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# Situational analysis of comprehensive sexuality education in primary schools and teacher training colleges in Malawi

June 2019





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### **DISCLAIMER**

This report is the work of an independent consultant and does not necessarily represent the views, policy, or intentions of UNESCO.

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# Acronyms

<b>ACEM</b>	Association of Christian Educators in Malawi
<b>AGYW</b>	Adolescent girls and young women
<b>CIDA</b>	Canadian International Development Agency
<b>CSE</b>	Comprehensive sexuality education
<b>CSO</b>	Civil society organization
<b>DAPP</b>	Development Aid from People to People
<b>DIAS</b>	Directorate of Inspectorate and Advisory Services
<b>DTED</b>	Department of Teacher Education and Development
<b>EMIS</b>	Education Management Information System
<b>ESA</b>	Eastern and Southern Africa
<b>EUP</b>	Early and unintended pregnancy
<b>FBO</b>	Faith-based organizations
<b>FGD</b>	Focus group discussion
<b>FPAM</b>	Family Planning Association of Malawi
<b>GBV</b>	Gender-based violence
<b>HMIS</b>	Health Management Information Systems
<b>IEC</b>	Information, education and communication
<b>KII</b>	Key informant interview
<b>LSE</b>	Life skills education
<b>M&amp;E</b>	Monitoring and evaluation
<b>MANEB</b>	Malawi National Examinations Board
<b>MDHS</b>	Malawi Demographic and Health Survey
<b>MoEST</b>	Ministry of Education, Science and Technology
<b>MoGCDSW</b>	Ministry of Gender, Children, Disability and Social Welfare
<b>MoH</b>	Ministry of Health
<b>NAC</b>	National AIDS Commission
<b>NGO</b>	Non-governmental organization
<b>PTA</b>	Parent-teacher association
<b>SERAT</b>	Sexuality Education Review and Assessment Tool
<b>SMC</b>	School management committee
<b>SRGBV</b>	School-related gender-based violence
<b>SRH</b>	Sexual and reproductive health
<b>SRHR</b>	Sexual and reproductive health and rights
<b>STI</b>	Sexually transmitted infections
<b>TDC</b>	Teacher development centre
<b>TEVET</b>	Technical, entrepreneurial and vocational education and training
<b>TTC</b>	Teacher training college
<b>TWG</b>	Technical working group
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>YPLHIV</b>	Young people living with HIV

# Executive summary

The Ministry of Education, Science and Technology (MoEST) in Malawi introduced Life Skills Education (LSE) in 2002 both as a standalone and carrier subject. It was made examinable in public schools and teacher training colleges (TTCs) in 2010. This report presents the findings of a situation analysis on comprehensive sexuality education (CSE), which is offered through LSE in Malawi, in primary schools and TTCs throughout the country. Specifically, the situation analysis aimed to assess LSE institutional mechanisms; reviewing the quality of the curriculum and teaching and learning materials; reviewing delivery of LSE at classroom level; reviewing teacher training and development of LSE; and assessing engagement of parents and community in LSE delivery.

At policy level, while the Government of Malawi does have strategic documents on education and sexual and reproductive health and rights (SRHR), gender-based violence (GBV), and HIV and AIDS that include statements on LSE, not all documents contain specific indicators on LSE, nor are the current policies on LSE well-articulated. The Directorate of Inspectorate and Advisory Services (DIAS) in the MoEST is the subject lead and the entity responsible for LSE, while other directorates play specific roles in the planning, delivery, and monitoring of LSE. The MoEST also engages local stakeholders and development partners in resource mobilization and implementation of the LSE programme. Although existing intersectoral collaboration and linkages have contributed to the success in rolling out LSE in Malawi, specifically in terms of planning and delivery, coordination in resource mobilization, implementation, monitoring, evaluation, and research needs to be strengthened.

The primary school LSE curriculum was developed between 2008 and 2009, and was designed in consideration of age-appropriateness, culture, and local context in relation to topics, activities, case studies, and graphics. The curriculum content is targeted at the needs of young people and teachers and addresses public health objectives that reducing new HIV infections and other sexually transmitted infections (STIs), early and unintended pregnancy (EUP), and GBV. However, the features on cognitive, affective, and skill-based objectives are weak, and the content falls short on effective behaviour as it emphasizes abstinence and does not provide comprehensive knowledge and skills on how to address SRHR-related issues, or emerging issues such as pornography, sexting, and cyberbullying, young people living with HIV (YPLHIV), minority rights, children and young people affected by humanitarian crisis, or disaster preparedness.

In terms of delivery of LSE, reports from MoEST indicate that while there were adequate teaching and learning materials for TTC tutors, TTC students, and primary school teachers, there is a dire need for textbooks and other learning materials in public primary schools. Likewise, there is a critical shortage of life skills materials in braille and sign language to meet the learning needs of pupils with visual and hearing impairment.

The MoEST trained 40,482 in-service teachers in delivery of LSE between 2001 and 2010. The training programme has continued since, although at a lower scale due to financial constraints. In-service training programmes generally target public sector TTCs and primary schools, rather than private primary schools and TTCs. Delivery of LSE in Malawi fosters a learning environment that promotes equality, respect, and human rights. It currently uses both lecture-based and interactive and participatory approaches. There were mixed results in terms of teachers' comfort in delivery, clarity to the student, and commitment and attitude towards the subject or particular topics. From a facility point of view, the study found that, unlike public primary schools, sampled TTCs had good amenities, including classrooms, toilets with running water, clean and secure dormitories, security fences and guards, electricity, good landscaping, and, signage on facilities available at the college. The study also found that despite school management committees (SMCs) and parent-teacher associations (PTAs) working with school management to ensure that learners receive accurate information on all topics and learn in a good environment, there are still prevailing misconceptions about CSE among some parents and the community and an unwillingness to talk about sexuality, SRHR, and GBV with their children/wards.

Finally, findings from the study suggest that there is inadequate national-level information on the coverage, cost, outcomes, and impact of the LSE programme. Although the Ministry of Health collects data on sexual and reproductive health (SRH), the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW) collects data on GBV and adolescent girls and young women (AGYW), and international non-governmental organizations (NGOs) collect data on respective LSE programmes, this information is not shared on a regular basis in a formal and structured manner at national and district levels. In addition, the Education Management Information System (EMIS) does not currently contain indicators for LSE, however, the MoEST does realize that it is very important to collect data on LSE and is in the process of integrating CSE indicators into EMIS with support from UNESCO.

## Recommendations

The following key recommendations are made in this report:

### Policy guidelines and institutional arrangements

The MoEST should strengthen coordination within its ministry as well as with other players, and should ensure effective participation in Technical Working Groups (TWGs) by creating focal points for specific themes. The government should also consider integrating LSE into strategic documents to guide policy-makers and programmers in planning, resource mobilization, implementation, and monitoring of LSE beyond the curriculum. There is a need for more coordination in planning, coverage, and reporting on LSE interventions at district and national levels.

## Curriculum

The MoEST, with support from partners, including UNESCO, should review LSE curricula and content to address social and health related emerging issues and challenges stipulated in this report, including teenage pregnancies, GBV, cyberbullying, sexting, YPLHIV, humanitarian response, and disaster preparedness within LSE programmes. LSE content should also be incorporated into the orientation programmes for students at TTCs. It is imperative that the MoEST strengthens the capacity of mother groups and traditional and faith leaders as well.

## School environment

The MoEST should provide guidelines on safe schools and ensure that TTCs, schools, and community environments are safer, healthier, and more inclusive for all learners, including those with special needs. PTAs and community leaders should support the ministry and be involved in the promotion of a safe learning environment.

## Teaching and learning materials

Production of learners' guides and supplementary materials should be increased and their distribution improved in order to reach all schools, TTCs, libraries and communities. Learning materials should also be transcribed into braille or sign language to meet the needs of learners with visual and hearing impairment.

## Teacher training and development

The MoEST should train more teachers/tutors, master trainers, and curriculum specialists from public, private, and faith-based TTCs in LSE to meet growing demand and address knowledge gaps. The ministry should also train/re-orient teachers on new learner-centred methodologies and internet-based programmes.

## Monitoring and evaluation

The ministry should track implementation of LSE actions and indicators in strategic documents. It should also ensure that monitoring reports from implementing partners and coordinating agencies feed into the EMIS and other management information systems.

## Research

There is a need to develop a research agenda on LSE in Malawi to generate evidence to guide programming of interventions. Mapping of local and international players at national and district levels should also be conducted to strengthen linkages in LSE.





## Introduction

This report presents the findings of a situation analysis on comprehensive sexuality education (CSE) in Malawi, which is offered through Life Skills Education (LSE) in primary schools and teacher training colleges (TTCs) in the country.

The study was commissioned by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and was conducted in all regions of the country in private, public, and faith-based TTCs and primary schools in both urban and rural areas. The study also reviewed literature in order to ascertain the status of policy and programming, and situate Malawi's case in relation to the available data on LSE. The aim of the study was to document the progress on LSE in Malawi to date, highlighting barriers, opportunities, drivers, and lessons that could inform programming, and identify challenges and weaknesses that will need to be addressed to ensure the success of the project in the delivery of LSE at primary schools and TTCs.

## Background

The 2018 Malawi Population and Housing Census Preliminary Report estimates the country's total population at 17,563,749. Of this, 51% is female and 49% is male, while 51% are younger than 18 years and 50% are aged 10-24 years (50% female and 51% male).<sup>1</sup> According to the Malawi Demographic Health Survey (MDHS) 2015, the estimated number of people living with HIV is 1,000,000. HIV prevalence among adults aged 15-49 years is at 8.8%, and is higher among females than males, at 10.8% and 6.4% respectively. The largest gender disparity in HIV prevalence was observed among young people aged 15-24 years, with 4.9% females and 1.1% males.<sup>2</sup> HIV prevalence among children 0-14 years is 1.5%, with incidence again higher among females than males, at 0.39% and 0.24% respectively.<sup>3</sup> Comprehensive knowledge of HIV among young men and women aged 15-24 is at 40% and 37% respectively. The median age at first sexual intercourse is 16.5 years for women and 18.5 years for men aged 25-49, of which 19% of women and 11% of men had first sex before the age of 15. By age 20, 85% of women and 66% of men have had sexual intercourse. The adolescent birth rate is 136 per 1,000 girls aged 15-19, and child marriage (below 18 years) is alarmingly high, at 42%.<sup>4</sup>

For most young people, the period of adolescence and youth is when they are discovering themselves in terms of self-identification, which includes sexuality, while at the same time facing many challenges, such as lack of information, peer pressure, and lack of support, be it material or guidance. Investing in the health and education of adolescents and young people at the right time therefore supports the transition into healthy adulthood.<sup>5</sup>

<sup>1</sup> National Statistical Office. 2018. Population and Housing Census 2018, Analytical Report.

<sup>2</sup> Ministry of Health, Malawi Population-Based HIV Impact Assessment (MPHIA) 2015-2016, November 2017.

<sup>3</sup> MPHIA 2017.

<sup>4</sup> UNFPA World Population Report 2018.

<sup>5</sup> UNESCO. 2013. *Why adolescents and young people need access to comprehensive sexuality education and access to sexual and reproductive health services in Eastern and Southern Africa.*



At a global level, investing in adolescent health will help prevent the estimated 1.4 million deaths that occur worldwide every year in this population group, due to road traffic injuries, violence, and pregnancy-related causes. It will also improve the health and well-being of many millions of adolescents who experience mental health problems, nutritional deficiencies, and the physical and psychosocial challenges associated with HIV infection. Furthermore, investing in health promotion activities among adolescents now, such as anti-smoking and healthy eating initiatives, could yield huge returns in reducing the occurrence of non-communicable diseases, such as lung cancer and diabetes in later life. Finally, investing in adolescent health can prevent problems in the next generation, such as premature birth and low birth weight in children born to very young mothers.<sup>6</sup>

In terms of education statistics, the Malawi Education Management Information System (EMIS) Report 2016/2017 records the primary school enrolment rate at 88% (89% for girls and 87% for boys), while the secondary school net enrolment rate is substantially lower at just 16% (15.5% for girls and 15% for boys). The secondary school gross enrolment rate is 23.7%, and is higher among boys (25.1%) than girls (22.7%). The transition rate to secondary school is 38.4%, with boys at 40.9% and girls at 35.8%. These figures reveal that many children who enrol in primary school do not transition to secondary school; only 38.4% of children transition from primary to secondary school (33.5% for boys and 36.4% for girls), and of those, only 8% move on to tertiary education. In addition, the national average for pupil to qualified teacher ratio in secondary school stands at 1:44, and the limited number of secondary schools poses an enormous challenge to enrolment. For example, there are only 1,513 secondary schools compared to 5,864 primary schools.<sup>7</sup> Dropout rates in secondary school are also high, at 10%. While there was only a slightly higher rate among females (11%) than males (10%), there were dramatic differences between genders in the stated reasons for dropping out.<sup>8</sup>

These gender differences are confirmed in the Gender Inequality Index, where Malawi ranks at position 148 out of 160 countries with a value of 0.62, which reflects the high levels of gender inequalities in reproductive health, empowerment, and economic activity.<sup>9</sup> Likewise, the Gender Parity Index for primary enrolment is 1.01 and 0.90 for secondary enrolment.

School-related gender-based violence (SRGBV) is a common experience for both girls and boys in Malawi, and they are equally likely to experience school violence. Sexual violence in school was linked to worse education outcomes, especially for boys, and domestic violence disrupts schooling for both girls and boys.<sup>10</sup> In addition, sexual violence and SRGBV are compounded by, among other factors, harmful cultural practices, religious beliefs, social learning processes, and unavailability of services or poor access to such services. Furthermore, the impact of gender-based violence (GBV) can cause immediate and long-term physical and mental health consequences for college student survivors of GBV, such as post-traumatic stress disorder, risk of re-victimization, depression, and substance abuse.<sup>11</sup>

## Comprehensive sexuality education in Malawi

The Ministry of Education, Science and Technology (MoEST) in Malawi introduced the LSE programme in 2002 as a way of empowering learners and their teachers with the knowledge, values, attitudes, and skills to effectively deal with the social and health challenges and pressures affecting young people, including HIV and AIDS, teenage pregnancies, and various forms of abuses.

By 2004, LSE was made a compulsory subject in primary schools and pre-service TTCs for primary school teachers. It became a core learning area in 2006 and was made examinable in public primary schools and TTCs in 2010. In 2015, the MoEST, with support from partners, integrated aspects of CSE into LSE to render the subject more comprehensive and respond appropriately to the specific gender, rights, health, and sexual and reproductive health (SRH) needs of young people in accordance with national laws and policies. However, in the revised secondary school curriculum, while LSE is examinable, it is an elective subject and is not taken by most students due to low career choices at university level. This makes it challenging to deliver sexuality education to secondary school students.

