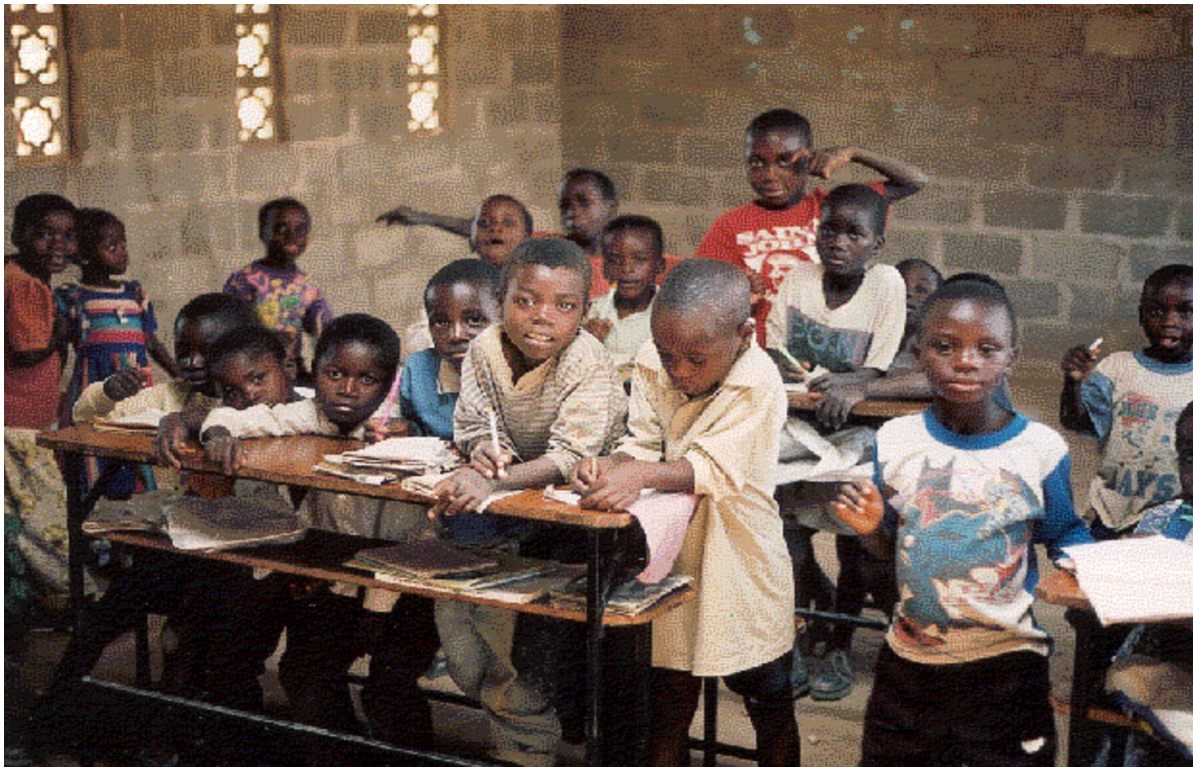


2015

ZAMBIA COUNTRY LEVEL SERAT REVIEW REPORT



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List of Acronyms

| | |
|--------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Antiretroviral Therapy |
| CBOs | Community Based Organisations |
| CDC | Curriculum Development Centre |
| CSE | Comprehensive Sexuality Education |
| EMIS | Education Management Information System |
| FBOs | Faith Based Organisations |
| GBV | Gender Based Violence |
| HDI | Human Development Index |
| HIV | Human Immunodeficiency Virus |
| LGBT | Lesbians, Gay, Bisexual and Transgender Persons |
| MoG | Ministry of Gender |
| MOE | Ministry of General Education |
| NAC | National AIDS Council |
| NASF | National HIV and AIDS Strategic Framework |
| NGOs | Non-Governmental Organisations |
| OVC | Orphaned and Vulnerable Children |
| PEP | Post Exposure Prophylaxis |
| PPAZ | Planned Parenthood Association of Zambia |
| SACMEQ | Southern and Eastern Africa Consortium for Monitoring Education Quality |
| SADC | Southern African Development Community |
| SRH | Sexual and Reproductive Health |
| STIs | Sexually Transmitted Infections |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific & Cultural Organisation |
| UNICEF | United Nations Children’s Fund |
| VSU | Victim Support Unit |
| WHO | World Health Organisation |
| ZDHS | Zambia Demographic and Health Survey |

1.0 Executive Summary

Reaching young people with Comprehensive Sexuality Education content that builds their skills and provides them with age-appropriate information and knowledge is important for increasing their awareness of HIV & AIDS, STIs, adolescent reproductive health and Rights. This outreach to young people prevents unwanted pregnancies, risky behaviour, and HIV and STI infections. It is because of the need to strengthen CSE content among primary and secondary school going learners of Zambia that UNESCO commissioned this study to evaluate the revised Comprehensive Sexuality Education in primary and secondary school settings.

The main objective of this study was to: (i) review school-based HIV prevention and sexuality education programmes based on international evidence and good practice; (ii) provide data to inform improvement or reform of programmes; (iii) assess programme efficiency by focusing on health data and other social criteria (notably gender) when looking at its strengths and weaknesses; and (iv) inform debate and advocacy by making available data on sexuality education that is understandable, easy to analyse and accessible to different audiences. SERAT is based on international evidence and best practice in the development and content of effective curricula. SERAT includes analysis of curriculum content, programme development, teacher training and other key elements that can lead to the success of a sexuality education programme. It includes analysis of health and social components, with a strong gender focus.

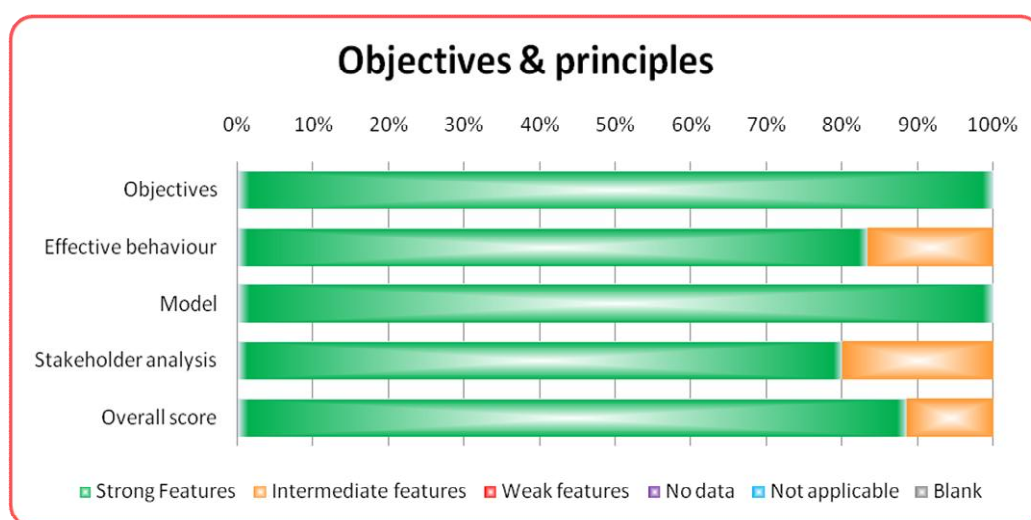
METHODOLOGY

The methodology used included collection of primary and secondary data through a desk review and appropriate field data collection procedures. Secondary data came from: (a) national population based surveys including Demographic and Health Surveys and AIDS Indicator Survey; (b) Other national surveys such as the Gender survey and the Living Conditions Monitoring Survey; (c) reports from UN Agencies, Ministry Of Education, and National AIDS Council; (d) curricula and policy-related documents. Field data collection involved the use of a checklist of questions administered to teachers and learners, among others. The Sexuality Education and Review Tool (SERAT), which is based on The International Technical Guidance on Sexuality Education developed by UNESCO, was used to evaluate the CSE programme. SERAT is organized against themes that include: (1) Objectives and principles – which look into the objectives of the programme and principles that guided its design; (2) Content – which assesses if the programme module content for various ages cover all elements of a comprehensive sexuality education;

(3) Implementation – which looks at the methods most commonly planned for use in implementation of the programme; (4) Integration - which looks at the extent to which the programme is integrated into the school curricula; (5) Teacher training – which assesses if teacher training includes sexuality education and particular skills for teaching it; (6) Monitoring and Evaluation – which looks at measures put in place to monitor and evaluate the sexuality education programme; and (7) Public Health data – which documents the availability of data to support programme design. A stakeholders meeting was held to validate the SERAT review findings.

STUDY FINDINGS

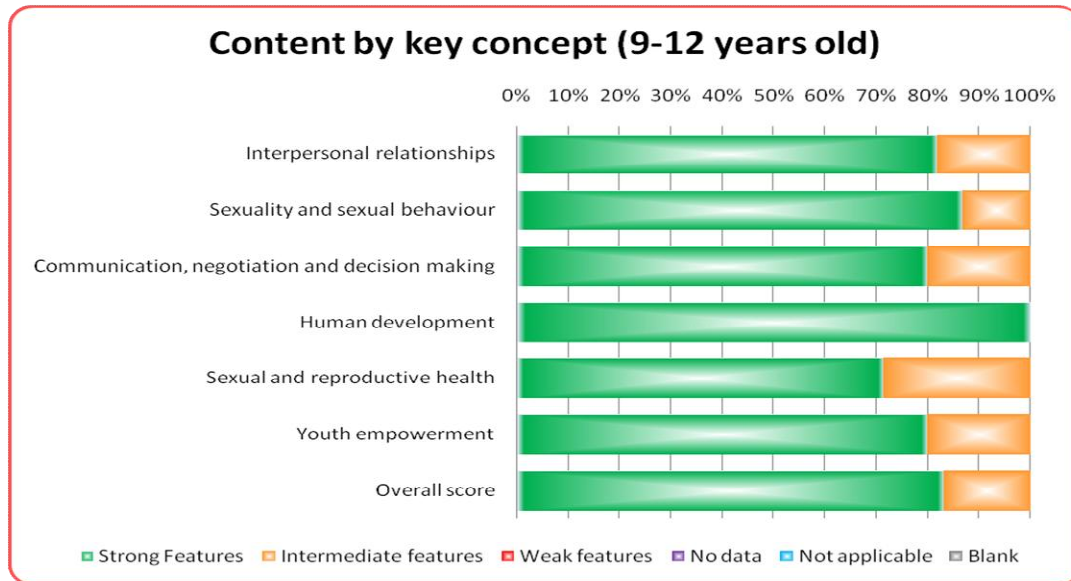
Objectives of the Zambia CSE Programme: The objective and principles of CSE are very good because the scores for objectives, coverage of effective behaviour, programme model, and stakeholder analysis rate very highly.



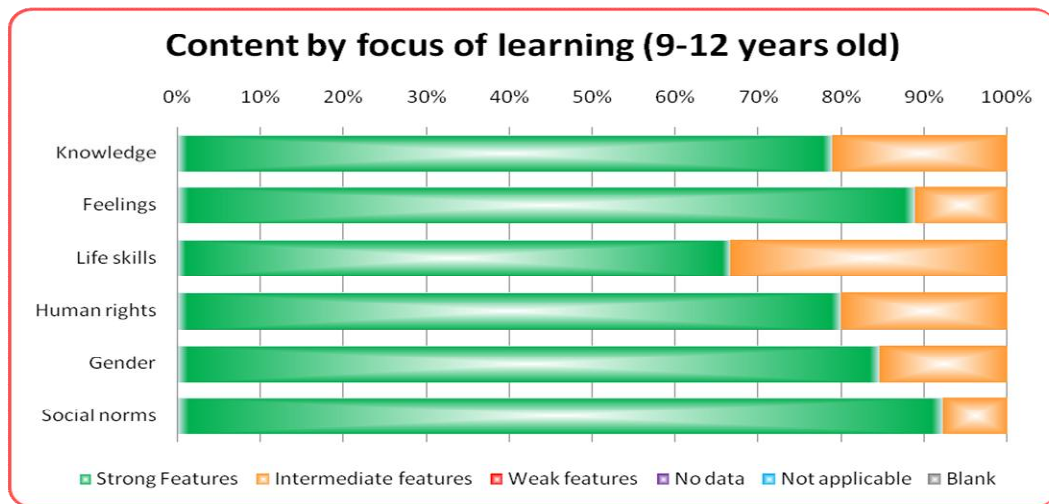
Content of the CSE

1. **Content for 5-8 years old:** Content for this age group has not been developed because the CSE framework targets grades 5- 12 only.
2. **Content for 9-12 years old:** CSE is integrated in carrier subjects like Religious Education, Civic Education, Languages, Home Economics, Social Studies and Integrated science.
 - a) **Content by Concept:** Interpersonal relationships scored 81%; ii) Sexuality and sexual behaviour scored 88%; iii) Communication, negotiation and decision- making scored 80%; IV) Human Development scored 100%; v) Sexual and Reproductive Health scored 71%; and VI) Youth empowerment scored 80%. The overall score for content by key Concept was 82%.

Not addressed in the content and subjects are areas such as the process of engagement for marriage (betrothal) and how gender norms perpetuate illegal child marriages, influence of laws on marriage and parenting and reflections upon intentions concerning marriage and long term relationships

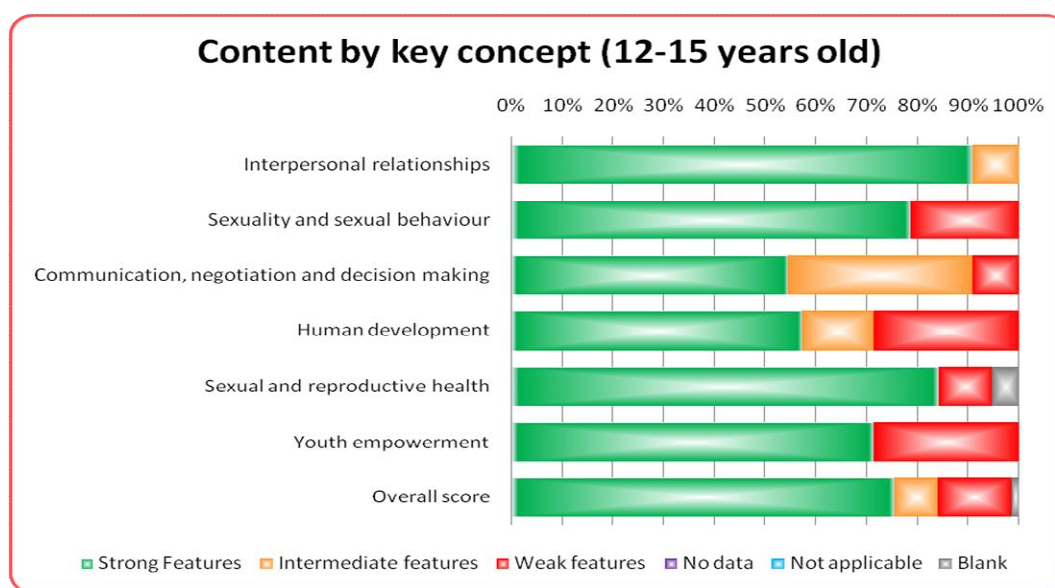


- b) **Content by focus:** a) Knowledge scored 79%; b) Feelings scored 89%; c) Life skills scored 66%; d) Human Rights scored 80%; e) Gender scored 85%; and social norms scored 92%. Content by focus of knowledge, feelings, life skills, human rights, gender, and social norms needs to be improved

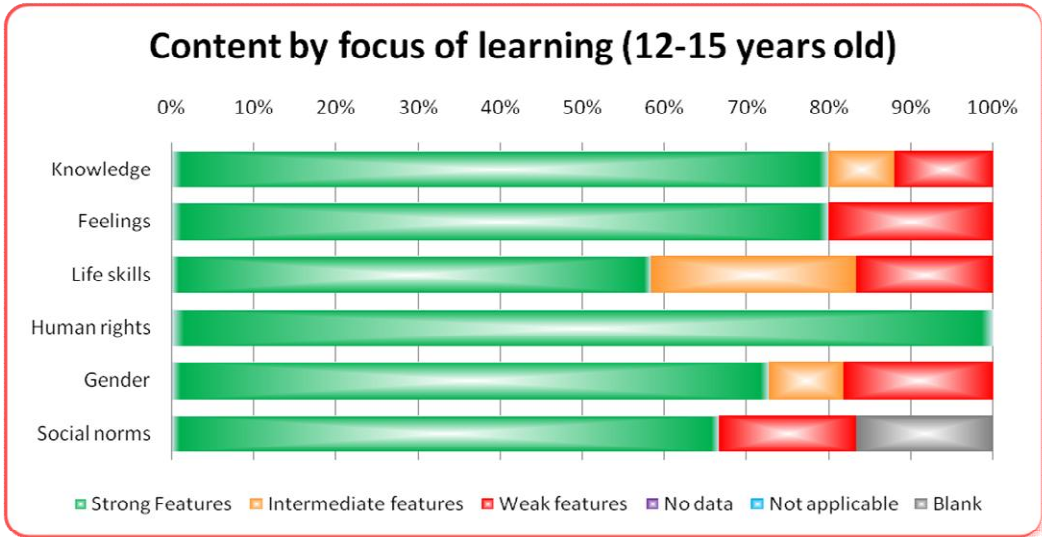


3. Content for 12-15 years old:

- a) **Content by Concept:** Interpersonal relationships scored 90% while sexuality and sexual behaviour scored 80%; Communication, negotiation and decision making scored 54%; Human Development scored 58%; Sexual and Reproductive Health scored 83%; and Youth empowerment was at 71%. The overall score for the Content by Concept was 85%. All themes were well covered as strong features. However, some weaknesses in the content were noted such access to PLHIV networks and lack of advocacy skills on human rights.

