Needs Assessment

Current state of Comprehensive Sexual Education for Young People with Disabilities in the East and Southern African region

January 2021
Acknowledgements

UNESCO would like to express gratitude and appreciation to all those who gave their time to participate in this study. We want to pay particular thanks to the children, young people, and parents who contributed their voices to this important piece of work.

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A detailed list of contributors is provided in Table 1.

Table 1: Authorship and advisory group members and contributors

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DISCLAIMER:
The ideas and opinions expressed in this report are those of the authors and do not necessarily represent the views of UNESCO.
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acronyms</td>
<td>vii</td>
</tr>
<tr>
<td>Executive summary</td>
<td>1</td>
</tr>
<tr>
<td>Methodology</td>
<td>2</td>
</tr>
<tr>
<td>Study findings</td>
<td>2</td>
</tr>
<tr>
<td>Recommendations</td>
<td>3</td>
</tr>
<tr>
<td><strong>1 Background</strong></td>
<td>7</td>
</tr>
<tr>
<td>1.1 Children and young people with disabilities and their right to CSE</td>
<td>7</td>
</tr>
<tr>
<td>1.2 Language and terminology in this report</td>
<td>8</td>
</tr>
<tr>
<td>1.3 Approach</td>
<td>10</td>
</tr>
<tr>
<td><strong>2 Methods</strong></td>
<td>11</td>
</tr>
<tr>
<td>2.1 Overview of research design</td>
<td>11</td>
</tr>
<tr>
<td>2.2 Sampling</td>
<td>11</td>
</tr>
<tr>
<td>2.3 Data confidentiality and storage</td>
<td>12</td>
</tr>
<tr>
<td>2.4 Research tools</td>
<td>12</td>
</tr>
<tr>
<td>2.5 Analysis</td>
<td>13</td>
</tr>
<tr>
<td>2.6 Ethics</td>
<td>13</td>
</tr>
<tr>
<td>2.7 Safeguarding and protection of vulnerable adults and children</td>
<td>13</td>
</tr>
<tr>
<td>2.8 Data collection during the COVID-19 period</td>
<td>13</td>
</tr>
<tr>
<td><strong>3 Findings</strong></td>
<td>14</td>
</tr>
<tr>
<td>3.1 Brief overview of data on children with disabilities</td>
<td>14</td>
</tr>
<tr>
<td>3.2 Brief snapshot of education provision for CYPWD</td>
<td>15</td>
</tr>
<tr>
<td>3.3 The policy and curriculum environment</td>
<td>16</td>
</tr>
<tr>
<td>3.4 Perspectives on the provision of CSE for learners with disabilities</td>
<td>16</td>
</tr>
<tr>
<td>3.5 Coordination and wider multi-sectoral engagement</td>
<td>18</td>
</tr>
<tr>
<td>3.6 Pedagogical issues</td>
<td>21</td>
</tr>
<tr>
<td>3.7 Residential schools</td>
<td>23</td>
</tr>
<tr>
<td>3.8 The wider environment</td>
<td>24</td>
</tr>
<tr>
<td>3.9 The voices of children and young people</td>
<td>25</td>
</tr>
<tr>
<td>3.10 Teacher training</td>
<td>28</td>
</tr>
<tr>
<td>3.11 Cross cutting issues</td>
<td>29</td>
</tr>
<tr>
<td><strong>4 Discussion</strong></td>
<td>31</td>
</tr>
<tr>
<td>4.1 Limitations</td>
<td>32</td>
</tr>
<tr>
<td><strong>5 Mapping of resources</strong></td>
<td>33</td>
</tr>
<tr>
<td>5.1 Summary overview of the resources</td>
<td>34</td>
</tr>
<tr>
<td><strong>6 Country case studies</strong></td>
<td>37</td>
</tr>
<tr>
<td>6.1 Eswatini</td>
<td>37</td>
</tr>
<tr>
<td>6.2 Malawi</td>
<td>39</td>
</tr>
<tr>
<td>6.3 Tanzania</td>
<td>41</td>
</tr>
<tr>
<td>6.4 Zambia</td>
<td>43</td>
</tr>
<tr>
<td>6.5 Zimbabwe</td>
<td>45</td>
</tr>
<tr>
<td>References</td>
<td>49</td>
</tr>
<tr>
<td>Appendices</td>
<td>51</td>
</tr>
<tr>
<td>Appendix 1: Workplan</td>
<td>51</td>
</tr>
<tr>
<td>Appendix 2: List of key informants at regional and global level</td>
<td>52</td>
</tr>
</tbody>
</table>
Appendix 3: Overview of policy and curricula context per country................................. 52
Appendix 4: Examples of materials from the Sex Education Forum............................... 57
Appendix 5: Participant information sheet with simplified explanation of CSE............... 57

