The paper written by UNESCO presents an update on the progress of the programme of activities on HIV and AIDS Education in the region.
SESSION 7 – PAPER 7

HIV/AIDS EDUCATION INITIATIVE

Purpose

The purpose of this paper is:

a) to provide an update to Forum Education Ministers (FEdMM) on the progress of the programme of activities on HIV and AIDS Education; and

b) to seek the approval of FEdMM on the proposed plan of activities as part of the strategy to address the spread of AIDS and sexual transmissible infections (STIs) throughout the Pacific including the sexual and reproductive needs of young people.

Background


3. Following the endorsement for this initiative by Ministers of Education at FEdMM 2010, a consultation was held in collaboration with UNFPA, UNAIDS and SPC, with 13 Forum island countries, in May 2011. The key objective was to advocate and discuss ways to strengthen such programmes within primary and secondary schools. Countries that were able to participate were the Cook Islands, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu.

4. A set of outcomes were reached at this meeting and priority was given to carrying out attitudinal surveys to provide key baseline information on the attitudes of principals, teachers, parents and students towards HIV and AIDS Education awareness and prevention being taught in primary and secondary schools.
The Situation Today

5. The threat of HIV/AIDS in the region continues to be of grave concern, with high rates of Sexual Transmissible Infection (STI) including those within school age, the threat of drug resistant STIs and the high rates of reporting on rape and sexual abuse of young children.

6. UNESCO has completed attitudinal surveys in Nauru, Niue, Palau and Samoa where the findings show overwhelmingly support for a Comprehensive Sexuality Education (CSE) programme carried out by well trained and resourced facilitators, by principals, teachers, parents and students.

7. With the conclusion of the Adolescent Health Development (AHD) project in early 2012, UNFPA continues to provide direct technical and programme support on comprehensive sexuality education to 10 Forum Island countries. This has resulted in significant progress in policy-setting, curriculum development and teacher-training across the Pacific.

8. The 2013-2017 UNICEF Pacific HIV & AIDS Programme is focusing on two programme component results (PCR), which are PCR 1: PICs have and use sound strategic information/data for effective gender and equity focused HIV advocacy, policy development, planning and programming; and, PCR 2: Pregnant women and adolescents aged 15-19 years, particularly those who are at higher risk to HIV exposure, have increased access to relevant information, skills and services to prevent and reduce impact of HIV. This will include enhancing adolescents (both in and out-of-school) knowledge and skills to reduce their risks and vulnerabilities to HIV and AIDS.

The Response

9. Beyond HIV and AIDS Education, there is a clear and urgent need for a solid CSE programme, which encompasses HIV and AIDS education, gender equality, stigma and discrimination issues, self awareness, life skills, reproductive health, sexuality, sexual orientation, as well as the supportive role of parents and family members, in order for children of school age to be able to prevent and protect themselves.

10. To maximise the effectiveness and sustainability of various efforts being carried out in the Pacific Region by UNESCO, UNFPA and UNICEF, a joint programme document including a joint work plan and budget has been developed (see Annex 1). The specific objectives of the joint programme are as follows:

- CSE is supported by a relevant policy framework in each country.
- A relevant and quality assured CSE curriculum that is rights-based and promotes gender equality is in place for each country.
- Teachers and Students have the necessary resources for CSE teaching/learning and further learning.
- CSE is integrated into pre-service teacher training, in teacher training colleges.
- CSE is integrated into in-service teacher training programme.
- CSE is linked with existing project and programmes for out-of-school youth
- The CSE curriculum and implementation is regularly assessed and relevant M&E is undertaken in each country.
• Approaches for delivery of CSE, and its impact on the lives of young people are evidenced based.

11. In an effort to significantly scale-up access to CSE across the Pacific, the UN Joint Programme will initially focus significant support and resources on up to five Forum island Countries that are well-positioned to scale-up CSE during an initial two-year phase. Other Pacific Island Countries will also receive support, upon request, during the initial two years and would be phased-in as part of more rapid scale-up support following the initial two year phase.

Recommendations

12. Ministers are invited to:

(a) support a CSE approach that will encompass HIV and AIDS education, gender equality, stigma and discrimination issues, self awareness, life skills, reproductive health, sexuality, and the supportive role of parents and family members in order for children of school age to be able to prevent and protect themselves from HIV and AIDS.