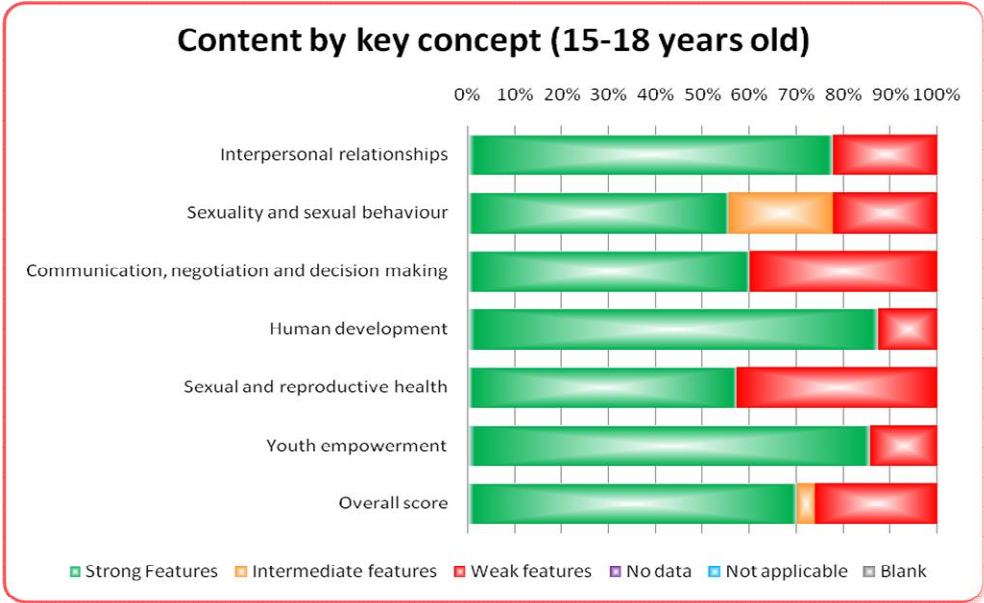


- b) **Content by Focus:** Content by focus of the programmes and syllabus is generally strong. However, knowledge especially around sexuality and sexual behaviour and how one can express themselves across the life cycle is very weak.



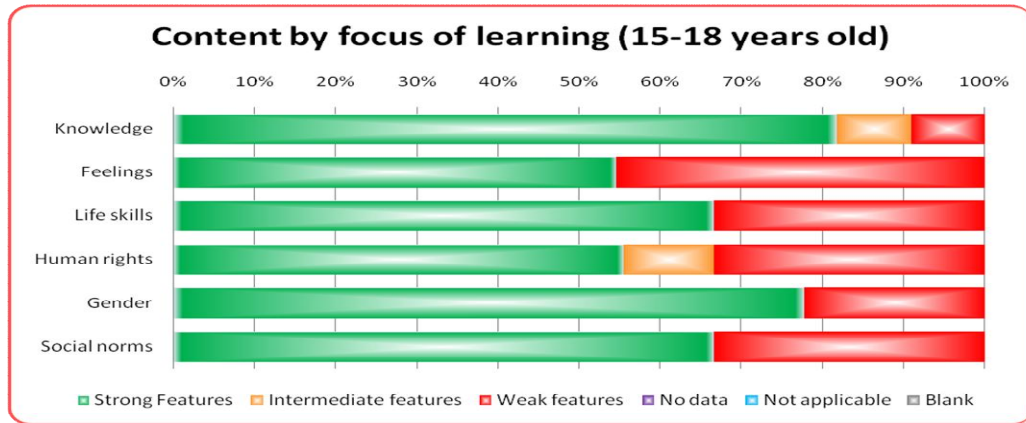
4. Content for 15-18+ years old:

a) **Content by Concept:** In terms of content by key concept overall score 70%, Interpersonal relationships 78%, Sexuality and sexual behaviour 55%, communication negotiation and decision making 60%, Human development 88%, sexual and reproductive health 57%, and youth empowerment 86% in terms of strong features. From the results of the review, the only weakness with this concept is that it does not address issues of shame, fear and other feelings that young people may experience and how these can hamper disclosure of things like HIV status and pregnancy and prevent them from having access to support services.

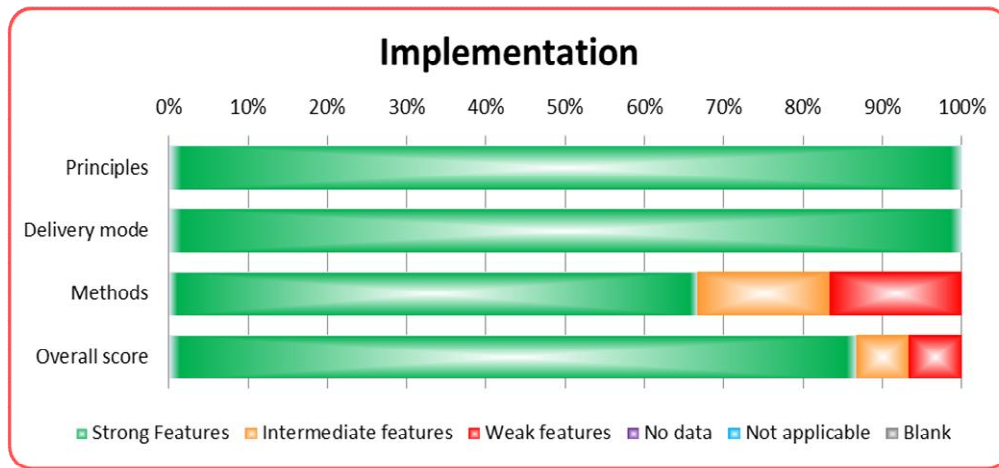


b) **Content by Focus:** Under Content by focus, knowledge scored 81%; feelings scored 85%; Life skills scored 67%; Human Rights scored 55%; Gender scored 78%; and Social norms

scored 68%. while the curriculum enabled learners to develop skills of assertiveness, negotiation and others, it does not build their skills to master steps of rational decision making on Sexual and Reproductive Health.



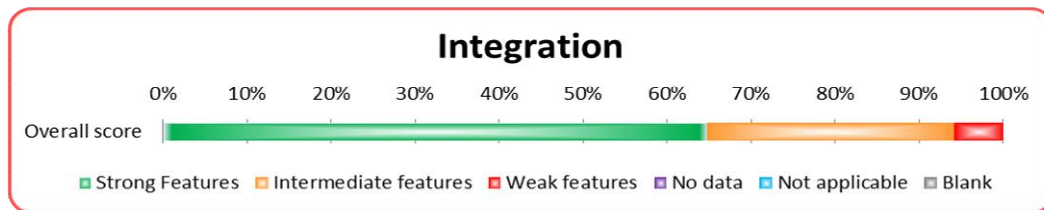
Implementation



From the scores, it can be inferred that the content meets all the principles and contains all the detailed guidelines to establish a good learning environment based on equality, respect and human rights.

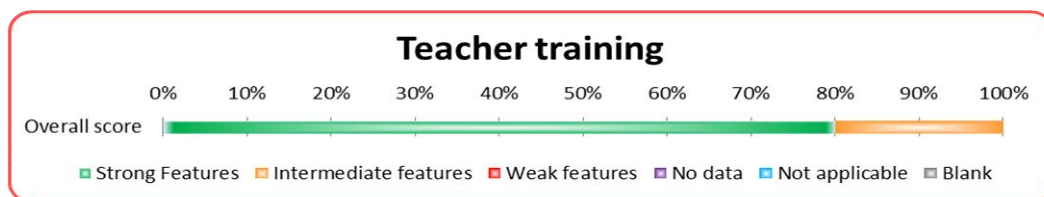
Integration

The CSE programme is fully integrated into the school curricula at both primary and secondary levels. It is integrated into carrier subjects like languages, Home Economics, Integrated Social Studies, Integrated Science, Life skills, Physical Education, Religious Education, Civic Education and Home Economics. It is not taught as a stand-alone subject; though there are still inadequacies in materials for both teachers and learners



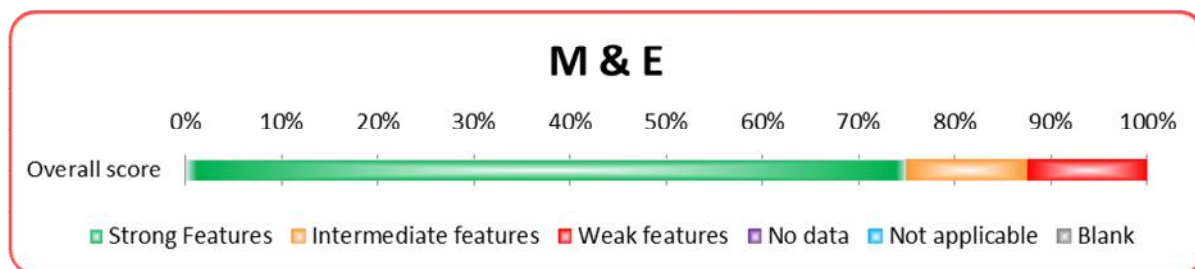
Teacher training

Teacher training scored 80% and was a strong feature and includes Sexuality Education and the particular skills required to teach it. 80% of the considerations for teacher training have been taken into account.



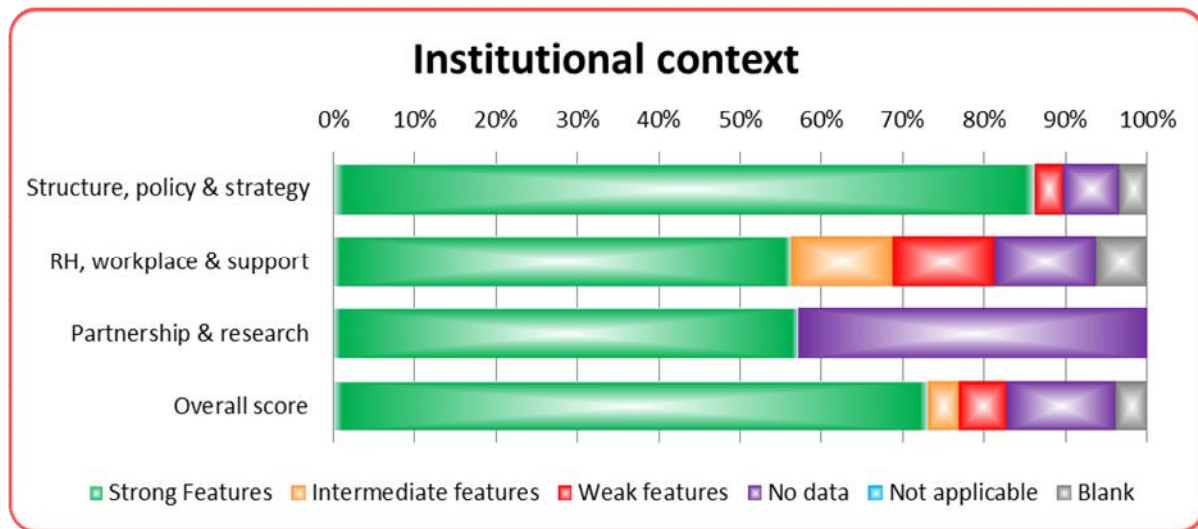
M&E

The overall score for M&E was 75%. The features scored as follows strong 75%, intermediate 10% and weak 10%. However, there is no national level data on the outcomes and impact of CSE for young people in Zambia.



Institutional context

The overall score for institutional context is 72%, indicating that strong features are in place which supports sexuality education. HR policies have not been amended to minimize vulnerability and susceptibility to HIV & AIDS and Gender Mainstreaming is still weak.



RECOMMENDATIONS

1 Teaching materials on CSE need to be reviewed, produced and disseminated to all schools:

- There is need to develop teaching, reference and reading materials on CSE and have these materials disseminated to all the schools in Zambia.
- The recently approved textbooks need to be reviewed to ensure that CSE issues are comprehensively addressed.
- Since CSE will now be examinable at grades 7, 9 and 12, it is important that grade 7 and 12 CSE books are produced speedily and disseminated to all schools in Zambia.
- Special attention should be given to learners with Special Needs and appropriate materials produced for them.

2 Strengthen the use of ICT in CSE training for in-service teachers

- The Ministry of Education should explore ways of using the increasingly available and spreading modern information technology in training teachers and educating learners in CSE, especially if they are to reduce the cost of trainings in workshops and seminars.
- Dongles for training in-service teachers should be made available to everyone so that they can have as much time to familiarize with the materials and other CSE content as possible.

3 Pre-service and in-service training of teachers in CSE should be scaled up

- Efforts need to be made to train either all the teachers or a critical mass of teachers in the various aspects of HIV & AIDS, STIs and CSE and in making CSE to be a participatory and routine classroom teaching issue; special attention should be given to teaching pupils with Special Needs.
- The curriculum on CSE should be disseminated for use in all schools in Zambia

4 Strengthen monitoring of CSE in schools

- The Department of Education Standards should develop appropriate tools and play a more active role in monitoring the implementation of CSE

5 Strengthen the EMIS to collect national Public Health Indicators in schools

- The Ministry of Education must be empowered to collect Public Health data that is specific to teachers and learners to inform future programming, besides what the Ministry of Health collects in the general population

6 Rigorous efforts be made to mobilize resources for CSE:

- Appropriate guidelines be prepared to support schools to operationalize a requirement that all schools include CSE in their budget

7 Strengthen collaboration between NGOs and MoE in the delivery of CSE:

- Rationalize the curriculum used by NGOs in delivering CSE as an extra-curricular activity
- Department of Education Standards should also monitor the activities of these NGOs to ensure that they are in tandem with the curriculum and policies from MOE

8 The Ministry of Education should consider reviewing its policy on the distribution of condoms and other contraceptives in school settings: In light of the baseline data that 18.4% of the males under the age of 15 and 7.4% of the females under the age of 15 have had sex, and that the HIV prevalence was at 2.37% for children between 0 and 14 years, the Ministry of Education should reconsider its no-condoms and no- contraceptives in schools policy.

9 The Ministry of Education should consider reviewing their HR policies:

- To reduce Teacher vulnerability and susceptibility to HIV Risk, the ministry should reconsider the teacher deployment policy on taking teachers away from their families
- Develop guidelines for implementing universal precautions against HIV for use by all staff in the MOE
- MOE should consider employing more HIV Counselors in schools to offer psychosocial support to Teachers and Learners living with HIV

10 The Ministry of Education should consider Gender mainstreaming:

- Develop a gender workplace policy and programme
- Appoint a specific gender focal-point person to coordinate gender activities in the MOE

11 The Ministry of Education should set up an M&E and Research unit to:

- Define a Research agenda for the Ministry of Education prioritizing gaps in Knowledge relating to the impacts of and response to HIV & AIDS within the education sector
- Commission regular research to inform the education sector response to HIV & AIDS
- Commission research to inform gender mainstreaming in the education sector

12 UNESCO and the MOE: Build consensus around age-appropriate content and grade appropriate content for CSE

2.0 Introduction

2.1 Background Information

2.1.1 Sexuality Education: The Zambian education sector plays a critical role in shaping the behaviours of young people and in the prevention of HIV, STIs and unintended pregnancies. This is so because a larger population of young people is in school. Investing in education through the provision of comprehensive sexuality education and reproductive health information increases the potential and opportunity of reaching out to young people enabling them to access good quality education and to develop skills to make healthy behavioural choices. Young people between 5 and 14 years of age, both in and out of school, offer a window of hope in the fight against the spread of HIV & AIDS especially if they have been reached with life skills, sex and sexuality education programmes before they become sexually active. Since HIV & AIDS has no cure at the moment, the best vaccine against it is through prevention and supporting young people to form and/or changing behaviour and values.

Zambia developed a Life Skills Education Framework in 2011 in order to provide guidelines to direct service providers on minimum standards of content to be taught at different levels of education in order to standardize the life skills offered to learners. In 2013, the Ministry of Education revised the 2011 curriculum and developed a Comprehensive Sexuality Education framework for grades 5 to 12 to move the education of school learners beyond life skills.

2.2 Objectives of the National SERAT Review

SERAT is an excel based tool that supports the collection of data on HIV prevention and sexuality education programmes. Results are presented immediately on bar charts in the tool for ease of consultation and to enable immediate analysis of the strengths and weaknesses of a programme, in addition to the programme's relevance to sexual and reproductive health issues in that country. Its purpose is:

- To review school-based HIV prevention and sexuality education programmes based on international evidence and good practice;
- To provide data to inform improvement or reform of programmes;
- To assess programme efficiency by focusing on health data and other social criteria (notably gender) when looking at its strengths and weaknesses;

- To inform debate and advocacy by making available data on sexuality education that is understandable, easy to analyse and accessible to different audiences. SERAT is based on international evidence and best practice in the development and content of effective curricula.

2.3 METHODOLOGY

2.3.1 Procedures Followed in Executing the Evaluation

The methodology used included collection of primary and secondary data through desk reviews and appropriate field data collection procedures. Trends in teenage pregnancy, sexually transmitted infections, age of first intercourse, and condom use are often used to generally assess the status of the Sexual health of the youth, because sexual health is a key aspect of overall personal health and well-being. School-based CSE can play an important role in the primary prevention of Sexually Transmitted Infections, HIV and unwanted pregnancies. Hence, in collecting secondary information, various documents from the Ministry of Education, Ministry of Health, Central Statistical Office, NGOs, internet and other sources were reviewed accordingly to consolidate data on trends in various parameters that relate to young people in Zambia, their sexual experiences, childbearing as well as HIV and AIDS and other sexually transmitted infections.