Lists of Tables

Table 1: Authorship and advisory group members and contributors............................ ii
Table 2: Different components of CSE........................................................................ 9
Table 3: Summary of interviews across all five countries............................................. 12
Table 4: Data on CYPWD in schools........................................................................... 14
Table 5: Overview of provision of education to CYPWD............................................. 15
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASRH</td>
<td>Adolescent sexual and reproductive health</td>
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<td>AYP</td>
<td>Adolescents and young people</td>
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<td>CBO</td>
<td>Community-based organizations</td>
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<td>CPD</td>
<td>Continuous professional development</td>
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<td>CSE</td>
<td>Comprehensive sexuality education</td>
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<td>CSO</td>
<td>Civil society organization</td>
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<tr>
<td>CYPWD</td>
<td>Children and young people with disabilities</td>
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<tr>
<td>DDA</td>
<td>Department of Disability Affairs</td>
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<td>DHAT</td>
<td>Disability, HIV and AIDS Trust</td>
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<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
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<td>DQUAS</td>
<td>Directorate of Quality Assurance Services</td>
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<tr>
<td>EMIS</td>
<td>Education Management Information System</td>
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<tr>
<td>ESA</td>
<td>East and Southern Africa</td>
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<tr>
<td>EUP</td>
<td>Early and unintended pregnancy</td>
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<tr>
<td>FBO</td>
<td>Faith-based organization</td>
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<td>FGD</td>
<td>Focus group discussions</td>
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<td>FLE</td>
<td>Family life education</td>
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<td>GBV</td>
<td>Gender-based violence</td>
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<td>ICDs</td>
<td>Inter-Censal Demographic Survey</td>
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<td>ICF</td>
<td>International Classification of Functioning, Disability and Health</td>
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<td>ICT</td>
<td>Information and communication technology</td>
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<td>IDI</td>
<td>In-depth interview</td>
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<td>IE</td>
<td>Inclusive education</td>
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<tr>
<td>IEC</td>
<td>Information, education and communication</td>
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<td>ITGSE</td>
<td>International Technical Guidance on Sexuality Education</td>
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<td>KI</td>
<td>Key informant</td>
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<tr>
<td>LCFZ</td>
<td>Leonard Cheshire Foundation Zimbabwe</td>
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<tr>
<td>LGBTQI</td>
<td>Lesbian, gay, bisexual, transgender, queer, and intersex</td>
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<tr>
<td>LMIC</td>
<td>Low- and middle-income country</td>
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<tr>
<td>LSE</td>
<td>Life Skills Education</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<tr>
<td>MANAD</td>
<td>Malawi National Association of the Deaf</td>
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<tr>
<td>MHTEISTD</td>
<td>Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development</td>
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<td>MoEST</td>
<td>Ministry of Education, Science and Technology</td>
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<td>MoET</td>
<td>Ministry of Education and Training Education</td>
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<tr>
<td>MoGE</td>
<td>Ministry of General Education</td>
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<tr>
<td>MoHCDGEC</td>
<td>Ministry of Health, Community Development, Gender, Elderly and Children</td>
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<td>MoPSE</td>
<td>Ministry of Primary and Secondary Education</td>
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<tr>
<td>NAC</td>
<td>National Aids Council</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>NPO</td>
<td>National Programme Office (UNESCO)</td>
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<td>O3</td>
<td>Our Rights, Our Lives, Our Future</td>
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<tr>
<td>OPD</td>
<td>Organization of people with disabilities</td>
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<tr>
<td>PO-RALG</td>
<td>President’s Office Regional Administrative and Local Government</td>
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<td>PSZ</td>
<td>Population Services Zimbabwe</td>
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<tr>
<td>PTA</td>
<td>Parent-teacher association</td>
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<td>PWD</td>
<td>People with disabilities</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<tr>
<td>SEN</td>
<td>Special educational needs</td>
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<tr>
<td>SRH</td>
<td>Sexual and reproductive health</td>
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<td>SRHR</td>
<td>Sexual and reproductive health and rights</td>
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<tr>
<td>SWAGAA</td>
<td>Swatini Action Group Against Abuse</td>
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<tr>
<td>TIE</td>
<td>Tanzania Institute of Education</td>
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<tr>
<td>TTC</td>
<td>Teacher training college</td>
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<tr>
<td>TTI</td>
<td>Teacher training institution</td>
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<tr>
<td>UNCRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
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<td>UN DESA</td>
<td>United Nations Department of Economic and Social Affairs</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>YPWD</td>
<td>Young people with disabilities</td>
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<td>ZIE</td>
<td>Zanzibar Institute of Education</td>
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Executive Summary