LSE is offered both as a standalone subject as well as being integrated into other carrier subjects, namely Biology, Home Economics, Geography, and Social Studies. In primary schools, LSE is taught from Standard 2 (approximately seven years of age). The official age group in Malawi for primary school is categorized as 6-13 years and 14-17 years for secondary school. However, the study found that in reality, ages vary depending on a number of variables, such as distance to school, the bridging classes a pupil went through, their performance in class, and whether they attend a public or private school. LSE is taught by teachers with a Malawi School Certificate of Education (which is equivalent to an O-Level Certificate) or a Teacher Education Certificate. In some private schools, teachers may have a Diploma in Education or a Bachelor's Degree in Education, Arts, or Sciences. In TTCs, LSE is taught in both first and second year and is examinable through continuous assessment by the college and at the end of the course by the Malawi National Examinations Board (MANEB). Life Skills tutors must have a Bachelor of Education or Master of Education.

<sup>6</sup> Patton G. *The promise and potential of adolescent and youth health*. New York, USA: Key note address at the 45th session of the Commission on Population and Development; 2012. <http://www.un.org/esa/population/cpd/cpd2012/cpd45.htm>.

<sup>7</sup> <https://www.unicef.org/malawi/sites/unicef.org.malawi/files/2018-09/Education%20Budget%20Brief.pdf>.

<sup>8</sup> <https://reliefweb.int/sites/reliefweb.int/files/resources/132531-WP-P168231-Malawi-Economic-Monitor-8-Investing-in-Girls-Education.pdf>.

<sup>9</sup> UNFPA World Population Report 2018.

<sup>10</sup> PSAKI, S.R., Mensch, B.S., Soler-Hampejsek, E. 2017. *Associations between violence in school and at home and education outcomes in rural Malawi: A longitudinal analysis*. *Comparative Education Review* 61(2): 354-390.

<sup>11</sup> Heise, Lori, Mary Ellsberg and Megan Gottemoeller. 1999. *Population Report: Ending violence against women*. Volume xxvii, No. 41.

# Methodology

A mixed-methods approach was used to collect quantitative and qualitative data in Blantyre, Dedza, Dowa, Kasungu, Lilongwe, Machinga, Mangochi, Mzimba, and Zomba (See Annex 3 for list of organizations consulted). Specifically, the methods used were as follows:

- A desk review of both published and non-published national and global publications, policies, guidelines, standards, curricula, syllabi, plans, declarations and commitments, and programme and monitoring and evaluation reports.
- Focus group discussions (FGDs) with primary school pupils, students in TTCs, and communities to gather qualitative information on knowledge, attitudes, and opinions on sexual risk behaviour and LSE.
- Semi-structured key informant interviews (KIs) with policy-makers, development partners, education managers, learners, TTC tutors, principals, members of school management committees (SMCs) and parent-teacher associations (PTAs), parents, community leaders, and service providers involved in the provision of LSE and SRH services.
- Interviews with a selected group of government officials who have a stake in LSE in order to obtain an understanding of available coordination mechanisms, policies, guidelines, and laws to ascertain existing gaps, barriers, and opportunities in LSE programming.
- Collection and analysis of quantitative data from the Sexuality Education Review and Assessment Tool (SERAT). SERAT is an Excel-based tool that supports data collection, review, and analysis of HIV prevention and sexuality education programmes, including health and social components with a gender focus. The data gathered provided a basis for triangulation of qualitative data.
- Lesson observations of Life Skills classes to gauge teachers' comfort and methodology, students' responses, general perceptions around the subject and its delivery, material availability, and challenges and opportunities for improvement.
- School mapping guides, which were administered to LSE teachers and lecturers and through observations to assess institutional status in providing an inclusive education to all learners, sanitation, and safety.

## Sampling techniques and sample size

The study employed purposive sampling to identify 10 primary schools and seven TTCs. The sample was selected based on region, representing the northern, central, and southern regions; type of institution, namely private, public, and faith-based; and location of TTCs and primary schools, that is, urban, peri-urban and rural areas. The sample also included public, private, and civil society organizations (CSOs) working in education at national and district levels. The MoEST, District Education Management Offices, TTCs, primary school administrators, and UNESCO country office provided guidance on individuals to be interviewed, with those in primary school and TTC segmented by sex and year of study. Students with special learning needs and female students re-admitted to school (who dropped out of school due to early marriage or pregnancy) were also included on the list of participants. The total sample drawn was not necessarily nationally representative, but was substantive enough to permit the drawing of inferences regarding demographics and the situation of LSE in Malawi.

## Ethical considerations and informed consent

Permission to conduct the study was granted by the MoEST as well as sampled primary schools and TTCs, with assistance from UNESCO in-country to obtain ethical approval. Informed consent was obtained from each participant prior to commencing the interviews.

## Limitations of the study

There were two main limitations experienced in conducting the study, but steps were taken to ensure these were mitigated and the data collected was objective. The first limitation was in terms of language, whereby there was code mixing of Chichewa and English during interviews for TTC students. All interviews for primary school learners and community members were conducted in Chichewa and recorded in English. Consequently, there might be a loss of value or meaning of some of the words and phrases in translations. However, the meaning of words and phrases was verified as much as possible. The second limitation was non-availability of some sampled respondents. Data collection coincided with the year-end holiday and therefore some meetings needed to be rescheduled, thereby delaying completion of data collection.

# Key findings and discussion

## Policies, guidelines and strategic frameworks for CSE

Clear policy guidelines and frameworks are critical in the provision of high-quality CSE. These strategic documents outline the steps and standards to be achieved towards the effective delivery of CSE at classroom level and teacher training levels.<sup>12</sup> In addition, the development of policies and strategies provides commitment and an enabling environment for planning, implementation, and monitoring of CSE. The desk review confirmed that the Government of Malawi has a number of strategic documents on education, sexual and reproductive health and rights (SRHR), GBV, and HIV and AIDS that include statements on LSE, including the Education Act (2013), Malawi Education Sector Plan (2008-2017), HIV and AIDS Mainstreaming Strategy for the Education Sector (2014-2018) (see Box 1 for indicators), Malawi National AIDS Strategic Plan (2015-2020), and National Education Standards (2015). However, apart from the HIV and AIDS Mainstreaming Strategy, the documents do not contain specific indicators on LSE. Furthermore, the current policies on LSE are not well articulated within the documents themselves, but rather in the syllabus. The government should therefore consider integrating LSE into its strategic documents to guide policy-makers and programmers in planning, resource mobilization, implementation, and monitoring of LSE beyond the syllabus. Since the Malawi Education Sector Plan is due for review, this is an ideal opportunity for inclusion of LSE strategic actions and indicators.

### Box 1: HIV and AIDS Mainstreaming Strategy for the Education Sector (2014-2018) – Indicators on LSE content and delivery

1. Percentage of schools with teachers who have been trained in life skills-based HIV and AIDS education and taught it during the last curriculum year
2. Revised LSE curriculum
3. Number of life skills magazines produced and distributed annually
4. Number of peer educators trained in peer education

The MoEST has also provided a policy on provision of SRH services. The policy restricts service providers from distribution of condoms and contraception services within primary and secondary school premises, and schools are only expected to provide information on where to access such services, including counselling and referrals to youth-friendly health service providers and youth centres. The study did reveal, however, that partner organizations would like to further debate on how provision of HIV prevention and SRH services to primary school students can be strengthened, considering the long distances pupils travel to seek services and congestion at health facilities.

## Institutional arrangements

Institutional arrangements and partnerships at national and lower levels are key to an effective scale-up of the LSE programme. While the MoEST is responsible for education in Malawi overall, the Directorate of Inspectorate and Advisory Services (DIAS) within the ministry is the subject lead and entity responsible for LSE. Other directorates play specific roles in the planning, delivery, and monitoring of LSE as well. Specifically:

- DIAS: Provides policy guidelines for curriculum development, monitors curriculum implementation, and evaluates the performance of the various curricula.
- Directorate of Teacher Education and Development: Oversees training and development of pre- and in-service teachers in LSE.
- Directorate of Tertiary Education: Responsible for universities and colleges, including Technical, entrepreneurial and vocational education and training (TEVET).
- Directorate of Basic Education: Responsible for delivery of LSE by providing human, physical, and material resources at primary school level.
- Directorate of School Health Nutrition, HIV and AIDS: Coordinates the implementation of school health and sanitation, nutrition, and HIV and AIDS programmes, including mainstreaming of HIV and AIDS in the MoEST.
- Directorate of Education Planning: Responsible for planning and monitoring of specific indicators of life skills, and coordinates resource mobilization for education, including life skills, school health and nutrition, and HIV and AIDS.
- Directorate of Administration and Finance: Responsible for hiring and providing administrative support to teachers in TTCs, secondary schools, and primary schools.

LSE interventions in Malawi are implemented by a number of stakeholders covering various sectors. These include the Ministry of Labour, Youth, Sports and Manpower Development, which is responsible for technical and vocational skills training under the Department of Labour and the Department of Youth Affairs under the same ministry, which coordinates out-of-school education programmes. Faith-based organizations (FBOs), CSOs, and some private institutions are also responsible for delivery of LSE through their respective education programmes, while the ministry engages some local and development partners in resource mobilization and implementation as well. The specific roles played by stakeholders is outlined below:

- MoEST: Policy guidance and provision of financial and human resources to implement programmes, as well as quality assurance, curriculum development, and supervision.

<sup>12</sup> UNESCO. 2015. *Comprehensive Sexuality Education in Teacher Training in Eastern and Southern Africa*.

- Ministry of Labour, Youth, Sports and Manpower Development: Policy direction pertaining to out-of-school LSE for young people. The ministry's Department of Youth Affairs provides leadership on youth and coordinates the Adolescent Girls and Young Women programme.
- Ministry of Health: Policy direction, implementation, monitoring, and reporting on youth-friendly health services and information for young people.
- Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW): Policy direction, implementation, monitoring, and reporting on gender affairs and early childhood development. The ministry's Department for Gender Affairs leads the GBV programmes.
- National AIDS Commission (NAC): Technical leadership, coordination, and guidance in planning, implementation, monitoring, and reporting on HIV and AIDS.
- Funding partners and UN agencies: Provision of financial and technical support directly to the MoEST and implementing partners on advocacy, development, and institutionalization of LSE (See Box 2 for UNESCO support to Malawi in recent years).
- CSOs and FBOs: Advocacy and delivery of LSE and SRH services, including for HIV and AIDS and GBV, for both in- and out- of- school programmes at national, district, and community level for primary schools, secondary schools, and TTCs.

The education partners have played a commendable role in delivery and advocacy for LSE in Malawi over the years. Efforts have included advocacy for inclusion of the subject in the curriculum and rendering it examinable; supporting reviews to accommodate emerging health and social issues in the LSE curriculum, as well as revision of the curriculum and teachers' manual to integrate sex and sexuality; provision of HIV prevention, SRH, and psycho-social support services and child protection guidance and counselling to in- and out-of-school youth and TTC students; and integrating LSE in the EMIS and other school monitoring tools.

## Box 2: Technical support provided to Malawi by UNESCO in recent years

- Review of teachers' manual to integrate sex and sexuality.
- Review of annual school census checklist to include questions on life skills.
- Integration of six indicators into the monitoring tool to gather data on teaching of life skills.
- Training of EMIS officers in data collection and analysis of LSE.
- Training of 280 PTA members to advocate for and monitor delivery of LSE in schools.
- Training of 80 mother groups in Kasungu in advocacy and information provision of LSE.
- Training of 30 trainer-of-trainers in LSE (five from each education division)
- Training of 1,500 in-service secondary school teachers in LSE.
- Orientation of 20 primary school inspectors on LSE.

The study attests to the existence of this intersectoral collaboration and linkages, which have contributed to the success in rolling out LSE in Malawi. At national level, MoEST is a member of various coordination structures, technical working groups (TWGs), and committees on HIV prevention, HIV biomedical services, HIV and AIDS mainstreaming, nutrition, adolescent girls and young women (AGYW), and gender. The role of the MoEST in all these fora includes provision of policy direction; ensuring alignment of other programmes to education policy and standards; and integration of education issues, notably LSE, in policies and programmes, monitoring frameworks, and agendas in various sectors. However, discussions with stakeholders established that participation of the MoEST is inconsistent in health and HIV TWGs, which is a missed opportunity as far as advocacy, integration, and lesson-sharing of LSE in national and sector programmes are concerned. The MoEST's education function is divided into six divisions, and decentralized through zones and districts. At district level, this is managed by a District Education Manager, who reports to both the District Commissioner and Director of Basic Education at ministry headquarters, and is a key member of their respective District AIDS Coordinating Committee.

There are also evident linkages between the Ministry of Health (MoH) and MoEST in ensuring that health programmes target students and learners. For example, primary schools and TTCs refer learners to SRH, HIV, GBV and other social services, while the MoH and partners are engaged at school or TTC levels in provision of health and sanitation talks/campaigns for in- and out-of-school initiatives. In addition, non-governmental organizations (NGOs) such as Family Planning Association of Malawi (FPAM) and Theatre for a Change have been involved in provision of condoms and contraception at TTCs, although respondents complained that this was no longer the case due to project phase-out as a result of reduced financial resources. There are school specific peer education programmes as well, such as health clubs, girls' clubs, AIDS Toto (No to AIDS) clubs, and out-of-school groups, like mother clubs, that provide information on and refer learners to SRHR, GBV and HIV services that are linked to LSE.

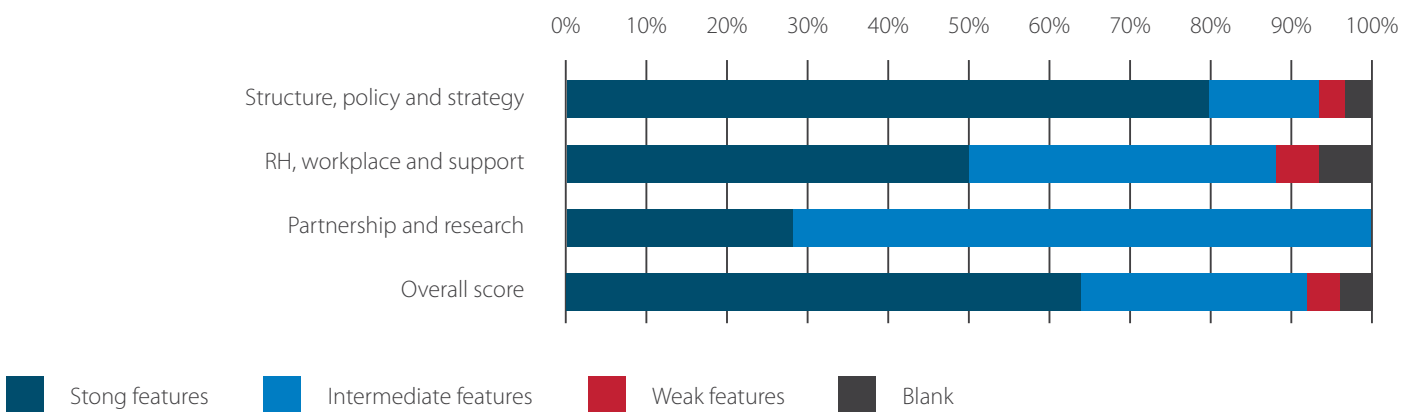
Much as there are linkages in planning and delivery of LSE, some challenges in coordination still exist, particularly in the following areas:

- Resource mobilization: Some funding partners provide financial and technical support to implementing partners at national and district level directly, thus leaving the MoEST with no clear picture of financial resources and programmes, or how they are being managed.
- Implementation: Some implementing partners, private institutions, and FBOs use content, curricula, and methodology provided by their respective mother bodies and funding agencies, which is not always vetted by the MoEST. In addition, coverage of out-of-school CSE and SRH services is usually varied, with many projects concentrating on traditional authorities within districts and urban centres, leaving out the hard-to-reach and peri-urban areas.