Primary data collection was done through the use of participatory methods such as Focus Group Discussions. Key informants at the national and school levels were interviewed. Focus Group Discussions (FDGs) were also held with the learners in the schools visited, however, due to lack of time, FDGs were held with learners, teachers from Kabulonga Basic School and Nyumba Yanga Secondary School. Below is a table showing the respondents reached during the study:

Table 1: Distribution of Institutions and individuals reached during the study

| Individual/ Institution | Females | Males | Totals |
|--------------------------------|----------------|--------------|---------------|
| MoE/ CDC | 03 | 01 | 04 |
| NGOs | 01 | | 01 |
| Primary School Teachers | 02 | 02 | 04 |
| Secondary School Teachers | 05 | | 05 |
| Primary school Learners | 06 | 05 | 11 |
| Secondary school learners | 09 | 12 | 21 |
| Total | 26 | 20 | 46 |

The Sexuality Education and Review Tool (SERAT) that is based on The International Technical Guidance on Sexuality Education, developed by UNESCO, were used to evaluate the CSE programme. SERAT includes an extensive list of items designed to check a broad range of sexuality education features. They are organized into eight categories namely: (1) Objectives and principles – which looks into the objectives of the programme and principles that guided its design; (2) Content – which assesses if the programme module content for various ages covers all elements of a comprehensive sexuality education; (3) Implementation – which looks at the methods most commonly planned for use in implementation of the programme; (4) Integration - which looks at the extent of programme integration into the school curricula; (5) Teacher training – which assesses if teacher training includes sexuality education and particular skills for teaching it; (6) Monitoring and evaluation – which looks at the measures put in place to monitor and evaluate the sexuality education programme; and (7) Public Health data – which documents the availability of data for supporting programme design. In a given category, a number of items are listed against which there are five alternative options to choose from. When an appropriate response is made by selecting and clicking on one of the options from the five dropdown lists, the answers are automatically converted into figures to facilitate interpretation. The tool also invites users to write short comments (if they have any) alongside each item. It is with these procedures that this review was made using the Zambia CSE programme. The SERAT tabulated all the required graphs for analysis. A stakeholders review meeting was held at which the SERAT results were validated

2.3.2 Limitations of the Study

This study was originally scheduled to last for seven days only. However, due to delays in the scheduling of appointments with key staff in the Ministry of Education and the Curriculum Development centre, considerable time elapsed before the study could commence.

The timing of the study was also not conducive as it coincided with the leaving examinations for grade 7, 9 and 12 in the schools sampled for the study. Non-examination learners were all sent home to pave way for the examination classes to complete their examinations. This also robbed the study team of the opportunity to talk to learners in good time. The team had to wait for close to a month before getting a chance to talk to the learners from non-examination classes. Teachers were also out to invigilate examinations at the time when the review was supposed to take place.

This was a qualitative review and not a quantitative review. It would have been beneficial to undertake a combination of both qualitative and quantitative methods in order to take advantage of the strengths of each method and make comparisons of the findings.

The SERAT review was designed to be just a small study only done in Lusaka out of 6 provinces where CSE was being implemented. It would have been beneficial to review the other provinces as well and compare the results.

3.0 Literature Review

3.1 Zambia's Socio-economic context

Zambia is a country covering an area of 752,612 square kilometers and is located in the Southern African region. It shares borders with Angola; Botswana; the Democratic Republic of Congo (DRC); Malawi; Mozambique; Namibia; Tanzania; and Zimbabwe. The capital of Zambia is Lusaka. Administratively, the country is divided into 10 provinces and about 106 districts. Of the 10 provinces, two are predominantly urban, namely Lusaka and Copperbelt. The remaining provinces namely: Central, Eastern, Muchinga, Northern, Luapula, North Western, Western, and Southern are predominantly rural.

In 2010, the population of Zambia was recorded at 13,092,666 from 9,885,591 recorded in 2000¹. The average annual population growth rate between the years 2000 and 2010 was 2.8 per cent. During the 2010 national census of population and housing, 61% of the population was in rural areas while 39% was in urban areas. Of this, 49.3% (6,454,647) were males and 50.7% (6,638,019) were females. In terms of distribution, 60.5% (7,923,289) were in rural areas and 39.5% (5,169,377) in urban areas. About 45.4% of the population is predominantly youth (below the age of 15). By 2010, life expectancy at birth was estimated at 49.2 years for males and 53.4 for females². The literacy rate at national level in 2010 was 70.2%. Literacy rates for rural and urban areas were 60.5% and 83.8%, respectively. Males had a higher literacy rate (73.2%) than females (67.3%). Of the population aged 25 years and older that ever attended school, 47.8% completed primary school, 37.3% completed secondary school and 14.5% completed tertiary education. The United Nations Development Programme (UNDP) estimates Zambia's HDI value for 2013 at 0.561 (which is in the medium human development category) positioning the country at 141

¹ Republic of Zambia: Central Statistical Office. 2012. "2010 Census of Population and Housing". Lusaka

² Ibid

out of 187 countries.³ In the same period, 60.5% were living below the poverty datum line, with 42% being extremely poor and 18.5% being moderately poor.⁴ 23.4% of households in Zambia are female headed. The Gross Domestic Product (GDP) currently stands at US\$ 26.82 billion with an estimated growth rate of 7.10% in 2014⁵. The unemployment rate was estimated at 10.2% in 2012⁶.

3.2 HIV & AIDS context

HIV & AIDS continues to be a major developmental challenge for Zambia, which still has one of the highest HIV prevalence rates in the world. 13% of adults age 15-49 are infected with HIV (15% of women and 11% of men)⁷. A comparison of the HIV prevalence estimates from the 2001-02, 2007, and 2013-14 ZDHS surveys indicates that HIV prevalence among adults in Zambia has decreased over time (from 16% in 2001-02 to 13% in 2013-14). HIV prevalence increases with age, peaking at 23% in the 40-44 age groups and declines thereafter.

More HIV infections take place among older adults than among young adults. The death rate from HIV & AIDS among the population 15 years and older has reduced from a peak of 1.02% in 2002 to 0.34% in 2011. The death rate due to HIV & AIDS among infants reduced from a peak of 1.51% in 1997 to 0.33% in 2011. 90% of adults 15 years and older in need of ART were enrolled and were accessing it by 2011 just like 28.1% of children under 15 years in need of ART were accessing it by the same year.

A multi-sectoral response to the HIV pandemic, through the implementation of the NASF 2011-2015 was carried out in line with the Zambian government commitments and the targets of the United Nations' Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV & AIDS. Many stakeholders such as the Ministries of Health, Community Development and Social Services, Youth, Sport and Child Development, and Gender; Quasi- Government organizations, NGOs, FBOs, PLHIV, Donors and CBOs work in cooperation with each other to fight HIV & AIDS in Zambia.

3.3 Education in Zambia

Education is a human right and the current Zambian Education Policy supports free primary education for all. The literacy rate at national level in 2010 was 70.2%. Literacy rates for rural and urban areas were 60.5 and 83.8%, respectively. Males had a higher literacy rate (73.2%) than females (67.3%)⁸. Since 2002,

³ UNDP: Human Development Index 2014.

⁴ Republic of Zambia: Central Statistical Office; Living Conditions Monitoring Survey 2012

⁵ World Bank

⁶ Republic of Zambia: Central Statistical Office; Labour Force Survey Report 2012

⁷ ZDHS 2013-2014

⁸ 2010 Census Report

when the government announced the Free Primary Education (FPE) Policy, the MoE has registered over 1.2 million more learners, growing Zambia's net enrolment from 71% in 1999 to over 97% in 2013⁹.

According to the 2010 Census Report, of the population aged 5 years and older, 34.2% were currently attending school. The national net primary and secondary school attendance rates were 71.6% and 45.5%, respectively. The net primary school attendance rate was 66.9% in rural areas and 79.6% in urban areas. At secondary level, net secondary school attendance rate was 33% in rural areas and 62.2% in urban areas. The Gender Parity Index was 0.96 indicating that there are gender inequalities in school attendance for males and females. Rural and urban Gender Parity Index was 0.90 and 1.02, respectively. Of the population aged 25 years and older that ever attended school, 47.8% completed primary school, 37.3% completed secondary school and 14.5% completed tertiary education. In rural areas the completion rate was 67%, 26.8% and 5.7% for primary, secondary and tertiary education. In urban areas, the highest completion rate was for secondary at 48% followed by primary at 28.2%. Urban areas recorded the highest completion rate for tertiary education at 23.6%.

Sex differentials shows that a high percent age of females (56.9%) have completed primary education compared to 39.7% for males. At secondary and tertiary levels males had higher completion rates of 42.6 and 17.5%, respectively. Females had completion rates of 31.4% for secondary and 11.3% for tertiary.

The United Nations Convention on the rights of the Child and the Universal Declaration of Human Rights recognise that all citizens of a country have a right to education. In line with this recognition, the Ministry of Education put in place the re-entry policy which mandates schools to allow girls who previously left due to pregnancy, back into the school system.

The number of girls who fell pregnant at primary school level (Grade 1 - 9) was highest in 2009 (13,769) and lowest in 2005 (9,111). Those re-admitted into the school system in 2009 were 5,034 representing 36.6% of total pregnancies, while 3,899 were re-admitted into the school system in 2005 representing 42.8%¹⁰. Furthermore, the number of girls who fell pregnant at high school level, (Grade 10-12) was highest in 2009 (1,817) and lowest in 2005 (1,330). One thousand and thirty three (1,033) girls were re-admitted into the school system in 2009 (56.9%) and 932 were re-admitted in 2005, (70.1%).

The current teacher to learner ratio stands at 1 to 48 showing that effective communication between a teacher and learners is seriously compromised. However, Zambia has improved the supply of trained

⁹ Education for all National Review Report 2015

¹⁰ Republic of Zambia: Central Statistics Office; Gender Statistics 2012

teachers while aiming to manage attrition by deploying 5,000 teachers annually¹¹. With a total teaching establishment of 93,164 (56,721 in basic schools) in 2013, the education sector is the largest government employer. Of these teachers, 8,803 left their positions compared to 6,450 in 2012. This number includes retirements, upward movement into administrative positions, contract expiration, death, dismissal, illness, transfers, and other reasons. Nonetheless, the numbers of teachers leaving the teaching service exceed that of replenishments. This goes to show that all schools will continue to experience deficits for many years to come.

Zambia has two Ministries responsible for education, namely the Ministry of General Education (dealing with primary and secondary education), and the Ministry of Higher Education (dealing with tertiary education, science and technology). The Education Sector plays a critical role in shaping the behaviours of young people and is therefore a key partner in the prevention of HIV, STIs and unintended pregnancies. This is largely so because a large population of young people are in school. Investing in the education through the provision of comprehensive sexuality education and reproductive health information increases the potential and opportunity of reaching out to young people enabling them to access good quality education and to develop skills to make healthy behaviour choices. However, there are number of challenges hindering the education sector's achievement of its potential. Some of these are as listed below:

- Varying quality and content of Sexuality and Reproductive Health Education in the curriculum.
- Indecision on whether SE should be taught as a Stand-alone subject or integrated within some subjects.
- Inadequate training of specialists in integration strategies

3.4 Brief Overview of Adolescents and Young people's Health

According to the Ministry of Health, adolescents are defined as young people between the ages of 10 and 19 years¹². In Zambia, adolescents account for over a quarter (27%) of the total population, and have a significant influence on the health trends. Due to wide stigmatization, problems such as HIV and AIDS, and STIs present special challenges to the adolescents, calling for special attention. Poor nutrition significantly impacts on the health and development of children and adolescents, leading to physical-stunting, poor mental development, delayed attainment of puberty, and susceptibility to infections. In pregnant adolescent women, poor nutrition leads to high mortalities and a higher likelihood of giving birth to underweight and unhealthy babies, with reduced chances of survival.

Zambia is among the countries that are most affected by the HIV and AIDS epidemic in Sub-Saharan Africa. This is despite the fact that HIV prevalence among adults between the ages of 15 to 49 years, is

¹¹ EFA Review 2015

¹² Republic of Zambia MOH Adolescent SRH Strategic plan 2011-2015

reported to have dropped from 14.3% in 2007 to 13% in 2013-/14. STIs, HIV& AIDS present major health problems for the adolescents in Zambia. According to the ZDHS 2013/14, approximately 7% of young people aged 15-24 (8% young women and 5% young men) are HIV positive. HIV prevalence increases with age; from 4 percent among young people age 15-17 to 12 percent among young people aged 23-24¹³. It is also estimated that about 700,000 children in Zambia, including adolescents, have been orphaned as a result of AIDS.

The majority of young people begin sexual relationships during adolescence. The ZDHS 2007 reported that 56% of females and 51% of males, aged between 15 and 24 years, reported that they had sex before the age of 18 years. At the same time, only 24% of females and 22% of males of this age group reported to have used a condom at first sex, meaning that majority of them practiced unsafe sex.

In Zambia, by the age of 18 years, about 56% of girls and 51% of boys are reported to have had sex, and only about one quarter of adolescents aged between 15 and 19 years used condoms at first sex. Further, 3 in 10 young women aged 15 to 19 years have either given birth or carrying a pregnancy. Adolescent pregnancy is dangerous for both the mother and the child, contributing to high maternal and neonatal mortalities. In Zambia, adolescents also face other problems related to sexual and reproductive health, including the risks of contracting HIV and STIs, fistula problems among adolescent girls, especially in rural areas, and puberty related illnesses. Currently, the challenge is that there are few or no adolescent-tailored sexual and reproductive health services and often adolescents find it difficult to attend sexual and reproductive health services together with adults.

3.5 Status of Comprehensive Sexuality Education in Zambia

UNESCO (2009) defines Comprehensive Sexuality Education as “an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information”¹⁴. It provides young people with opportunities to “explore their attitudes and values, and to practice the decision-making and other life skills they will need to be able to make informed choices about their sexual lives”. Effective CSE programmes are said to a) to increase young people’s ability to abstain from or delay the debut of sexual relations; b) reduce the frequency of unprotected sexual activity; c) reduce the number of sexual partners; and d) increase the use of protection against unintended pregnancy and STIs during sexual intercourse.

¹³ ZDHS 2013/14

¹⁴ UNESCO (2009). International Technical Guidance on Sexuality Education: An Evidence-informed Approach for Schools, Teachers and Health Educators.

Zambia's Education Policy of 1996, "Educating Our Future", recognizes life skills as one of the main components of the school curriculum. The policy is explicit on what type of skills to offer to both formal and non-formal learners regardless of gender. The Vision 2030 of 2006 outlines the teaching of skills '...give priority to the teaching of knowledge, skills and values that will enable learners to contribute to achieving the national vision'¹⁵. In 2011, the government enacted the Education Act of 2011 which emphasizes on the need to clearly include knowledge, skills and values in the curriculum from Early Childhood Education to Tertiary education. Zambia also developed a Life Skills Education Framework in 2011 that adopted the WHO definition of lifeskills as "abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life".

In order to respond to the above challenges, the Ministry of General Education, with support from UNICEF and other stakeholders developed the Zambia Education Curriculum Framework in 2013. The new curriculum has also been linked at all levels from Early Childhood Education to tertiary education and adult literacy. It also provides for the integration of Comprehensive Sexuality Education in the curriculum from grades five to twelve. CSE is also covered in the pre-service teacher training syllabus both at primary and secondary teacher training stages.

3.6 Gender

According to UNESCO¹⁶ gender refers to the roles and responsibilities of men and women that are created in families, societies and culture. It also includes the expectations held about the characteristics, aptitudes and behaviours of both men and women. Gender equality on the other hand demands for a level playing field in which both men and women have equal opportunities to realise their human rights. Gender issues are concerned with promoting equality between the sexes and improvement in the status of both women and men in society. It is well understood that social and economic development can only be attained when there is equal participation of both men and women in the development process. Zambia's vision on gender as stated in the "Vision 2030" is to achieve gender equity and equality in the social-economic development process by 2030¹⁷. In this regard, the government has put in place a Gender policy which ensures the advancement of gender mainstreaming policies and legislation.

¹⁵ Republic of Zambia: Vision 2030

¹⁶ Gender Mainstreaming and Implementation Framework (2003)

¹⁷ Vision 2030

3.6.1 Statistical information on GBV

According to Zambia's Anti-Gender-Based Violence Act of 2011, gender-based violence is defined as any physical, mental, social or economic abuse against a person because of that person's gender¹⁸. It can be, but is not limited to violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to the person, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life; and actual or threatened physical, mental, social or economic abuse that occurs in a domestic relationship. The United Nations Declaration on the Elimination of Violence against Women has defined violence against women as —any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life.

According to the GBV indicators Study conducted by Gender Links in Southern Africa in 2013, Zambia ranks highest at 89% in GBV prevalence suffered by women and 72% GBV perpetration out of six SADC countries in the experience of GBV¹⁹. The proportion of females who had experienced physical violence in the 12 months prior to the ZDHS 2000 and the ZDHS 2007 increased from 23 percent in 2001/2 to 33 percent in 2007²⁰. All the age groups within 20-49 years had a notable increase. The proportion of females forced to have sex increased from 15.6 percent in 2005 to about 19.2 percent in 2009. The age group 25-49 years indicates the highest percentage increase in the proportion of females that reported to have been forced to have sex over the survey years. In 2009, the age group 25-49 years shows a 4.4 percentage point increase in the proportion of females that reported to have been forced to have sex with 20.6 percent from 16.2 percent in 2005. There was also an increase in the number of rape cases over the years from 178 in 2007 to 254 in 2010. Defilement was another gender based crime which recorded a significant increase from 696 cases reported in 2007 to 2,419 cases in 2010.²¹

3.6.2 Government and other stakeholders Response to GBV prevention

Since the International Women's Year in 1975, Zambia, like many other African countries, has taken measures to advance the status of women. The Zambian government has also taken up the issue of protecting and promoting the rights of children. To this end, the Government has signed and ratified all

¹⁸ Republic of Zambia: Anti-Gender Based Violence Act 2011

¹⁹ Gender Links, peace @home report 2013

²⁰ Republic of Zambia: Central Statistical Office; Gender Statistics Report 2012

²¹ Ibid

relevant major international instruments, including the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC), and is a signatory to the African Charter on Human and People’s Rights (ACPHR), the African Charter on the Rights and Welfare of the Child, as well as the Southern African Development Community (SADC) Declaration on Gender and Development and its addendum on the “Prevention and Eradication of Gender-Based Violence (GBV).” In order to fulfill the obligations outlined in these instruments, treaties, and agreements, Zambia has established several key institutions, including the Ministry of Gender (MoG), the Zambia Women’s Parliamentary Caucus (ZWPC), the Human Rights Commission (HRC) and the Police Victim Support Units (VSU). In 1994, Zambia adopted a National Child Policy, National Action Plan (NAP) and National Youth Policy, which was revised in 2004. These frameworks constitute core guidelines for improving the welfare and quality of life of children as well as protecting their survival and developmental rights.