(b) support the joint programme document on CSE developed by UNESCO, UNFPA and UNICEF, and

(c) support the joint programme’s strategy to initially focus on up to five Pacific Island Countries, with support to other Pacific Island Countries based on individual country requests.

Pacific Islands Forum Secretariat, Suva
24 March 2014
DRAFT UNESCO-UNFPA-UNICEF Joint Programme in Support of Comprehensive Sexuality Education (CSE) in the Pacific

Purpose

**Overarching Goal:** To support Ministries of Education and other Institutions to provide quality and comprehensive approaches to sexual and reproductive health education at primary and secondary school levels.

**Specific objectives:**

- CSE is supported by a relevant policy framework in each country.
- A relevant and quality assured CSE curriculum that is rights-based and promotes gender equality is in place for each country.
- Teachers and Students have the necessary resources for CSE teaching/learning and further learning.
- CSE is integrated into pre-service teacher training, i.e. teacher training colleges.
- CSE is integrated into in-service teacher training programme.
- CSE is linked with existing project and programs for out of school youth.
- The CSE curriculum and implementation is regularly assessed and relevant M&E is undertaken in each country.
- Approaches for delivery of CSE, and its impact on the lives of young people are evidenced based.

There are some 16 UN agencies in the Pacific under the UN Multi-country Teams UNCT based in Suva and Apia. These agencies have agreed to work collaboratively under the auspices of a United Nations Development Assistance Framework (UNDAF) covering the 14 countries supported by the UNCTs. The current UNDAF commenced on 1 January 2013 and runs for a five year period (2013-2017).

Within the UNCTs, several agencies have a mandate to work on sexual and reproductive health (including HIV and AIDS), and three (UNFPA, UNESCO, UNICEF) work on SRH education within either the formal schooling system or within young people’s networks and programs. These three agencies have already been working to align their programs over the last 2 years and have agreed to undertake a collaborative approach to comprehensive sexuality education.

**UNESCO**

UNESCO seeks to strengthen the quality of education both in terms of learning outcomes and in the processes that contribute to increasing the level of quality of education overall. This includes a wide range of interventions at all levels of educational development including teacher training, teacher professional standards, literacy and numeracy monitoring, literacy surveys, capacity development for education practitioners, education policy and planning, monitoring and evaluation, improving the relevance and quality of curriculum, and early childhood parenting practices.
In 2008 UNESCO embarked on a new programme of work focused on sexuality education to provide technical leadership on improving HIV prevention for young people in educational institutions.

The programme is designed to support the implementation of the UNESCO Strategy on HIV and AIDS and fulfils the Organization’s role as convener for HIV prevention in education. UNESCO’s programme on sexuality education is supported by a Global Advisory Group that provides guidance and recommendations from a range of perspectives including anthropology, sociology, epidemiology, demography, education, psychology, social work and health economics, as well as gender and programme development. In response to the recommendations of the Global Advisory Group, UNESCO has undertaken a series of activities.

In response to feedback that there was not widespread support for CSE in the Pacific UNESCO has undertaken an attitudinal survey of teachers, students and parents in Nauru, Niue, Palau and Samoa. The survey results show widespread support from all three groups but point to some difficulties that may be experienced with current programs. These include curriculum content that is focused on biological content with limited attention to values, attitudes and behaviours; poor tools and teaching resources; lack of confidence amongst teachers who do not receive specifically training on how to deal with this kind of content and lack of information to parents and the wider community about what is taught to their children. The National Programme Officer for HIV and AIDS Education based with UNESCO is jointly funded by UNAIDS to support the collaborative work amongst the UN Agencies.

UNFPA
UNFPA, the United Nations Population Fund, delivers a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

The goals of UNFPA - achieving universal access to sexual and reproductive health (including family planning), promoting reproductive rights, reducing maternal mortality and accelerating progress on the ICPD agenda and MDG 5 - are inextricably linked. UNFPA also focuses on improving the lives of youths and women by advocating for access to sexual and reproductive health services, including comprehensive sexuality education, human rights and gender equality and by promoting the understanding of population dynamics. Population dynamics, including growth rates, age structure, fertility and mortality and migration have an effect on every aspect of human, social and economic progress. And sexual and reproductive health and women's empowerment all powerfully affect and are influenced by population trends.