I think we are left behind because even the little available materials are not user-friendly to us. I cannot see when a teacher teaches concepts even using objects. How am I going to understand with no customized information and materials catering for us? We are just there as observers, but it is very challenging grasping even the little provided.

- Primary school learner with disabilities, Tanzania

Like all young people, those living with disabilities have dreams and ambitions, interests and desires, and hopes for their futures. However, discrimination, stigma, and prejudice, together with the failure to incorporate disability into programming, often means that they are left behind in the provision of comprehensive sexuality education (CSE). As a result, they do not receive adequate information about puberty, sexuality, and healthy relationships, making them vulnerable to sexual exploitation and denying them the right to enjoy good quality education and transition safely to adulthood. The United Nations Educational, Scientific and Cultural Organization (UNESCO) 2020 Global Education Monitoring Report, with its theme ‘All Means All’, stresses the Sustainable Development Goal (SDG) 4 commitment to a just, equitable, tolerant, open, and socially inclusive world in which the needs of the most disadvantaged are met.

As such, the overall aim of this needs assessment was to understand the status of delivery of CSE to children and young people with disabilities (CYPWD) in the formal education sector in five focus countries, namely Eswatini, Malawi, Tanzania (including Zanzibar), Zambia, and Zimbabwe. This report synthesizes the learning from across these five national reports.
Research objectives

1. **Explore perspectives** on the provision of CSE to learners with disabilities across different levels of policy and delivery.
2. **Capture** how CSE is currently being delivered to learners with disabilities in formal education settings, including mainstream and special needs settings.
3. **Identify** current needs, challenges, and opportunities for learners of diverse disability types, specifically in relation to CSE.
4. **Identify the support** teachers and schools need to ensure the effective delivery of inclusive CSE to learners with disabilities.
5. **Map out organizations** working on this issue and available resources.

Methodology

A desk review of relevant policies in the five study countries was conducted, as well as a mapping of available CSE resources for children and young people with disabilities (CYPWD). Across all five countries the following were carried out:

- 67 in-depth interviews (IDIs) with key informants at the national level, including the Ministry of Education and other ministries with responsibilities relating to people with disabilities, national and international non-governmental organizations (NGOs), organizations of people with disabilities (OPDs), and UN staff;
- 46 IDIs with teacher educators at universities, colleges, and other teacher training institutes;
- 39 focus group discussions (FGDs) and 29 IDIs with teachers, including head teachers;
- 34 FGDs conducted with children and young people with a range of disabilities in both mainstream and special needs settings;
- 30 FGDs with parents of CYPWD.

Study findings

The study found that all five countries have inclusive education (IE) strategies and are moving towards IE for all children. They employ a mix of mainstream provision with resource units and centres attached to these schools, combined with special schools, with variation in emphasis across the countries. Overall, the desk review indicated very limited data available, often of limited quality, on children with disabilities enrolled in school or who have dropped out of school. The data was either not disaggregated by disability, or there were variations in how ‘disability’ was defined and used by schools for reporting.