Zambia also adopted in March 2000 a National Gender Policy, which identifies Gender-Based Violence (GBV) as a major priority area of concern. Between 2006 and 2014, the Government adopted the Fifth National Development Plan (2006-2010) and the Sixth National Development, which outline Zambia’s development programmes up to 2016. In both the FNDP and the SNDP, gender has been mainstreamed with the existing macro and sectoral policies and programmes. They also have separate chapters on gender that allow for easy budgeting and programme implementation.

Zambia is a dualist State in that it integrates two legal systems – statutory and customary laws respectively. At the statutory level, the Zambian Constitution encompasses many rights, including those prohibiting discrimination on the basis of gender. Likewise, the Penal Code prohibits sexual violence, rape, incest, defilement, neglect and/or desertion of children, coercion, discrimination and other associated abuses. It prohibits offences that endanger life or health, assaults causing bodily harm, and unlawful compulsory labor. The Juvenile Act of **1956** provides for care and protection of children, whilst Section 46 of the same Act prohibits cruelty to children by parents and guardians.

3.6.3 Laws and Policies in Response to GBV in Zambia

The Penal Code Amendment Act, Act No. 15 of 2005 domesticates, in part, the Convention on the Rights of the Child and provides stiffer penalties aimed at deterring offenders. The Amendment Act also implements some provisions of the Convention on the Elimination of All Forms of Violence against

Women (CEDAW), as they relate to sexual offences against women. Act No. 15 provides the following amendments²²:

- Introduces the offence of sexual harassment
- Stiffens the penalty of indecent assault by making it a felony and extending the protection under the section to the boy child
- Makes it an offence to prescribe the defilement of a child as a cure for an ailment
- Introduces the offence in respect of trafficking of children
- Introduces a penalty for a person who conducts, or causes to be conducted on a child a harmful cultural practice
- Prohibits the disclosure of information in relation to persons who access information or documentation in the course of duty performed in relation to sexual offences
- Introduces an offence in relation to child pornography
- Provides that where children commit offences under the Act the children will undergo counseling or perform community service.

Over time, a number of acts and policies have been developed in Zambia to protect against different forms of GBV. Here is an overview of some important regulations:

Anti-Gender-Based Violence Act 2011: This Act provides for the protection of victims of gender-based violence. It provides civil remedies for GBV victims and stipulates how specified agencies and persons should assist or respond. For example, it regulates how a victim can file a complaint with the police in the case of a GBV incident. The police must assist the victim after the receipt of the complaint.

Intestate Succession Act 1986: The Intestate Succession Act protects people against property grabbing. It stipulates how property can be shared in the absence of a will and protects the surviving spouse, children and dependents. For example, the Act regulates that if a person dies without having made a will disposing of the person's estate, the surviving spouse gets 20 percent of the estate. Denial of property rights is a form of GBV and especially affects women.

Juvenile Act, 1956: This Act provides for care and protection of children. For example it prohibits cruelty to children by parents and guardians.

Wills and Administration of Testate Estate Act 1989: This is the law applicable where a person dies leaving a will. This Act safeguards women's inheritance rights and regulates the administration of wills and their enforcement. A will becomes binding after the death of the testator.

²² Constitution of the Republic of Zambia

Penal Code Act, amended by Penal Code Amendment Act 2003 and 2010: deals with offences against liberty, e.g. defines kidnapping, abduction etc. and criminalizes acts such as rape, abduction, indecent assault, defilement of children under 16 years of age, prostitution, sexual trafficking, brothel keeping and others. The Penal Code Amendment Act 2010 amends several provisions in the Penal Code Act with respect to sexual offences. In particular it amends section 133 concerning rape by replacing it with the following: *“Any person who commits the offence of rape is liable, upon conviction, to imprisonment for a period of not less than fifteen years and may be liable to imprisonment for life.”*

Marriage Act (1918) states that the legal age of marriage is 16, and anyone under 21 who is not a widow or widower needs written consent from the father (or mother, or guardian, if the father is dead or of unsound mind). This Act is a provision against early marriage.

The National Gender Policy, 2000, states that the Government will pursue certain measures to *“reduce and ultimately eliminate all forms of gender violence.”*

3.6.4 Health Sector response to GBV

Sexual and Gender Based Violence has numerous consequences, including physical injury, psychosocial trauma, and unwanted pregnancies including unwanted teenage pregnancies, fistulae and HIV & AIDS infection²³. International and local NGOs are supporting government in responding to the immediate health and psychological needs of many members of the community including women and girls who are survivors of GBV. In rural Zambia, the distance from far off towns and villages to health facilities is prohibitive; therefore, treatment is often delayed and only provided at a later stage, leading to frequent health complications. Some GBV survivors opt to stay in their communities due to the inaccessibility to care. In most areas, Clinical Officers, nurses and midwives operate the clinics and health centers. In general, GBV services are supposed to be free of charge in many public hospitals and the hospitals make referrals of GBV survivors to other sectors such as police, psychosocial centres and legal services. However, it is the choice of the family or the survivors to decide to pursue redress. Awareness about the individual’s rights is very important in the context of referrals.

Some health facilities in Zambia provide antibiotics to prevent STIs and treat with PEP to prevent HIV & AIDS when the survivors visit the health facility within 72 hours after rape. Pregnancy tests and emergency contraceptives are also provided. Tetanus and hepatitis B vaccines are given during the course of treatment to prevent survivors from attracting tetanus or hepatitis B. Unfortunately, Health professionals and Health services do not routinely try to identify the survivors of GBV. There is no

²³ GRZ GBV National Action Plan 2008- 2013

available data on how many health professionals have received training in clinical management of GBV cases. The lack of capacity in terms of medical personnel and basic equipment are impediments to fully take into account the needs of victims who often live in remote and inaccessible areas. In order to respond to the victims' immediate needs, health structures must be available and equipped while health personnel must be properly trained. Sexual and gender-based violence prevention and responses demand that the health system should be well capacitated with the requisite knowledge, skills, equipment and logistical support. The Forensic Department of the University Teaching Hospital especially needs to be strengthened in order to be able to conduct DNA tests for rape cases. Currently all samples are sent to South Africa, and according to the VSU, it takes weeks and months for a results to be released delaying the processing of rape cases.

3.6.5 LGBT Rights

Sections 155-157 of the Zambian Penal Code criminalize any form of consensual same sex conduct between adults and provides for the possibility of imprisonment for a minimum of seven years to a maximum of fourteen years²⁴. Same sex sexual activity is illegal for both males and females.

Zambia inherited the current Laws and Legal system at Independence from Colonial Britain. Laws concerning homosexuality have remained unchanged since 1964. The Zambian society's attitudes toward LGBT persons are mostly negative and colored by perceptions that homosexuality is immoral and a form of insanity. Anyone who chooses to live as a member of the LGBT society should not be open about their sexual orientation. In Zambian prisons where men have sex with other men, HIV prevalence is at 27.4%.²⁵

Conclusion

Zambia has risen from the enrolment stagnation of the 1990s, and has since 2000 opened the door for more than 1.2 million additional learners through the basic school system. The bold measures taken by the government have enabled the country to meet key milestones outlined in Zambia's 2005 Education for All (EFA) operational framework.

Although Zambia has expanded school enrollments, challenges of improving the quality and relevance of education have arisen. The plan to hire 5,000 teachers annually to reduce high pupil teacher ratios particularly in rural areas still remains a tall order especially with the high teacher attrition rates and budgetary constraints. However, the introduction of the new primary school curriculum and the two-tier education system that offers academic and skills education presents an opportunity for government to

²⁴ Global Rights (2007): The violations of the rights of LGBTs in Zambia; submitted to the Human Rights Commissioner

²⁵ UNAIDS Field visit to Zambia

continue with its commitment to ensure that any child, pushed out of the educational system will still have an alternative opportunity to continue with their acquisition of vocational skills and knowledge. There is also need for the country to roll out the new CSE curriculum in all schools country wide and train all teachers to deliver the new curriculum. Community sensitizations around CSE must be implemented in earnest ensuring that community buy-in is obtained in addressing SRH and HIV needs of young people in Zambia.

The country has put in place good legislative and policy frameworks to address gender disparities and gender-based violence, although enforcement and Implementation are still challenging. There is still high prevalence of gender based violence in the country. PLHIV and other marginalized groups (such as LGBTs) also experience high levels of stigma and discrimination.

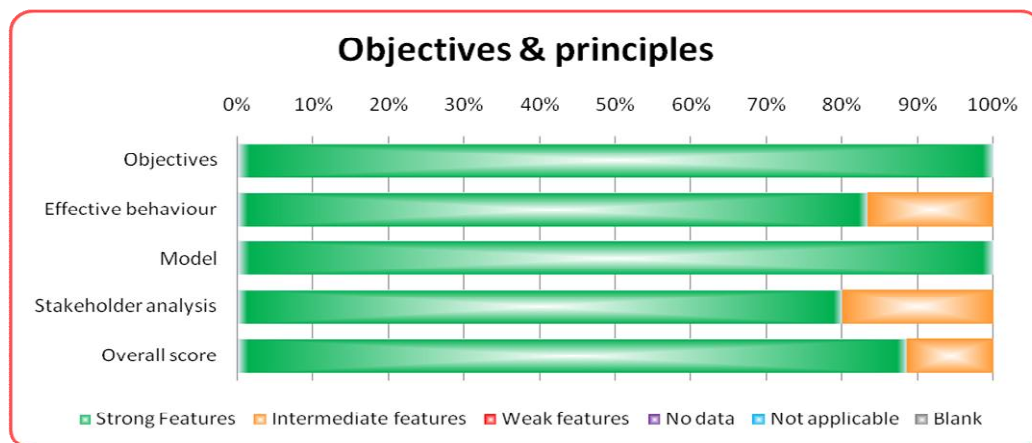
4.0 STUDY FINDINGS

From consultations with stakeholders, the following findings were recorded:

4.1 Objectives and Principles of the CSE Programme in Zambia

This section covers the objectives and principles of the revised CSE curriculum in Zambia. Under the Objectives and principles, four areas were assessed, namely Objectives, Effective Behaviour, Model and Stakeholder Analysis. The overall score for objectives was 100%, while Effective behaviour scored 82%; Model scored 100%; and Stakeholder Analysis scoring 80%. The overall score for objectives and Principles was 89%. Figure 1 below shows the scores:

Fig 1: Objectives and Principles



The above scores indicate that the CSE programme that is implemented in Zambian schools has clear cognitive, affective and skilled based objectives. The scores also show that the objectives are clear in as far as they are intended to intervene in the reduction of HIV & AIDS, STIs, unintended pregnancies and gender based violence among learners in Zambian schools. The scores also show that the key outcome indicators of effective behaviour change that prevent the further spread of HIV are addressed, namely, delay of first sexual debut through abstinence, reducing number of sexual partners, addressing peer pressure towards sexual intercourse and how to deal with such situations, using condoms correctly and consistently, and seeking healthy behaviour by visiting SRH services when in need.

The programme also follows a logic model that specifies health goals, specific behaviours for change and the psychosocial factors that affect these behaviors including the multiple activities to change each factor. The Zambia programme has been piloted in three provinces of Lusaka, Eastern and Copperbelt with various experts getting involved at various stages of programme design and development.

From the consultations, it emerged that the CSE programme was developed through extensive consultations with key stakeholders including, policy makers, religious organizations, Parent Teacher Associations (PTAs), PLHIV networks, local communities, SRH service providers, educators and learners. Following the development of the CSE programme, the thematic curriculum was developed with active participation of young people, parents and communities, people affected or infected with HIV, religious groups, traditional leaders, school management and teachers.

4.2 Programme Content

The consultancy mainly focused on assessing the Comprehensive Sexuality Education Curriculum in Zambian Schools. Under this consultancy, materials assessed included:

Table 2: List of Materials assessed

| Name of Material | Material by Type |
|---|--|
| 1. Comprehensive Sexuality Education Framework | (curriculum for grade 5 to Grade 12 of 2013) |
| 2. Grade 5 Life Skills Comprehensive Sexuality Education: | Teacher’s Guide |
| 3. Grade 5 Life skills Comprehensive Sexuality Education | Learner’s manual |
| 4. Grade 6 Life Skills Comprehensive | Teacher’s Guide |

| | |
|--|------------------|
| Sexuality Education | |
| 5. Grade 6 Life skills Comprehensive Sexuality Education | Learner's manual |
| 6. Grade 8 Life Skills Comprehensive Sexuality Education | Teacher's Guide |
| 7. Grade 8 Life Skills Comprehensive Sexuality Education | Learner's manual |
| 8. Grade 9 Life Skills Comprehensive Sexuality Education | Teacher's Guide |
| 9. Grade 9 Life Skills Comprehensive Sexuality Education | Learner's manual |
| 10. Grade 10 Life Skills Comprehensive Sexuality Education | Teacher's Guide |
| 11. Grade 10 Life Skills Comprehensive Sexuality Education | Learner's manual |
| 12. Grade 11 Life Skills Comprehensive Sexuality Education | Teacher's Guide |
| 13. Grade 11 Life Skills Comprehensive Sexuality Education | Learner's manual |

4.3 General Findings:

Implementation of the CSE curriculum: the old Life Skills curriculum for primary and secondary schools was replaced with a Revised Integrated Comprehensive Sexuality Education curriculum for upper primary and Secondary schools in 2013. It was further found that the new curriculum was developed with Comprehensive Sexuality Education appropriately integrated in all the subjects. All the appropriate pilot coordinators at Provincial, District and Zonal levels were trained as master trainers to cascade the training to other teachers including the head teacher for schools in their catchment area; the trained teachers were expected to teach their colleagues.

In the implementation of the new curriculum, however, it was found that the school-based orientation by the few trained teachers had raised fears of quality as well as distortion of information thereby compromising the quality of delivery in the classrooms. The new curriculum and the teaching resources

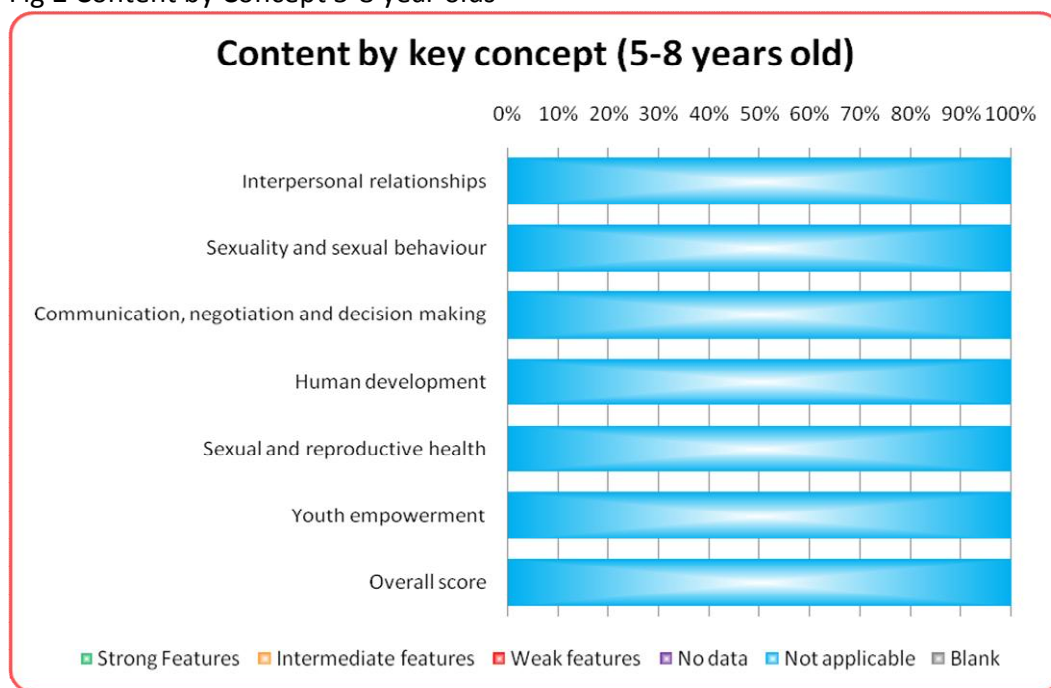
were yet to be delivered to the schools. For example, when the consultant visited Nyumba Yanga Secondary school, the said materials had not yet been delivered and yet the teachers had been oriented by the master trainers. As stated above, teacher’s orientations were going on but the training was still focusing on the teachers in the three pilot provinces and had not been rolled out to the rest of the country.

Although the Ministry of Education had passed a policy that CSE will be examinable at Grades 7, 9 and 12 from 2015 going forward, at the time of consultation, there were neither Grade 7 nor Grade 12 CSE materials yet as they were still under development. The consultants also found that the pupil materials ratio for the available CSE materials was still about 1: 5.