UNFPA Pacific Sub-Regional Office has worked in the area of Population and Development in the Pacific since 1971. UNFPA's commitment to the Pacific people and the right of every woman, man and young person to enjoy a life of health and equal opportunity is reflected in its work and programme of assistance. UNFPA is committed to ensuring that reproductive health and women's empowerment are central to development plans, health sector reforms and programming efforts to reduce inequities and to achieving universal access to quality

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reproductive health services, commodities and information. UNFPA Pacific Sub-Regional Office provides technical and programme assistance to fourteen (14) Pacific Island Countries (PIC). UNFPA Pacific sub-Regional Office entered into a new five year programme in 2013 (2013-2017) aimed at achieving the goal of universal sexual and reproductive health and rights, gender equality, and reduced maternal mortality, in line with national and sectoral development goals in 14 countries. Four priority areas were identified: family planning; gender equality and reproductive rights; young people’s sexual and reproductive health and sexuality education; and data availability and analysis.

In 2001, UNFPA with the Secretariat of the Pacific Community established an adolescent reproductive health project to address the reproductive health needs of young people in 9 Pacific Island countries. In 2005 UNICEF joined these efforts to create the Adolescent Health and Development Project to support a more integrated and holistic development of young people and to strengthen project effectiveness. The second phase of the AHD project had as one of its output areas, Strengthened gender-sensitive and life skills-based SRH education for young people. This component of the AHD offered technical and program support to countries to provide sexuality education to young people through the education sector, peer educators, behaviour change communication, multi-media campaigns, and use of edutainment. While the AHD project officially came to an end in early 2012, UNFPA continues to provide direct technical and programme support on comprehensive sexuality education to 10 Pacific Island countries through the extension of Family Life Education. This has resulted in significant progress in policy-setting, curriculum development and teacher-training across the Pacific.

UNICEF
UNICEF envisions fulfillment of the rights of all children in the Pacific to survival, development, protection and participation. It will contribute to the achievement of these objectives through strategic support to service delivery, capacity building and advocacy, in cooperation with partners. Accordingly, the overall goal of the multi-country programme is to support the governments of all Pacific Island Countries in progressively realizing child rights in accordance with national development strategies, the UNDAF, Millennium Development Goals, 9 Millennium Declaration, the Pacific Plan (the master strategy for regional development endorsed by leaders of the Pacific Islands Forum in 2005 to promote economic growth, sustainable development, good governance and security) and related regional priorities and strategies. The multi-country programme reflects the UNICEF medium-term strategic plan.

The programme is guided by the following strategies:

(a) Evidence-based advocacy and leverage to support development and implementation of laws and policies that address child rights and inequalities;
(b) Capacity development at national and sub-national levels through promotion of human rights-based programming, gender equality and youth mainstreaming, and results-based planning, management, monitoring and evaluation;
(c) Data generation and analysis and use of lessons learned to influence policies and improve service delivery;
(d) Partnerships with and for children and young people, as well as with major development partners and regional institutions, along with operationalisation of aid effectiveness principles;
(e) Community engagement, social mobilization and communication for behaviour and social change, focusing on care and improved practices;
(f) Capacity strengthening in emergency preparedness and response, disaster risk reduction and climate change adaptation across all programme areas;
(g) Cross-cutting attention to evidence-for-action, prevention, human rights, gender equality, protection, inclusive education and participation for children with disability.

The 2013-2017 UNICEF Pacific HIV & AIDS Programme is focusing on two programme component results (PCR) which are:

1. **PCR 1:** PICs have and use sound strategic information/data for effective gender and equity focused HIV advocacy, policy development, planning and programming.

2. **PCR 2:** Pregnant women and adolescents aged 15-19 years, particularly those who are at higher risk to HIV exposure, have increased access to relevant information, skills and services to prevent and reduce impact of HIV.

This will include enhancing adolescent’s (both in and out of school) knowledge and skills to reduce their risks and vulnerabilities to HIV and AIDS.

**Situation Analysis**

Today young people are exposed to a wide range of information and attitudes in relation to sex and sexuality. Young people learn about life skills and sexuality from their friends, the television, the Internet and other social media. Often what is presented to them is incorrect and misleading.