- Monitoring, evaluation and research: There is no official database or mapping of partners working on or supporting LSE at the MoEST or District Education Management Offices. Furthermore, some funding and implementing partners on LSE do not provide reports and updates or information to the ministry or other related coordination bodies at national and district levels. This leads to under-reporting, duplication of activities, and weak information and lesson sharing, making it difficult for the country to have a true picture on available financial resources, programmes, and players in the field of LSE. Research is one of the key gaps in LSE, and the little research that is currently conducted is not coordinated by the MoEST.

Figure 1 summarizes findings on the current situation on institutional arrangements using the SERAT. These indicate that there is a need for improvements in strengthening coordination and linkages in the management and delivery of LSE within the MoEST and with partners; continued advocacy for the inclusion of content that addresses young people’s LSE and SRH needs; the development and implementation of a LSE research agenda for evidence-based programming; and the mapping of local and international NGOs and other stakeholders working in LSE.

**Figure 1: Institutional context**

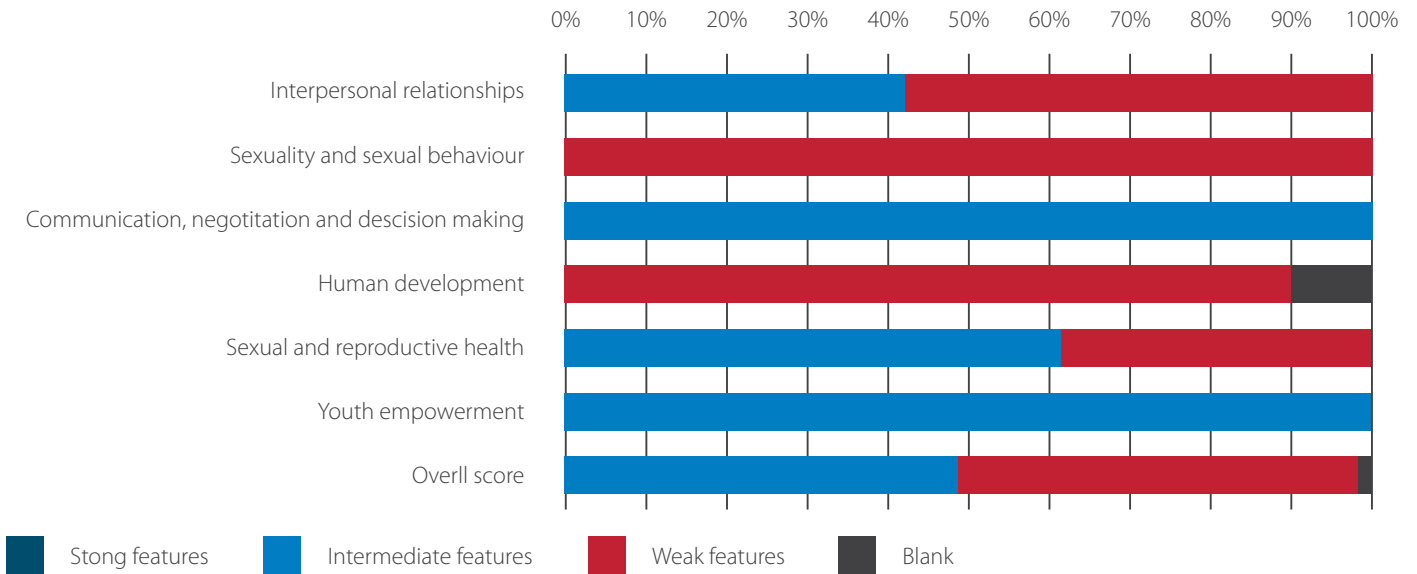


## LSE curriculum

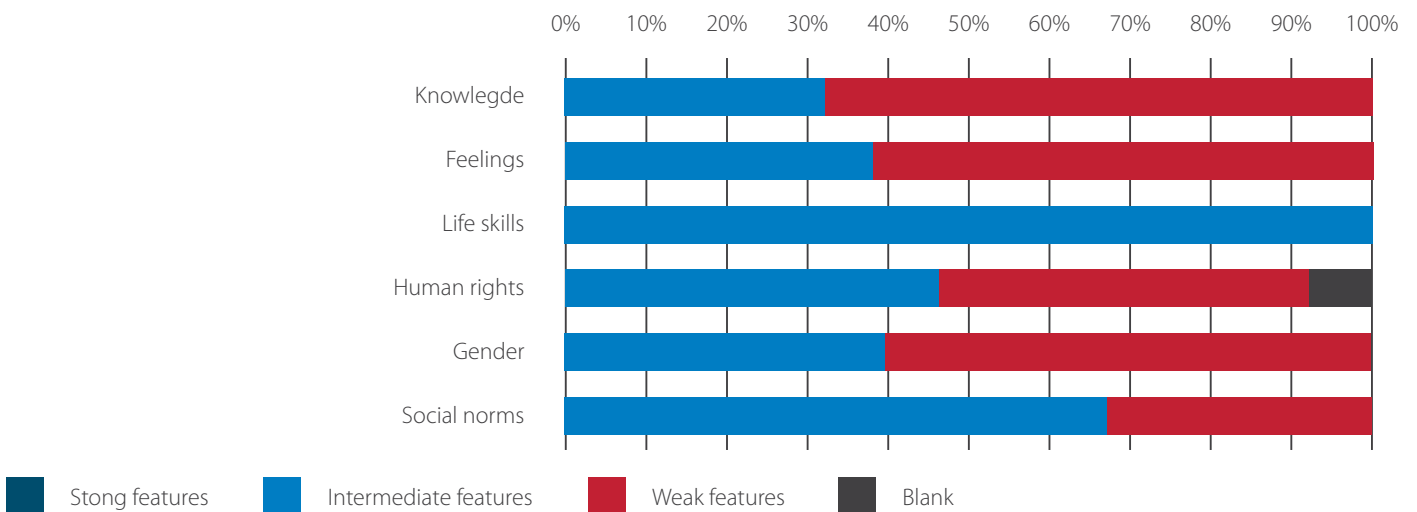
Life skills content for primary school comprises of six core elements, namely Health Promotion, Social Development, Moral Development, Personal Development, Physical Development, and Entrepreneurship and the World of Work. LSE content is categorized into three age brackets: 5-8 years, 9-12 years, and 13-15 years. In general, the key concepts relate to interpersonal relationships, sexuality and sexual behaviour, communication, negotiation and decision-making; human development and SRH; and youth empowerment. The study observed that, generally, LSE content targets the needs of young people and teachers and has been designed in consideration of local context in relation to topics, activities, case studies, and graphics. However, although the majority of teachers interviewed were of the opinion that age, culture, and gender were considered in the development of the curriculum, others felt that the content is not age-appropriate for junior primary school pupils. This view was echoed by some parents as well.

While the analysis of the SERAT and KII revealed that the LSE programme does have clear public health objectives that include reducing new HIV infections and other sexually transmitted infections (STIs), early and unintended pregnancy (EUP), and GBV, it has weak features on cognitive, affective, and skill-based objectives. The programme also falls short on effective behaviour, as it emphasizes abstinence and does not provide details on the knowledge and skills needed to address gender-related issues, avoid concurrent and multiple sexual partnerships, and access and use different methods of contraception, including condoms. Nor does it address other important issues, such as puberty, male circumcision, sexual orientation, and abortion. Of note is that the programme places emphasis on cultural sensitivity and age-appropriateness, but does not link it to evidence and public health data in Malawi, which shows that are increasing rates of HIV incidence, teenage pregnancies, child marriage, GBV, and school dropout among young people. Figures 2 to 9 represent the data based on the SERAT review for the primary school curriculum.

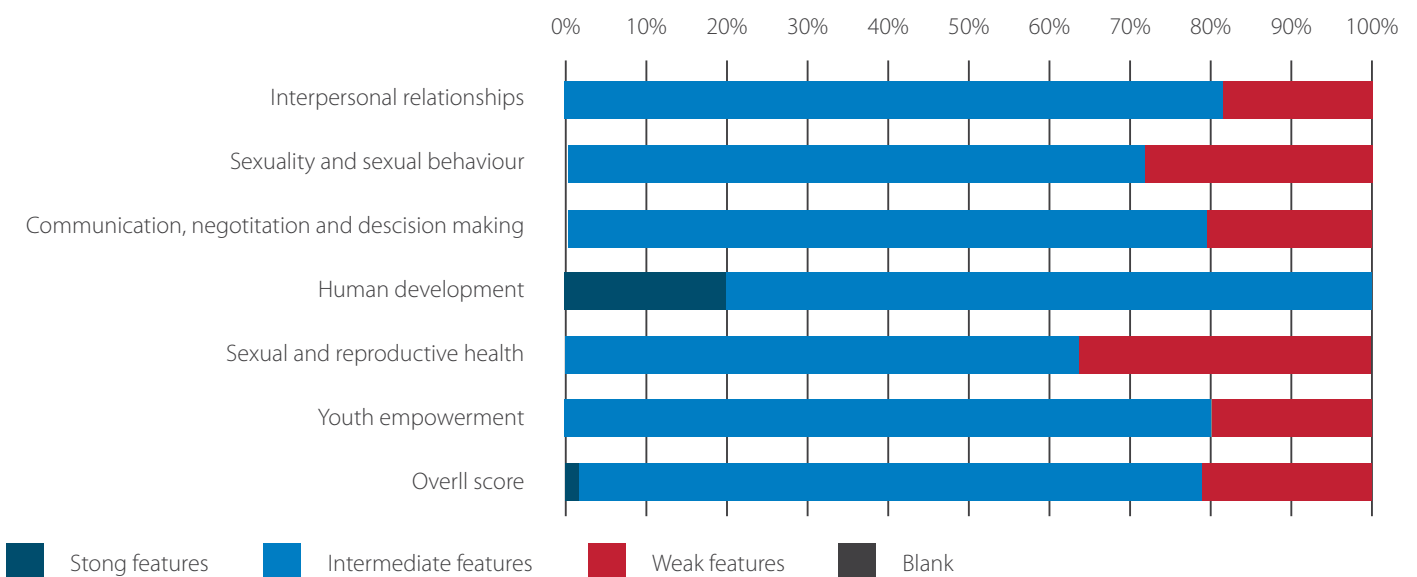
**Figure 2: Content by key concept (5-8 years old)**



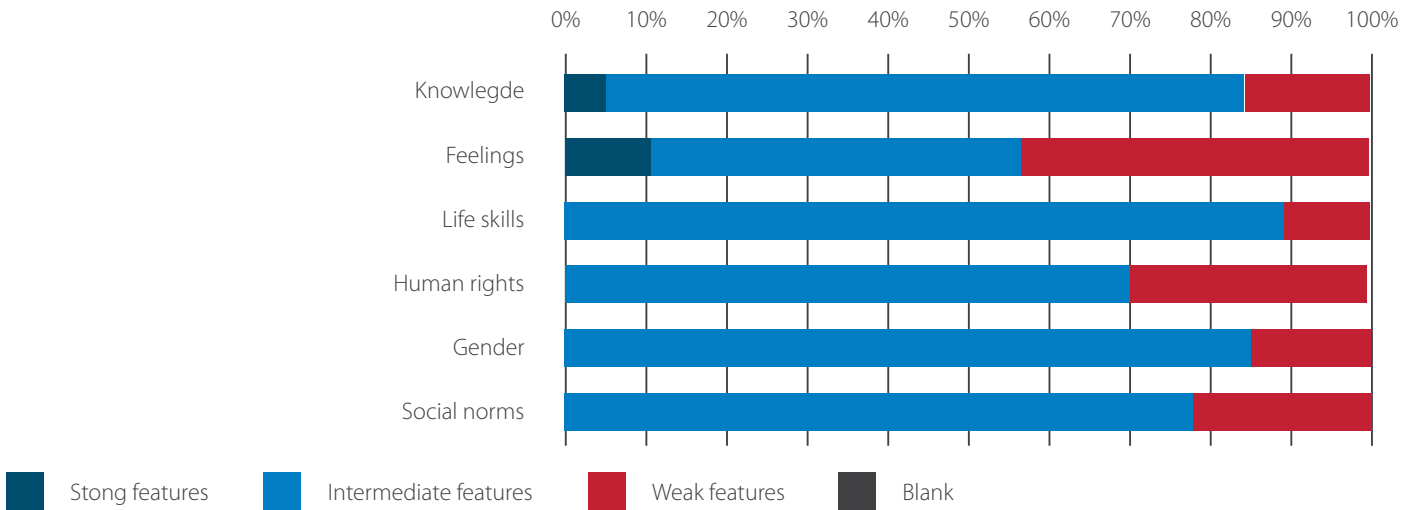
**Figure 3: Content by focus of learning (5-8 years old)**



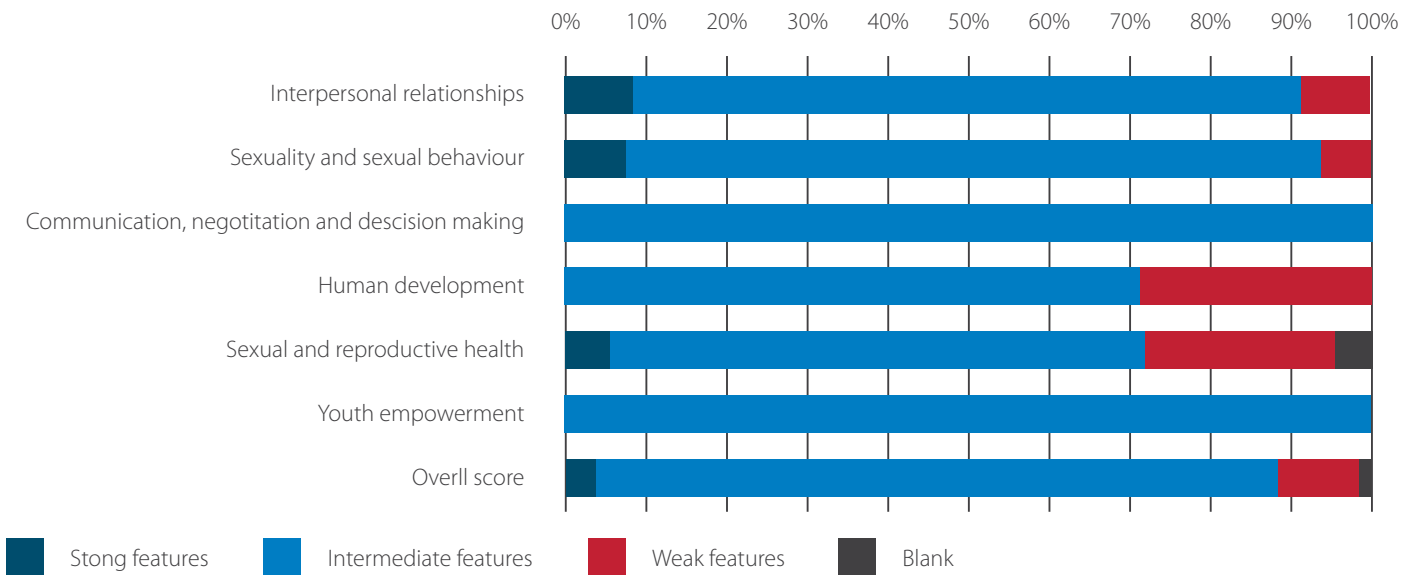
**Figure 4: Content by key concept (9-12 years old)**