4.4 Age Specific Content

4.4.1 Content for 5-8 Year olds

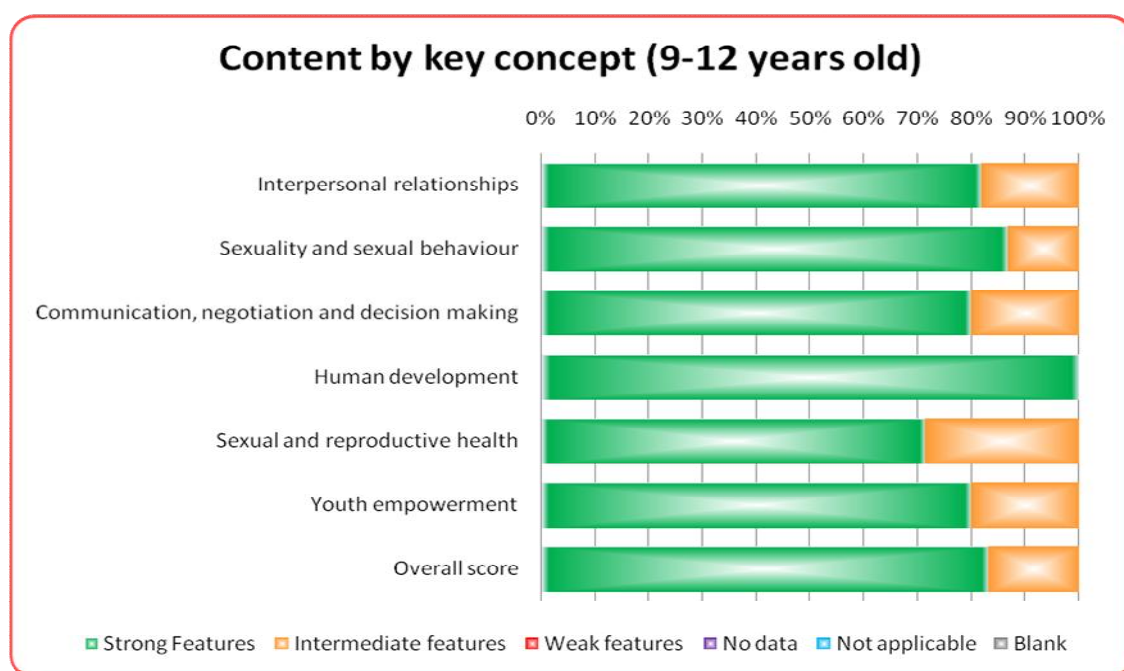
Fig 2 Content by Concept 5-8 year olds



The new curriculum is not offered to lower primary grades (grades 1-4), although this age group offers a new window of hope for HIV prevention.

4.4.2 Content for 9-12 year olds

Fig 3: Content by key concept for 9-12 years old



The Ministry of Education introduced the CSE curriculum from Grades 5 and 6 (presumably 11 and 12 year- olds), by policy. At this age, the young people are at the behaviour formation stage where they need to be taught so that they can form good behaviour. The Grades 5 and 6 Life Skills Comprehensive Sexuality Education curriculum introduces the subjects of Relationships; values, attitudes and skills; culture, society and human rights; Human Development; and Sexual and Reproductive Health. CSE is integrated in carrier subjects like Religious Education, Civic Education, Languages, Home Economics, Social Studies and Integrated science.

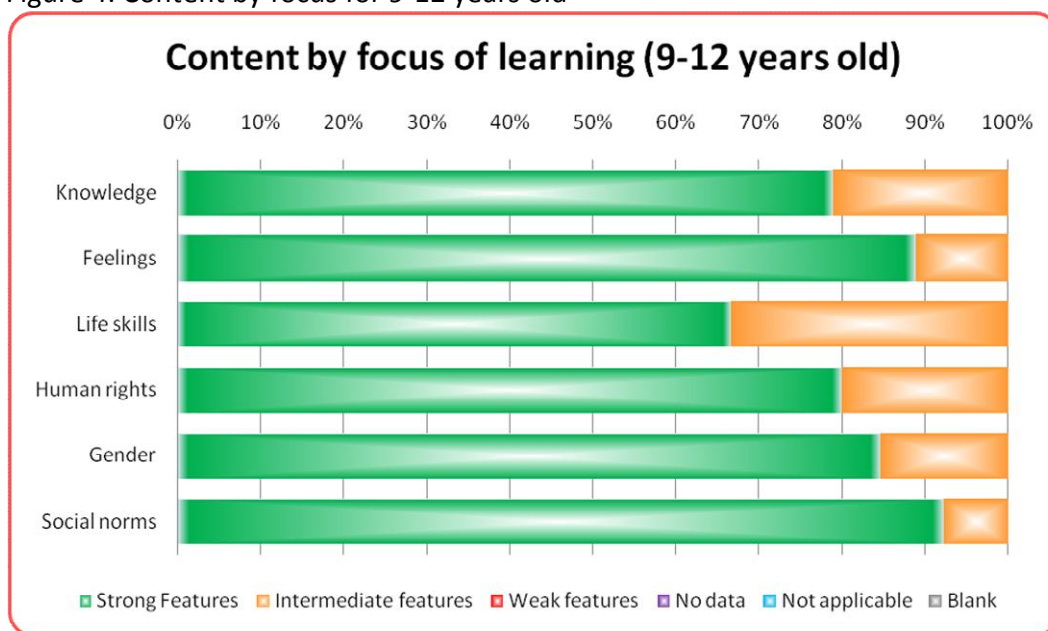
From Figure 3 above, it can be observed that scores for content by key concept for 9 -12 year-olds were as follows:

- i) Interpersonal relationships scored 81%; ii) Sexuality and sexual behaviour scored 88%;

iii) Communication, negotiation and decision- making scored 80%; IV) Human Development scored 100%; v) Sexual and Reproductive Health scored 71%; and VI) Youth empowerment scored 80%. The overall score for content by key Concept was 82%.

From the above scores, it can be inferred that the intention of this section was to ascertain whether the content for learners included all the elements that answer into the Comprehensive Sexuality Education curriculum. Interpersonal relationships, including all the qualities of forming healthy relationships and maturity into parenthood are part of the curriculum. In addition, key needs of children and rights with regards to marriage are also included. The programme and subjects also address the learning of gender roles during childhood and adolescence. Not addressed in the content and subjects are areas such as the process of engagement for marriage (betrothal) and how gender norms perpetuate illegal child marriages, influence of laws on marriage and parenting and reflections upon intentions concerning marriage and long term relationships

Figure 4: Content by focus for 9-12 years old



a) Knowledge scored 79%; b) Feelings scored 89%; c) Life skills scored 66%; d) Human Rights scored 80%; e) Gender scored 85%; and social norms scored 92%.

In terms of content by focus, the scores are very high signifying that the content conforms to the international standards on CSE content. Knowledge around interpersonal relationships is very strong but more content must be strengthened through making learners to understand the responsibilities of

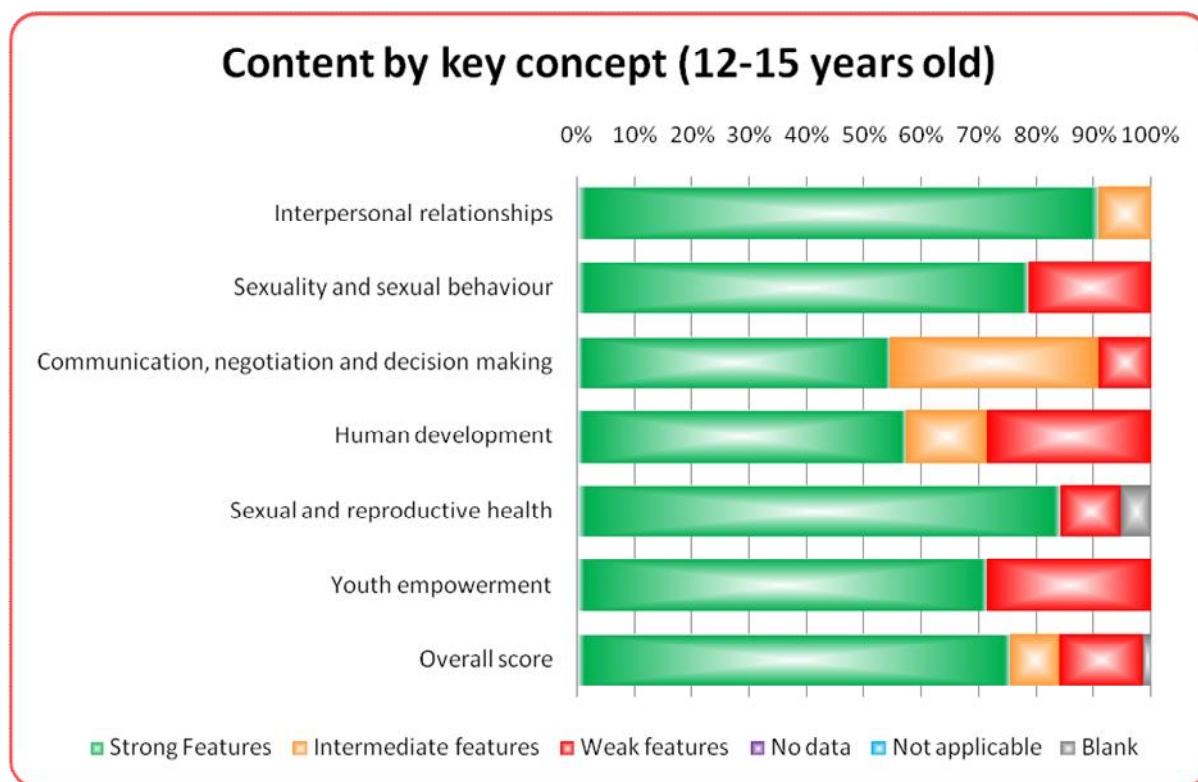
parenting and providing emotional, economic, and physical support to children. Some of the areas in the curriculum such as Honor killings are not practiced in Zambia. From the scores in figure 4 above, Life skills scored lower than all the other Content by focus areas at 66%. It can be inferred therefore that due to gender inequalities in Zambia, effective communication skills need to be inculcated in young learners. Skills development and the importance of good and effective communication must be emphasized for interpersonal relationships to thrive. Another weakness that needs to be addressed by the content is the gender life skills development for young people out-of-school, which is currently not generally addressed. Use of the mass media such as newsletters, newspapers, radio, TV, children's stories is a powerful tool in influencing and exposing both in-school and out-of-school children to positive gender life skills that promote equality, respect, and dignity.

From the scores above, living positively with HIV and reduction of self-stigma came out strongly as weak points in the curriculum for this age group. Schools must ensure that young people in this age group receive accurate information about HIV and positive living in order for them to cope with either their HIV status or the HIV status of a loved one or know how to support a friend or classmate living with HIV. Knowledge around long term relationships must emphasize love and support for one another and that it is possible for married couples to live together in a loving relationship even in the face of HIV. The content should also address possible sources of professional help for young people and point them to where they can obtain psychosocial, clinical and spiritual help for them to lead healthy lives in interpersonal relationships.

Life skills and knowledge around the ability by young people in this age group to recognize the signs and symptoms of pregnancy and use of a pregnancy test; shared responsibility on condom use and use of other contraceptives; effects of social factors and religion on abstinence; health; consequences of early marriages; and addressing one's personal concerns are features that need to be strengthened in the Zambia CSE content and curriculum for 9-12 year olds. From the analysis, it was also apparent that young people in this age group need to be empowered to know their responsibilities to protect other people's rights, after all: *"Realizing that the individual, having duties to other individuals and to the community to which he belongs, is under responsibility to strive for the promotion and observance of the rights recognized in the present covenant."*(ICESCR 1966; ICCPR 1966). There is need to strengthen content on this subject area.

4.4.3 Content for 12-15 years old

Fig 5: Content by Key Concept 12-15 years old



In Zambia, on average, the official age for upper primary school (grade 7) is 13 years and ages 14 and 15 are ages for Junior Secondary School (grades 8&9). In reality, some learners may even be older or younger than this age group as the case may be. The consultant would like to point out that in Zambia, the curriculum is defined by grade rather than age, and therefore going by this arrangement, the consultancy covered grade 6, grade 7, grade 8, and grade 9 syllabi under this age group.

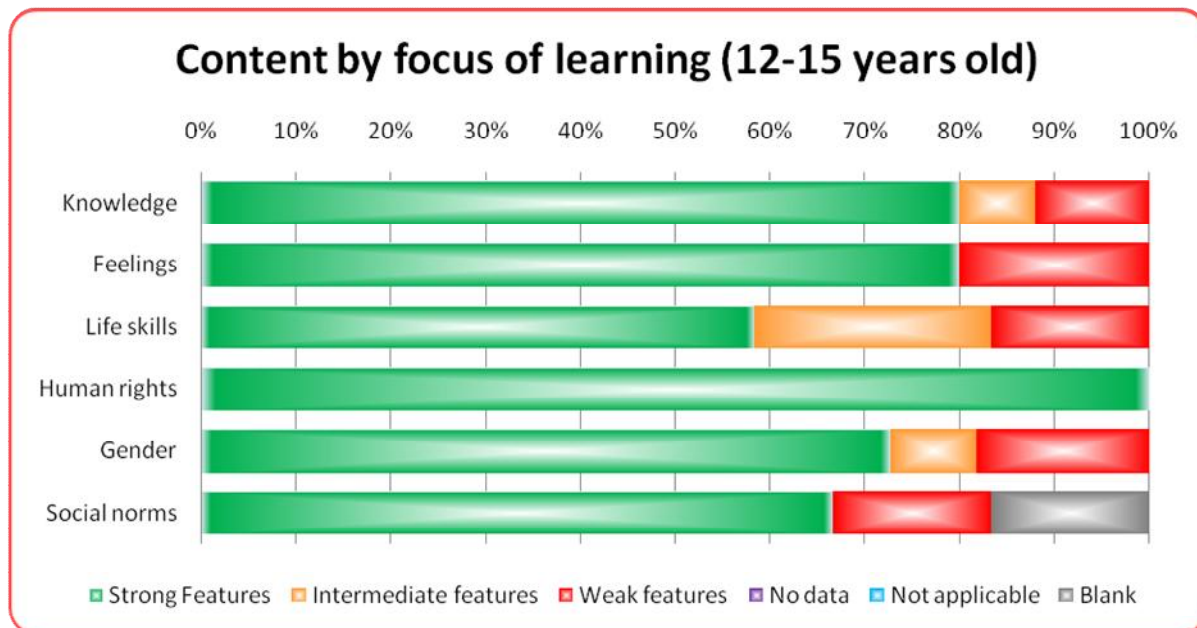
From the scores on the Content by Concept above, Interpersonal relationships scored 90% while sexuality and sexual behaviour scored 80%; Communication, negotiation and decision making scored 54%; Human Development scored 58%; Sexual and Reproductive Health scored 83%; and Youth empowerment was at 71%. The overall score for the Content by Concept was 85%.

All themes were well covered as strong features. However, some weaknesses in the content were noted. According to the respondents, Sexuality and sexual behaviour was weak and did not address the three areas of: clarity of one’s own attitudes about sexual diversity; different ways in which sexuality is expressed across the life cycle; and types of coercion and the consequences of coercion. Furthermore,

content on Communication, negotiation and decision making did not address issues of self-reflection on one’s own maturity. Human Development was also missing the subject of chromosomes, early pregnancy and hormones. Moreover, social aspects of sex and gender and the cultural, traditional and religious ways of understanding sex, gender and when it would be appropriate to be sexually active was an area of weakness in the syllabus. It was also found that under Sexual and Reproductive Health for this age group, the syllabus was silent on access to prevention: barriers and solutions; as well as on the ability by young people to access support groups of PLHIV.

It was further found that youth empowerment was adequately covered well by the programmes and syllabus with the only weak features being the inability to empower young people to take up responsibility to speak out against bias and intolerance and be in a position to report sexual abuse and gender based violence.

Fig 6: Content by Focus 12-15 years



In terms of content by focus of learning, Knowledge scored 80%, Feelings at 80%, Life Skills 58%, Human Rights achieving 100%, Gender at 73% and Social Norms with 67%, in terms of strong features.

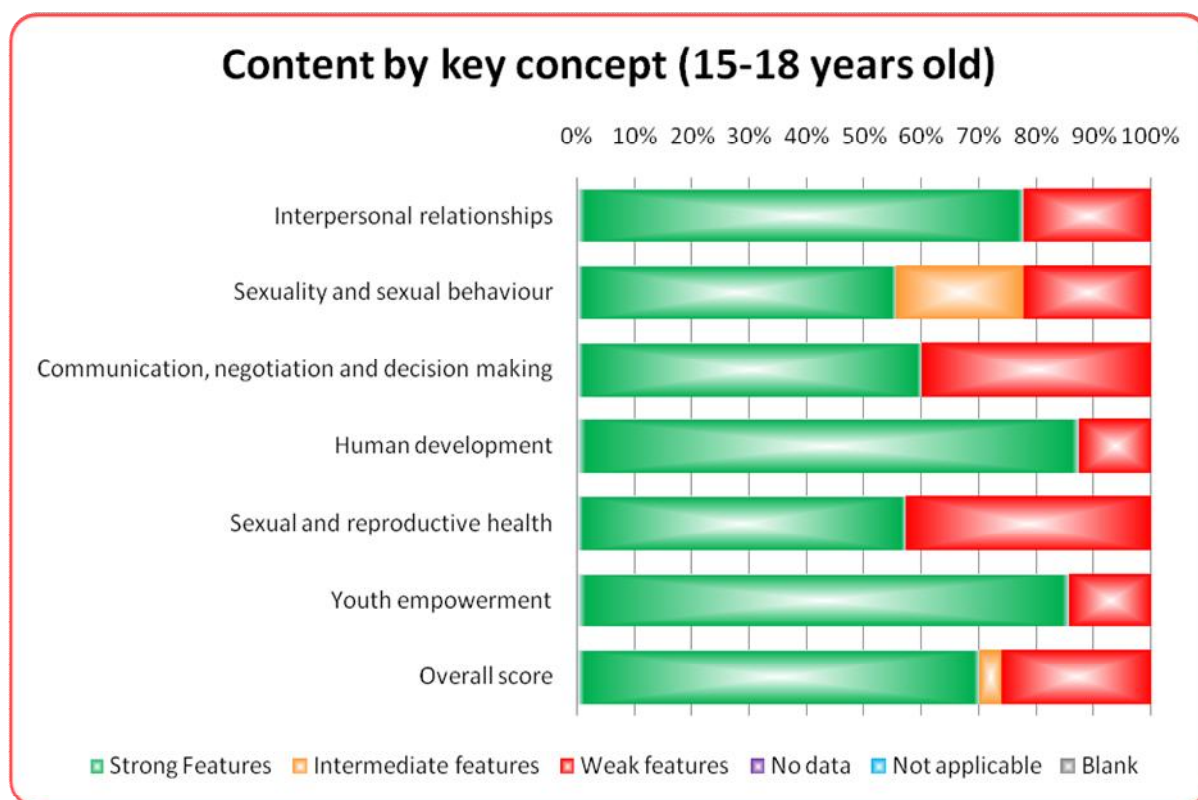
From the results, it can be generalized that content by focus of the programmes and syllabus is generally strong. However, knowledge especially around sexuality and sexual behaviour and how one can express themselves across the life cycle is very weak. Young people need more information on coercion and the consequences of coercion, especially in light of the ever increasing sexual abuse in the country. Young people need to be helped to gain skills of reflecting more and reach maturity levels and comfort in

communicating to ensure that intimate relationships are safe, respectful and enjoyable. They also require detailed and appropriate information and clarity on behaviours that impede clear communication. Biological details of sex and gender need to be discussed and taught in more detail on topics such as chromosomes, early pregnancy and hormones. Young people must be helped to develop skills to develop positive social norms of aspects of sex and gender such as cultural, traditional and religious ways of understanding sex, gender and when it is appropriate to become sexually active. The score further indicates that access to prevention methods, barriers and solutions was a weak feature in the Zambian curriculum as well as being able to use support groups that and mechanisms exist for PLHIV

Pertaining to youth empowerment it is evident from the scores that the responsibility of everyone to speak out against bias and intolerance and the responsibility to report sexual abuse and gender based violence is a weak feature and needs to be strengthened.