Recent studies identify worryingly high levels of violence against women in Pacific countries, and pinpoint young women and girls as the largest groups of victims of such violence. Pervasive gender inequalities are considered one of the key factors leading to such high rates of violence.

Research shows that education programmes can reduce some risks associated with STIs, unintended pregnancy, coercive or abusive sexual activity, and exploitation. For many Pacific Island Countries, the school place remains the only controlled setting where youth can be given such information and develop the necessary skills that will benefit them throughout their lives. However, the issues of what should be delivered, how it is delivered and by whom, within Pacific Island schools need to be resolved.

An attitudinal survey was commissioned by UNESCO in the hope to answer these questions with the aim of developing an effective school based strategy to enable our children to become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships.

This research was also in response to the endorsement of the Pacific Education Development Framework (PEDF) by the Forum Ministers of Education in 2009. In the PEDF, Cross Cutting Theme 6: HIV and AIDS highlight the following priorities and strategies:

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1. Provision of a caring and supportive environment for those affected by HIV including teachers and students,
2. Inclusion of HIV/AIDS prevention into formal school curricula,
3. Mainstreaming HIV and AIDS into education sector planning and implementation.

The Forum Education Ministers endorsed the development of a collaborative and comprehensive approach to HIV & AIDS Education at their meeting in 2010, where one of the proposed outcomes was for the country representatives to start identification of their national needs to HIV & AIDS Education into the national curricula. Countries were encouraged to work closely with development partners in developing supplementary materials and a monitoring and evaluation framework.

The UNESCO attitudinal survey carried out in four Pacific Island Countries pointed to an overwhelming agreement that children and youth were very much at risk of being misinformed about sexual reproductive health. This support extended towards the inclusion of sexual and reproductive health education in the curriculum, to be carried out in both primary and secondary school levels. The findings indicated high levels of support for schools being an appropriate setting to teach CSE and further showed that parents wanted to be involved and educated as well. Teachers and parents alike felt teachers of this subject should be well trained and resourced.

In addition to the UNESCO study, UNICEF in 2013, commissioned a review of the formal and non-formal education sector’s response to HIV prevention and SRH education in Fiji, Kiribati, Solomon Islands and Vanuatu. The review was commissioned to determine progress made towards universal and comprehensive sexuality education including HIV prevention education in these countries and identify and address critical gaps. Findings from review have revealed that in all countries, there has been some improvement in policy environment which is crucial for the implementation of the SRH/HIV education. All four countries have large number of out of school youth in the 15-19 years of age categories ranging from 15% in Fiji to around 50% or higher in Kiribati. High number of out of school youth indicates the need for comprehensive sexuality education strategies for both in and out of school young people. There are continued capacity issues in delivering SRH and HIV education in schools with all countries reporting that teachers are not skilled to deliver the subject. All countries with the exception of Fiji also reported challenges in accessing regular and long term technical and financial support for initiating or improving SRH/HIV education. A joint regional approach therefore, is critical to ensure that SRH/HIV education is sustained to benefit young people in the Pacific region.

The Pacific Regional Strategy on HIV and other STIs 2009-2013 (PRISP 2) sets the regional direction in order for Pacific Island Countries and Territories (PICTs) to achieve and sustain an effective regional response through achieving national targets related to HIV. The proposed Joint Programme is aligned with PRISP II Theme 1 which is ‘Prevention of HIV and other STIs with the specific action area being, to promote the inclusion of prevention education on HIV and STIs in formal school curriculums.

Through the Adolescent Health and Development Programme, UNFPA, UNICEF and SPC have been supporting Pacific Island Countries to provide sexuality education through a school-based programme known as Family Life Education. Annex A provides a summary of the current status of this programme across the involved countries.
The proposed joint programme on ‘Comprehensive Sexuality Education’ builds on and provides ongoing support to national and sub-regional current and past programs supported by the agencies involved including:

- Family Life Education, Family Life and Health Education and other nationally adapted names for implementation of the Adolescent Health and Development Programme (UNFPA, UNICEF & SPC)
- Lifeskills (UNICEF)
- HIV & AIDS Education (UNESCO)
- Youth Friendly Health Services (UNFPA & UNICEF)
- Condom Programming (UNFPA)
- Education for Sustainable Development (UNESCO)
- Peer education programmes (UNFPA & UNICEF)

Strategies for the Joint Programme

The Approach
Why CSE? Sometimes CSE is seen as controversial and promoting values which go against the religious or culturally acceptable practices of a country. However CSE is a flexible approach that enables countries to shape a program that suits their values and needs, while respecting the needs of young people.

