LEARNING BEYOND THE CLASSROOM

ADAPTING COMPREHENSIVE SEXUALITY EDUCATION PROGRAMMING DURING THE COVID-19 PANDEMIC

TECHNICAL BRIEF

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BACKGROUND AND RATIONALE

The COVID-19 pandemic is having a tremendous effect on young people's lives, health and well-being, and its medium- and long-term impacts could be devastating if adequate measures are not taken to guarantee basic rights for young people. Unknown and unfolding periods of physical distancing measures and school closures leave adolescents and young people across the world without access to essential sexual and reproductive health information, services and rights, including comprehensive sexuality education (CSE). Continued access to CSE that equips young people with the foundation to make well-informed decisions about their lives and bodies and develop healthy relationships needs to be ensured in all phases of the pandemic.

Although social distancing, lockdowns and quarantine hinder the delivery of CSE in person, digital platforms and tools offer opportunities for reaching young people, and have the potential to provide innovative and interactive ways to engage them. Digital sexuality education can be more accessible and effective by reaching many young people at the same time across large geographical areas, and engages marginalized, left behind populations of young people who may otherwise be excluded from mainstream programmes.

Digital sexuality education may also potentially deliver CSE with increased fidelity, since content is fixed and not dependent on a facilitator's willingness to present it, and be interactive for the learner while letting the learner more actively engage with their own learning at their own pace.

While not a silver bullet on its own, digital CSE complements face-to-face CSE and, during this COVID-19 pandemic period, is an especially important supplement in the absence of, or with significantly reduced, access to face-to-face CSE in and outside school settings.

To maximize effectiveness, digital platforms and tools and other out-of-school CSE resources need to form part of broader efforts to promote sexual and reproductive health, including the provision of sexual and reproductive health services and commodities. The digital divide needs to be addressed, as digital access and digital literacy differ among the most vulnerable groups and can exacerbate the gender disparities that many young women and girls experience. Therefore, community-based approaches should be undertaken by creatively using the resources available as well as leveraging distance education platforms using radio and television alongside community communication channels.

This brief has been developed to provide practical guidance and to support UNFPA regional and country offices and implementing partners working on CSE programming to adapt their interventions in the light of the COVID-19 pandemic with a particular focus on how to include digital CSE in programme development and delivery.

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BENEFITS OF COMPREHENSIVE SEXUALITY EDUCATION

What does the evidence say?

IMPROVE YOUNG PEOPLE'S KNOWLEDGE AND ATTITUDES RELATED TO SRH AND BEHAVIOURS

DELAY INITIATION OF SEXUAL INTERCOURSE & REDUCE RISK TAKING

REDUCE NUMBER OF SEXUAL PARTNERS AND FREQUENCY OF SEXUAL ACTIVITY

INCREASE USE OF CONDOMS & CONTRACEPTION

CONTRIBUTES TO GENDER EQUITABLE ATTITUDES, CONFIDENCE & SELF IDENTITY

INCREASE COMMUNICATION WITH PARENTS ABOUT SEXUALITY, RIGHTS AWARENESS AND SELF EFFICACY

KEY MESSAGES

To adapt CSE programmes to the COVID-19 realities, consider the following:

→ Advocate for continuity and adaptation to ensure access of CSE for all young people, including the most marginalized groups, and explore linking key messages on COVID-19 response.

→ Explore modalities for digital delivery of CSE and training of facilitators. Use guidance from the international technical and programmatic guidance on out-of-school CSE (draft versions) and the International Guidance on Sexuality Education to inform programming.

→ Include COVID-19 messaging in CSE outreach and communication activities, and address the need for psychosocial support for young people.

→ Address the drivers of existing inequities, such as inequities in accessing digital platforms and technology (the digital divide), particularly for girls and young women and vulnerable populations.

→ Revise timetables for training and delivery sessions to have fewer sessions later in the calendar year, in smaller groups and using outdoor areas.

→ Ensure the procurement of necessary hygiene and personal protective equipment such as masks and soap so that programme activities can be implemented in accordance with safe hygiene standards.

→ Revise project interventions with realistic targets; postpone activities that are not possible to conduct because of confinement policies. Review your priorities and take a pragmatic approach to what is feasible. Update annual work plans and budgets accordingly.

→ Include CSE availability in regional and national assessments of COVID-19's impact on young people. Use results to inform programming.

→ Foster South–South cooperation and share best practices from countries in overcoming challenges to implementing CSE programmes during the pandemic in communities of practice and webinars.

RECOMMENDATIONS FOR PROGRAMME ADAPTATION DURING COVID-19

OUTREACH AND COMMUNITY ENGAGEMENT

SUGGESTED ADAPTIVE STRATEGIES

→ Assess the appropriate means of reaching young people in the communities and make sure that not only the most digitally literate and accessible are included.