A summary of main findings include:

- CYPWD face various barriers in accessing CSE in current school settings, but some of these are generic issues pertinent to the delivery of CSE to all children, irrespective of disability, such as prevailing socio-cultural beliefs which impact on the attitudes towards delivery of CSE. There is also a complex political landscape which is not always favourable to the rollout of CSE.
- There are substantial issues around IE in general, not just specific to CSE. The delivery of CSE will improve if the overall quality of IE improves. The delivery of quality CSE to CYPWD will further contribute to improved skills for IE.
- Overall, there is a positive attitude towards the importance of this work for CYPWD expressed by staff at ministerial level and other national level actors, as well as an appetite to engage with this issue at the policy level and acknowledgement of the various challenges relating to delivery for CSE in general.
- There is a need for improved multi-sectoral coordination. While there is an existing platform for the delivery of CSE in most countries, further strengthening of an integrated approach is called for. This is in recognition of the even broader range of ministries responsible for services for children with disabilities, as well as the diverse range of other actors already working on this issue. In particular, the engagement and collaboration with OPDs is essential.
- There are mixed attitudes of teachers towards delivery of CSE in general. Provision of the different components of CSE is patchy, often with ‘scientific’ or ‘soft topics’ related to bodily structures, functions, and hygiene more commonly

The country case studies are included in this report. The full national reports are available at https://cse-learning-platform-unesco.org/
delivered than social aspects and sensitive issues.

- On the whole, the delivery of CSE is considered weak, but better in specialist provision, such as special needs schools, where teachers are seen to be better equipped to adapt resources and tailor their approach. Almost all teachers that took part in the study stated that they did not feel adequately prepared to teach CSE to CYPWD. The lack of skills among teachers in the mainstream settings, often adopting a ‘one size fits all’ approach, highlights the urgent need to strengthen the overall teacher capacity for working with CYPWD.

- There are limited human resources within teacher training institutions (TTIs) and weak capacity of teacher educators to deliver on inclusive CSE. There is also a lack of inclusivity in TTIs for students who have disabilities.

- There is a lack of harmonization of teacher training curricula on CSE in relation to disability.

- Communication and language challenges are common, and is a barrier to IE generally, not only in relation to CSE, particularly in delivering CSE to children and young people who are deaf or have intellectual disabilities.

- An almost complete absence of suitable CSE resources was identified in all school settings – both specialist and mainstream, along with poor access to, or complete lack of, assistive technology, including information and communication technology (ICT), that might facilitate access to CSE materials.

- CYPWD interviewed across all settings commonly lacked a comprehensive understanding of what CSE entails. The main barriers they identified in the classroom, all of which contributed to them feeling excluded and frustrated in CSE lessons, were:
  - Negative teacher attitudes
  - Poor teacher competence
  - Lack of sign language and general communication skills, particularly in mainstream settings
  - Frequent exclusion from peer learning
  - Variations across special and mainstream settings
  - Scarcity of resources
  - The use of stigmatizing language
  - Lack of role models (materials did not show images of people with disabilities).

- Although violence and bullying were not found to be a substantial issue, which is surprising given the global evidence that shows greater vulnerability to abuse experienced by CYPWD, improving the quality of CSE for CYPWD will nevertheless inevitably increase the demand for child protection and safeguarding, which will need to be addressed.

- Engagement with parents is pivotal for the delivery of CSE to CYPWD. Parental attitudes can be a barrier, such as regarding their child with a disability as asexual and thus not in need of CSE. Improved understanding of parental views as well as improved collaboration can ensure parents become an important resource.

- It is critical that out-of-school youth with disabilities are not excluded, and that CSE resources are delivered to them as well.

- While it is a common belief that many CYPWD are not enrolled in school or that there are high levels of dropouts and frequent absence from school, there is a dearth of robust data on attendance of children with disabilities in schools, including levels of dropping out. This remains an important issue for consideration.

- There is a patchwork of initiatives on CSE, or components of CSE, targeted at children with disabilities in the study countries, often in out of school settings. However, historically there has been an important body of work conducted on HIV and disability and there is much that can be learnt from these, as well as possibilities for synergy.

**Recommendations**

The following list of key recommendations for the delivery of CSE to CYPWD in schools is organized across six sections: National level (coordination and engagement); teachers and teacher training; schools; materials and resources; monitoring and supervision; and families and communities. It is envisioned that there will be an opportunity to discuss, finalize, and prioritize these with a key stakeholder workshop in each country. For additional specific national recommendations, please refer to the national reports.