It is comprehensive in that it covers not only the factual or science based aspects of sex education, but it provides the context (legal issues, cultural and religious views), attitudes (values, social mores) and behaviours (negotiation skills, respect and responsibility) to enable young people to develop a healthy and realistic attitude to sexuality, relationships and family.

It is called sexuality education in that it is built on the premise that humans are sexual beings from birth and that it is the relationships with parents, partners/spouses and children that form a family and a community, but that these relationships need to be managed sensitively and with respect to be successful, and a person’s role changes over time. This component is done in a way that recognizes evolving capacities such that younger children commence talking about family, their bodies, good health and hygiene, and as they are older progress to content dealing with couples, sexual health, gender, violence, sexual identity and prevention of sexually transmitted infections.

Finally education is about not just knowledge but learning skills and attitudes so that knowledge can be put into practice. Education covers not only the curriculum, but the policies and plans that support the education sector, the teacher training program which ensure that educational content can be delivered, the educational resources to support classroom activities, support services such as counselling, and educational monitoring to ensure that educational attainment is effective.

Evidence shows that sexuality education programmes have a positive effect on initiation of sex, frequency of sex, number of sexual partners, condom use and other sexual behaviors that can prevent negative sexual and reproductive health outcomes.

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Lessons learned

The experience in the Pacific of implementing the FLE Programme as part of the AHD has provided some valuable lessons learned to date in the Pacific. These have been extracted from the final evaluation of the AHD Programme and regular reporting of a UNFPA consultant hired to assist countries with FLE.

- Communities are more open to receiving sensitive SRH messages when presented in an edutainment format such as drama form or story-telling
- The UN does not currently have the full complement of human resources to implement and monitor country level projects as well as to help build capacity in countries where there is no relevant UN presence. Other options for engaging the needed human resources should be explored such as placement of volunteers.
- A regional virtual forum should be created to engage in knowledge sharing on emerging youth health issues, data sharing, research, best practices and sharing resources with other countries.
- Issues with ASRH, sexuality education and HIV prevention programs in the Pacific islands are similar across the region - fears of the unknown, myths about sexuality, gender, LGBT’s, cultural beliefs and practices, assumptions that by learning about their sexuality young people experiment and engage in sexual activities are common in all the countries.
- FLE curriculum content, teacher training programs, awareness and advocacy, learning resources developed in one country could be replicated in other countries and still be useful and effective if it is done in an open and honest manner.

A recent study (2012) developed by UNESCO in collaboration with a number of other partners concludes that scaling up sexuality education is not only cost-effective but is a right for current and future cohorts of young people. In order to scale up sexuality education effectively, it is essential to have a plan, a methodology, dedicated budgets and strategies to sustain political commitment and build implementation capacity among national actors.

The UNESCO report highlights ten key principles for scaling up sexuality education:

1. Choose an intervention/approach that can be scaled up within existing systems.
2. Clarify the aims of scaling up and the roles of different players and ensure local/national ownership/lead role.
3. Understand perceived need and fit within existing governmental systems and policies.
4. Obtain and disseminate data on the effectiveness of pilot programmes before scaling up.
5. Document and evaluate the impact of changes made to interventions on programme effectiveness.
6. Recognize the role of leadership.
7. Plan for sustainability and ensure the availability of resources for scaling up or plan for fundraising.
8. Plan for the long term (not donor funding cycles) and anticipate changes and setbacks.
9. Anticipate the need for changes in the ‘resource team’ leading the scaling up process over time.
10. Adapt the scaling up strategy with changes in the political environment; take advantage of ‘policy windows’ when they occur.
11. Develop a common M&E framework, including output and outcome indicators and agreed means of verification.
12. Document achievements and lessons learned and use these as advocacy resources.
13. Conduct research to better understand cultural and religious sensitivities to SRH/HIV education, in order to improve the design of advocacy strategies.

