module developed will receive feedback from teachers on the appropriateness of content, methodology, classroom management, resourcing and assessment.
Department of Social Development	**Support for ECCD Programme Development:** Through their community development programmes, DSD can provide stronger support at school level by considering how community workers can be brought into existing CSE programmes.
Department of Health	**Participation of Health Community Workers** in school-based CSE programmes can be improved with more definite programme links between the DBE and DoH.
Others	**Audit of Provincial Programmes and Strategies Currently Funded to Support CSE Implementation:** the literature review shows that CSE programme implementation is disparate across provinces. An audit will provide an indication of programme sufficiency against programme efficiency in providing programme support.

Key Focus Area 3: Programme Support

Goal 3: To define, coordinate and institutionalise programme support to support programme implementation

Outcome: Defining programme support required at institutional level for effective implementation, monitoring and support.

Improving School-based Support	**Support from the District-based Support Teams (DBSTs):** These structures already exist at district level and are managed provincially. They can be strengthened as a support mechanism for the CSE programme and could be integral to the process of learner referral for psycho-social support. Their input is a critical component of any institutional support programme;
	Developing a 'Safe Schools' Strategy: A number of issues relating to the general socio-economic conditions in most schools impact on the safety of learners, especially the girl learner. Developing the concept of 'safe schools' is important and should involve all community structures;
	Psycho-social Support to Teachers: Strengthened focus on psycho-social support for teachers;
	Increasing Access to Appropriate Resources
	Stronger Focus on Monitoring Parental Support
	Strengthened Awareness on and Support for the 'Family Unit': Restoring the idea of a 'family unit' given unconventional circumstances that challenge this concept.
	Of particular importance is the support provided by DSD in terms of the implementation of the grant policy.
Department of Health	Research-based support on specialist content to be used in the development of materials is provided by the DoH based on research and trial runs of their Sexual and Reproductive Health programmes;
	Provision of a package of health services to schools by local clinics e.g., a nurse attached to a cluster of schools to provide healthcare and support;
	Strengthening the social and health services to orphans and vulnerable children (OVC).

Key Focus Area 4: Advocacy & Communication

Goal 4: To recommend, commission and manage a comprehensive and integrated advocacy and communication strategy

Outcome: Developing a comprehensive advocacy and communication strategy with defined mechanisms for improved information sharing, community-based participation and strengthened communication across different stakeholders and partnerships.

Departments of Education	Public health and education information materials, which contain more than academic research on CSE, targeting young learners and adolescents.
	Developing a national Code of Conduct for learners to promote healthy life styles and choices, written by learners.
	Public advocacy road shows for information sharing, targeting high-risk schools and communities.
	Setting up a 'role model' programme with learners and teachers who show exemplary practice in the support of healthy living.
	Promoting initiatives like 'Zero Pregnancy schools' that show how school management is able to manage their learner population to be 'zero pregnant'.
	School-based advocacy meetings with partners and parents.
	Strengthened media campaign for CSE using different platforms.
Department of Social Development	Linking with DSD to identify and acknowledge community achievers as incentives to promote awareness and good practice at community level.
Department of Health	Diarising CSE day: Introducing a day in the Health Calendar for advocating for CSE and implied benefits and identifying health practitioners to run health dialogues at schools.

Key Focus Area 5: Institution Capacity Building

Goal 5: To develop and strengthen institutional capacity using targeted, structured coordinated development and training programmes and processes

Outcome: Strengthening capacity in participating institutions and stakeholders by defining training and development needs and defining structured training programmes.