**National level – coordination and engagement**

- Continue to prioritize political engagement to support implementation of CSE, promote disability inclusive policies on CSE, and strengthen IE overall, of which CSE is identified as an essential element. This study has demonstrated the importance of a twin track approach: the mainstreaming of a disability-inclusive approach into all CSE delivery balanced with targeted support and approaches as needed. New World Health Organization (WHO) guidance on political engagement related to the delivery of CSE, due in 2021, will provide useful input to support these political processes. It will also be important to take a rights-based approach: the right to education, information, participation and protection, and fulfilment of their sexual and reproductive health and rights (SRHR).

- Strengthen the current coordination platforms which are being used for the rollout of CSE, and identify other key players who need to be engaged for the development and effective delivery of CSE to CYPWD in schools, including various ministries (education, health, social services), UN organizations NGOs, OPDs (particularly women- and youth-led organizations), parents of children with disabilities, and religious and traditional leadership structures.
Needs assessment on the current state of CSE for Young People with Disabilities in the East and Southern African region

- Identify opportunities for synergy with other national-level or regional programmes which are relevant to CSE and SRHR for CYPWD, such as initiatives on gender-based violence (GBV) and youth counselling services in schools. This should include identifying how disability can be mainstreamed into these initiatives and what additional targeted intervention may be required to meet the specific needs and fulfil the rights of CYPWD.
- Strengthen the inclusiveness of child protection structures. This will need to be included as part of any plans to roll out training for CSE for CYPWD.
- Ensure that all learners, including those who do not have disabilities, have an improved understanding of wider barriers to inclusion. Within the CSE curriculum, advocate for a component on CSE and inclusive societies. This will contribute to improving understanding about the varied reasons for exclusion (the 'intersectionality of factors') which exist for all young people, including those with disabilities.
- Advocate for inclusive budgeting and secure funding to support the twin track approach. Ensure this also covers monitoring and supervision of implementation and allocates resources for the meaningful participation of people with disabilities, including youth and their representative organizations and organizations led by women with disabilities.
- Work in partnership with OPDs and parent associations for the success of this work, from the national to local level. Ensure there is support available for strengthening any capacity needs identified, which may include organizational capacity and/or building their expertise on pedagogy and SRHR.
- Advocate for improved digital inclusion for CYPWD to promote access to CSE materials. Although this is ambitious, it could be piloted in the first instance with students with disabilities in TTIs, and then tested in suitable school settings. Use CSE as the entry point for piloting this.
- As a high priority, ensure that robust disaggregated data (age, sex, type of disability) is collected. Explore the consistent use of the Washington Group set of questions on disability [3].

**Teachers and teacher training**

- These recommendations cover both pre- and in-service teacher training for teachers in both specialist and mainstream settings.
- Examine how to strengthen IE in general, and not just in relation to the delivery of CSE. There is synergy in such an approach. For example, Zimbabwe has an IE handbook that is being developed for teacher colleges. However, the handbook needs support for completion. Identify if there is scope to include examples of CSE into broad initiatives such as this.
- Review the teacher training and development curriculum to ensure that all provisions incorporate an inclusive approach. This should be harmonized with the curricula on CSE for schools.
- Develop a module on CSE and inclusion, including disability inclusion, as part of the teacher training curriculum in teachers’ colleges and universities, as well as for continuous professional development (CPD). This could, for example, be a module on ‘CSE and inclusive societies’ which would enable an exploration of the intersectionality of other factors, including gender. Improved communication skills should be an essential building block of such training, with basic sign language skills as a component of – but not limited to – this.
- TTIs should ensure that their CSE curriculum focuses on the social and psychological part of CSE and not just the more ‘scientific’ topics such as anatomy and basic human development.
- OPDs should be involved in the training of both in- and pre-service teachers.
- Any CPD programme should take a whole school approach, including head teachers and administrative staff. Other staff, such as ‘foster parents’ in residential schools, will also require training.