The 2013 UNICEF report implemented in collaboration with other regional partners makes the case for a continued regional approach to improving and expanding SRH/HIV education in Pacific countries. The report acknowledges the significant gains made through the regional AHD project and argues that a joint programme is warranted because Pacific countries have many commonalities and similar opportunities and challenges in implementing SRH/HIV education which enables sharing of good practices and lessons learnt. The report recommends the following regional joint activities to scale up comprehensive sexuality education:

- In all countries there are large numbers of secondary-school aged youth who are not attending schools. However, none of the countries has a common strategy for SRH/HIV education that includes both in-school and out-of-school youth.
- The MoE in each country should lead a process in which all major organizations working on reaching out-of-school youth with SRH/HIV education should participate. Regionally, a blueprint for such a strategy could be developed for further adaptation at the national level.
- In all countries, teacher training remains a big gap. A regional push for in-service teacher training could be initiated and regional workshops for teacher training institutions focusing on how to integrate SRH/HIV education into pre-service teacher training programs in the four countries.
- National Peer Educator/Outreach Worker Manuals’ should be developed as a part of the SRH/HIV education strategy, aiming to standardize how peer educators are trained and what they should know.
- Establish regionally-coordinated joint development of other teaching/learning tools in local languages, including websites in local languages that can strengthen in-school and out-of-school SRH/HIV education efforts, a booklet sharing good practices for learner-centered activities in teaching SRH/HIV in schools, and a pamphlet for parents on how to breach the topic of SRH/HIV with their children. Such tools should incorporate the findings of research done locally, including the UNESCO regional study on teacher/learner attitudes and the UNICEF study on most-at-risk adolescents (for Kiribati, Solomon Islands and Vanuatu).
- A joint generic SRH/HIV Advocacy Toolkit should be developed on why it is needed to provide SRH/HIV education to children and adolescents. Such a document should provide tips and strategies for convincing Church representatives, Chiefs, other local politicians/administrators, school directors and parents, utilizing the latest national data on STI, risk behaviors and teenage pregnancy among youth, results of the UNESCO study on teacher/learner attitudes in the Pacific, as well as international evidence for the effect SRH/HIV education can have in reducing STI and teenage pregnancy rates. The blueprint for the toolkit should be developed at the regional level, for translation and adaptation at the national level.
**Wide Collaboration**

The Joint Program will align itself with other similar programmes carried out in various countries including existing programmes carried out by the International Planned Parenthood Foundation (IPPF) who implement teacher training on Health and Physical Activity in some countries. Other partners who have had similar or complimenting programs in the past such as SPC (Adolescent Health Development Programme) and WHO (Health Promoting Schools), and who may commence new programs in the future, are being informed of this process.

**Components of the Joint Programme**

In line with the Pacific UNDAF, the CSE Joint Programme will cover the period 2013-2017. The period during 2013 prior to the next Forum Education Ministers Meeting (FEdMM) (April 2014, Cook Islands) will be for consolidating joint planning, raising resources and consultation with participating countries. Agencies will also continue with ongoing support to implement CSE in countries in which the FLE programme has already created significant momentum and expectations. It will also provide an opportunity to undertake some of the proposed research activities to further inform and develop the joint program. The joint program document will be presented for the endorsement of Ministers of Education at the FEdMM.

Similarly in line with UNDAF, the Joint Program will cover the 14 UNDAF countries and territories: the Cook Islands, Fiji Islands, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

Five component areas will be addressed, outlined below. An assessment will be done for each country, followed by consultations, to determine progress to date and identify which outcome area(s) to focus on in each country:

**Component1: CSE Supportive Policy Framework**: this component focuses on creating or strengthening the policy framework for CSE in each country, using evidence to create policies that support national needs in line with international good practice and practical and implementable plans of action to ensure follow through on the ground.