Departments of Education	**Training of School Management Teams (SMTs), School Governing Bodies (SGBs),** teachers, district-based officials and support teams on management and institutionalising CSE into the curriculum.
	Safety at school and university levels has been expanded to refer to more than the physical safety for learners.
	'Creating Safe Schools' has been suggested as a concept that will look at all socio-economic, emotional, contextual, cultural factors that impact on the institution as an entity.
	Leadership Training Programmes will develop skills and competences in those learners and teachers identified in selected institutions.
	Peer Education Training with learners is a core component of support in CSE programmes. It provides a mechanism to encourage learner independence and inter-dependence.
	A Mentoring and Coaching Programme is a good example of how support mechanisms can be used to strengthen the CSE programme.
	Training of Curriculum and Materials Writers is essential if materials are to be made available to support teaching and learning. The national Learning and Teaching Support Material (LTSM) catalogue does not include any particular resourcing to support CSE in the curriculum. Development of training and support resources and materials need to be specific and targeted at learners and teachers.
	Training at ECCD Centres need to be Accredited and Articulate with any Teacher Development qualification offered at university level. Facilitators and ECD teachers at ECCD centres may not be formally trained. Training has been shown to be fragmented and disparate. Roll out of training of staff in Early Childhood Care centres.
	Capacity building with parental and community-based structures.
	Training Teachers using Online CSE Modules: the online, modularised teacher training programme is done by teachers in the five districts, then rolled out to other districts in KZN.
	Monitoring of learning performance on online course.
	Define a national plan to roll out training nationally.
	Seek accreditation for the online course with possible articulation with HEI online courses developed for CSE.
Department of Social Development	**Training of Selected Community Facilitators** on DSD programmes and social workers on the OVC programmes on CSE to strengthen community-based support to schools.
	Leadership training roll-out provincially.
Department of Health	**Training of Health Workers and Clinic Nurses:** needs assessed and training programmes identified by DoH to support CSE at school level.

Key Focus Area 6: Policy Co-ordination & Support

Goal 6: To ensure policy coordination across departments and strengthen institution-based policy development processes

Outcome: Strengthening policy coordination and implementation as well as developing support processes and structures.

Departments of Education	Review of current policies that seem to have an impact on how CSE will be implemented. These include policies that mandate: • admission of learners to school; • the retention and re-admission of pregnant girl-learners; • policy on social grants; • inclusion of special learning needs of pregnant girl-learners in White Paper 6; and • Assessment Policy where LO is not examinable in Grades 10 and 11. **Review of Teacher Utilisation at School Level:** Examine policy support for how LO teachers are utilised at school and high turnover of LO teachers; Monitor policy compliance and adherence to implementation frameworks.
Department of Social Development	**Review of and Development of Policy on Support for OVC** (linked to issues of poor support to child-headed homes) where schools are not able to provide adequate support to OVCs.
Department of Health	Train health workers for support for ECCD.

Key Focus Area 7: Programme Resourcing

Goal 7: To provide adequate programme resourcing at institution level to support effective implementation and support of programmes

Outcome: Developing strategy for developing, providing and coordinating resourcing to support implementation of programmes.

Departments of Education	**Developing a Strategy to Support the Development of School-based Resources.** Resourcing classrooms adequately for teaching CSE effectively and ensuring that CSE materials are part of the national LTSM catalogue.
	Developing Specific Resources for Home-based Information sharing as a means of advocating reliable information on CSE. The need for more basic and accessible materials is evident given the data on literacy levels and the literacy materials available in most communities.
	Curriculum materials and implementation plans review for updated, factual information on which to structure recommendations to strengthen provisioning of resources.
	Providing Specialist Information on issues that commonly emerge from monitoring and feedback on project implementation and implementation evaluation is necessary.
	E-Learning as a Means of Providing Curriculum Support and research on CSE content, materials and current trends in CSE has increased. Online information programmes for learners and teachers are essential. Online modules on core issues relating to effective CSE programmes will allow for targeted capacity building across all sectors.
	Developing a Suite of Online Training Programmes as Teacher Support can be delivered on a needs-basis and used to respond to any gaps identified in the delivery of CSE.
	Developing Interactive Online Information Sessions as a Learner Support mechanism that learners can access on a need-to basis. A range of topics for co-curricular activities or for consolidation of curriculum content can be presented through this programme.
	Developing Sexuality Education 'Readers' on a number of topics, in different languages to engage learners and parents on topical issues can be included while at the same time showing their value in supporting the development of literacy as a national strategy.
	Developing the concept of 'CSE in a box' as a comprehensive set of tools that anyone could use in any learning environment to provide contact sessions with different target groups.
Department of Social Development	Finding conceptual links with CSE and identified community works programmes as a means of deciding on which resources to develop. Developing a CSE module for all Life Skills programmes offered in community-based projects.
Department of Health	Developing modern, updated CSE resources for public exhibitions at health services venues.
DWCPD	Developing a strategy and materials to showcase the inclusivity agenda across all government projects for women and youth.