→ Consider using virtual outreach, where young people have access to digital platforms, and local radio channels, television, smartphones, house-to-house flyers, megaphones, etc. to reach marginalized groups of young people with sexual and reproductive health information and services.

→ Include updated information on access to adolescent sexual and reproductive health services, such as online services, and key messages about COVID-19 in outreach activities during the epidemic.

→ Partner with local authorities, community leaders, community-based health workers and influencers to spread messaging about relevant CSE topics during lockdowns.

→ Partner with organizations working on entertainment education using distance education platforms such as radio and television, among other community communication platforms, to disseminate CSE content and messaging.

TRAINING OF FACILITATORS AND TEACHERS

SUGGESTED ADAPTIVE STRATEGIES

→ Include physical distancing and hygiene promotion training as part of training sessions and make sure that necessary hygiene products are available (for example masks) and handwashing facilities are accessible.

→ Consider using digital platforms for training sessions when in-person training is not possible. Facilitators can be trained online, mentored and supported virtually through remote consultations, and monitored and assessed remotely.

→ Ensure that facilitators and health providers who deliver CSE have access to updated information on COVID-19 and how it affects young people, include raising awareness of increased risk of mental health problems, sexual and gender-based violence, and child marriage.

→ Explore use of digital tools such as videos and online courses to complement traditional training.

→ Provide pre-recorded training sessions by using radio, television or virtual platforms to strengthen the capacities of trainers to address the needs of young people during confinement.

CURRICULUM AND CONTENT DEVELOPMENT

SUGGESTED ADAPTIVE STRATEGIES

→ Make sure to include lesson plans for addressing areas that have been identified as critical during the pandemic such as the increased risk of mental health issues, sexual and gender-based violence and child marriage, online safety and security, sexual health and psychosocial support.

DELIVERY OF CSE

SUGGESTED ADAPTIVE STRATEGIES

→ Explore possibilities of delivering CSE out of school where schools are closed.

→ Identify new entry points for delivering CSE that are accessible to young people during the crisis, such as community-based health-care workers and health-care facilities.

→ Consider incorporating digital solutions in CSE delivery and integrate referral to youth-responsive services.

→ Follow local policies on physical distancing etc. while enforcing hygiene measures such as handwashing and other sanitizing practices.

→ Utilize distance learning platforms such as radio or television education, along with virtual learning.

YOUTH PARTICIPATION AND ENGAGEMENT

SUGGESTED ADAPTIVE STRATEGIES

→ Ensure that COVID-19 response plans are sensitive to adolescent- and youth-specific needs, including sexual and reproductive health and rights (SRHR), and access to CSE.

→ Explore alternative platforms for continued youth engagement in CSE programming to make sure youth partners are meaningfully engaged in the design, delivery and monitoring processes.

→ Engage with youth stakeholders to identify the needs of young people, including the ones from left behind populations, and gaps in accessing CSE during the pandemic.

→ Continue to build the capacity of, and support, youth-led organizations to engage in COVID-19 response and advocate for SRHR information and services.

→ Ensure the engagement of left behind young people by using existing community participation platforms during the lockdowns.

ADVOCACY AND COMMUNICATIONS WORK

SUGGESTED ADAPTIVE STRATEGIES

→ Argue for the importance of continuing CSE delivery through-out the pandemic as part of the essential package of SRHR/universal health coverage, through both formal and non-for-mal education.

→ Strengthen advocacy that highlights the increased impor-tance of human rights and gender-responsive programmes to address the exacerbated challenges, including gender dis-parities, that marginalized groups of young people experi-ence during the pandemic.

→ Support civil society organizations, citizen observatories and other human rights accountability mechanisms in order to ensure the provision of CSE as part of basic human rights, particularly the right to education.

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GENERAL GUIDANCE FOR DIGITAL SEXUALITY EDUCATION AND USE OF TECHNOLOGY

PROGRAMME PLANNING AND DEVELOPMENT

→ Assess the needs, usage and access of technology to support CSE that can reach the target group.

→ Build on what already exists and use platforms that are used by young people.

→ Digital interventions should be adapted to the local context.

→ Build monitoring and feedback systems into the product to gather data for improvement.

→ The digital intervention should be youth centred: young people, including ones from left behind populations, should be a part of the whole planning and development process.

→ Assess and address privacy and security to ensure confidentiality and safety for all users.

→ Establish a feedback and complaint mechanism. This is important for ensuring safe use.

→ Take advantage of individualization and interactivity. The increasing sophistication of technology has transformed the ways it can be used to make CSE more effective. Material can be individualized to a learner's cognitive stage, level of education, gender or risk profile.

→ Ensure technology-based CSE programmes are curriculum based. Technological approaches to CSE without other components must have a mechanism that requires the user to proceed through and complete specific elements in a given order.

→ Plan for adequate content management and product maintenance.