4.4.4 Content by Concept 15-18

Fig 7: Content by key concept 15-18 years old



In terms of content by key concept overall score 70%, Interpersonal relationships 78%, Sexuality and sexual behaviour 55%, communication negotiation and decision making 60%, Human development 88%, sexual and reproductive health 57%, and youth empowerment 86% in terms of strong features.

Interpersonal relationships are a very strong feature of the programme and curriculum. However, from the results of the review, the only weakness with this concept is that it does not address issues of shame, fear and other feelings that young people may experience and how these can hamper disclosure of things like HIV status and pregnancy and prevent them from having access to support services. Knowledge is power and it should be adequate enough to enable young people to discuss issues affecting them so that they live healthy lives. Under knowledge, the syllabus is also weak on equipping young people under this age group to identify sources of power and powerlessness in interpersonal relationships.

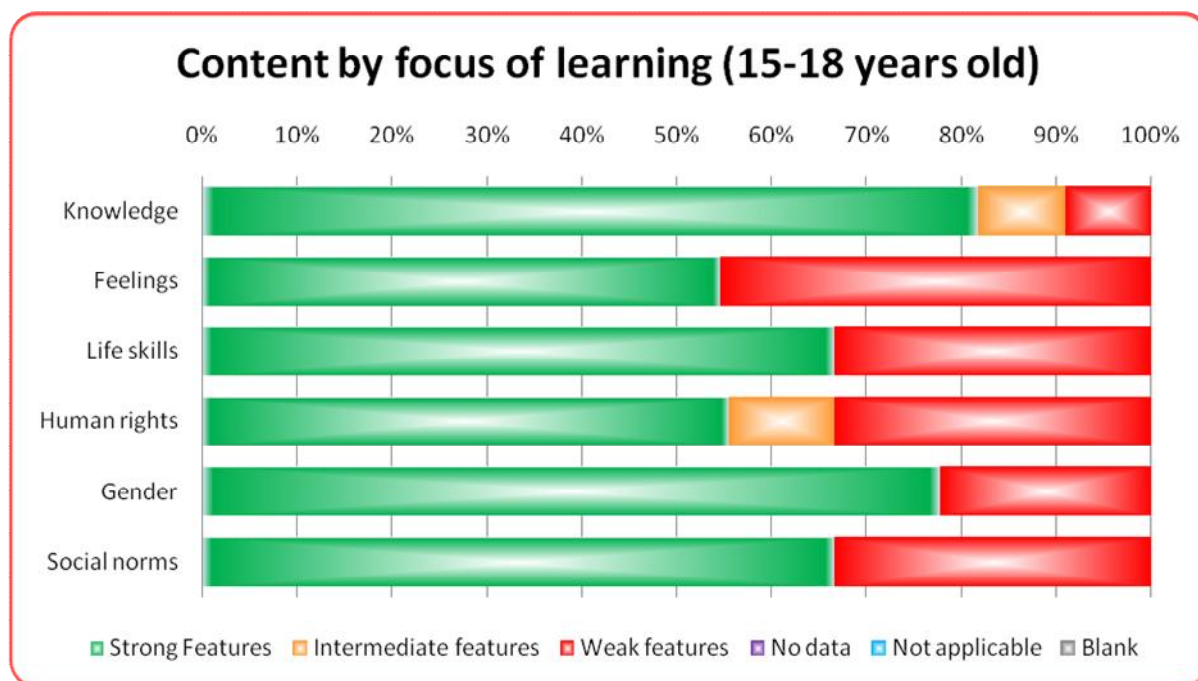
Sexuality and sexual behaviour was quite a strong feature at 55%. Communication, negotiation and decision making is also a strong feature at 60%. The weak feature with the curriculum under this Concept is its inability to provide guidance on steps to take rational decisions on sexual and reproductive health issues. The subject of ending relationships and the skill of doing this is still a grey area in the curriculum. The curriculum is also silent about helping young people's inability to say no to sex even when they do not want to have it.

Human Development is a very strong feature at 88%. The weak feature is that the curriculum does not address how young people's feelings about their bodies can affect their health, self image and behaviour.

Under Sexual and Reproductive Health, the curriculum does not increase the confidence of young people in discussing and using different contraception methods in detail. It also does not address the individual's self-perceived vulnerability and how these perceptions affect their preferences about strategies for contraception and prevention of STIs and the partners' shared responsibility to prevent STIs and unintended pregnancies.

Lastly, Youth Empowerment is a strong feature. However, the curriculum does not empower young people to research a concern about sexual health, human rights or gender equality.

Fig 8: Content by focus 15-18 years old



Under Content by focus, knowledge scored 81%; feelings scored 55%; Life skills scored 67%; Human Rights scored 55%; Gender scored 78%; and Social norms scored 68%.

Knowledge under content by focus of learning scored very strongly at 81%. The only weak feature with the curriculum is that it does not give proper knowledge on the importance of young people’s being able to talk about their difference with others (including parents) and develop respect for each other’s rights to have different values.

Feelings were a strong feature. However, the curriculum’s weakness is that it does not enable learners to understand that shame, fear, or other feelings can delay disclosures and prevent access to support services. It also does not help learners to do personal reflection about the importance of knowing one’s rights and responsibilities when addressing or ending a troubled relationship. Furthermore, the curriculum does not help learners to appreciate why it is difficult for many young people to communicate clearly and assertively that they do not want sex.

Life skills are a strong feature of the curriculum. However, from the review conducted, it emerged that while the curriculum enabled learners to develop skills of assertiveness, negotiation and others, it does not build their skills to master steps of rational decision making on Sexual and Reproductive Health. The other weak feature is that the curriculum does not build skills of learners to increase confidence in discussing and using contraception. Furthermore, the curriculum does not give skills to learners to research a concern about sexual health, human rights or gender equality.

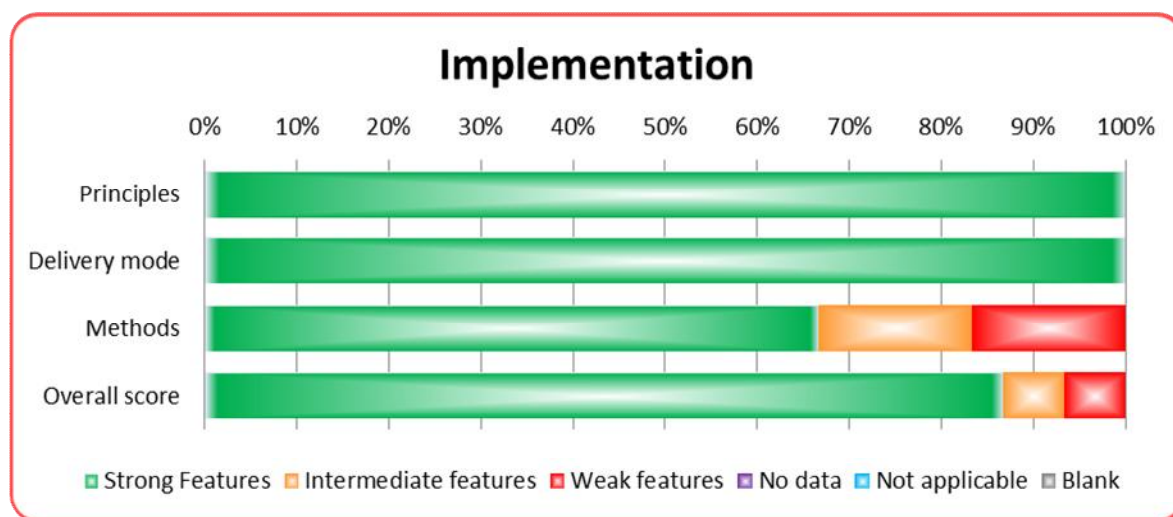
Human rights as a focus area were also a strong feature. The weak feature with the curriculum is that it does not enable young people to engage in personal reflection about the importance of knowing one’s rights and responsibilities when addressing or ending a troubled relationship. The curriculum also falls short of sensitizing learners to understand that it is their partners’ shared responsibility to prevent STIs and unintended pregnancies. This weakness of Human Rights in the content for this age group is largely because of the policy guidance from MOE to phase it out from senior secondary school (i.e. grade 11 and 12) as it was extensively covered in the lower grades.

Gender is a strong feature as it focuses on critical issues. However, the first weakness is that the curriculum does not tackle gender social norms such as the factors that influence sexual orientation and gender identity. Secondly, the curriculum does not say how learners can accept people of differing sexual orientation and gender identity as part of respecting human rights.

Social norms as the last concept by focus are a strong feature in the curriculum. However, the curriculum is weak at drilling down to the sources of power and powerlessness in learners who are in interpersonal relationships.

4.5 Programme Implementation

Fig 9: Programme Implementation



From fig 9 above, programme principles scored 100%; delivery mode scored 100%; methods scored 67%; and the overall score for programme implementation features was 88% strong, 6% intermediate and 6% weak.

From the scores, it can be inferred that the content meets all the principles and contains all the detailed guidelines to establish a good learning environment based on equality, respect and human rights. The content also fosters a process that draws on learner’s experiences integrating new information and ideas into what the learners already know and think. Besides using a wide range of strategies to engage learners, the content also builds on students’ power to reflect, to study and to think critically about their

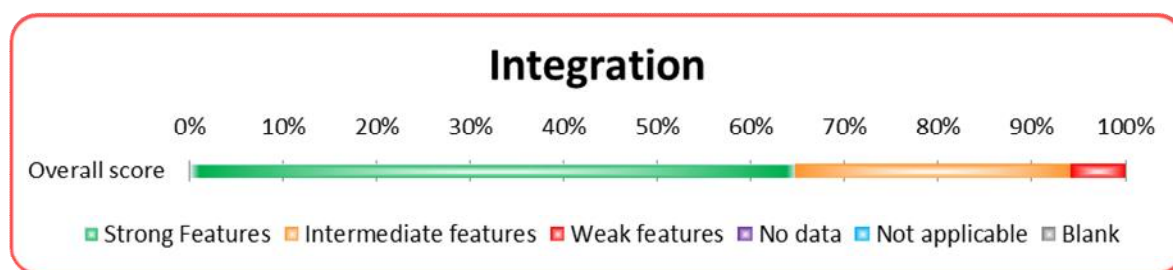
own lives and about the world around them, and to solve problems. The content also enables students to apply learning to their lives and communities as active citizens and forces for positive change.

The delivery mode includes classroom lectures, participatory classroom teaching, peer education especially through Anti-AIDS and CSE Clubs, and self-learning activities

In terms of the methods used in the delivery of content, energizers and audio-visual equipment are not used. Instead, teachers and learners talked to during the review confirmed use of role plays, brain storming, question and answer sessions, games, creative art, and poetry and theatre in the delivery of the CSE content.

4.6 Programme Integration in the Curricula

Fig 10: programme integration in the curricula

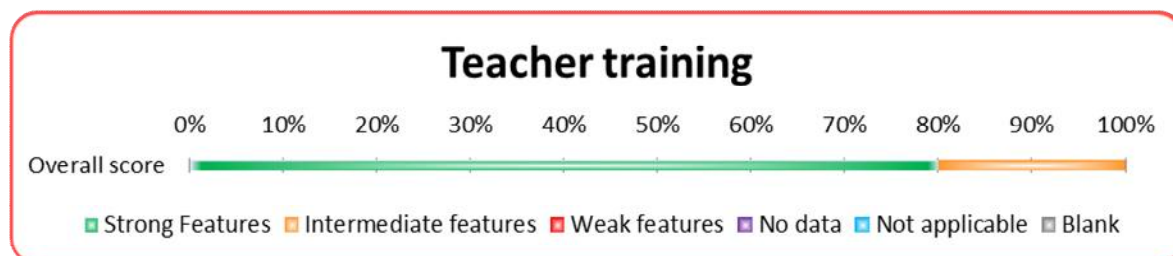


Programme integration scores are at 65%. The CSE programme is fully integrated into the school curricula at both primary and secondary levels. It is integrated into carrier subjects like languages, Home Economics, Integrated Social Studies, Integrated Science, Life skills, Physical Education, Religious Education, Civic Education and Home Economics. It is not taught as a stand-alone subject

However, from the studies carried out, there are still shortages of materials for both learners and teachers. The pupil materials ratio still stands at about 1 book to 5 learners while teachers still face inadequate stocks of teaching guides on CSE. For example, at Nyumba Yanga Secondary, the consultant found that the school had not yet received both the CSE curriculum framework and the CSE teacher's guides and the learner's manuals.

4.7 Teacher Training

Fig11: Teacher training



Teacher training scored 80% and was a strong feature and includes Sexuality Education and the particular skills required to teach it. 80% of the considerations for teacher training have been taken into account. However, respondents felt that there was need to address the following areas:

- a) Through Pre-service training, all student teachers in Primary School colleges of Education must learn CSE as part of their training to enable them integrate CSE in their lesson plans in post.
- b) Through Pre-service training, all student teachers in Secondary School colleges of Education and Universities must learn CSE as part of their training to enable them integrate CSE in their areas of specialism in post.
- c) Through In-service training, serving teachers are oriented (trained) by master CSE trainers. However, the training model which uses the cascade model by trained teachers to train others compromises the standard as information on CSE might be compromised. The design of the training has also been modified due to financial and time constraints limiting it to a shorter duration than originally planned.
- d) Teachers are supposed to be sensitive to the terminologies they use in the classroom to deliver CSE. However, there was concern that one's cultural norms and upbringing might influence the use of such terminologies thereby making the learning environment an unfriendly and disrespectful environment. In this age of diversity, there I need to use politically correct language in the classroom

4.8 M&E

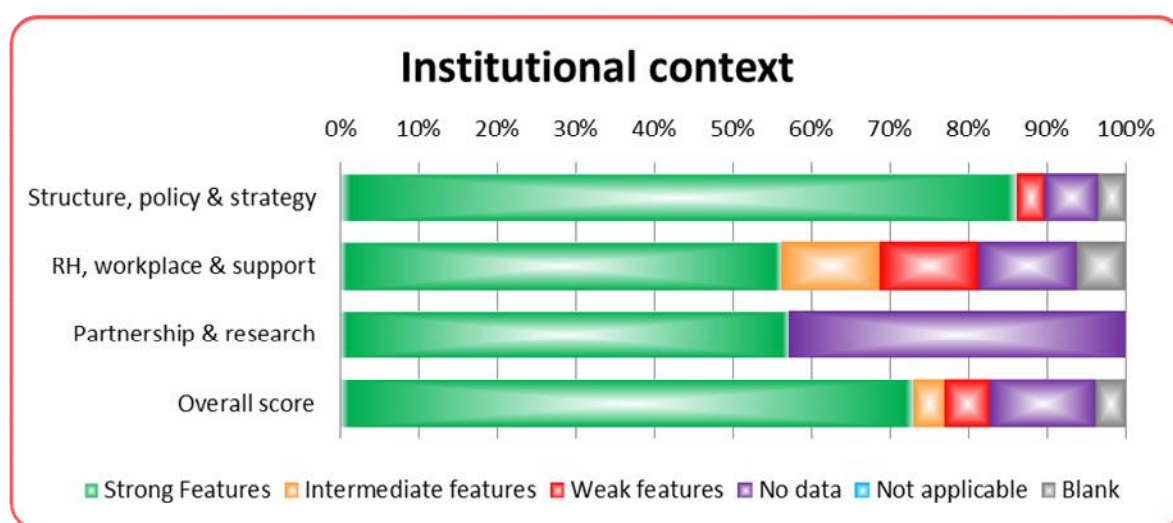
Fig 12: M&E



The overall score for M&E was 75%. The features scored as follows strong 75%, intermediate 10% and weak 10%. There is national-level data available in the country on the sexual and reproductive health needs of young people. Indicators derived from elements of CSE are included in national information systems such as the EMIS, ZDHS, the NAC M&E frameworks and the school Inspection tools. UNESCO and the Ministry of Education recently commissioned a national Baseline survey on strengthening CSE programmes for young people in School settings in Zambia in 2014. This survey provided national level data on coverage of CSE for young people in Zambia and will serve as a baseline for the CSE programme. However, there is no national level data on the outcomes and impact of CSE for young people in Zambia.

4.9 Institutional Context

Fig 13: Institutional context



The overall score for institutional context is 72%, indicating that strong features are in place which supports sexuality education.