Annexure C: List of Policy and Strategy Documents of the Various Government Departments with the Aim of Addressing ASRHR

Department/Organisation	Year of Publication	Title of Strategy Document	Brief Summary of Strategy Document
Department of Women, Children and People with Disabilities	(2011)	National Plan of Action on Children	The aim of this National Plan of Action was to ensure that appropriate social and welfare services are provided for vulnerable children living in poverty including those with special needs and the provision of adequate services including preventative and protection facilities such as social relief and social security programmes.
Department of Health	(2011)	SRHR Strategy: Fulfilling our Commitments: 2011-2021 and Beyond	The report defines comprehensive sexual and reproductive health and rights as including all aspects of promoting a culture of sexual and reproductive rights and all aspects of promotion, prevention, diagnosis, treatment and care and management in relation to sexual and reproductive health.
Department of Health	(2009)	Review of the South African Research and Interventions in the Development of Policy Strategy on Teenage Pregnancy	The report is based on two broad principles. The first is the adoption of a nuanced and critical approach to understand adolescent pregnancy and the principle is the adoption of a human based approach that underlines much of the South African legislation and policies with respect to youth sexuality and reproductive health.
Department of Basic Education	(2009)	Teenage Pregnancy in South Africa – With a Specific Focus on School-Going Learners	The aim of the report was to establish the prevalence and determinants of teenage pregnancy. The study focused on pregnancy although more detailed trends on teenage fertility have been documented. It was concluded that as prevention strategy there should be universal implementation of sexuality education, a targeted intervention for high risk adolescents.
Human Sciences Research Council	(2009)	Teenage Tata	Through qualitative research the report provides an indepth portrayal of men who become fathers while teenagers, offering insight into young fathers' personal, emotional, financial and cultural dilemmas as they grapple with becoming or being a father. This is particularly relevant in relation to gender and gender norms.
Medical Research Council	(2003, 2010, 2013)	National Youth Risk Behaviour Survey (2002, 2008 and 2011/12).	The National Youth Risk Behaviour Survey reports are based on primary data collected among school-going learners. The aim of the surveys was to provide nationally and provincially representative data on the prevalence of the above behaviours that place school-going learners at risk. The prevalence of key risk behaviours, namely behaviours related to infectious disease, sexual behaviour, hygiene, chronic disease, nutrition physical activity, injury and trauma, violence and traffic safety, mental health, substance use (tobacco, alcohol and other drugs) are reported on. All three rounds of the survey sampled 23 schools per province. In 2002 the survey sampled 14 766 learners of which 10 699 participated. In 2008, the survey sampled 13 379 learners and 10 270 participated. For 2011/12, 14 387 were sampled and 10 997 participated. Given the large cohort survey information, the Action Plan will include a strategy to address this evidence.

Department/Organisation	Year of Publication	Title of Strategy Document	Brief Summary of Strategy Document
Statistics South Africa	(2005, 2010, 2013)	Millennium Development Goals – South African Country Reports (2005, 2010, 2013 – Updates in 2007 and 2008)	The country reports detail South Africa's report on the eight MDG targets as agreed upon during the United Nations Millennium Summit in the year 2000. The country reports provide an account of progress or otherwise made in achieving the targets set out in the goals. The 2013 report also includes the domestic indicators which are applicable to the South African context. The key feature of the 2013 MDG report is the availability of data emerging out of the Population Census of 2011.
Department of Health	(2011)	Health Data Advisory and Co-ordination Committee Report (HDACC), 2011	The Health Data Advisory and Coordination Committee (HDACC) was established by the Director-General of the DoH with the aim of i) improving the quality and integrity of data on health outcomes, ii) establishing consensus among research experts from various academic institutions, research institutions and government departments on indicators and indicator values, identification of reliable empirical data sources to be used to monitor these indicators and mechanisms to improve data systems, and iii) advising on baseline values and targets for the negotiated service delivery agreement (NSDA) for the 2010-2014 period. In the report, HDACC presents its recommendations from the completion of the first phase of its mandate. The report discusses indicators such as maternal mortality, risk factors for HIV and AIDS and child and infant mortality. The committee has agreed on high-level indicators to be used to monitor the NSDA and recommended targets and the data to be used through the process of consultation across the sectors and experts.
National Youth Development Agency	(2012)	The South African Youth Context: The Young Generation	The report examined the youth integrated strategy and Plan of Action to advance youth development within the country. A point of interest is the significance of South Africa's youthful population. The priority focus areas are youth economic participation in South Africa, education and skills development and important challenges facing South Africa youth such as their health and well-being.
National Youth Development Agency		National Youth Policy 2015-2020 (Draft)	A review of the implementation of the National Youth Policy (NYP) 2009-2014 and other research informed the priorities contained in this current draft policy 2014-2019. This means that the NYP is a progression from the first NYP 2009-2014. The current draft improves upon and updates the previous policy by speaking to new and continuing challenges faced by South Africa's youth. The policy proposals focuses on economic participation, education, skills and second chances, health care and combating substance abuse, nation building and social cohesion and optimising the youth machinery for effective delivery and responsiveness.
Department of Social Development	(2012)	The South African Child Support Grant Impact Assessment	The report examined access to the CSG and its impact on key aspects of child and adolescent well-being. The study concluded that the CSG has a positive development impact in reducing poverty and vulnerability and promoting nutritional, educational and health outcomes.