→ Invest in understanding the impact of digital platforms and effective ways of reaching audiences and assessing students' knowledge and learning.

→ Explore the impact and effectiveness of existing digital spaces, including social media and dating apps.

→ Consider using radio, television or distance education platforms to reach the most left behind young people with limited access to the internet.

PROGRAMME DELIVERY

→ Broaden the focus of websites or apps. Addressing other needs and having additional desired features will help engage and retain more children and young people.

→ Monitor digital interventions such as group pages, blogs and interactive fora. When participants engage in live chat or supply information to each other, consistent monitoring by knowledgeable staff is critical to ensure the accuracy and integrity of any information presented and ensure safety and confidentiality.

→ Assess the use of distance education platforms already in place in your country or region that use the internet, radio, television or other local channels.

TEACHING AND LEARNING METHODS

→ Consider a broad range of technology-based methods for delivering components of CSE: phone calls, text messages, emails, mass media, websites, blogs, vlogs, videos, podcasts, apps, social networks, interactive voice recordings, computer- or web-based interactive education, courses, quizzes, games, simulations, serious games, virtual reality and chatbots.

→ Combine technology with other approaches. Many of these methods (online counselling, hotlines, etc.) cannot deliver CSE on their own. However, most can be used as a part of a CSE programme or as a supplement to it, in clinics, at home with parents and as a part of face-to-face programmes.

→ Try to integrate interactive approaches in online CSE delivery, such as the use of gamification and/or edutainment approaches.

→ Promote coordination for a multicomponent intervention on CSE to reach young people at the community level.

DIGITAL SEXUALITY EDUCATION
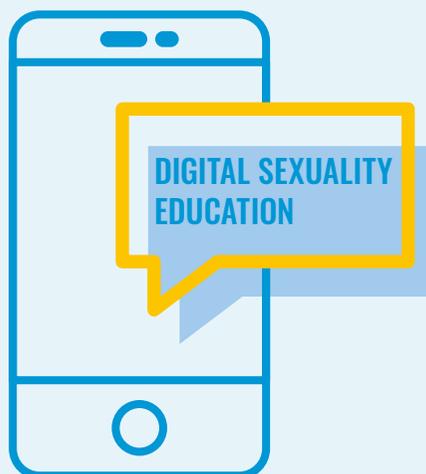
TOOLS AND RESOURCES

RESOURCES FOR DIGITAL CSE PLANNING AND DELIVERY

→ The International Technical and Programmatic Guidance on Out-of-school CSE draft (UNFPA-) *An evidence-informed approach for non-formal, out-of-school programmes*

→ International Technical Guidance on Sexuality Education (United Nations)

→ Framework for Planning, Developing, and Implementing Youth-Oriented Digital Health Interventions (WHO, with UNFPA, UNICEF and UNESCO – forthcoming)

→ 'Principles for digital development' (website)

→ 'The mHealth planning guide: key considerations for integrating mobile technology into health programmes' (K4Health, 2014)

→ 'mHealth basics: introduction to mobile technology for health' (Global Health Learning Centre, 2013)

→ The MAPS Toolkit: mHealth Assessment and Planning for Scale (WHO, 2013)

→ mHealth Design Toolkit: Ten Principles to Launch, Develop and Scale Mobile Health Services in Emerging Markets (GSMA, n.d.)

→ Guidelines for an Effective Design of Serious Games (Researchgate, 2014)

→ Sex Education in the Digital Era (Institute of Development Studies, 2014)

→ Switched on: sexuality education in the digital space (UNESCO, 2020)

TECHNICAL GUIDANCE NOTES FOR WORKING WITH YOUNG PEOPLE AND VULNERABLE POPULATIONS

SUGGESTED ADAPTIVE STRATEGIES

→ Invisible but Not Forgotten – resource pack (UNFPA)

→ 'Adolescents and young people & coronavirus disease (COVID-19)' (UNFPA)

→ Technical brief 'COVID-19 and sexual health and wellbeing-Impacts and recommendations for UNFPA's sexual health programming' (UNFPA)

→ COVID-19: How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement (The Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific, co-chaired by WHO, IFRC and OCHA)

→ COVID-19: Working with and for Young People (Compact for Young People in Humanitarian Action)

DIGITAL EDUCATION PLATFORMS

SUGGESTED ADAPTIVE STRATEGIES

→ List of distance learning solutions

INTERNAL DIGITAL RESOURCES

SUGGESTED ADAPTIVE STRATEGIES

→ UNFPA M-health starter pack for adolescents and young people

→ mHealth for Adolescents and Youth – Learning for Impact Toolkit (UNFPA)

→ APRO Turned On meeting report on sexuality education in the digital space

→ UNFPA and Prezi #youthagainstcovid video campaign

→ Amaze.org/za videos

→ CSE online course for teachers and other youth serving professional (ESARO)

COVID-19 AND GENDER RESOURCES

SUGGESTED ADAPTIVE STRATEGIES

→ 'Gender and COVID-19 resources'

→ Evidence for Gender and Education Resource

→ COVID-19 and child, early and forced marriage: an agenda for action (Girls Not Brides)

ANNEX

RECOMMENDATIONS
FOR THE OUT-OF-SCHOOL
CSE PROGRAMME

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The following recommendations are structured in accordance with the Theory of Change framework of the CSE out-of-school programme found here. The guidance can be applicable to other CSE programmes delivering CSE in both formal and non-formal education.