**Schools**

- Identify how to augment learning on CSE in the classroom, building on examples already running in out-of-school settings, such as the use of inclusive social clubs and life skills clubs. Identify options for collaboration with local organizations, such as OPDs.
- Explore options for enhanced access to assistive technology for learners with disabilities to maximally benefit from CSE. Although this may not be feasible in all settings and should not replace capacity-building of teachers, it should be piloted in some sites.
- Explore options for improved peer education. This will need to include sensitization of peers in mainstream schools. Ensure the meaningful participation of CYPWD as, for example, CSE champions at community or college level to enhance understanding and conceptualization of inclusive CSE.
- Ensure a holistic approach is adopted for work with schools. Improved pedagogy in the classroom is only one element. Ensure children and young people themselves are actively involved in reviewing the inclusiveness of the environment in terms of both physical and social elements. Conduct additional work with residential schools to better understand any particular issues in those settings with regard to the holistic provision of CSE in all aspects of life at school.
• There is the potential for further stigmatization in singling out students with disabilities in mainstream settings for additional support for CSE. Any programme needs to be sensitive to this. An approach which promotes broader inclusion of excluded groups, of which CYPWD is one, is likely to be a better way forward. For example, set up an inclusion taskforce in schools, which incorporates CYPWD as one group.

• Ensure that a gender lens is used throughout the development of resources and teaching practices, which ensures that the particular needs of girls and boys with disabilities are built into the approach.

Resources and materials

• Some good teaching and learning resources are already available. These will be a useful starting point for teacher trainers, teachers, students, and parents.

• Ensure all current UNESCO resources have images and examples of children with different types of disabilities. This includes any web-based materials.

• Use the mapping document of resources from this study as a starting point for the identification of resource materials for teachers and learners. The national country reports also identify local initiatives already underway. One of the few current initiatives which takes a comprehensive approach to CSE in schools is the ‘Breaking the Silence’ programme in South Africa. Consider piloting and evaluating this in the region.

• Children with disabilities are not a homogeneous group, and therefore a ‘toolbox’ of approaches and resources is required. This should include some general guidance on different modes of delivery of information, as well both teacher and learning resources for children with different learning needs.

• A particular group which needs attention is children and young people with profound and multiple learning difficulties, for which adaptation of the material is required, such as the materials developed by the Sex Education Forum for working with children with moderate and profound learning difficulties. Consider adapting, piloting, and evaluating this in the region.

Monitoring and supervision

• An essential component of multi-sectoral coordination is engagement with all levels of the education system, from the national to the school level, which supports monitoring
and supervision of CSE.

- A disability inclusion perspective needs to be integrated into CSE monitoring frameworks, and supervisory staff need to be trained on this as well.
- Explore how OPDs, community-based organizations (CBOs), and NGOs working on CSE can support the supervision of CSE and promote good practice. This will enhance the common use of ‘one-off’ trainings.
- Consider developing a Community of Practice for this work to promote sharing of resources and good practice, either nationally or in the region.

Families and communities

- Invest in community sensitization on CSE, including with parents. This needs to address wider issues of stigma, with emphasis on a rights-based approach and the need for non-discriminatory and inclusive national legislation. Any sensitization should also look at the intersectionality of disability with gender, as well as other relevant factors. The approach would need to be adapted to the local context but could include the use of community radio in local languages, for example.
- Build on good practice on how to shift ‘protective’ attitudes to enabling and empowering attitudes for parents, as well as teachers and community members. Improve understanding of parental views for children with different types of disabilities to allow for parental engagement to be better tailored.
- Strengthen opportunities for meaningful participation with both OPDs, including women with disabilities- and youth with disabilities-led organizations, and parent associations. Consider engaging with ‘expert parents’ (parent champions) as an approach to parental engagement for changing attitudes and promoting stronger parental-school linkages. This could also include strengthening work with parent-teacher associations (PTAs).
- Explore, as part of how to strengthen school-parent links, how parents can be more meaningfully engaged in their child’s learning. CSE should be one important component of this. For example, provide parents with CSE material, ensuring versions in vernacular and easy-to-read formats are available. Build on existing materials, such as those developed for parents with a child with an intellectual disability. Test and adapt these to the local context.
- Promote family-based communications including the development and training of adapted communication techniques such as sign language and other forms of augmentative and alternative communication.
1. Background

The United Nations Educational, Scientific and Cultural Organization (UNESCO) is currently supporting Ministries of Education (MoE) in Eastern and Southern Africa (ESA) to implement the Our Rights, Our Lives, Our Future (O3) programme. The O3 programme commenced in 2018 and supports delivery of good quality comprehensive sexuality education (CSE) that empowers adolescents and young people (AYP) and builds agency, while developing the skills, knowledge, attitudes, and competencies required for preventing HIV, reducing early and unintended pregnancies (EUPs), and eliminating gender-based violence (GBV). The O3 programme, and its acceleration, builds on current efforts by UNESCO to improve sexual and reproductive health (SRH), as well as gender equality and education outcomes for AYP.