Annexure C: List of Policy and Strategy Documents of the Various Government Departments with the Aim of Addressing ASRHR *continued*

Department/Organisation	Year of Publication	Title of Strategy Document	Brief Summary of Strategy Document
Department of Social Development – National Population Unit	(2012)	Fifteen-year progress review of the implementation of the Population Policy for South Africa (1998) and the International Conference on Population and Development (ICPD) Programme of Action (1994)@20	The current report seeks to update this report to 2014, particularly on the basis of Census 2011 results. It also covers a broader set of themes including poverty and inequality; population distribution, migration and urbanisation; gender equality; equity and the empowerment of women; sexual and reproductive health and rights; HIV and AIDS and health concerns with demographic implications; the changing structure and composition of families in South Africa; older persons; youth; children and persons with disabilities. This report provides a comprehensive assessment of population trends and dynamics since the adoption of the Population Policy in 1998, identifying challenges and population priorities for the current term of government. These priorities are supportive of those identified in the National Development Plan.
Department of Health	(2012)	Saving Mothers 2008-2010: Fifth Report on the Confidential Enquiries into Maternal Deaths in South Africa (and preceding years)	The Confidential Enquiries system of recording and analysing maternal deaths has been in operation since 1 October 1997. In total five reports have been compiled (i.e., 1997, 1999-2001, 2002-2004, 2005-2007 and 2008-2010). These reports all described the magnitude of the problem of maternal deaths, the pattern of disease causing maternal deaths, the avoidable factors, missed opportunities and substandard care related to these deaths and made recommendations aimed at decreasing the number of maternal deaths. The latest report describes the pattern of disease causing maternal deaths and the health system failures related to these deaths during 2008.
Department of Social Development – National Population Unit	(2012)	The 2012 National Antenatal Sentinel HIV and Herpes Simplex Type-2 Prevalence Survey (2013 and preceding years)	The report details the 23rd National Antenatal Sentinel HIV Prevalence Survey in South Africa. It was conducted across the nine provinces and 52 health districts using the cross-sectional standard unlinked and anonymous design (WHO/ UNAIDS Reference Group). The survey is used as a proxy to assess HIV sero-prevalence among pregnant first bookers aged 15-49 years served in public health facilities. The survey was conducted during the month of October in 2012 among pregnant first time antenatal care bookers recruited from 1 497 public health clinics.
Department of Social Development – National Population Unit	(2014)	National Report on Factors Associated with Teenage Pregnancy in South Africa	Through the use of detailed survey questionnaires with teenage mothers (aged between 13-18) and service providers (e.g., teachers, nurses etc.), and focus group discussions with young-school going boys and girls as well as family and community members the research is aimed at finding answers to the 'why' questions on the factors associated with teenage pregnancy and its implications for the individual, family and society.