Zambia has two ministries of education namely; ministry of General Education and Ministry of Higher Education. In terms of national data the overall net enrolment rate is 94% at primary and 64% at

secondary while the transition rate from primary to secondary stood at 56%. The pupil teacher ratio was 48 to 1 and 56 to 1 for primary and secondary respectively. The total enrolment is on an upward trajectory because of the newly built schools that have come on stream. Structure, policy and strategy is the highest at 86%, followed by Partnership and Research at 58% and HR, workplace and support scoring the lowest at 57%.

In terms of the ministerial structures of the education sector, there is a dedicated unit responsible for coordinating the HIV response. The unit has full time staff responsible for HIV and AIDS issues; however it does not have staff who are exclusively responsible for gender mainstreaming. MoE has specific policies on HIV and AIDS and Gender policy. An HIV workplace policy is in place. However some respondents felt that there are areas of weakness that ought to be addressed such as lack of a gender workplace policy; and an impact assessment and implications of gender were yet to be carried out in MoE

It was evident from the scores that HR policies have not been amended to minimize vulnerability and susceptibility to HIV and AIDS e.g. the policy on deployment of teachers away from their families. On HIV and AIDS workplace programmes respondents pointed out that there was need to have guidelines for universal precautions developed for use by all staff. The scores showed that counselling services by trained counsellors at most schools (primary and secondary) and other educational institutions were inadequate

Partnership and research is a strong feature in the education sector. The ministry has a database of all stakeholders/organizations that work in schools on areas of HIV prevention, reproductive health etc. It is this collaboration that has enabled the education sector to have a number of health programmes and activities in place for HIV/STI integration. Parents are involved in school level activities in HIV and AIDS activities. Notable weakness is the absence of a research agenda to address knowledge gaps on the impact of HIV and AIDS as well as the lack of research to inform gender mainstreaming.

4.10 Public Health

According to the 2013/14 Demographic and Health Survey, HIV prevalence in the adult population 15-49 years is at 13%. HIV prevalence in young people 15 to 24 years is 7%, while that of children 0-14 is 2.32%. The total estimated number of people living with HIV in Zambia currently stands at 1,702,046. The prevalence of STIs among adults was at 4.2% while it was at 1.3% among young men and young women.

HIV Knowledge is almost universal in the population, with 46.7% young men 15-24 and 41.5 young women 15-24 having comprehensive knowledge of HIV. 20.15% of these young people have positive attitudes towards PLHIV.

The 2013/14 ZDHS also reported that the adolescent birth rate for girls 15-19 years is 139 births out of 1000 live births. Out of this age group, young women 15-19 years, 17% were currently married or in a union of sorts.

The recent National Baseline Survey conducted by the Ministry of Education in 2014 shows that the percentage of male adolescents 15-19 who had sex before the age of 15 was 18.4% while 7.4% of the female adolescents in the same age group had had sex before the age of 15. Furthermore, the number of young women and young men who have had sex with more than one sexual partner in the last 12 months stands at 4.5%. Out of the total number of young people aged 15-24 who had more than one sexual partner in the last 12 months, 37.1% reported use of a condom during their last sexual intercourse. The contraceptive rate among women in Zambia was at 49% while the unmet need for family planning was 21%.

N.B The Ministry of Education policy does not permit the distribution of condoms and other contraceptives in school settings. Learners are encouraged to seek SRH services in public health institutions

5.0 Conclusion and Recommendations

5.1 Conclusion

Zambia has risen from the enrolment stagnation of the 1990s, and has since 2000 opened the door for more than 1.2 million additional learners through the basic school system. The bold measures taken by the government have enabled the country to meet key milestones outlined in Zambia's 2005 Education for All (EFA) operational framework.

Although Zambia has expanded school enrollments, challenges of improving the quality and relevance of education have arisen. The plan to hire 5,000 teachers annually to reduce high pupil teacher ratios particularly in rural areas still remains a tall order especially with the high teacher attrition rates and budgetary constraints. However, the introduction of the new primary school curriculum and the two-tier education system that offers academic and skills education presents an opportunity for government to continue with its commitment to ensure that any child, pushed out of the educational system will still have an alternative opportunity to continue with their acquisition of vocational skills and knowledge. There is also need for the country to roll out the new CSE curriculum in all schools country wide and

train all teachers to deliver the new curriculum. Community sensitizations around CSE must be implemented in earnest ensuring that community buy-in is obtained in addressing SRH and HIV needs of young people in Zambia.

The country has put in place good legislative and policy frameworks to address gender disparities and gender-based violence, although enforcement and Implementation are still challenging. There is still high prevalence of gender based violence in the country. PLHIV and other marginalized groups (such as LGBTs) also experience high levels of stigma and discrimination.

There is limited data on pupils in primary and secondary schools in relation to key parameters on HIV & AIDS, sex and sexuality. Therefore, the study relied on demographic information in order to assess the level of these parameters in the general population with attention to young people in the age group 10-24 years. While young women are increasingly delaying their sexual debut before the age of 15, increasingly more men are reporting having had their intercourse by age 15, although abstinence is practiced by many learners. In general, a larger percentage of young men tend to engage in higher risk sex than their female counterparts. Like in the general population, the level of HIV and AIDS awareness among learners in schools was universal because all learners had heard about HIV & AIDS. However, when comprehensive HIV knowledge was assessed among learners between 15 and 24 years old, it was found that only 41.5% of the females and 46.7% of the males in this age group had comprehensive knowledge of HIV.

For the learners to have the requisite instructions, mentoring and guidance in CSE, the teachers should be readily available and adequately trained with the technical and practical knowledge and experience to deliver CSE. There are still many untrained teachers even in the pilot schools.

The rollout of the new curriculum is still at pilot phase with 7 provinces out of 10 still waiting to implement the new curriculum. Furthermore, because only one teacher and head teacher were sensitized, the majority of teachers are not conversant with the CSE curriculum. Additionally, many teachers are used to the old curriculum and teaching materials and are not really willing to change to the new curriculum for which there are no readily available materials in schools.

The teachers interviewed reported that there were inadequate materials to use for CSE delivery. A school should have adequate and quality pedagogic materials on CSE. There is a variety of education and advocacy materials developed by each incoming project implementing CSE. Unfortunately, at the closure of the project, the distribution of these very important materials also stops. In future, all schools,

teachers and learners should be provided with the necessary teaching and learning materials for CSE as stipulated in the curriculum. Particular attention should be made with respect to learners living with disabilities and provide reasonable accommodation for them.

Additionally, support supervision of the head teachers and the teachers themselves was found to be poor: the Standards Officers do ask questions on CSE when they visit the schools but they do not provide feedback to the schools for improvement. However, for sustainability of CSE in the education system, teachers need to be empowered so that they can do their work effectively. To-date, not many teachers have been specifically trained/ oriented to provide CSE, hence, with limited supervision from both within the school and externally from the district/Ministry of Education, there is very limited follow-up and technical guidance to the teachers. There is, thus, need to improve on the training of teachers so that CSE can be handled by people with adequate knowledge, skills and interest.

5.2 RECOMMENDATIONS

In view of findings of this study, the following recommendations have been made for strengthening CSE in Zambia.

5.2.1 Teaching materials on CSE need to be reviewed, produced and disseminated to all schools:

- There is need to develop teaching, reference and reading materials on CSE and have these materials disseminated to all the schools in Zambia.
- The recently approved textbooks need to be reviewed to ensure that CSE issues are comprehensively addressed.
- Since CSE will now be examinable at grades 7, 9 and 12, it is important that grade 7 and 12 CSE books are produced speedily and disseminated to all schools in Zambia.
- Special attention should be given to learners with Special Needs and appropriate materials produced for them.

5.2.2 Strengthen the use of ICT in CSE training for in-service teachers

- The Ministry of Education should explore ways of using the increasingly available and spreading modern information technology in training teachers and educating learners in CSE, especially if they are to reduce the cost of trainings in workshops and seminars.
- Dongles for training in-service teachers should be made available to everyone so that they can have as much time to familiarize with the materials and other CSE content as possible.

5.2.3 Pre-service and in-service training of teachers in CSE should be scaled up

- Efforts need to be made to train either all the teachers or a critical mass of teachers in the various aspects of HIV & AIDS, STIs and CSE and in making CSE to be a participatory and routine classroom teaching issue; special attention should be given to teaching pupils with Special Needs.
- The curriculum on CSE should be disseminated for use in all schools in Zambia

5.2.4 Strengthen monitoring of CSE in schools

- The Department of Education Standards should develop appropriate tools and play a more active role in monitoring the implementation of CSE

5.2.5 Strengthen the EMIS to collect national Public Health Indicators in schools

- The Ministry of Education must be empowered to collect Public Health data that is specific to teachers and learners to inform future programming, besides what the Ministry of Health collects in the general population

5.2.6 Rigorous efforts be made to mobilize resources for CSE:

- Appropriate guidelines be prepared to support schools to operationalise a requirement that all schools include CSE in their budget

5.2.7 Strengthen collaboration between NGOs and MoE in the delivery of CSE:

- Rationalize the curriculum used by NGOs in delivering CSE as an extra-curricular activity
- Department of Education Standards should also monitor the activities of these NGOs to ensure that they are in tandem with the curriculum and policies from MOE

5.2.8 The Ministry of Education should consider reviewing its policy on the distribution of condoms and other contraceptives in school settings:

- In light of the baseline data that 18.4% of the males under the age of 15 and 7.4% of the females under the age of 15 have had sex, and that the HIV prevalence was at 2.37% for children between 0 and 14 years, the Ministry of Education should reconsider its no-condoms and no- contraceptives in schools policy.

5.2.9 The Ministry of Education should consider reviewing their HR policies:

- To reduce Teacher vulnerability and susceptibility to HIV Risk, the ministry should reconsider the teacher deployment policy on taking teachers away from their families
- Develop guidelines for implementing universal precautions against HIV for use by all staff in the MOE

- MOE should consider employing more HIV Counselors in schools to offer psychosocial support to Teachers and Learners living with HIV

5.2.10 The Ministry of Education should consider Gender mainstreaming:

- Develop a gender workplace policy and programme
- Appoint a specific gender focal-point person to coordinate gender activities in the MOE

5.2.11 The Ministry of Education should set up an M&E and Research unit to:

- Define a Research agenda for the Ministry of Education prioritizing gaps in Knowledge relating to the impacts of and response to HIV & AIDS within the education sector
- Commission regular research to inform the education sector response to HIV & AIDS
- Commission research to inform gender mainstreaming in the education sector

5.2.12 UNESCO and the MOE:

- Build consensus around age-appropriate content and grade appropriate content for CSE

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7.0 ANNEXES

7.1 ANNEX: TERMS OF REFERENCE Terms of Reference for National Consultants Country Level Sexuality Education Review and Assessment (SERAT)

Background

Comprehensive Sexuality (CSE) aims to increase young people’s chances to form safe and satisfying relationships, safeguard their sexual and reproductive health and wellbeing, and advocate for their rights to dignity and equality. UNESCO defines CSE as an age appropriate, culturally relevant approach to teaching young people about sexuality and relationships by providing scientifically accurate, realistic and non-judgmental information. CSE is attracting increasing attention globally with a number of countries putting in place measures to scale up delivery of CSE.

In recognition of this, in 2011, UNESCO, UNFPA and UNICEF for the HIV Prevention Working Group Of the Regional AIDS Team in East and Southern Africa (RATESA) jointly commissioned a regional Ten-country curriculum scans. The scans were commissioned as part of an inter- agency programme aimed at supporting countries in the east and southern Africa (ESA) region to improve the quality of gender-sensitive, life skills-based sexual and reproductive health education in both in-school and out-of-school settings. Participating countries, namely Botswana, Lesotho, Kenya, Malawi, Namibia, South Africa, Swaziland, Uganda, Zambia, and Zimbabwe were selected on the basis of they being in the process of reviewing Their HIV prevention curricula.

Rationale:

Following this scan, the UN partners have accelerated support to countries in the region, to integrate Comprehensive Sexuality Education into their curriculae. However, there is a need to review extent to which integration has actually taken place so as to inform technical support to be provided to countries going forward. The selection of countries has been expanded as some countries have already undertaken recent reviews of their curriculae using the **Sexuality Education Review and Assessment Tool** (SERAT), while additional countries have been supported to integrate CSE within their curricula.

A brief description of SERAT is presented below.

SERAT is an based tool that supports the collection of data on HIV prevention and sexuality education programmes. Results are presented immediately on bar charts in the tool for ease of consultation and to

enable immediate analysis of the strengths and weaknesses of a programme, in addition to the programme's relevance to sexual and reproductive health issues in that country. Its purpose is:

- To review school-based HIV prevention and sexuality education programmes based on international evidence and good practice;
- To provide data to inform improvement or reform of programmes;
- To assess programme efficiency by focusing on health data and other social criteria (notably gender) when looking at its strengths and weaknesses;
- To inform debate and advocacy by making available data on sexuality education that is understandable, easy to analyse and accessible to different audiences. SERAT is based on international evidence and best practice in the development and content of effective curricula. SERAT includes analysis of curriculum content, programme development, teacher training and other key elements that can lead to the success of a sexuality education programme. It includes analysis of health and social components, with a strong gender focus.

Selection of countries for the study

The main sampling frame for countries to be included in the study are countries from Eastern and Southern Africa, supported by UNESCO, namely: Angola, Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

Countries were purposively sampled based on the following inclusion and exclusion criteria:

Outlined in the annex and further consultation with UNESCO national programme officers in-country regarding their capacity to undertake the study within study timeframe.

Exclusion criteria: Curriculae reviewed using SERAT in last 3 years

Inclusion criteria:

- Mix of modes of delivery: i.e. integrated or standalone
- Mix of countries from Eastern and Southern Africa
- CSE Integrated at both primary and secondary level
- Revised curriculae in last 3 years Following this logic, the following five countries have been included in the study: Malawi, Lesotho, Namibia, Zambia and Uganda²

Expected tasks for the national consultant:

1. Attend a briefing meeting with the relevant UNESCO National Programme Officer (NPO)

2. Attend a briefing meeting with the relevant officials at the national Ministry of Education Meetings to be facilitated by UNESCO country office.
3. Identify and interview key country stakeholders (in collaboration with Ministry of Education And with support from UNESCO NPO)
4. Collect and make a compendium of school curricula (primary, secondary and tertiary) currently being offered. Materials to be collected will include CSE curriculum frameworks, syllabi for sexuality Education topics integrated into carrier subjects and supportive educational materials where appropriate (for example, learners' manuals, teaching materials, teacher training manuals and other materials, peer education manuals and materials used in school clubs).
5. Review the interviews and materials collected, in collaboration with the national authorities of the education sector.
6. Organize a one-day workshop where all key stakeholders come together to conduct the SERAT review.
7. Analyze, based on SERAT, the interviews and materials collected, the education sector needs in terms of SE programs, with a special focus on programme components as they relate to critical national Public health indicators. Identify gaps and make specific recommendations for the country to ensure that learners have access to current and evidence-based information, skills and linkage to services to allow them achieve not only self-reported behavior change but also positive SRH outcomes. Use the SERAT report template to describe the main findings.
8. Collate a draft report and organize a meeting to validate the findings.
9. Present the key findings to the main stakeholders and collect their feedback.
10. Modify the report as a function of the validation workshop.

Deliverables

1. A completed and validated high quality and country report in English in electronic form.
2. A list of all materials reviewed and persons interviewed.
3. Scanned supporting documents including copies of the attendance register at all consultations and records of key meetings.

7.2 ANNEX: TOOLS FOR PRIMARY DATA COLLECTION

(A) TOOL FOR NATIONAL KEY INFORMANT

Are CSE and sexuality education interventions resulting in more positive behaviours by young people in response to the life challenges that they face, within the national context?

- Does CSE policy reflect the international commitments?
- Is the CSE policy addressing national and other important needs as identified in national situation analyses?
- Does CSE programme planning reflect a human rights-based approach?
- Does CSE address important needs as identified in national situation analyses?

Is CSE reaching all learners, providing them with adequate learning opportunities as necessary to their different needs and circumstances?

- Is the CSE policy national and inclusive?
- Does it recognize and address relevant differences between groups of beneficiaries including at risk groups identified?
- Is CSE included in the national plan for education?
- Is CSE included in the national curriculum framework?
- What thematic areas does the CSE address?
- Is CSE compulsory or optional?
- Is there differentiation for different groups?
- Are there sufficient resources for coverage? (Teachers and learners, staff, etc.)

Is CSE delivered in ways that make good use of resources to deliver and maintain quality learning?

- Does CSE have an adequate national budget?
- Is there adequate coordination of CSE activity?
- Was the intervention rolled out in a timely manner?
- Are there standards and benchmarks and is there inspection against the standards and benchmarks?

Is CSE delivering the intended outcomes and impacts for learners?

- Does strategy define required outcomes?

- Has policy identified different delivery modalities, agencies and their relative strengths?
- Is CSE within the national pre-service training for (all) teachers?
- Are in-service opportunities available for teachers or CSE facilitators?
- Is there national evidence of intended outcomes, e.g. behavior change by relevant areas/groups?
- Are the needs of different categories of learners addressed e.g. disabled, learners with special needs?

Is CSE provision sustainable and likely to be sustained?

- Does the national policy on CSE cover all interested parties?
- Is there financing, etc., support sustaining?
- Are the institutional structures for curricula assessment in place?
- Does the EMIS include CSE?
- Is CSE recognized in teachers' terms and conditions?
- Are the benefits of CSE recognized by the profession, the public and the polity?
- Are CSE outcomes reported for EFA (Goal 3) and UNGASS (Indicator 11)?

(B) TOOL FOR SCHOOLS AND SERVICE PROVIDERS

Are CSE and sexuality education interventions resulting in more positive behaviours by young people in response to the life challenges that they face, within the national context?

- Is CSE adapted to learners needs in the local context?
- Does the school / NGO encourage learner participation in CSE delivery?
- Is the school / service provider aware of the existing policies and curriculum on CSE?