UNESCO is scaling up the current programme across sub-Saharan Africa by implementing programmes designed to:

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

A key component of this programme is the rollout of the revised International Technical Guidance on Sexuality Education (ITGSE), and teacher training to support this. Although the revised ITGSE [1] is aimed at all children and young people, it does not specifically contain any information and guidance about how to provide CSE to children with disabilities. As such, UNESCO recognizes it needs to be complemented with tools that are focused on the needs of teachers working CYPWD specifically.

1.1 Children and young people with disabilities and their right to CSE

The sexual and reproductive health and rights (SRHR) of people with disabilities (PWD) is enshrined in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) [4]. The Convention of the Rights of the Child also affirms the importance of SRHR for young people and have called on states to take specific measures to ensure the full realization of these rights [2]. Likewise, the ESA Commitment [5] aims to ensure that young people across the region are empowered to access their SRHR. Ensuring that CYPWD have access to CSE is one important component of this commitment.

Global evidence demonstrates that children and young people with disabilities (CYPWD) continue to face a multitude of barriers in accessing CSE and SRH services at multiple levels [6, 7]. They are also more vulnerable to abuse, including sexual abuse, both in and out of school settings [8-10]. At the same time, data shows that CYPWD are less likely to be in school, and more likely to drop out of school, and therefore opportunities to engage with CSE in the school environment are likely to be more limited [11, 12].

As such, the overall aim of this needs assessment was to understand the status of delivery of CSE to CYPWD in the formal education sector in five focus countries, namely Eswatini, Malawi, Tanzania (including Zanzibar), Zambia, and Zimbabwe.

This regional report is a synthesis of the learning from across the five country national reports. For further detail and granular information on each individual country, the national reports are available from the UNESCO National Programme Offices at https://cse-learning-platformunesco.org/. This research will inform the next steps of delivery of inclusive CSE to learners with disabilities in the ESA region.

While it is recognized that many CYPWD still do not attend school, or are likely to drop out of school, the focus of this piece of research is on understanding needs within the school environment, whether in a specialist or mainstream educational setting.
Needs assessment on the current state of CSE for Young People with Disabilities in the East and Southern African region

**Specific research objectives**

1. **Explore perspectives** on the provision of CSE to learners with disabilities across different levels of policy and delivery, including at the level of the government ministries, teacher educators, teachers, and other key stakeholders, such as organizations of people with disabilities (OPDs) and non-governmental organizations (NGOs).

2. **Capture** how CSE is currently being delivered to learners with disabilities in formal education settings, including mainstream and special needs settings. This will reflect on the provision of basic education, including both primary and secondary.

3. **Identify** current needs, challenges and opportunities for learners of diverse disability types, specifically in relation to CSE, from the perspective of children and their parents/caregivers, and teachers/teacher educators and other key informants (KIs) in relation to:
   i. policy
   ii. pedagogy (including teaching and learning materials)
   iii. the wider environment (including school culture).

4. **Identify the support** teachers and schools need to ensure the effective delivery of inclusive CSE to learners with disabilities, and how this should be best provided.

5. **Map out** the grey literature available on the provision of CSE to children with disabilities globally and in the region, consisting of identification of organizations and resources, including available guidelines and evaluations. The focus will be on provision in the school setting, while recognizing that a ‘whole school approach’ will inevitably also engage parents and communities.

6. **Based on findings, make recommendations** on the pathway to delivery of CSE in the ESA region for learners with disabilities: this should include recommendations of who to engage with, including opportunities for teacher training, mechanisms for delivery, and examples of promising practice to build upon and adapt.