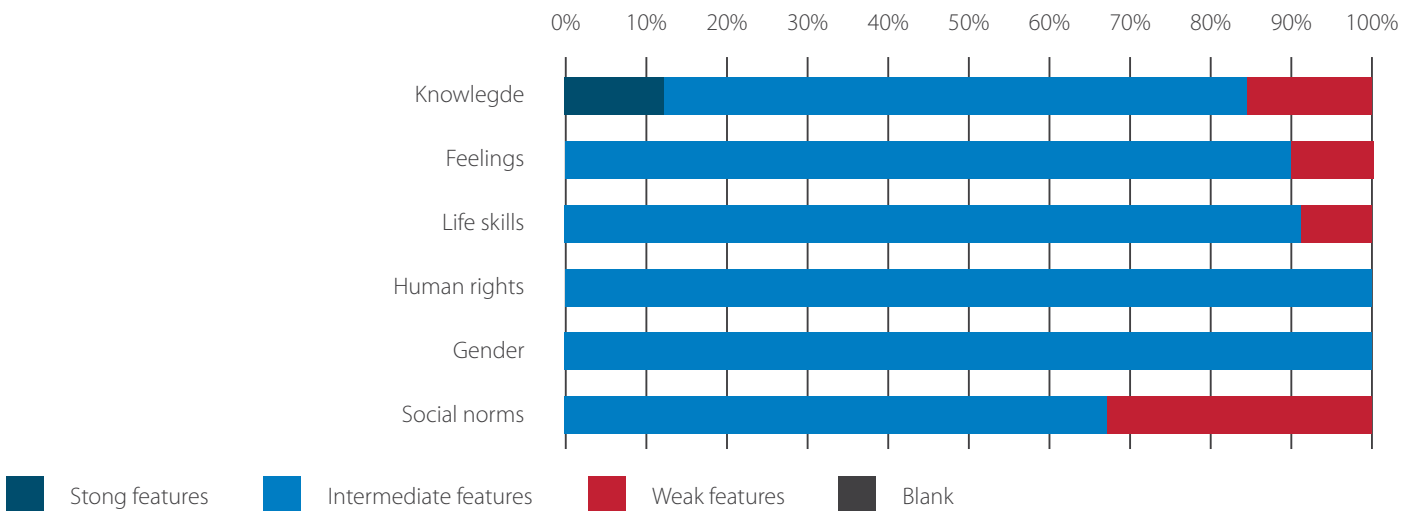
**Figure 5: Content by focus of learning (9-12 years old)**



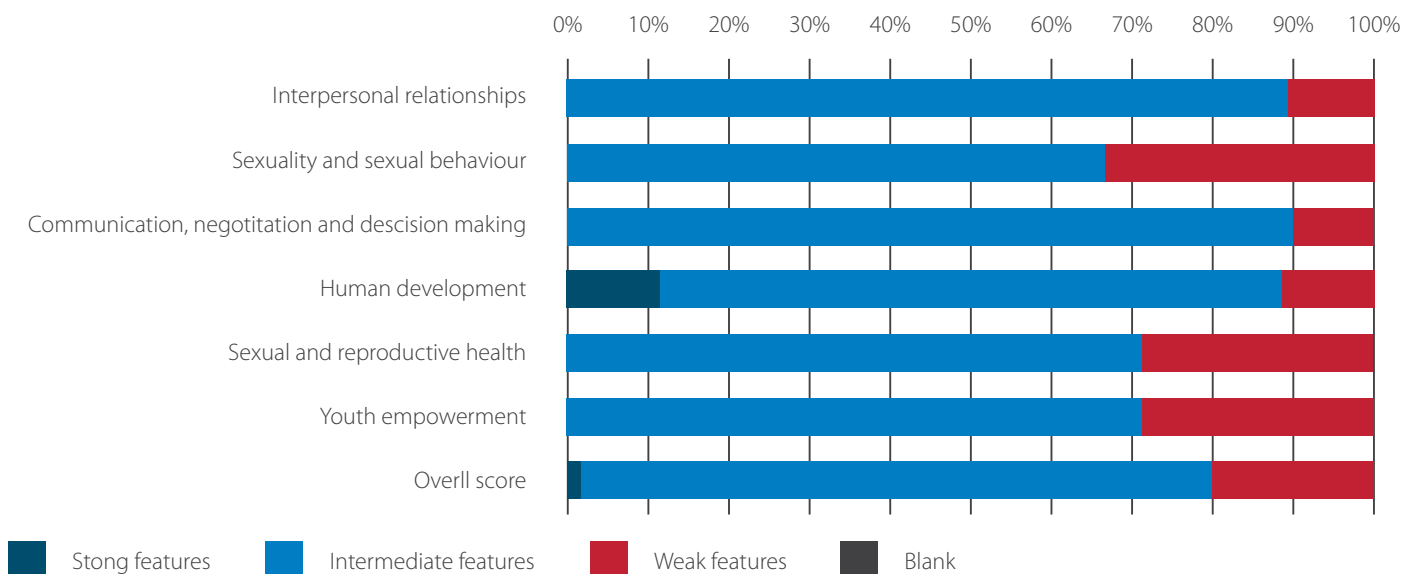
**Figure 6: Content by key concept (12-15 years old)**



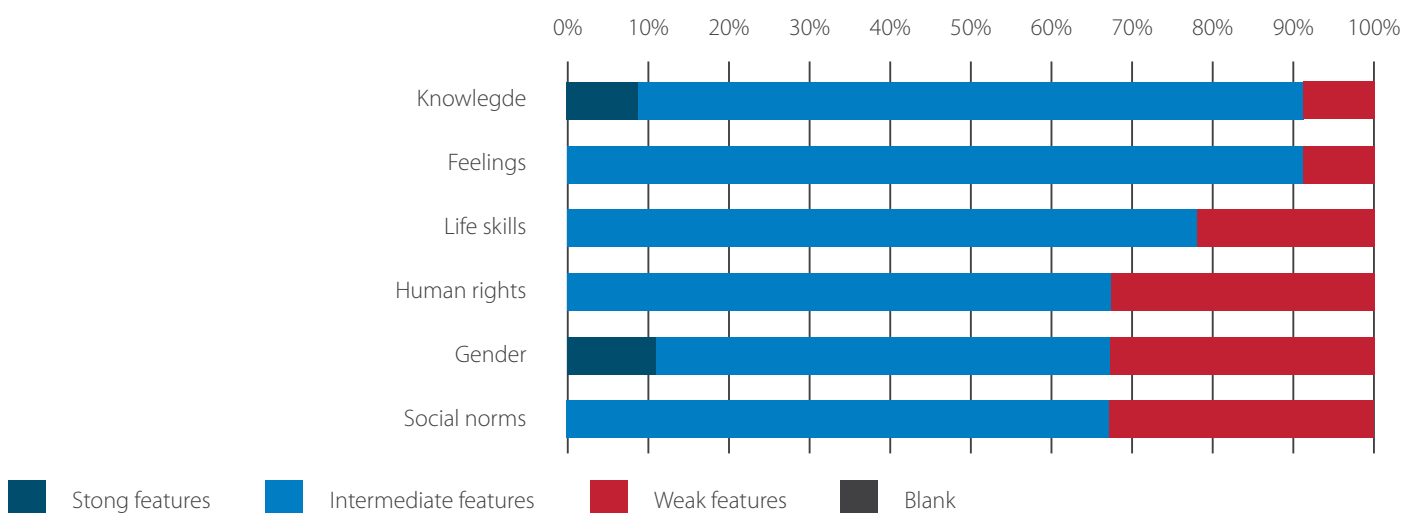
**Figure 7: Content by focus of learning (12-15 years old)**



**Figure 8: Content by key concept (15-18 years old)**



**Figure 9: Content by focus of learning (15-18 years old)**



## Teaching and learning materials

LSE books are available for primary school pupils from Standard 2-8 (in English and Chichewa for Standard 2-4, but only in English for Standard 5-8), as well as for TTC students. Likewise, teachers' guides and syllabi are available for the Standard 2-8 teachers, and teaching guides/modules are available for the TTC tutors. Both sets of teaching and learning materials were developed by Malawi Institute of Education curriculum specialists, school inspectors, representatives for primary and secondary teachers, and MoEST officials with financial support from development partners. It was, however, noted that in all cases, the writing teams only involved health, human rights, and gender specialists. Representatives for learners, young people living with HIV (YPLHIV), and community members were only involved at the consultation stage of content development or the pilot stage of introducing LSE in the country.

Furthermore, the content analysis of the teachers' guides and learners' books reveals gaps regarding current and emerging knowledge on HIV and AIDS, GBV, SRH, and human rights, among other topics. As the MoEST is due to review the LSE curriculum upon expiry of the Primary Curriculum and Advisory Reform period (2008 to 2018), this is a good time for the ministry to lobby for support from development partners, including UNESCO, in undertaking this review.

Reports from the MoEST indicate that the average pupil-to-textbook ratio for all books in 2016 was 1.8:1, an improvement from 2.7:1 in 2015. In addition, the study established that there were adequate copies for TTC tutors and primary school teachers. Similarly, TTC students had personal copies of learning materials. To the contrary, public primary school pupils had inadequate textbooks and other learning materials, which negatively affects learning and delivery of LSE content. Pupils are required to use the textbooks in class during the Life Skills period and for studying at home, however, it was observed that at times over six learners had to sit around one book to see a very small picture that the teacher was making reference to.



The inadequacy of learning materials was highlighted by the majority of the teachers and pupils interviewed as the biggest challenge as far as delivery of LSE at primary school is concerned. Similarly, there is a critical shortage of life skills materials in braille and sign language for pupils with visual and hearing impairment.

Supplementary life skills books for primary schools and TTCs have been developed by partner agencies and approved by the MoEST, although these are mainly used in private primary schools and TTCs as supplementary materials. There is also a wide range of supplementary resources for teaching life skills at TTCs, including those produced by the Government of Malawi, United States Agency for International Development (USAID), Association of Christian Educators in Malawi (ACEM), and Development AID for People to People (DAPP), among other partners. This calls for quality assurance from the MoEST and vetting of content to ensure alignment to the national curriculum and policy. The supplementary learning and teaching materials for both primary schools and TTCs were not readily available because of non-availability of financial resources to develop and produce the materials. The MoEST therefore relies on donor-funded projects and international organizations to support it in producing required quantities of teaching and learning materials. In addition, there are an inadequate number of the latest books and information, education and communication (IEC) materials on sexuality education and SRHR for young people, despite the efforts by international NGOs who produce leaflets, comic books, posters, and so forth. This could be as a result of both inadequate materials being produced and poor distribution mechanisms.

*"We struggle to deliver on some topics and sections because we do not have adequate books. As you saw, some of the pictures in the books are very small and having four or five students sitting around one book does not really help. For some classes its worse than this." – Head teacher*

The situation is different in private and grant-aided primary schools where it was noted that pupil books were adequate and are available in school libraries.

## Positioning of LSE in the curriculum

Malawi opted for a combination of both standalone and integrated modalities, where LSE is the main learning area for CSE and is integrated into more than one carrier subject, including Languages (English and Chichewa), Sciences (Biology and Home Economics), and Social Studies. This approach has its advantages, such as presenting opportunities for specialized teacher training pathways, and the use of non-formal teaching methodologies that aim to build learners' critical thinking skills. It is also significantly easier to monitor, which is crucial in terms of evaluating the effectiveness of programming, and revising curricula where it is not delivering the desired learning outcomes.<sup>13</sup> LSE is allocated four periods of 30 or 35 minutes for Standards 2-6, and five periods for Standard 7-8. At TTCs, it is generally allocated one hour four periods a week.

Despite these advantages, and the majority of respondents being comfortable with the integrated approach, there are some challenges that have been noted as well. For example, the study observed that the subject had the potential of being side-lined due to time constraints. It was usually allocated the last or third from last period of the day, but very rarely the first, on a Monday and Tuesday in particular, on the understanding that first periods are allocated to heavy cognitive demand subjects. Such arrangements could also be considered as one of the reasons for lack of personal commitment from the teachers. It was further noted that the Gender Roles and Sex and Sexuality subjects in TTCs are only scheduled later in second year. This is considered late for meaningful learning and application of knowledge for both teachers and learners academically and at a personal level. It is therefore recommended that LSE should be brought forward and be part of priority units in first term.

*"There is a problem with even how the subject has been arranged. We have tried to negotiate with head teachers at times to try give us good periods on the timetable but it is very difficult. The excuse is always that subjects like Mathematics and English need to be accorded priority because they need focus!" – Male primary school LSE teacher*

*"Life Skills is usually towards the end of the day. Sometimes teachers will not come or they will make us sing. It is fun but then we don't learn much." – Female primary school pupil*

*"Sometimes when we are doing random supervision, you will find that the students are just singing in class when it is time for LSE." – Male primary education advisor*

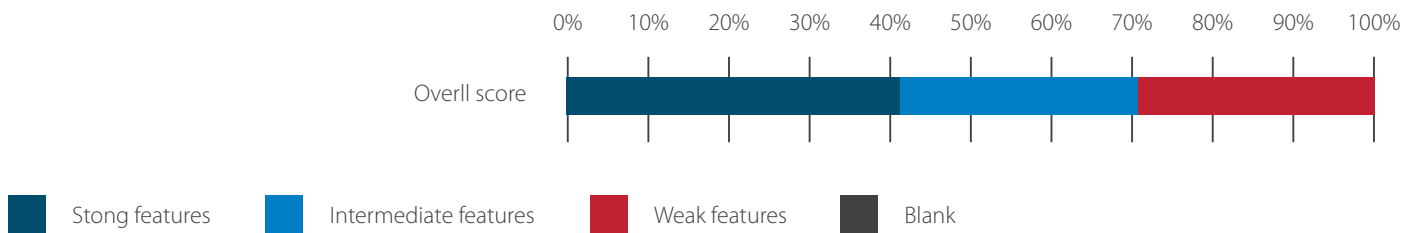
The overall impression is that CSE is not as strong as expected in the curriculum. Topics like SRH, which are central to CSE, are not well covered in the new LSE curriculum in either primary school or TTC level. It was also noted that content on emerging issues, such as pornography, sexting, cyberbullying, YPLHIV, minority rights, children and young people affected by humanitarian crisis, and disaster preparedness, has not been included in the curriculum. School administrators at district level are of the opinion that the challenge with the positioning of LSE was also because of the way the subject was introduced. They believe that the wrong perception about the subject as less important and concentrating on HIV and AIDS was created when it was initially introduced as optional and non-examinable.