Is CSE reaching all Learners, providing them with adequate learning opportunities differentiated as necessary to their different needs and circumstances?

- Does the school or programme have strategies to ensure all learners benefit from CSE intervention?
- What is the geographic coverage of NGO programme?
- Are the needs of different categories of learners addressed e.g. disabled, learners with special needs?

Is CSE delivered in ways that make good use of resources to deliver and maintain quality learning?

- Do schools / communities have to provide local resources?
- Does CSE adopt good pedagogical practices as understood by the school or NGO?
- Are different modes of delivery used, building on strengths?
- Does the school seek to embed aspects of CSE in other areas, so that they complement extracurricular offerings?
- Does the school work / partner with local bodies (health, social, NGOs, CSOs) to deliver CSE?
- Are there standards and benchmarks and is there inspection against the standards and benchmarks?

Is CSE delivering the intended outcomes and impacts for learners?

- Can delivery modalities be modified for effectiveness?
- Are teaching and learning materials available?
- How many hours are there for CSE?
- What methods are used?
- How does the school/centre/programme measure effectiveness?
- Is there relevant internal assessment?
- How is CSE delivered? Are there complementary modalities?
- Are teachers/facilitators appropriately trained?
- Are there changed behaviours, skills that affect other parts of school life (i.e., is there evidence that Life Skills, psychosocial and other skills change approach to other school institutional activities)?
- Are there other unintended outcomes (positive or negative) identified for the school?

Is CSE provision sustainable and likely to be sustained?

- Is CSE properly integrated into school planning, resourcing, etc.?
- Is CSE seen as contributing to the value of the school/centre?
- Is CSE recognized in teachers' terms and conditions?
- Do parents and community recognize benefits and behavioural change, etc.?
- Is there a shared view of CSE among the school community?

(C) TOOL FOR FOCUS GROUP DISCUSSIONS WITH LEARNERS

1. What is Comprehensive Sexuality Education? [Please get examples.] In case the group does not volunteer information on this topic, a general definition will be provided. (Description: Life skills are skills needed to deal with challenges and demands of everyday life. They include: self-awareness, self-esteem, values, coping, decision-making, communication, critical thinking, assertiveness, problem-solving, and life planning. It can also include information on topics such as adolescence, sexual behavior, and HIV.)
2. Why do students need Comprehensive Sexuality Education?
3. Is there a Comprehensive Sexuality Education lesson at your school?
 - If yes - When are students taught about Comprehensive Sexuality Education in school? After school? Are the needs of different categories of learners e.g. learners with special needs addressed?
 - If no – How are the topics that are part of life skills covered in your school? Depending on the way life skills are covered in the school, modify as needed.] How are Life Skills Education lessons taught in your school? Some examples of types of instruction include lecture, debate and theatre.
4. Who teaches Life Skills Education in your school or talks to students about the topics related to life skills?
 - How comfortable is this person with the material s/he is teaching? What makes you think this?
 - Does s/he answer all of your questions? If not, which does she/ he not answer?
 - Can students go to this person with questions outside of class during school hours to ask questions about topics learned in Life Skills Education? About sexual issues?
5. How do students feel about Life Skills Education sessions currently being taught?
 - What do students like about Life Skills Education sessions?
 - What do students dislike about Life Skills Education sessions?
6. How do parents feel about students learning about life skills in school?
 - Would you like your parents to be involved in teaching you about life skills? Why or why not?
 - What would this involvement look like?

7. What do students learn about relationships at school? Please describe whether this information comes from courses or other school-related activities.
 - Has what students learn about relationships made them more able to avoid unhealthy relationships? If so, how?
8. What do students learn about values at school? Please describe whether this information comes from courses or other school-related activities.
 - How do you determine which values are important to you? [Not your parents, teachers, pastor, etc.] [Use an example from those given by students on which values are most important to them and ask how they stand up for a particular value. For example, one can decide that her religion's teachings on sexual behavior are very important to her, and because of this importance, she can decide to follow these teachings in regards to sex before marriage and not submit to peer pressure to have sex early.]
9. What do students learn about human rights at school? Please describe whether this information comes from courses or other school-related activities. [Read description if necessary: Human rights are those rights that everyone is entitled to because they are human, and all humans have dignity and deserve respect. They include the right to education, protection from violence, and equal treatment under the law for everyone - regardless of sex or race.
 - Should boys and girls have equal rights? Why or why not?
 - Do boys and girls have equal rights in your community? Please give examples.
 - Has what you have learned about human rights helped students in your school to respect others' rights? How?
 - In reproductive health, what do students learn about their sexual rights? [Provide description if necessary: Sexual rights include the right to choose one's sexual partners, the right to decide when and if to have children, and the right to decide whether or not to have sex.
10. What do students learn about human development (puberty) at school? What do students learn about pregnancy (how do women get pregnant) at school?
 - Has what you have learned about these topics (puberty and pregnancy) helped students in your school to understand themselves and/or stay healthy? How?
11. What do students learn about sexual behaviors at school? (Please describe whether this information comes from courses or other school-related activities.)

- Has what you have learned about sexual behaviors helped students in your school to gain confidence in making choices about their own sexual behaviors? If so, how?
 - Are students more assertive in defending their choices regarding sexual behaviors? Please give examples. [Is this different when defending your choice to a girlfriend or boyfriend versus sugar daddy or sugar mummy?]
12. What do students learn about the consequences of sexual behavior, including HIV and AIDS at school? Please describe whether this information comes from courses or other school-related activities.
- Has what you learned on the consequences of sexual behavior helped students stay HIV free? How?
13. What do students learn about preventing pregnancies? Please describe whether this information comes from courses or other school-related activities.
- What have you learned outside of school about preventing pregnancies? [If condoms or other methods of contraception are mentioned, ask students if they learned how to use these methods and from whom they got this information.]
 - Has what you have learned about preventing pregnancies helped students in your school to prevent unplanned pregnancies in their own lives? If so, how?
 - [If the primary method of prevention is abstinence, do you think there are some students who do not abstain? If yes, how do they prevent unintended pregnancies?
14. What information about sexual topics do students need in order to stay healthy? [Sexual topics include: sexual feelings, sexual behaviors, puberty, and protecting oneself from HIV and unwanted pregnancy.]
- Which of these should be learned in school?
15. What other information, that has not yet been discussed today, do you believe should be included in the Life Skills Education course?
- What questions do you have about topics covered in Life Skills Education that you would like your teacher to answer, but that he or she is currently unable to respond to?
16. Are there any other thoughts or comments?

7.3 ANNEX: LIFE SKILLS AND COMPREHENSIVE SEXUALITY EDUCATION CURRICULA IN ZAMBIA

| s/n | Title of Book | Ministry | Publisher | Status of Book |
|-----|---|----------|----------------------|--|
| 01 | Grade 5 Life Skills Comprehensive Sexuality Education : Teacher's Guide | MoE | CDC | Under Revision after Piloting |
| 02 | Grade 5 Life Skills Comprehensive Sexuality Education : Learner's Book | MoE | CDC | Under Revision after Piloting |
| 03 | Grade 6 Life Skills Comprehensive Sexuality Education : Teacher's Guide | MoE | CDC | Under Revision after Piloting |
| 04 | Grade 6 Life Skills Comprehensive Sexuality Education : Learner's Book | MoE | CDC | Under Revision after Piloting |
| 05 | Grade 8 Life Skills Comprehensive Sexuality Education : Teacher's Guide | MoE | CDC | Under Revision after Piloting |
| 06 | Grade 8 Life Skills Comprehensive Sexuality Education : Learner's Book | MoE | CDC | Under Revision after Piloting |
| 07 | Grade 9 Life Skills Comprehensive Sexuality Education : Teacher's Guide | MoE | CDC | Under Revision after Piloting |
| 08 | Grade 9 Life Skills Comprehensive Sexuality Education : Learner's Book | MoE | CDC | Under Revision after Piloting |
| 09 | Reducing HIV Vulnerability among students in the school setting: Teacher training manual a guide for volunteer based in colleges of education | | UNESCO | In use by Restless Development volunteers in the field |
| 10 | Sexual and Reproductive Health Life skills manual: A guide for volunteers based in | | Restless Development | In use by Restless Development volunteers in the field |

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| | schools | | | |
| 11 | College of Education Sexual and Reproductive Health lessons module for volunteers | | Restless Development | In use by Restless Development volunteers in the field |
| 12 | Capacity building Manual: A guide for volunteers | | Restless Development | In use by Restless Development volunteers in the field |
| 13 | Setting up HIV/ SRH Resource centres: A guide for managers and peer educators | | Restless Development | In use by Restless Development volunteers in the field |
| 14 | VPE Activities manual | | Restless Development | In use by Restless Development volunteers in the field |

7.4 ANNEX: LIST OF PEOPLE REACHED DURING THE EVALUATION

NATIONAL KEY INFORMANTS

| S/N | Name | Designation | Gender | Organisation | Email and Telephone contacts |
|-----|----------------|------------------------------|--------|---|--|
| 01 | James Chilufya | Chief Curriculum Specialist | M | Curriculum Development Centre P.O.BOX 50092, Lusaka | jameschilufya@yahoo.com +260 211 254848 +260 955/977/961 768738 |
| 02 | Charity Banda | National HIV Coordinator | F | Ministry of Education P.O. BOX 50093, Lusaka | charitybn@yahoo.com +260 211 256146 +260 967/77/55 746117 |
| 03 | Exhilda Gondwe | Senior Curriculum Specialist | F | Curriculum Development Centre BOX 50092, Lusaka | exildagondwe@yahoo.co.uk +260 978 960 336 |

| | | | | | |
|----|------------------------|-----------------------------|---|--|---|
| 04 | Mercy Mwiya | Principal Education Officer | F | Curriculum Development Centre P.O.BOX 50092, Lusaka | mkmwiya@gmail.com +260 977 529970 |
| 05 | Harriet Yowela Mwiinga | Country Director | F | Restless Development P.O.BOX 80305, Kabwe Suite 107, Foxdale Court, Office Park Lusaka | harriet@restlessdevelopment.org +260 977 529970 |

TEACHERS

| S/N | Name | Designation | Gender | Name of School | Email and Telephone contacts |
|-----|---------------------|---|--------|--|---|
| 01 | Emade Sakala | Head Teacher | M | Kabulonga Primary School P.O.BOX 320338 Lusaka | emadesakala@gmail.com +260 211 266716 +260 955747640 +260 976685693 |
| 02 | Mubita Brian Mubita | Integrated Science Teacher/ CSE Focal Point | M | Kabulonga Primary School P.O.BOX 320338 Lusaka | mubitabrian@yahoo.com +260 977835274 |
| 03 | Kalala Mwansa | Religious Education Teacher/ CSE Teacher | F | Kabulonga Primary School P.O.BOX 320338 Lusaka | Mwansa.kalala1@gmail.com +260 977295370 +260 955879023 |
| 04 | Peggy Nahonge | Counselling & Guidance/ | F | Kabulonga Primary School P.O.BOX | ngambinamwene@gmail.com |

| | | | | | |
|----|------------------------|---|---|---|--|
| | Ng'ambi | Home Economics Teacher (CSE) | | 320338 Lusaka | +260 977430021 +260 955430021 |
| 05 | Agness Mulenga | Integrated Science Teacher | F | Nyumba Yanga Secondary School P.O.BOX 320018 Lusaka | mulengazm@yahoo.co.zm +260 977653906 |
| 06 | Remedy Banda | Religious Education and English Teacher | F | Nyumba Yanga Secondary School P.O.BOX 320018 Lusaka | remedybanda@gmail.com +260 977931034 |
| 07 | Valerie Mbesha | Civic Education Teacher | F | Nyumba Yanga Secondary School P.O.BOX 320018 Lusaka | caspermylove@gmail.com +260 979177934 |
| 08 | Joyce Nawelwa Simutowe | School CSE Trainer/Coordinator | F | Nyumba Yanga Secondary School P.O.BOX 320018 Lusaka | jnsimutowe@yahoo.com +260 977898034 |
| 09 | Esnart Chirwa | Civic Education Teacher | F | Nyumba Yanga Secondary School P.O.BOX 320018 Lusaka | essiemulo@gmail.com +260 977881033 |

LEARNERS

| S/N | Name | Gender | School | Grade |
|------------|-------------------|---------------|--|--------------|
| 01 | Kelvin Mwanza | M | Nyumba Yanga Secondary School, Lusaka | Grade 11B |
| 02 | Judy Msoni | F | Nyumba Yanga Secondary School, Lusaka | Grade 11B |
| 03 | Joseph Chileshe | M | Nyumba Yanga Secondary School, Lusaka | Grade 10A |
| 04 | Peter Mapepo | M | Nyumba Yanga Secondary School, Lusaka | Grade 11D |
| 05 | Elizabeth Kwenda | F | Nyumba Yanga Secondary School, Lusaka | Grade 11D |
| 06 | Chikondi Sakala | F | Nyumba Yanga Secondary School, Lusaka | Grade 11D |
| 07 | Alex Bwalya | M | Nyumba Yanga Secondary School, Lusaka | Grade 11D |
| 08 | Jason Phiri | M | Nyumba Yanga Secondary School, Lusaka | Grade 11D |
| 09 | Phillimon Banda | M | Nyumba Yanga Secondary School, Lusaka | Grade 10C |
| 10 | Stanslous Zulu Jr | M | Nyumba Yanga Secondary School , Lusaka | Grade 10C |
| 11 | Samson Mulenga | M | Nyumba Yanga Secondary School, Lusaka | Grade 11B |
| 12 | Joel Chitebe | M | Nyumba Yanga Secondary School, Lusaka | Grade 11D |

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|----|---------------------|---|---------------------------------------|-----------|
| 13 | Lameck Banda | M | Nyumba Yanga Secondary School, Lusaka | Grade 11D |
| 14 | Jane Daka | F | Nyumba Yanga Secondary School, Lusaka | Grade 10C |
| 15 | Given Idah Daka | F | Nyumba Yanga Secondary School, Lusaka | Grade 11B |
| 16 | Mwamba Chembeya | F | Nyumba Yanga Secondary School, Lusaka | Grade 11B |
| 17 | Mwezi Lungu | F | Nyumba Yanga Secondary School, Lusaka | Grade 11B |
| 18 | Martin Simwiinga | M | Nyumba Yanga Secondary School, Lusaka | Grade 11D |
| 19 | Charity Chuni | F | Nyumba Yanga Secondary School, Lusaka | Grade 10C |
| 20 | Fatima Bhamfu | F | Nyumba Yanga Secondary School, Lusaka | Grade 11D |
| 21 | Frank Chupa | M | Nyumba Yanga Secondary School, Lusaka | Grade 11D |
| 22 | Musonda Mukupa | F | Kabulonga Primary School Lusaka | Grade 8F |
| 23 | Christine Halubobya | F | Kabulonga Primary School Lusaka | Grade 8F |
| 24 | Natasha Chanda | F | Kabulonga Primary School Lusaka | Grade 8D |
| 25 | Naomi Chioupa | F | Kabulonga Primary School Lusaka | Grade 8F |
| 26 | Grace Phiri | F | Kabulonga Primary School | Grade 8F |

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| | | | Lusaka | |
| 27 | Webster Siakotela | M | Kabulonga Primary School Lusaka | Grade 8F |
| 28 | Natasha Sinkala | F | Kabulonga Primary School Lusaka | Grade 8F |
| 29 | Memory Mwale | M | Kabulonga Primary School Lusaka | Grade 8F |
| 30 | Sibeso Likezo | M | Kabulonga Primary School Lusaka | Grade 8F |
| 31 | Mike Milambo | M | Kabulonga Primary School Lusaka | Grade 8D |
| 32 | Kabaso Ng'onga | M | Kabulonga Primary School Lusaka | Grade 8F |

7.5 ANNEX: LIST OF PARTICIPANTS FOR VALIDATION WORKSHOP 21122015



SERAT STAKEHOLDERS
21 DEC 2015
REGISTRATION REGISTER

| No. | Name | Title & Organisation | Contact phone no. | Email address | Signature |
|-----|--------------------|-------------------------------------|-------------------|------------------------------|--------------------|
| 1 | SIMUPOWE SINAWELWA | Nyumbafanyanga Sec | 0977898034 | simu@nyumbafanyanga.com | <i>[Signature]</i> |
| 2 | BANDU BEMESTI | Nyumbafanyanga Sec | 0977931034 | remadybandu@gmail.com | <i>[Signature]</i> |
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| 4 | BANDA CHARITIT | MUCE, HQ | 0977746117 | charitybn@yahoo.com | <i>[Signature]</i> |
| 5 | Eilda Gondwe | MAGE, CDC | 0978960336 | eildagondwe@yahoo.co.uk | <i>[Signature]</i> |
| 6 | PETTY NAHONGE | KARUBONGA PRI | 0977436021 | namwe-n@gondwe.com | <i>[Signature]</i> |
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| 8 | EMADDE SAKALA | KARUBONGA PRI | 0955747640 | emadedesakala@gmail.com | <i>[Signature]</i> |
| 9 | MESTY MURITA | PEO - 12557 | 0979448802 | mkinwinda@gmail.com | <i>[Signature]</i> |
| 10 | TENDAI CHIMESTIE | PROJECT ANWAR KOSTAS Development | 096779930 | tendai@costasdevelopment.org | <i>[Signature]</i> |
| 11 | ESNART CHIRWA | Nyumbafanyanga Sec | 0977581033 | esnartchirwa@gmail.com | <i>[Signature]</i> |

Footnotes

1. The Zambia National Adolescent Health Policy defines adolescents as persons of age 10-19 years and youths as those of age 15-24 years.
2. At the time of consultations, the grade 7 and grade 12 Teachers' guides and Learners' books had not yet been published.
3. At the time of consultation, most of the CSE materials had just been piloted and were now under revision
4. The Zambian Law does not permit LGBT rights. It is illegal to talk about LGBT issues in Zambian schools.
5. By policy, Condoms and contraceptives are not permitted in the school setting.