Department/Organisation	Year of Publication	Title of Strategy Document	Brief Summary of Strategy Document
Department of Health	(2012)	Contraception and Fertility Planning Policy and Service Delivery Guidelines 2012	The need for the policy update was prompted by: • Changes in contraceptive technologies; • The high prevalence of HIV in South Africa; and • The need to ensure linkages and alignment with other related national and international policies and frameworks. The following aims formed the framework for the revision: • To ensure alignment with international trends and evidence, such as the medical eligibility criteria for contraceptive use (World Health Organization, 2010), and to bring the policy up to date in light of changes in contraceptive technologies and new research; • To locate contraception provision in the context of HIV prevalence in South Africa; • To align the policy with broad overarching national priorities, including South Africa's commitment to the attainment of the Millennium Development Goals, the DOH's Negotiated Service Delivery Agreement, health commitments, and the strategic framework for sexual and reproductive health and rights – Sexual and Reproductive Health and Rights. • To fulfill our commitments; • To develop a new expanded definition of 'family planning' within the broader context of fertility management, and in so doing, develop a more holistic framework related to contraceptive provision and fertility planning – a framework that will embrace the continuum of both pregnancy prevention and planning for conception, and address the implications thereof for people living with HIV; • To make available and promote a wider contraceptive choice and method mix in public sector facilities; • To promote the appropriate integration of quality contraceptive services with other health services, particularly HIV services; • To advocate for the strengthening of more specialised services and referral clinics, where necessary.
Department of Health and Department of Basic Education	(2012)	Integrated School Health Policy 2012	The policy focuses on addressing both the immediate health problems of learners (including those that constitute barriers to learning) as well as implementing interventions that can promote their health and well-being during both childhood and adulthood. School health package of services: • Health education and promotion; • Learner assessment and screening; • Provision of onsite services; • Follow-up and referral; • Coordination and partnerships; • Community participation; and • Learner participation.

Annexure C: List of Policy and Strategy Documents of the Various Government Departments with the Aim of Addressing ASRHR *continued*

Department/Organisation	Year of Publication	Title of Strategy Document	Brief Summary of Strategy Document
Human Sciences Research Council	(2009, 2014)	South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (2008 and 2012)	The reports covers the epidemiology of HIV from both social and biomedical points of view, providing not only statistical data on HIV prevalence, HIV incidence and antiretroviral treatment (ART) exposure, but socio-behavioural and structural aspects that contribute to the spread of HIV in the population. During the 2012 round of the survey the information that was collected showed that the country has indeed succeeded in the roll-out of treatment to people living with HIV/AIDS. However, the high rate of new HIV infections especially amongst young women aged 15-24 is troubling and can be associated with social factors such as age disparate relationships that should be urgently addressed. The research findings also revealed that the knowledge levels have declined and this is accompanied by an increase in risky sexual behaviours. It also indicated that there are still high rates of new HIV infections The researchers also show that people in informal settlements continue to be most-at-risk of HIV, with the highest HIV incidence compared to those living in other areas. This suggests that a strong multi-sectoral approach is necessary to address socio-economic challenges that continue to fuel the epidemic.
Department of Basic Education		Review of Teenage Pregnancy in South Africa	Experiences of Schooling and Knowledge and Access to Sexual and Reproductive Health Services. This report explores the drivers of teenage pregnancy, in particular gendered norms, knowledge, access to and use of contraceptives and the barriers to returning to school. The literature review included academic and policy literature over the past 12 years, primarily focused on South Africa. This study was commissioned to provide strong evidence from which to develop advocacy strategies to reduce unplanned teenage pregnancy and ensure that teenage mothers realize their right to schooling. **Situational Analysis** Key findings of reports: Of all teenage girls who fall pregnant only around a third stay in school during their pregnancy and return following childbirth with the highest return rate amongst those in Grade 12. Even so for the majority of teenage girls, falling pregnant has devastating effects on their secondary schooling with consequent negative impacts on their lives

Department/Organisation	Year of Publication	Title of Strategy Document	Brief Summary of Strategy Document
			Many teenagers have basic knowledge about contraceptives and protection from unplanned pregnancies, STIs and HIV. However, many report insufficient contraception knowledge and not using contraceptives correctly and consistently. They also have limited knowledge about fertility and conception. Most teenage mothers reported limited contraceptive use prior to falling pregnant and following pregnancy a large number of girls began using the hormonal injection.
Department of Basic Education	(2012-2014)	Integrated Strategy on HIV, STI and TB 2012 – 2014	The strategy articulates government's intention to provide school environments that are caring, safe and conductive for learning, and aligned to the education sector's duty of care in schooling, thus responding to the new National Strategic Plan HIV, STI and TB 2012-2016 (NSP 2012-2016) The DBE Integrated Strategy on HIV, STI and TB 2012-2016 was developed to advance the ASRHR of learners in schools through the HIV and AIDS Life Skills programme and LO curriculum.