*"As a country we made a mistake in how we introduced this subject. You might recall it was non-examinable and also optional. The perception created at that time is failing to fade away for both administrators and teachers and this passes on to pupils. I believe that if the ministry properly organized itself and made plans to incentivize the subject while providing adequate support and materials, then things can change" – District level school administrator*

Malawi made LSE examinable at Primary Leaving School Certificate Education and TTC levels in 2010, with assessment of learning done through end-of-term and end-of-year examinations and observation. The study found that questions in past exam papers were mainly on HIV and AIDS, rather than other CSE topics, such as sex and sexuality, and that primary school teachers preferred using mostly oral assessment with few instances of homework to written examinations.

<sup>13</sup> Ibid.

**Figure 10: Integration**



## Teacher training and development

Teacher training and development is a critical component in the delivery of sexuality education. Malawi has 16 TTCs (8 public and 8 private), and a teacher development programme which includes college pre-service training, where trainee teachers are taught LSE at TTCs, and in-service training, which includes school-based continuous professional development, provision of guidelines, mentorship, workshops, and online courses. Training of education tutors, curriculum developers, and lecturers takes place at the Malawi Institute of Education, Domasi College of Education, University of Malawi, and Mzuzu University. The Department of Teacher Education and Development (DTED) provides leadership for teacher training in LSE, and the DIAS provides quality assurance. Coordination of providers of teacher training is conducted through annual Principals' Forum meetings coordinated by the MoEST.

Training of teachers is essential, and it is important that the training allows teachers to reflect on their own attitudes, feelings, beliefs, experiences, and behaviours regarding sexuality, and how these affect their ability to communicate with learners on CSE.<sup>14</sup> While this is covered currently, including skills to overcome embarrassment and managing sensitive topics in teaching LSE, it is based on the assumption that the trainee teachers would have gained adequate knowledge on LSE at secondary school, which is not always the case. This situation therefore demands extra effort from student teachers who did not in order to catch up on the subject content.

Following the introduction of LSE as a standalone subject, the Government of Malawi embarked on a training programme to train 40,482 in-service teachers in delivery of LSE between 2001 and 2010. Although these in-service training programmes have continued, it has been at a lower scale due to financial constraints, since the programme has predominantly been supported by development partners. Kils with primary school teachers revealed that the teachers who had participated in the courses valued the training because the knowledge gained enabled them to teach LSE from an informed position in terms of content. They also found it easier to teach CSE as the knowledge and skills enabled them to be confident in teaching the subject, and they were able to address questions from learners and community members. In addition, the MoEST, with support from UNESCO and UNFPA, has been providing three-day online training courses in LSE for primary and secondary school teachers. The purpose of the course is to equip the teachers with knowledge, skills, and attitudes on how to competently handle CSE topics during lesson delivery and equip their learners with skills on how to cope with challenges they encounter in their everyday lives, including where they can access youth-friendly health services.

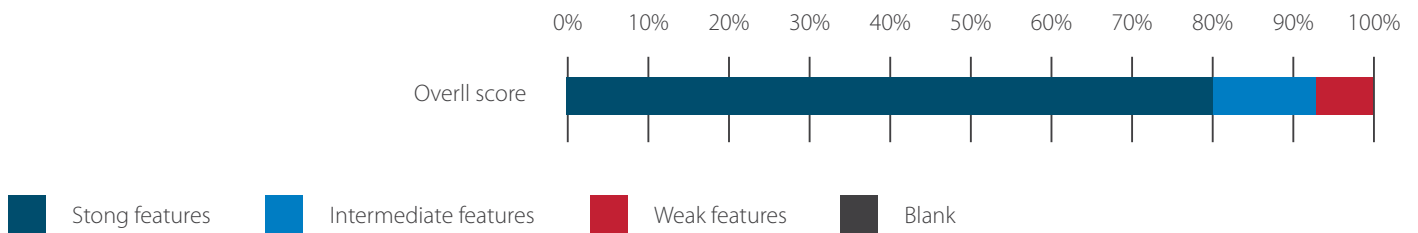
However, the study discovered that despite these efforts, not all teachers were reached through the training programme or the online programme. In fact, some of the TTC tutors and primary school teachers interviewed during the study had never benefited from any formal training, while respondents from private education institutions lamented that the training programmes often prioritize public sector TTCs and primary schools. Of the teachers who were oriented in LSE, many complained that the duration was inadequate for the amount of information they had to absorb. In addition, the courses have tended to dwell on sensitization, without dedicating ample time for reflection and testing out new knowledge. Officials from MoEST confirmed that in-service programmes have been brief, usually one week, to avoid taking teachers out of their classrooms for too long as well as to reduce costs.

The study also found that while LSE master trainers, college principals, school managers, inspectors, counsellors, and education managers play a major role and have been supportive in the delivery of LSE, they have not been purposively identified and trained in LSE. It can be argued that this group requires the skills and knowledge to enable them to effectively advocate, manage, and support the planning and delivery of LSE. Furthermore, universities and colleges in Malawi do not offer specialization in LSE. This means that the lecturers teaching the subjects to the student teachers do so without adequate preparation at undergraduate level themselves. To improve both the delivery and effectiveness of the teaching, the universities and colleges should thus enable teachers of LSE to get in-depth knowledge of the content, and not just only the methods on how to deliver the lessons.

Another issue raised was that the curriculum at TTCs includes a component on research where students are encouraged to use the internet to gather information. However, while TTCs do have computer laboratories where students can use the internet, some students argued that they have challenges accessing the internet to carry out online research.

<sup>14</sup> Ibid.

**Figure 11: Teacher training**



## LSE delivery at classroom level and learners' experiences

The study found that LSE delivery in Malawi fosters a learning environment that promotes equality, respect, and human rights; uses both lecture-based and interactive and participatory approaches, such as role playing and poetry; and actively involves learners to internalize and apply information to their lives and community. Nevertheless, mixed results were noted in terms of teachers' comfort in delivery, clarity to the student, and commitment and attitude towards the subject or particular topics. Some head teachers and students reported inhibition by teachers, especially of the older generation, on teaching sex and sexuality topics, such as condoms and body parts, which are considered sensitive and taboo, with some even skipping these topics altogether.

It was further noted that some lecturers in faith-based TTCs moralized the delivery of some CSE topics. Likewise, some students reported that the topics felt like sermons, where they were told what is right or wrong or what God accepts and does not. It is understood that the behaviour and attitude of teachers and tutors is due to cultural inhibitions and personal and religious values, rather than lack of knowledge on the subject matter. In addition, primary school teachers mentioned that they experience challenges with CSE terminology in vernacular because the Chichewa language itself has limited vocabulary on sex and sexuality concepts. It emerged that in some cases, to manage a teacher's discomfort in the delivery of LSE, some primary schools resorted to using 'floaters', which are young and knowledgeable teachers in life skills who teach the subject in all classes and also offer counselling sessions when required. Furthermore, most of the primary schools and TTCs in the study invite experts in health and police service personnel to give talks on SRH, GBV, and security.

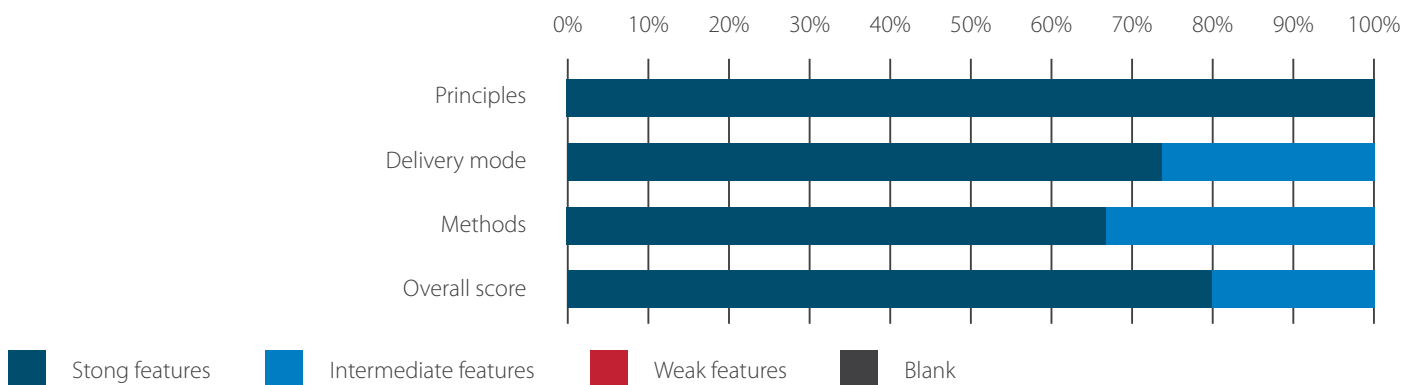
The study found that most teachers had schemes of work and had planned for participatory and learner-centred methodologies. Moreover, they applied their lessons in practice and used appropriate methods for the topics, such as using group work, question and answer sessions, and role play. Nevertheless, some teachers used very limited participatory methods due to having large classes. With regard to learners' experiences, many reported that LSE benefits them as it deals with their everyday life challenges they face, including those experienced in their homes, school, and community. They were of the opinion that classroom discussions provide a better platform for obtaining information from teachers and experiences of fellow students, rather than seeking information from relatives and friends.

Furthermore, they cited being more assertive, having higher self-esteem, being more empathic, avoiding risk, and knowing where and when to report violence or general school issues as a result of learning LSE. Interestingly, the study established that learners did not seem to observe any inadequacies with their teachers/tutors. They generally felt that most had knowledge of the content, were approachable, and could keep confidences. The study also found that students are interested in CSE at each level of learning, although more so with boys than girls. Some TTC students were of the opinion that, much as they had knowledge on CSE, cases of unplanned pregnancies and myths and misconceptions about condoms and contraceptives persist at their colleges.

The school environment is critical for delivery of effective CSE programmes. Mapping of the schools and TTCs in the study showed that TTCs had good amenities, including classrooms, toilets with running water, clean and secure dormitories, security fences and guards, electricity, good landscaping, and signage on facilities available at the college. The situation was starkly different at public primary schools, however, which had inadequate and basic classrooms and surroundings with low lighting, inadequate and unsanitary toilets or pit latrines, and leaking taps or no running water at all. Some schools in rural and peri-urban areas even had classes taking place under a tree, but most schools, especially in the urban areas, had fences and gates managed by school security personnel.

In addition, most TTCs and primary schools did not have learning centres and facilities for students with special needs, with the exception of a few, such as Dzaleka Primary School in Dowa, which has dedicated teachers specialized in special needs education and a centre for students with visual impairment, hearing impairment, and learning

**Figure 12: Implementation**



## Engagement of parents and community

Parents and community leaders play a vital role in education of young people. The study established that although SMCs and PTAs do work with school management in ensuring that learners receive accurate information on all topics and learn in a good environment, there are prevailing misconceptions about CSE among some parents and the community, who are unwilling to talk about sexuality, GBV, and SRHR with their children/wards. They are of the view that CSE promotes and encourages young people to engage in sexual activity, even though this is contrary to international evidence which shows that CSE does not hasten sexual activity, and in fact equips youth with accurate information on sex and sexuality, has a positive impact on safer sexual behaviours, and can delay sexual debut.<sup>15</sup> To these parents, topics on CSE are considered sensitive and should only be handled by faith leaders, community counsellors, and initiators.

Another frequently mentioned concern was with regard to the illustrations of reproductive organs contained in learners' books. Some primary school head teachers mentioned they had been confronted by parents with allegations that schools are teaching 'sex studies' using vulgar terms in class. They reported that PTAs and SMCs have been good mediators in such situations, as they provide information and clarify matters to their fellow parents and community members.

On the other hand, the study found that many parents were generally happy with the knowledge and skills that learners acquire in LSE, and felt even younger pupils should be provided with correct information, rather than what they learn from social media and peers.

*"I like the fact that this subject helps us parents as well, there are some things that we cannot manage to talk to our children but the subject does so for us." – Male parent*

Although many parents were comfortable with their children learning LSE, they did not express keenness in helping the pupils with their LSE-related homework, citing inhibition as a major reason. At schools where there were community groups, such as mother groups and PTAs, there was a reported cordial relationship between parents, the community, and the school in relation to the LSE curriculum and pupil behaviour in general. This indicates that such structures enhance interaction between the school and parents and that parent's fears and concerns are well handled through such structures.

*"I sometimes struggle with personal issues that I cannot tell my mother and so I go to people in the mother group. They assist us and sometimes they approach our teachers. The mother groups are helping us solve our problems." – Female primary school student*

Overall, the study concluded that the relationship between CSE and communal social structures and norms is mixed. While urban communities seem to encourage the teaching of life skills, rural communities seem to deter it. For communities which are strongly rooted in their beliefs, CSE might come across as an external force that aims to disturb cultural norms. In such situations, parents may even discourage their children or wards from reading books on CSE.<sup>16</sup> The study also noted that the parents' misconception about CSE in school are as a result of inadequate information and cultural beliefs. It is therefore imperative that school authorities strengthen linkages with parents, community, and faith leaders. The involvement of community structures such as mother groups and traditional faith leaders should be reinforced and their capacity strengthened through provision of evidence-based information and materials. One head teacher, for example, expressed satisfaction with the manner in which their traditional leader connected and supported access to cervical cancer screening for all female students. He explained that the leader acted as a link between the health facility and the school and took an active role in ensuring that the service was accessed without affecting school calendars.

<sup>15</sup> UNESCO. 2009. International Technical Guidance on Sexuality Education.

<sup>16</sup> Chirwa, Grames and Naidoo, Devika. 2014. Structural and social constraints in the teaching of life skills for HIV/AIDS prevention in Malawi primary schools. South African Journal of Childhood Education.

## Monitoring and evaluation

Monitoring and evaluation (M&E) is a critical step in determining whether a LSE programme is achieving its intended objectives, how well it is being delivered, and its effectiveness and impact.<sup>17</sup> In the education sector, policy-makers and managers often have low awareness of the importance of M&E in LSE. Furthermore, there has been lack of resources and capacity to analyse data, including the absence of core indicators related to HIV and education. In addition, the study established that there is inadequate national-level information on the coverage, cost, outcomes, and impact of the LSE programme. The reason this information has not been captured is because the EMIS does not contain indicators for LSE. The closest data captured in the EMIS has been on textbooks and causes of school dropout, while the MDHS, Health Management Information System (HMIS), and the National M&E framework on HIV and AIDS collect data according to age groups on youth-friendly health services and SRH needs of young people and HIV and AIDS, respectively.