Outcome 1: Dissemination and use of the International Guidance on Out-of-School CSE

Outcome 2: Participatory, relevant and contextualized models of out-of-school CSE programming established and tested

Outcome 3: Documentation and dissemination of strategic information, lessons learned and best practices

OUTCOME 1: DISSEMINATION AND USE OF THE INTERNATIONAL GUIDANCE ON OUT-OF-SCHOOL CSE

1.1 INTERNATIONAL GUIDANCE ON OUT-OF-SCHOOL CSE DISSEMINATED IN FIVE REGIONS

→ Plan for virtual launch and dissemination events for global, regional and country dissemination.

→ Use digital channels for visibility to give information about the guidance including webinars, radio, television, etc.

1.2 MATERIALS AND TOOLS SUPPORTING THE IMPLEMENTATION OF THE INTERNATIONAL GUIDANCE DEVELOPED

→ Develop or adapt digital tools to support the implementation of the guidance and follow the recommendations above, and in the guidance, for the development and delivery of digital CSE.

1.3 ENHANCED CAPACITY TO UTILIZE DIGITAL AND OTHER INNOVATIVE SOLUTIONS FOR ADVOCACY, DEMAND CREATION AND DELIVERY OF CSE AT NATIONAL, REGIONAL AND GLOBAL LEVELS

→ Scale up efforts that use digital platforms in advocating CSE.

→ Advocate including CSE in digital education and health platforms.

→ Argue for the need to ensure adolescents' and young people's access to adolescent sexual and reproductive health services and information during confinement and especially for the project's target groups.

OUTCOME 2: PARTICIPATORY, RELEVANT AND CONTEXTUALIZED MODELS OF OUT-OF-SCHOOL CSE PROGRAMMING ESTABLISHED AND TESTED

2.1 YOUNG PEOPLE FROM SPECIFIC LEFT BEHIND GROUPS IDENTIFIED AND ENGAGED MEANINGFULLY

→ Use digital platforms for outreach activities to the target groups.

→ Address the digital and gender divide in accessing technology and consider using door-to-door flyers, radio, speakers and television.

2.2 FACILITATORS WITH THE COMPETENCIES, ATTITUDES AND TOOLS NEEDED TO REACH AND ENGAGE YOUNG PEOPLE FROM SPECIFIC GROUPS

→ Use digital material such as audio, videos or pictorial content to complement training.

→ Explore the use of digital delivery platforms if confinement measures hinder face-to-face training.

→ Consider training sessions for facilitators outdoors and with smaller numbers of participants.

→ Ensure access to hygiene measures during training, such as handwashing facilities.

2.3 RELEVANT GATEKEEPERS IDENTIFIED AND ENGAGED IN SUPPORT OF YOUNG PEOPLE'S ACCESS TO CSE, AND THEIR SRHR MORE BROADLY

→ Reach out to gatekeepers by using digital platforms or other means such as radio, television, flyers and text messages.

→ Conduct meetings online or plan for smaller meetings.

OUTCOME 3: DOCUMENTATION AND DISSEMINATION OF STRATEGIC INFORMATION, LESSONS LEARNED AND BEST PRACTICES

3.1 IMPLEMENTATION RESEARCH CONDUCTED IN AT LEAST FOUR SITES OF THE PROGRAMME

→ Finalize the literature review and mappings, and focus on research activities that can be conducted during confinement.

3.2 LESSONS FROM PROGRAMMES SITES LEARNED AND SYNTHESIZED

→ Share lessons learned from tackling COVID-19-related challenges in the community of practice.

→ Continue routine monitoring and evaluation and strengthen frameworks and guidance for this to implementing partners.

→ Integrate monitoring and evaluation in digital systems to assess the effects of digital interventions.

3.3 STATE OF OUT-OF-SCHOOL CSE ASSESSED IN SELECTED REGIONS

→ Include CSE in national and regional assessments to understand the impact of COVID-19.

→ Continue CSE assessments and formative research briefs by using secondary data and conducting interviews and Focus Group Discussions virtually.

→ Compile reports on the impact of COVID-19 for the target groups, access to sexual and reproductive health services and CSE programming, and identify the most relevant areas that should be covered.

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