Annexure D: Programme of Activities for Incorporation of CSE at Institutional Level

Outcome	Key Activity	Responsibility	Timeline
1. Setting up functional, coordinated partnerships in line with the national agenda and departmental plans for improving the focus on and the delivery of CSE programme provisioning and implementation	Set up national consultative and coordination processes with Departments of Health, Social Development, Higher Education and Basic Education	UNFPA	Q4 2015
	Set up provincial structure with Departments of Health, Social Development, Higher Education and Basic Education in KZN	UNFPA	Q4 2015
	Select participating universities, schools and districts for programme development project to • Audit current CSE programmes; • Audit CSE programme delivery; • Audit teacher competence in CSE; • Audit of provincial and district capacity to support and manage project; • Identify stakeholders to be involved, with clear roles and responsibilities; and • Develop terms of reference and processes governing partnerships with partners.	UNFPA with DoE, DBE, DHET,	Q1 2016
	Scoping project for incorporating CSE in selected schools in the five participating districts in KZN Set up process for monitoring implementation to support roll-out in other districts in KZN	UNFPA and KZN DoE	Q1 2016
	Develop project roll out plan for national process of incorporating CSE into basic and higher education institutions	UNFPA and DBE with selected provincial DoE	Q1 2016
2. Defining programme support required at institutional level for effective implementation, monitoring and support	Identify integrated programme priorities for CSE for all departments	UNFPA, DoH, DSD, DHET, DBE, DWCPD	Q1 2016
	Conceptualise and develop a strategy for the 'Creating Safe Schools' project	UNFPA DoH, DSD, DHET, DBE, DWCPD and selected districts	Q2 2016
	Develop guidelines for the role of DBSTs in supporting CSE at school level	UNFPA and DBE	Q2 2016
	Train DBSTs on their role in supporting CSE in schools	Outsourced	Q4 2016
3. Developing a comprehensive advocacy and communication strategy with defined mechanisms for improved information sharing, community-based participation and strengthened communication across different stakeholders and partnerships	Develop and publish a strategy for effective Advocacy and Communication in support of CSE	UNFPA and DBE, DoH, DSD, DWCPD	Q2 2016
	Develop messaging for advocacy Commission writing of advocacy materials Audit of needs for advocacy information for community workers Advocacy materials published	Outsourced	Q2 2016
	Select learners to write Code of Conduct (pledge); Publish Code of Conduct	UNFPA, selected learners in pilot schools	Q2 2016

Outcome	Key Activity	Responsibility	Timeline
4. Strengthening capacity in participating institutions and stakeholders by defining training and development needs and defining structured training programmes	Prepare accreditation of online module for teacher training	UNFPA and DHET	Q1 2016
	Train teachers from schools in five districts on online CSE module	UNFPA	Q1 2016
	Monitor performance of teachers in the online module	UNFPA	Q3 and 4 2016
	Train initial cohort of SMTs and SGBs in five districts on CSE	UNFPA and DBE	Q2 and 3 2016
	Identify schools for the 'Creating Safe Schools' pilot Rollout and monitor pilot project	UNFPA and DBE	Q2 2016
5. Strengthening policy coordination and implementation and developing support processes and structures	Analysis of literature review and map links with policy content of relevant departments	UNFPA and all departments	Q4 2015
	Set up engagement with all departments on UNFPA plan for policy coordination	UNFPA	Q1 2016
	Develop guidelines for policy imperatives for all CSE-linked programmes		
	Develop national monitoring frameworks and processes to guide the monitoring of CSE implementation	UNFPA	Q2 2016
	Train a cohort of monitors at institutional level who will conduct ongoing monitoring as part of programme delivery	UNFPA	Q3 and Q4 2016
6. Developing a strategy to develop, provide and coordinate resourcing to support implementation of programmes	Develop a strategy for resource development, provisioning and rollout	UNFPA with all departments	Q1 2016
	Conceptualise 'CSE in a box' for use by all programmes with Life Skills programmes as a core component		Q3 2016
	Set up teams to write material on 'Inclusivity and CSE'	UNFPA with all departments	Q2 2016
	Audit availability of classroom-based materials nationally and internationally	UNFPA	Q3 2016
	Select materials suitable for SA school contexts	DBE	
	Develop modern, updated CSE resources for public exhibitions at health services venues	UNFPA, DoH	Q3 2016
	Write concept document for selection of stories for inclusion in CSE Reader Develop first CSE Reader	UNFPA outsourced	Q4 2016

Notes

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