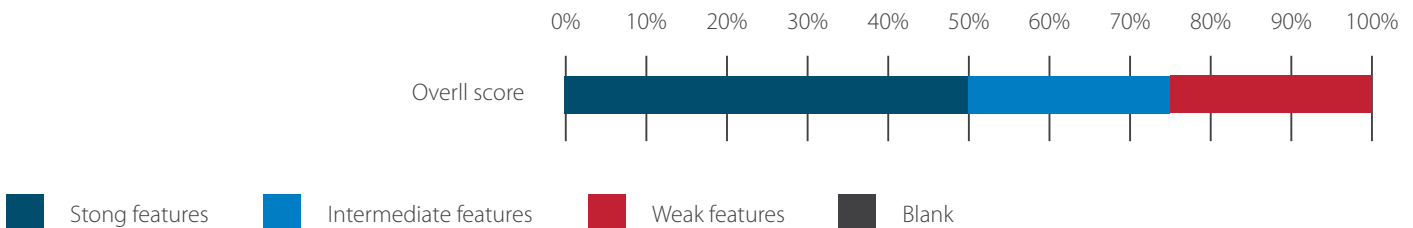
However, the MoEST has recognized the need for data on LSE and is in the process of integrating CSE indicators into the EMIS, with support from UNESCO. The process is also in line with the 2013 Harare Ministerial Meeting on Comprehensive Sexuality Education and Sexual Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa, which resolved that countries should adopt indicators on CSE. These indicators have now been integrated in the MoEST's plan of work.

Another challenge for M&E of LSE is that data and reports are not shared between sectors. For example, while the MoH collects data on SRH, the MoGCDSW collects data on GBV and AGYW and the international NGOs collect data on their own respective LSE programmes. All this information should be shared on a regular basis in a formal and structured manner at national and district level.

In addition, monitoring of CSE has tended to concentrate on routine supervision and production of school census reports. Supervision of LSE in TTCs is conducted by teams from MoEST, implementing NGO or FBO mother bodies in the case of private and faith-based TTCs, while at primary schools, supervision is conducted by teams from MoEST and officers at the District Education Management Office. Using school inspection tools, the teams look at accuracy of content, appropriateness of teaching methodology, engagement of learners, management support, and school and classroom environment.

Furthermore, the CSE research agenda is not well articulated. There are many LSE areas that could benefit from research and evidence, and the MoEST should be supported by partners to develop and implement a research agenda accordingly.

**Figure 13: M&E**



<sup>17</sup> UNESCO. 2015. Comprehensive Sexuality Education in Teacher Training in Eastern and Southern Africa.

<sup>18</sup> UNFPA. 2015. The Evaluation of Comprehensive Sexuality Education Programmes – A Focus on the Gender and Empowerment Outcomes.

# Recommendations

Based on the study's findings, the following recommendations are proposed for strengthening Malawi's LSE programme as well as support from partners:

**1. Policy guidelines and strategic framework for LSE:** The MoEST should provide leadership in integrating LSE in existing policies and strategic documents, including district socio-economic profiles and plans to guide policy-makers and programmers in planning, resource mobilization, implementing, and monitoring of LSE. The ministry should take advantage of the impending review of the National Education Sector Strategic Plan to include strategic actions on LSE in all education settings, including primary schools, TTCs, and tertiary education institutions.

In addition, the MoEST should disseminate guidelines on existing policies regarding provision of SRH services, including the roles of education institutions and other players. The guidelines should clearly stipulate what is applicable at primary schools, secondary schools, and tertiary institutions.

The MoEST should also consider developing a costed action plan on improving planning and delivery of LSE in education institutions in view of findings from this and other studies and emerging trends in HIV and AIDS, young people's SRHR, gender, and population growth in Malawi.

The NAC is in the process of reviewing its 2015-2020 National Strategic Plan and expects indicators on LSE to be incorporated in the HIV National Strategic Plan. The MoEST should take an active role in the review process and ensure that LSE issues and indicators are integrated into the revised plan.

**2. Institutional arrangements and coordination:** The MoEST should strengthen coordination mechanisms and linkages within the ministry itself, considering that LSE accountabilities are dispersed to various departments, with each working with other stakeholders. This could support scale-up of LSE programmes in a coordinated manner at national level with other ministries, private schools, development partners and civil society, and at decentralized level (zones and districts). The MoEST should establish a coordination desk for LSE which can act as a focal point for partners and stakeholders, and ensure active participation in relevant TWGs, meetings, and programmes on gender, SRHR, and HIV and AIDS.

Furthermore, the ministry should share reports on the implementation success, challenges, and lessons regarding the LSE programme with partners for learning and action. It should also strengthen collaboration and linkages between the MoGCDSW, MoH, Ministry of Labour, Youth and Manpower Development, and MoEST in implementing AGYW, LSE, and early childhood development programmes.

At TTC level, the MoEST should support the Principals' Forum to provide an opportunity for college principals to discuss and share ideas on issues such as planning, management, lessons, and reporting on LSE, SRH, and GBV in respective TTCs. The TTCs should also strengthen the capacity of male and female students to advocate for LSE interventions at college level and within the surrounding community.

MoEST officials should actively participate in relevant HIV and AIDS, SRH, gender, and youth technical working groups and committees at national and district levels to champion LSE, SRHR, gender, and school health issues for education institutions. Other stakeholders, especially CSOs, should be guided on aligning with MoEST policies and content on LSE, and encouraged to account for activities implemented in education institutions.

There is a need for more coordination in planning, coverage, and reporting on LSE interventions at district and national levels. At decentralized levels, partners should work with district councils to introduce and report on programmes with approval of MoEST on matters relating to education policies. To avoid duplication and to ensure adherence to policy and standards, better service delivery, and lesson learning, implementing partners should not finance or work with schools without the knowledge of the ministry.

The MoEST, with support from development partners and CSOs, should strengthen the capacity of PTAs through provision of guidelines, training, and information sharing sessions on LSE to enable them to carry out their function effectively.

**3. Curriculum:** The MoEST should continue to promote the delivery of LSE programmes that are presented in a logical sequence, are age-appropriate, culturally sensitive, gender transformative, and rights-based, as well as embrace information technology and new media and support adolescents and young people's access to CSE and SRHR services.

In addition, with support from partners, including UNESCO, the ministry should review LSE curricula and content to address emerging social- and health-related issues, new knowledge, and challenges stipulated in this report, including teenage pregnancies, GBV, cyberbullying, sexting, YPLHIV, humanitarian response, and disaster preparedness within LSE programmes. Furthermore, content on CSE should be incorporated into orientation programmes for students at TTCs, and be introduced earlier in the curriculum, before student teachers go for teaching practice at primary schools.

Traditional leaders, CSOs, FBOs, and the media should be supported to advocate for a learning environment, curriculum, and information that meet SRHR and human rights needs for primary school and TTC students. They should also be involved in provision of evidence-based sexuality, GBV, and SRHR information that addresses myths, misconceptions, inhibition, and negative cultural practices among parents and community members.

Out-of-school and extracurricular LSE activities should also be revived to complement in-school LSE. The formal education system should learn from civil society in targeting out-of-school youth, as well as in dealing with language barriers and discomfort in delivering comprehensive CSE.

- 4. School environment:** The MoEST should provide guidelines on safe schools and ensure that TTCs, schools, and community environments are safer, healthier, and more inclusive for all learners, including those with special needs. PTAs and community leaders should also be involved in the promotion of safe learning environments.
- 5. Teaching and learning materials:** The MoEST should lobby government and partners for increased production of learners guides and supplementary materials and improved distribution of supplementary IEC materials to reach all schools, TTCs, libraries, and communities. Learning materials should also be transcribed into braille or sign language for learners with special needs. The MoEST should also provide technical assistance or vet learning materials on LSE to ensure adherence to education policy and standards.
- 6. Teacher training and development:** With support from development partners, the MoEST should train more teachers/tutors, master trainers, and curriculum specialists from public, private, and faith-based TTCs in LSE to meet growing demand and address knowledge gaps. There is also a need to train/re-orient teachers on new learner-centred methodologies and internet-based programmes.
- 7. M&E:** The MoEST should track implementation of actions and indicators in strategic documents that cover LSE, such as the HIV and AIDS Mainstreaming Strategy for the Education Sector (2014-2018) and the Malawi National AIDS Strategic Plan (2015-2020). The ministry should also support the dissemination and capturing of the LSE indicators. The role of the ministry should include advocacy, provision of monitoring tools, consolidation, analysis, and dissemination of results. Furthermore, it should also ensure that monitoring reports from implementing partners and coordinating agencies feed into the EMIS and speak to other management information systems such as governance, health, gender, and HIV and AIDS.
- 8. Research:** The MoEST should develop a research agenda on LSE in Malawi to generate evidence to guide programming of interventions. It should also conduct a mapping of local and international players at national and district levels to strengthen linkages in LSE. There is need to conduct a quantitative analysis on the impact of CSE in Malawi in the future as well.







# References

- Chirwa, Grames and Naidoo, Devika. 2014. *Structural and Social Constraints in the teaching of Life Skills for HIV/AIDS Prevention in Malawi Primary Schools*. South African Journal of Childhood Education.
- Heise, Lori, Mary Ellsberg and Megan Gottemoeller. 1999. *Ending violence against women*. Population Report, Volume xxvii, No. 41.
- Malawi Government, Ministry of Education, Science and Technology. 2015. Country Level Sexuality Education Review and Assessment for Malawi.
- Malawi Government, Ministry of Education, Science and Technology, Malawi Education Statistics, Malawi Education Management Information System Report. (2016/17).
- Malawi Government, Ministry of Education, Science and Technology. National Education Strategic Plan (2008-2017).
- Malawi Government, Ministry of Education, Science and Technology. 2015. National Education Standards for Primary and Secondary Education.
- Malawi Government, Ministry of Education. The HIV and AIDS Mainstreaming Strategy for the Education Sector (2014-2018).
- Malawi Government, Ministry of Education, Science and Technology. 2016. Report on Monitoring of Teachers of Life Skills Education who Attended the Online Training on Comprehensive Sexuality Education (unpublished report).
- Malawi Government, Ministry of Education, Science and Technology, Malawi Primary School Syllabi, Standard 8.
- Malawi Government, National Statistical Office. Population and Housing Census 2018, Analytical Report. NSO Malawi.
- Malawi Government, Ministry of Health, Malawi Population-Based HIV Impact Assessment (2015-2016).
- Malawi Institute of Education. 2017. Initial Primary Teacher Education Life Skills Education, Module 1.
- Malawi Institute of Education. 2017. Initial Primary Teacher Education Life Skills Education, Module 2.
- Malawi Institute of Education. 2008. Initial Primary Teacher Education Life Skills Education, Students Book.
- Malawi Institute of Education. 2007. Malawi Primary Education Life Skills Learners' Book for Standard 2.
- Malawi Institute of Education, 2007. Malawi Primary Education Life Skills Learners' Book for Standard 3.
- Malawi Institute of Education. 2008. Malawi Primary Education Life Skills Learners' Book for Standard 4.
- Malawi Institute of Education. 2007. Malawi Primary Education Life Skills Learners' Book for Standard 5.
- Malawi Institute of Education. 2007. Malawi Primary Education Life Skills Learners' Book for Standard 6.
- Malawi Institute of Education. 2008. Malawi Primary Education Life Skills Learners' Book for Standard 7.
- Malawi Institute of Education. 2009. Malawi Primary Education Life Skills Learners' Book for Standard 8.
- Malawi Institute of Education. 2007. Malawi Primary Education Life Skills Teachers' Guide for Standard 2.
- Mason A. *Adolescents and youth. Their numbers and economic roles*. New York, USA: Key note address at the 45th session of the Commission on Population and Development, 2012. <http://www.un.org/esa/population/cpd/cpd2012/cpd45.htm>.
- Psaki, S.R., Mensch, B.S., Soler-Hampejsek, E. 2017. *Associations between violence in school and at home and education outcomes in rural Malawi: A longitudinal analysis*. Comparative Education Review 61(2): 354-390.
- Patton G. 2012. *The promise and potential of adolescent and youth health*. New York, USA: Key note address at the 45th session of the Commission on Population and Development, 2012. <http://www.un.org/esa/population/cpd/cpd2012/cpd45.htm>.
- UNESCO. 2009. International Technical Guidance on Sexuality Education – An Evidence-Informed Approach.
- UNESCO. 2013. Ministerial Commitment on Comprehensive Sexuality Education and Sexual Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa.
- UNESCO. 2013. Why Adolescents and Young People Need Access to Comprehensive Sexuality Education and Access to Sexual and Reproductive Health Services in Eastern and Southern Africa.
- UNESCO. 2015. Comprehensive Sexuality Education in Teacher Training in Eastern and Southern Africa.
- UNDP. 2017. Human Development Indices and Indicators – 2018 Statistical Update Report.
- UNFPA. 2015. The Evaluation of Comprehensive Sexuality Education Programmes – A Focus on the Gender and Empowerment Outcomes.
- UNFPA. 2018. World Population Report 2018.

# Annex 1

## Terms of reference for conducting a situation analysis of comprehensive sexuality education in primary schools and teacher training colleges in Malawi

### Background

In March 2018, the UNESCO Regional Office of Southern Africa launched a project titled *Our Rights, Our lives, Our Future (O3)* which seeks to improve sexual and reproductive health (SRH), gender, and education outcomes for adolescents and young people in the sub-Saharan Africa region through sustained reductions in new HIV infections and other sexually transmitted infections (STIs), early and unintended pregnancy (EUP) and gender-based violence (GBV). The project will support delivery of good quality comprehensive sexuality education (CSE) that empowers adolescents and young people, and builds agency while developing the skills, knowledge, attitudes and competencies required for preventing HIV, reducing EUPs, and eliminating GBV. This project will build on the achievements of the first phase of the Swedish International Development Cooperation Agency (Sida) project, titled *Strengthening sexual and reproductive health and HIV prevention among children and young people through promoting comprehensive sexuality education in Eastern and Southern Africa*.

The project has four main objectives designed to contribute to the effective strengthening of sexuality education programmes:

1. Secure and sustain strong political commitment and support for adolescents and young people's access to comprehensive sexuality education and sexual and reproductive health services across sub-Saharan Africa.
2. Support the delivery of accurate, rights-based and good quality comprehensive sexuality education programmes that provide knowledge, values and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality.
3. Ensure that schools and community environments are safer, healthier and inclusive for all young people.
4. Strengthen the evidence base on CSE and safer school environments.

The main activities of the project in Malawi include:

- Sustain political commitment through continued sensitization of policy-makers, traditional and religious leaders, and communities.
- Strengthening delivery and monitoring of Life Skills Education (LSE) in primary and secondary schools.
- Support programmes to reduce school-related GBV.
- Advocacy and familiarization with the re-admission policy.
- Support data analysis for LSE indicators in the Education Management Information System (EMIS).

During phase 1, the UNESCO project activities were centred on providing support for CSE initiatives in secondary schools and teacher training colleges. Phase 2 of the project will bring on board support for primary schools on LSE (CSE in Malawi is offered through LSE).

The Ministry of Education (MoE) in Malawi introduced the LSE programme in 2002 with the intention of empowering learners with appropriate information and skills to deal with social and health problems affecting the nation, including HIV. LSE is compulsory and examinable in all public primary schools and is also offered in all teacher training colleges. It is also offered in secondary schools and is examinable, but as an elective subject.