- Mapping of relevant policy frameworks to identify any policy gaps.
- Support to countries to develop / strengthen relevant policies for CSE.
- Support countries to develop affirmative policies/protocols to support teachers, staff, and students
- Develop and implement advocacy and training activities with schools, parents and communities
- Support the establishment/on-going work of peer education in schools and wider community
- Establish referral networks between schools and youth friendly health services

**Component2: Curriculum Development**: This component will support countries, through technical assistance and capacity building, to put in place relevant and quality assured CSE curriculum at the primary and secondary school levels that are rights-based and inclusive of gender equality. A regional institution will be identified to create a sustainable mechanism for technical support in CSE.
• Direct technical support and capacity building to countries for curriculum development at all levels.
• Promotion and facilitation of South to South technical assistance.
• Promotion and facilitation of inclusion of gender equality and elimination of gender-based violence in CSE curriculum
• Provide support to countries to undertake consultations with relevant stakeholders in CSE curriculum development.
• Support countries to identify a regional body to provide quality assurance based on international standards.

**Component 3: Educational Resources:** This component will seek to provide quality tailored resource materials for teachers, students and parents to assist in providing locally relevant context into programs to improve effectiveness in learning outcomes.

• Needs assessment of CSE resources across the region.
• Identify available resources to support CSE in the region.
• Develop and/or amend resources, as necessary, for teachers, students and families that cover the breadth of the CSE program and use a variety of formats (books, video, audio, art and drama, internet) but allow for national adaptation and flexibility.
• Support the creation of a regional clearing house that provides all countries with access to CSE resources.

**Component 4: Pre-Service and In-Service Training:** This component will support countries to integrate CSE into pre-service training and where need to continue to provide support for in-service teacher training.

• Develop a standardised regional CSE course/module on CSE as part of the pre-service teacher training course.
• Consult the CSE course/module with national teaching colleges and institutions.
• Advocate the Education authorities to integrate the CSE course/module into the relevant teacher education pre-service programme.
• Develop a CSE course/module on CSE as part of the in-service teacher training course.
• Consult the CSE course/module with national teaching colleges and institutions.
• Advocate the Education authorities to integrate the CSE course/module into the relevant teacher education in-service programme.
• Skills needs assessment undertaken for specialists in CSE across the region

**Component 5: Research, Monitoring and Evaluation:** An M&E framework will be developed to track the progress of both professional and service/teaching objectives, outputs and indicators. Support will also be provided at the country level to develop these frameworks. The programme will work solidly with regional partners and collectively provide regular reporting to the FEdMM. A set research agenda will be developed for CSE to ensure that the programme remains evidence based and current at the national level.

• Provide regular reporting on implementation of the program to the FEdMM through regional education, family planning and HIV & AIDS networks
• Provide technical support for countries to assess their CSE curriculum and implementation as needed.

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- Support countries to develop national CSE M&E framework.
- Develop a regional CSE programme M&E framework.
- Set a research agenda for CSE in the Pacific.
- Support countries to undertake research

**Component 6: Advocacy and Community Participation:** ensuring support from the educational community, families and the wider community (Pacific schools are often managed by local communities) is important to the success of the programs by ensuring that they are understood and supported rather than blocked and skipped over. This enables a comprehensive approach covering a wider range of materials to be permitted within the school environment. Wider programs involving parents, community, youth groups with consistent messages will ensure access to a larger number of young people, accurate and complete information and wider community support for programs.

- Seek endorsement from the FEdMM and provide regular reporting on implementation of the program through regional education, family planning and HIV & AIDS networks,
- Develop and implement advocacy activities targeting students and link these with parents, including through parent-teacher communities, churches, youth groups, community health providers, and non schools based CSE programmes including faith based organisations,
- Seek partnerships with the media to promote the achievements of the program and positive attitudes towards CSE programs
- Working with school communities, develop programs for wider community participation in school-based and non school-based CSE programs
- Support the establishment of a peer-to-peer campaign for young people to advocate and support programs within schools and the wider community
- Establish referral networks between schools and youth friendly health service facilities to ensure that students have access to and utilise available services depending on their needs.

**Sequencing of activities**

It is intended that this proposal should span the period covered by the 2013-2017 Pacific UNDAF. The first phase is primarily intended as a research and development period to gather information of what has been achieved and its effectiveness including situation analysis of HIV & AIDS Education, sexual and reproductive health education and comprehensive sexuality education programs for children and youth; attitudinal surveys to determine national needs, barriers and opportunities; studies on effectiveness of programs conducted to date. Planning for the later phases will be based on the information gathered from this research and consultations with individual countries to ensure that planned interventions are aligned with work already in progress at the national level.