As this phase of the project intends to scale up by working with primary schools, this study is aimed at conducting a situation analysis of LSE in primary and teacher training colleges in Malawi. The evidence generated will better inform programming on LSE initiatives.

### Scope of work

The aim of the consultancy is to document the process to date, highlighting barriers, opportunities, drivers, and lesson-learning that could be applicable to better inform programming as well as identifying challenges and current weaknesses that will need to be addressed to ensure the success of the project in delivery of LSE to primary schools.

The project will be conducted in three parts: 1) Desk-review; 2) Key informant interviews (KIIs) and focus group discussions (FGDs); and 3) Final report laying out the process and findings. The KIIs and FGDs with policy-makers, learners, teacher trainers, and teachers will take place over a three-week period in-country. The consultant will work with UNESCO staff in-country and in the regional office to agree on the process for the consultancy, such as which stakeholders should be interviewed, key topics to be covered, selection of the areas to be covered, identification of the schools etc.

The analysis will look at whether the following standards are adhered to in the provision of LSE initiatives: LSE is needs- (child centred), results-, and knowledge, attitudes and skills-based; teachers are trained on methods and psychosocial support; and LSE is provided in protective and enabling environments with access to community support.

The consultant will seek to assess the relevance, coverage, efficiency, effectiveness, and sustainability of LSE initiatives and to consider UNESCO's role and additionality in support of the programmes. The consult will pay particular attention to the following key components:

- i) Assessing the institutional mechanisms in place and/or required to effectively implement LSE programmes

Institutional arrangements at national and lower levels are key to an effective scale-up. The consultant will identify where LSE fits within the MoE architecture, who is responsible for overseeing the scale-up process, and whether the position is able to effectively work within the MoE and with other stakeholders. The consultant will also review inter-sectoral collaboration and the mechanisms in place to facilitate it. This section will attempt to answer whether the MoE links with other Ministries in delivery of LSE; whether there are coordination mechanisms and if they effective; whether linkages and referrals to other services such as sexual and reproductive health are in place at the school level, and so forth.

ii) Review the quality of the curriculum, teaching and learning materials

To that end, and based on the SERAT review, a review of the curriculum and materials currently in use, and key-informant interviews, the consultant will review the content and quality of the curriculum, teaching and learning materials. This will include, inter alia:

- Whether the curriculum is aligned with a LOGIC model approach which identifies specific health outcomes, and whether teachers are aware of these health outcomes.
- Which key topics are covered under the umbrella of skills-based HIV and sexuality education, for example gender equality, GBV, rights, etc, and which key topics are not covered.
- A review the quality of the curricula based on stakeholder agreed criteria.
- Evaluation of LSE delivery and how LSE is examined (if at all).

iii) Review delivery of LSE at school level

- Looking at positioning in the curriculum
- Time allocation
- Status and any delivery challenges faced at the classroom level

iv) Review teacher training and teachers' delivery of LSE at classroom level

Teachers are a key component in the delivery of effective LSE, thus the consultant will, through key informant interviews and the review of M&E data from the online in-service training programme, identify inter alia:

- What challenges teachers face in teaching LSE (levels of comfort, subject knowledge, amount of time available etc.)
- Whether the current in-service teacher training is helping teachers to overcome challenges and if so how. How can it be improved? Does the training lay-out the link between the curriculum and the health outcomes it is trying to achieve?

- What are the perceptions of learners (disaggregated by gender) about LSE content covered by teachers and about teachers' attitudes toward this content?

v) Engagement of parents and community in LSE delivery

Parents involvement in school health education committees/school management committees (SMCs), parent-teacher associations (PTAs), or as advocates for the teaching of LSE is vital to making sure that young people receive accurate information. The consultant will thus review:

- Whether the schools have an active PTA/ SMC and if these are involved in delivery of LSE.
- What the perception of parents to the content of LSE is.
- Whether they support balanced sexuality education that is comprehensive.
- Whether teachers and schools are supported by parents, the MoE or other NGOs working with young people in the delivery of LSE.

## Deliverables

There will be two main deliverables.

1) A final report covering the following:

- Executive summary
- Introduction
- Background
- Purpose of the documentation
- Findings
  - Institutional arrangements
  - Curriculum, teaching and learning materials
  - Positioning pf LSE in the curriculum
  - Teacher training and teacher experiences in LSE
  - LSE delivery at classroom level
  - Experiences of learners
  - Engagement of parents and community
  - Conclusion and Recommendations

2) A power point presentation of the report

# Annex 2

## List of organizations consulted

	ORGANIZATION	DISTRICT
1	Ministry of Education, Science and Technology	Lilongwe
2	Lilongwe Teacher Training College	Lilongwe
3	Chimutu Teacher Development Centre	Lilongwe
4	Emmanuel Teacher Training College	Lilongwe
5	National Youth Council of Malawi	Lilongwe
6	Action Aid Malawi	Lilongwe
7	District Council (District Youth Office)	Lilongwe
8	Parents	Lilongwe
9	Dzaleka Teacher Training College	Dowa
10	Umodzi Katubza Primary School	Dowa
11	St Joseph Teacher Training College	Dedza
12	Dedza District Education Management Office	Dedza
13	Kasungu Teacher Training College	Kasungu
14	Mother Groups	Kasungu
15	Parent Teacher Association	Kasungu
16	Parents	Kasungu
17	District Education Management Office	Kasungu
18	Kasungu District Council (M&E Office)	Kasungu
19	Kasungu Demonstration School	Kasungu
20	District Social Welfare Office	Mzimba
21	Parents	Mzimba
22	School Management Committee	Mzimba
23	Mzimba District Education Management Office	Mzimba
24	Liwonde Teacher Training College	Machinga
25	Parents	Machinga
26	Maryam Teacher Training College	Mangochi
27	Malawi Institute of Education	Zomba
28	Pakachere Institute for Communication for Development	Blantyre
29	Catholic Institute Primary School	Blantyre
30	Snow White Primary School	Blantyre
31	Education Expertise Development Foundation	Blantyre
32	Parents	Blantyre



# Annex 3

## List of participants at the validation meeting

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## Data collection tools

### SITUATION ANALYSIS OF COMPREHENSIVE SEXUALITY EDUCATION (LSE) IN PRIMARY SCHOOLS AND TEACHER TRAINING COLLEGES IN MALAWI

#### INTERVIEW GUIDE

##### NATIONAL AND DISTRICT LEVEL EDUCATION MANAGERS/OFFICIALS

Greetings

Introduction

Objective of session

Seeking permission

Assurance of confidentiality

1. Is there an education strategy/action plan on LSE?
2. Is there an education strategy/action plan for addressing HIV, SRH, GBV, Human Rights?
  - a. If yes how is LSE addressed in national policies and strategic plans on HIV, SRH, Gender, GBV, Human Rights?
3. Are there any policies that facilitate or hinder teaching of LSE and practice? Please specify?
4. What is the status of LSE in Malawi, success and challenges? Any proposals for improvement?
5. What is your view on the LSE curriculum, for TTCs and Primary Schools?
  - a. What do you think are the strengths? Weaknesses? Any proposals for improvement?
6. What's your opinion on the positioning of life skills in the curriculum? Any proposals for improvement?
7. What has been your experience in developing and implementing LSE programmes?
  - a. What are the most important elements of LSE programmes?
  - b. What is working?
  - c. What have been the challenges?
  - d. Any lessons?
8. What challenges do teachers face in teaching LSE (levels of comfort, subject knowledge, amount of time available)
9. Is the current in-service teacher training helping teachers to overcome challenges and if so how. How can it be improved?
10. What is your view on teaching and learning materials currently in use?
  - a. What do you think are the strengths? Weaknesses?
11. Do you think the teaching of LSE is having an impact on the TTC lecturers, TTC students, primary school teachers and primary school pupils? Explain why? Any proposals for improvement?



12. What institutional mechanisms are in place and/or required to effectively implement LSE programmes for TTC and primary learners?
  - a. How do you understand the coordination and management of LSE/LSE within MOEST? Are they effective?
  - b. Who is responsible and where do they report to?
  - c. Is the position effectively working within the MOE and with other stakeholders?
  - d. What accountability mechanisms exist for LSE?
  - e. Any proposals for improvement on the current structure on LSE? Why?
13. What linkages/referrals exist for LSE and other services?
  - a. Linkages and referrals to other services such as Out-of-School LSE, HIV, SRH and GBV initiatives for TTCs or primary school learners?
  - b. Linkages between MOE, other Ministries, District level structures, NGOs, Development Partners in delivery of LSE and how have they helped with scaling up?
  - c. How can they be improved?
14. Who is responsible for implementing/overseeing LSE at the national/ zonal/ district levels?
15. In your opinion are collages, schools and community environments safe, healthy and inclusive for TTC students and primary school learners? Why? Any proposals for improvement?
16. Monitoring and evaluation framework?
  - a. Is there a specific framework for monitoring and evaluating LSE? What type of indicators are contained in the M&E framework?
  - b. How is monitoring information used?
  - c. Have programme evaluation ever be conducted? In what areas?
  - d. What do the reports on Education Management Information System inform us about LSE?
17. Resource mobilization
  - a. What can you say about resources allocated to it (human resources, time and materials)?
  - b. Who is the main source of funding for LSE? What proportion of funding comes from each source?
  - c. What are the unmet needs for LSE?
  - d. Which partners/organizations are best suited to provide support for LSE? Please specify?
18. Is there anything concerning LSE, HIV, SRHR, and GBV in primary schools which I haven't asked that you would like to tell me?

*Thank participant for their time and valuable input*

# SITUATION ANALYSIS OF COMPREHENSIVE SEXUALITY EDUCATION (LSE) IN PRIMARY SCHOOLS AND TEACHER TRAINING COLLEGES IN MALAWI

## INTERVIEW GUIDE

### NATIONAL AND DISTRICT LEVEL STAKEHOLDERS

1. What is your opinion regarding LSE in TTCs and Primary Schools?  
Probe:
  - a. What are the successes?
  - b. Where are the gaps?
  - c. What do you think is working and what is not working currently?
  - d. What are the most common HIV, SRH, GBV, Gender, HR issues amongst primary school and TTC students?
  - e. How do you think LSE can be best supported and by who?
  - f. Are you aware of policy (ies) which promote or hinder provision of LSE and HIV, SRH, GBV, Gender, HR services issues amongst primary school learners and TTC students?
2. What are the roles of stakeholders in LSE in TTCs and Primary Schools?  
Probe:
  - a. Role of respondent's institution in LSE
  - b. Role of other players
  - c. What are current challenges?
  - d. What are current strengths and opportunities?
3. What can you say about the coordination of LSE for TTCs and Primary Schools?
4. What are your views on the LSE for TTCs and Primary Schools?
  - a. How can they be strengthened?
  - b. What are your views on the policies on LSE?
  - c. How can they be strengthened?
  - d. How can they be sustained?
5. What support can you provide for the improvement of LSE in Malawi? Specify (advocacy, sensitization, community mobilization, resource mobilization, programme, monitoring and evaluation)?
6. What kind of interventions would you propose for students in relation to what we have discussed today?
7. In your opinion are schools and community environments safe, healthy and inclusive for all young people? Why? Any proposals for improvement?
8. Are there any referral networks for learners on LSE, HIV, SRHR and GBV? With who?
  - a. What are your proposals for improvement?
9. Is there anything concerning LSE, HIV, SRHR and GBV in TTCs and Primary Schools which I haven't asked that you would like to tell me?

*Thank participant for their time and valuable input*

# SITUATION ANALYSIS OF COMPREHENSIVE SEXUALITY EDUCATION (LSE) IN PRIMARY SCHOOLS AND TEACHER TRAINING COLLEGES IN MALAWI

## INTERVIEW GUIDE

### TTC LECTURERS

1. When we talk about LSE what do you understand this term to mean?
  - a. Probe for topics i.e. SRH, GBV, HIV and Human rights.
2. Which of these LSE issues do you see as particular problems affecting students at your college?
  - a. How often do they face these problems?
  - b. What help do they get? From where/who?
3. Is LSE taught as a standalone subject or through carrier subjects? Please specify?
  - a. Which subjects do you teach that have components on LSE, GBV, SRH, Human Rights?
4. Are there any extra-curriculum/peer education programmes supporting LSE or skills sharing? Please specify?
5. What can you say about your expertise in the subject?
  - a. Do you think you have adequate interest to teach LSE? Why?
  - b. Are you comfortable teaching LSE? Why?
  - c. Are other lecturers comfortable teaching LSE?
6. What challenges do you and other lecturers face in teaching LSE (at preparation level? At delivery Level? Levels of knowledge? Levels of comfort? Time allocation? Interest from learners?
7. What can you say about the content of the subject?
  - a. Does/has the information/content provided you with adequate information (specify, how?) on sexuality, gender, GBV and SRHR?
  - b. Is the content sufficient/adequate/comprehensive for TTC students?
  - c. How responsive is LSE to needs of primary school pupils?
  - d. Are there gaps in the content?
  - e. How can they be addressed?
8. Did you receive any training on LSE at College? (Explain)
  - a. Did your pre-service teacher training prepare you to teach and address challenges regarding LSE? How?
  - b. What methodologies do you use in teaching LSE? Any proposals for improvement?
  - c. Did the training lay-out a foundation to enable you link the curriculum and the health outcomes of LSE?
9. Have you received any upgrading, updates, new information on LSE since you started work? Probe for online, workshops and teacher guides?
10. Do you or other lecturers provide counselling on LSE, HIV, SRH, GBV, Human Rights? Who trained you on Counselling?
11. What are the perceptions of learners (by gender) about LSE content? Is LSE received positively by students? Any proposals for improvement?
12. Is there equal participation of girls boys, learners with special needs? How should it be improved?

13. What is your view on the curriculum and teaching and learning materials currently in use?
  - a. What do you think are the strengths? Weaknesses?
  - b. What are your views on the materials? Relevance? User friendliness? Adequacy and accessibility of materials? Other? Explain?
14. In your opinion, to what extent has the training on LSE contributed to your students' attitude and behaviour on sexuality, gender, GBV, HIV, SRH – contraception, pregnancy, condom use; and human rights?
15. To what extent has the training on LSE contributed to your attitude and behaviour on sexuality, gender, GBV, HIV, SRH – contraception, pregnancy, condom use; and human rights?
16. How is LSE examined (if at all)?
17. What is your college's current level of support in providing students with LSE information and services?
  - a. Is support needed and is the college best placed to provide this support?
  - b. How would you like to see your college interacting with students on their LSE issues and needs?
18. Do parents support balanced LSE? Any challenges? What are proposals for strengthening parents' involvement in LSE?
19. Do community leaders support balanced LSE? Any challenges? What are proposals for strengthening community involvement in LSE?
20. Are there any referral networks for learners on LSE, HIV, SRHR and GBV? With who?
21. In your opinion are TTCs and community environments safe, healthy and inclusive for TTC students and primary school learners? Why? Any proposals for improvement?
22. Is there anything concerning LSE, HIV, SRHR, and GBV in TTCs which I haven't asked that you would like to tell me?

*Thank participant for their time and valuable input*

# SITUATION ANALYSIS OF COMPREHENSIVE SEXUALITY EDUCATION (LSE) IN PRIMARY SCHOOLS AND TEACHER TRAINING COLLEGES IN MALAWI

## INTERVIEW GUIDE

### TTC STUDENTS

Greetings

Introduction

Objective of session

Seeking consent

Assurance of confidentiality

1. When we talk about LSE what do you understand this term to mean?
  - a. Probe for topics i.e. SRH, GBV, HIV and Human rights.
2. Which of these LSE issues do you see as particular problems affecting students?
  - a. How often do you face these problems?
  - b. What help do you get? From where/who?
3. What is your view on the LSE content in relation to your needs or expectations?
  - a. Does/has the information/content provided you with adequate information (specify, how) on:
    - i. Sexuality
    - ii. Gender
    - iii. GBV
    - iv. SRHR
  - b. Are there gaps in the content?
  - c. Are there issues you feel should not be discussed? Which ones and why?
4. In your opinion, to what extent has the training on LSE contributed to your lecturers' attitude and behaviour on sexuality, gender, GBV, HIV, SRH – contraception, pregnancy, condom use; and human rights?
5. To what extent has the training on LSE contributed to your attitude and behaviour on sexuality, gender, GBV, HIV, SRH – contraception, pregnancy, condom use; and human rights?
6. Where else do you obtain sexuality information and why (*probe for people/clubs/media*)
  - a. What is your preferred source of information on LSE?
7. Do you think your lecturers have adequate knowledge on LSE?
8. What are some of the platforms that students would like to see in order to learn more about LSE (e.g. curriculum, edutainment, mobile health messages, and campaigns)?
9. Do you have any suggestions to improve LSE?
10. What is your college's current level of support in providing students with LSE information and services?
  - a. Is support needed and is the college best placed to provide this support?
  - b. How would you like to see your college interacting with students on their LSE issues and needs?
11. Do parents support balanced LSE? Any challenges? What are proposals for strengthening parents' involvement in LSE?

12. Do community leaders support balanced LSE? Any challenges? What are proposals for strengthening community involvement in LSE?
13. In your opinion are TTCs and community environments safe, healthy and inclusive for TTC students? Why? How would students like to see campus services structured? Other proposals for improvement?
14. Are there any referral networks for learners on LSE, HIV, SRHR and GBV? With who?
15. Is there anything concerning LSE, HIV, SRHR, and GBV in TTCs which I haven't asked that you would like to tell me?

*Thank participant for their time and valuable input*

**SITUATION ANALYSIS OF COMPREHENSIVE SEXUALITY EDUCATION (LSE) IN  
PRIMARY SCHOOLS AND TEACHER TRAINING COLLEGES IN MALAWI**

**INTERVIEW GUIDE**

**PRIMARY SCHOOL TEACHERS**

1. When we talk about LSE what do you understand this term to mean?
  - a. Probe for topics i.e. SRH, GBV, HIV and Human rights.
  - b. Is it relevant for learners?
  - c. Why is it important for you to teach it?
2. Is LSE taught as a standalone subject or through carrier subjects? Please specify?
  - a. Which subjects do you teach that have components on LSE, GBV, SRH, Human Rights?
3. Which of these LSE issues do you see as particular problems affecting students?
  - a. How often do you face these problems?
  - b. What help do you get? From where/who?
4. What is your view on the LSE content in relation to your needs or expectations?
  - a. Does/has the information/content provided your students with adequate information (specify, how) on:
    - i. Sexuality
    - ii. Gender
    - iii. GBV
    - iv. SRHR
  - b. Are there gaps in the content?
  - c. Are there issues you feel should not be discussed? Which ones and why?
5. Are there any extra-curriculum/peer education programmes supporting LSE or skills sharing? Please specify?
6. What can you say about your expertise in the subject?
  - a. Do you think you have adequate interest to teach the subject? Why?
  - b. Are you comfortable teaching LSE? Why?
  - c. Are other teachers comfortable teaching LSE?
7. What challenges do you and other teachers face in teaching LSE (at preparation level? At delivery Level? Levels of knowledge? Levels of comfort? Time allocation? Interest from learners?
8. What can you say about the contents of the subject?
  - a. Does/has the information/content provided you with adequate information (specify, how?) on sexuality, gender, HIV, GBV and SRHR including pregnancy, contraception and condoms?
  - b. Do you teach primary school learners about condoms and contraception?
  - c. Is the content sufficient/adequate/comprehensive for TTC/primary school students?
  - d. How responsive is LSE to needs of primary school pupils according to their age groups?
    - i. 9-12 years
    - ii. 13-15 years

- iii. 16 to 18 years
    - e. Are there gaps in the content?
    - f. How can they be addressed?
- 9. Did you receive any training on LSE at College?
  - a. Did your pre-service teacher training prepare you to teach and address challenges regarding LSE? How?
  - b. Probe for online, workshops and teacher guides?
  - c. Did the training lay-out the link between the curriculum and the health outcomes of LSE?
  - d. What additional information, training, mentorship and support do you require to teach LSE? Explain.
  - e. What about teaching and learning materials? Explain.
- 10. Have you received any upgrading, updates, new information on LSE since you started work? Probe for online programmes, workshop,
- 11. Do you or other teachers provide counselling on LSE, HIV, SRH, GBV, Human Rights? Who trained you on Counselling?
- 12. In your opinion, what are the perceptions of learners (by gender) about LSE content?
- 13. Is there equal participation of girls boys, learners with special needs? How should it be improved?
- 14. What is your view on the curriculum and teaching and learning materials currently in use?
  - a. What are your views on the materials? Relevance? User friendliness? Age appropriateness? Adequacy and accessibility of materials? *Explain?*
  - b. Any proposals for improvement?
- 15. In your opinion, what behavioral and attitudinal changes amongst students can be attributed to LSE?
- 16. How is LSE examined (if at all) and how are the results? Why?
- 17. What kind of support do Parents Teacher Association or School Management Committee provide on LSE? Any proposals for improvement?
- 18. Do parents support balanced LSE? Any challenges? What are proposals for strengthening parents' involvement in LSE?
- 19. Do community leaders support balanced LSE? Any challenges? What are proposals for strengthening community involvement in LSE?
- 20. What type of support do you receive from the MOEST, Institutions, District Council, NGOs in the delivery of LSE (Please specify)? Any proposals for improvement?
- 21. Are there any referral networks for learners on LSE, HIV, SRHR and GBV? With who?
  - a. What are your proposals for improvement?
- 22. In your opinion are schools and community environments safe, healthy and inclusive for primary school learners? Why? Any proposals for improvement?
- 23. Is there anything concerning LSE, HIV, SRHR, and GBV in TTCs which I haven't asked that you would like to tell me?

*Thank participant for their time and valuable input*



**SITUATION ANALYSIS OF COMPREHENSIVE SEXUALITY EDUCATION (LSE) IN PRIMARY SCHOOLS AND TEACHER TRAINING COLLEGES IN MALAWI**

**INTERVIEW GUIDE**

**PTA/SMC, PARENTS, COMMUNITY LEADERS**

1. What issues do your ward have in SRH, GBV, HIV and Human rights in schools or community?  
Probe for ranking?
2. What's your understanding of LSE/LSE?
3. Is it relevant for young people in Malawi? Explain.
4. Do you support balanced sexuality education that is comprehensive? Why?
5. Are you involved in management/delivery of LSE/LSE? Explain your role in LSE/LSE?
6. What can you say about the contents of the subject?
  - a. Does/has the information/content provided you with adequate information (specify, how?) on sexuality, gender, GBV and SRHR?
7. What can you say about the teachers of the subject?
  - a. Do you think you think they have adequate knowledge on LSE?
  - b. Do they give adequate support to your children (even beyond classroom)?
8. How else would you like your ward to learn LSE/obtain information on LSE? Probe for media, clubs, and counsellors?
9. What would you want changed in LSE?
  - a. How should it be taught?
  - b. By who?
  - c. When?
10. Have you observed any change of behaviour in children from your community that could be attributed to school-based LSE/community-based LSE?
11. What is your proposal for improving LSE?
12. Are there any referral networks for learners on LSE, HIV, SRHR and GBV? With who?
13. In your opinion are schools and community environments safe, healthy and inclusive for all young people? Why? Any proposals for improvement?
14. Is there anything concerning LSE, HIV, SRHR, and GBV in primary schools which I haven't asked that you would like to tell me?

*Thank participant for their time and valuable input*

# SITUATION ANALYSIS OF COMPREHENSIVE SEXUALITY EDUCATION (LSE) IN PRIMARY SCHOOLS AND TEACHER TRAINING COLLEGES IN MALAWI

## FOCUS GROUP DISCUSSION GUIDE

### PRIMARY SCHOOL LEARNERS

Greetings

Introduction

Objective of session

Assurance of confidentiality

1. What problems do you face in SRH, GBV, HIV and Human rights in schools or community?
  - a. Probe for ranking?
  - b. How often do you face these problems?
  - c. What help do you get?
  - d. From who/where?
2. Have you ever heard of LSE or LSE?
  - a. What subject areas?
  - b. Can you explain what you know about LSE?
3. What topics/issues do teachers teach you in LSE? Probe about condoms, contraceptives, SRH services, GBV services?
  - a. Do they tell you what they are, how they are used and where you can find them?
4. What can you say about the contents of LSE as a subject?
  - a. Does/has the information/content provided you with adequate information (specify, how?) on:
    - i. Sexuality
    - ii. gender
    - iii. GBV
    - iv. SRHR
  - b. Are there gaps in the content?
  - c. Are there issues you feel should not be discussed? Which ones?
5. Do you think your teachers have adequate knowledge on LSE?
6. Where else do you obtain sexuality information besides the classroom and why (*probe for people/clubs/media*)
  - a. Why?
  - b. What is your preference
7. Do your parents discuss LSE issues with you?
8. Do you think your parents have adequate knowledge on LSE?
9. Are they supportive of teaching of LSE
10. How can the LSE be improved?
  - a. How should it be taught?
  - b. By who?
  - c. When?
11. In your opinion are schools and community environments safe, healthy and inclusive for primary school learners? Why? Any proposals for improvement?

12. Are there any referral networks for learners on LSE, HIV, SRHR and GBV? With who and what type? Any proposals for improvement?
13. Is there anything concerning LSE, HIV, SRHR, and GBV Primary Schools which I haven't asked that you would like to tell me?

*Thank participants for their time and valuable input*

# SITUATION ANALYSIS OF COMPREHENSIVE SEXUALITY EDUCATION (LSE) IN PRIMARY SCHOOLS AND TEACHER TRAINING COLLEGES IN MALAWI

## FOCUS GROUP DISCUSSION GUIDE

### OUT-OF-SCHOOL YOUTH

1. What problems do you face in SRH, GBV, HIV and Human rights at home or within your community?
  - a. Probe for ranking?
  - b. How often do you face these problems?
  - c. What help do you get?
2. Have you ever heard of LSE or LSE?
  - a. What subject areas?
  - b. Can you explain what you know about LSE?
3. What can you say about the contents of the subject?
  - a. Does/has the information/content provided you with adequate information (specify, how?)
4. What topics/issues do teachers teach you in LSE?
5. What is your view on the content in relation to your needs or expectations? Probe about condoms, contraceptives, SRH services, GBV services?
  - a. Are there gaps in the content?
  - b. Are there issues you feel should not be discussed? Which ones?
6. Does/has the information/content provided you with adequate information (specify, how?) on:
  - a. Sexuality
  - b. gender
  - c. GBV
  - d. SRHR
7. Where else do you obtain sexuality information besides the classroom and why (*probe for people/clubs/media*)
  - a. Why?
  - b. What is your preference
8. Do you think your teachers have adequate knowledge on LSE?
  - a. How about Parents?
  - b. How about peer educators?
9. Do your parents discuss LSE issues with you?
10. Do you think your parents have adequate knowledge on LSE?
11. Are they supportive of teaching of LSE?
12. Are there any referral networks for learners on LSE, HIV, SRHR and GBV? With who and what type? Any proposals for improvement?
13. How can the LSE be improved?
  - a. How should it be taught?
  - b. By who?
  - c. When?
14. In your opinion are schools and community environments safe, healthy and inclusive for all young people?

15. Are there any referral networks for learners on LSE, HIV, SRHR and GBV? With who and what type? Any proposals for improvement?
16. Is there anything concerning LSE, HIV, SRHR, and GBV in TTCs and Primary Schools which I haven't asked that you would like to tell me?

*Thank participants for their time and valuable input*

## SITUATION ANALYSIS OF COMPREHENSIVE SEXUALITY EDUCATION (LSE) IN PRIMARY SCHOOLS AND TEACHER TRAINING COLLEGES IN MALAWI

### COLLEGE/SCHOOL MAPPING

#### Sanitation facilities

1. Are there separate women toilets and men toilets?
2. How many toilets to the women and men have?
3. Are there separate toilets for students and instructors?
4. Do the toilets have locks?
5. Are there hand washing facilities? (describe)
6. Is soap available?
7. Are there facilities to dispose of sanitary pads?

#### Safety on campus

8. Is the campus well lit in the evening?
9. Are there classrooms or offices without windows?
10. Does the campus have security in place? Describe.

#### Dormitories

11. Are there locks on the sleeping rooms?
12. Are there locks on the toilets?
13. Are there mosquito nets on each bed and on the windows?
14. Describe the security measures of the dormitories.

#### Traveling to campus

15. What is the most common way to travel to campus/school?
16. Describe possible safety issues related to the travel?
17. Describe any environmental and landscape issues.
18. Describe any facilities for students/learners with special needs e.g.
  - Wheel chair ramp
  - Resource room for learners with special needs
  - Equipment, resources and materials
  - Human resource
  - Etc.

**SITUATION ANALYSIS OF COMPREHENSIVE SEXUALITY EDUCATION (LSE) IN PRIMARY SCHOOLS AND TEACHER TRAINING COLLEGES IN MALAWI**

**CONSENT FORM**

UNESCO is undertaking a situation analysis of life skills education in primary schools and teacher training colleges.

We appreciate your participation in this study. Please note that all participation in the survey and focus group discussion is anonymous.

I agree to participate in this study

I am 18 years or older

Name:

Signature:

Age:

**For primary school learners**

I give consent for my learners to participate in this study

Name:

Title

Age:

Signature:



Education  
Sector



## About UNESCO

UNESCO is a United Nations' specialized agency for education. It provides global and regional leadership in education, strengthens national education systems, and responds to contemporary global challenges through education, with a special focus on Africa and gender equality.

### UNESCO's mission in the area of health education

- Promoting healthy lifestyles among girls, boys, young women, and young men through skills-based education in formal educational settings, non-formal educational activities, and informal education.
- Ensuring that all children benefit from good quality comprehensive sexuality education that includes information on HIV prevention.
- Ensuring that all children and young people have access to safe, inclusive, health-promoting learning environments.

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