Countries are at varying stages in their development of CSE from Fiji, which has already rolled out the Family Life Education program nationally, to Nauru, which is currently looking at curriculum review. It will be important to sequence activities to meet the needs and pace of development of each country. As national approaches to CSE mature, additional components with greater focus on gender equality, gender based violence, peer-to-peer learning and other components may be developed and added.
It is expected that there will be on-going evaluation and monitoring occurring throughout the project with a more in-depth analysis occurring in the last six months to link the initial evaluation with the end evaluation to determine progress and the next steps forward.

**Long term sustainability**

To ensure long term sustainability, CSE is being developed as part of national programs and activities within schools. This means that each country uses the basis of the CSE approach but adapts it to meet local needs and processes. Countries will therefore take on a variety of approaches that may be curriculum only or a whole package of measures. These will be phased and developed according to national plans of action which take into account national education planning and curriculum development timelines; building the capacity of national counterparts in all areas including teacher training institutes; and local and community institutions such as elders, churches, youth groups and NGOs.

Development of the majority of activities will be through national programs with the use of a limited number of regional workshops and trainings to exchange information and resources compare progress and lessons learned, and provide input into the overall direction of the joint program. The programme will also take advantage of and facilitate south-to-south cooperation and where relevant support create regional mechanisms for technical support, quality assurance, and information exchange.

**Program Management, Monitoring and Evaluation**

**Program Management and Coordination**

The programme will be managed primarily through parallel funding streams among the three agencies. Additional funds that are mobilized may be managed in a flow-through manner in accordance with the donor and UN procedures. One of the key objectives is to align and coordinate activities which may be done either by individual agencies or jointly. The main coordinating structure will therefore be the Coordination Committee, which will be responsible to agree and monitor the whole breadth of the program. The Coordination Committee will have membership of two persons from each of the participating agencies. Any donors or other participating parties may also be invited to join. The responsibilities of the Coordinating Committee will be:

- Establish an combined annual work plan and budget
- Monitor implementation progress every six months
- Raise additional resources to support the program as needed
- Approve all joint reports of the program

Pass through components of the program will be managed by an Administrative Agent, either one of the participating UN agencies or an external agency, and overseen by a Joint Program Management Committee of the participating agencies. Programme implementation will be carried out in accordance with the participating agencies aid modalities. This includes through implementing partners such as Ministries of Education, academic institutions and civil society organizations.

An advisory body will be created to support the programme and will report to the Coordinating Committee. It will be made up of young people, educators and other experts.
Fund Management Arrangements
A funding management arrangement will be determined based on discussions relating to the funding modality agreed to, administrative agent, fundraising modality, and rules of the UN.

Monitoring and Evaluation
Monitoring and Evaluation will:

(i) facilitate national capacity building and foster national ownership;
(ii) provide information that is valuable to key stakeholders in order to enhance results-based management practices;
(iii) increase effectiveness of UN-supported interventions by joined review and planning meetings and harmonized planning and monitoring tools, e.g. the annual work plan (AWP) and standard progress report (SPR);
(iv) commit each participating UN agency to ensure that its monitoring and evaluation outcomes represent building blocks for centrally conducted UNDAF reviews; and
(v) be designed to consider the balance between time/opportunity costs and concrete results and relevance for the programmes.

Legal Context and Basis of Relationships
The Joint Programme is governed by the terms, conditions, immunities and privileges laid out in the Standard Basic Assistance Agreement (SBAA) that are signed by the Governments and the respective UN agencies.

For the purpose of furthering its missions and carrying out the work of UN in the Pacific, the Joint Programme and the respective AWPs shall be the interim instrument described in the SBAA as the “Project Document” with all the rights, duties, responsibilities and privileges incumbent upon the respective parties with regard to this instrument.

The IPs agree to undertake all reasonable efforts to ensure that none of the funds received pursuant to this Joint Programme are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by participating UN
agencies do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999).

**Work Plans and Budgets**
A joint work plan that will monitor activities funded under the joint pool of funding, and keep tabs the individual Agency activities (to maximize collaboration opportunities, avoid duplication and identify gaps).

A budget framework will likewise monitor funds from the joint pool of funding and keep tab on the amounts invested by each Agency to be able to reflect more accurate investments in CSE.