It is beyond the scope of this needs assessment to focus on issues of access to adolescent SRH (ASRH) services or to explore the inclusivity of these services. At the same time, it is acknowledged that access to both youth-friendly and inclusive SRH services is a fundamental component of CSE. It is hence important that education, health, and social services are not siloed, and recommendations will thus reflect the importance of collaboration with a wide range of service providers.

### 1.2 Language and terminology in this report

**Comprehensive sexuality education**

While CSE is a globally recognized term, there is some variation in terminology used across different countries, including prevention education, relationships and sexuality education, sexual and reproductive health education, population and family life education (FLE), life skills education (LSE), healthy lifestyles, and the basics of life safety, to mention some.

For the purpose of this regional report, the term CSE will be used, however, different terms may be used in the individual country reports, as detailed in the UNESCO guidance on CSE [2]. In addition to the terminology below, UNESCO staff in Tanzania have recommended the use of Life skills, SRH and HIV prevention education, while staff in Malawi have recommended the term CSE and/or LSE in some contexts.

Guidance and Counselling LSE Curriculum
- **Swaziland**
  - Educação Sexual Compreensiva
- **Mozambique**
  - L’éducation à la vie familiale
- **Democratic Republic of the Congo**
  - Family Life and HIV Education
- **Nigeria**
  - Education à la santé de la reproduction
- **Senegal**
  - Life Skills, Sexuality, HIV and AIDS Education
- **Zimbabwe**
  - Comprehensive sexuality education
- **Zambia**
  - Education sexuelle complète
- **Ivory Coast/Togo**
  - Education sexuelle intégrée
- **Cameroon**

![Figure 1: Terms for CSE in different countries based on UNESCO guidance.](image-url)
There are also a number of variations on definitions of CSE, however, this report adopts the following UNESCO definition, which states:

CSE is a "curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with the knowledge, skills, attitudes, and values that will empower them to realize their health, well-being and dignity, develop respectful social relationships, consider the well-being of others affected by their choices, and understand and act upon their rights throughout their lives. It is education, delivered in formal and non-formal settings, that is scientifically-accurate, incremental, age and developmentally-appropriate, gender-sensitive, culturally relevant and transformative."

### Table 2: Different components of CSE

**Overview of key concepts, topics and learning objectives:**

<table>
<thead>
<tr>
<th>Key concept 1: Relationships</th>
<th>Key concept 2: Values, Rights, Culture and Sexuality</th>
<th>Key concept 3: Understanding Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topics:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Families</td>
<td></td>
<td>3.1 The Social Construction of Gender and Gender Norms</td>
</tr>
<tr>
<td>1.2 Friendship, Love and Romantic Relationships</td>
<td>2.1 Values and Sexuality</td>
<td>3.2 Gender Equality, Stereotypes and Bias</td>
</tr>
<tr>
<td>1.3 Tolerance, Inclusion and Respect</td>
<td>2.2 Human Rights and Sexuality</td>
<td>3.3 Gender-based Violence</td>
</tr>
<tr>
<td>1.4 Long-term Commitments and Parenting</td>
<td>2.3 Culture, Society and Sexuality</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key concept 4: Violence and Staying Safe</th>
<th>Key concept 5: Skills for Health and Well-being</th>
<th>Key concept 6: The Human Body and Development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topics:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Violence</td>
<td>5.1 Norms and Peer influence on Sexual Behavior</td>
<td>6.1 Sexual and Reproductive Anatomy and Physiology</td>
</tr>
<tr>
<td>4.2 Consent, Privacy and Bodily Integrity</td>
<td>5.2 Decision-making</td>
<td>6.2 Reproduction</td>
</tr>
<tr>
<td>4.3 Safe use of information and Communication Technologies (ICTs)</td>
<td>5.3 Communication, Refusal and Negotiation Skills</td>
<td>6.3 Puberty</td>
</tr>
<tr>
<td></td>
<td>5.4 Media Literacy and Sexuality</td>
<td>6.4 Body Image</td>
</tr>
<tr>
<td></td>
<td>5.5 Finding Help and Support</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key concept 7: Sexuality and Sexual Behavior</th>
<th>Key concept 8: Sexual and Reproductive Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topics:</strong></td>
<td></td>
</tr>
<tr>
<td>7.1 Sex, Sexuality and the Sexual Life Cycle</td>
<td>8.1 Pregnancy and Pregnancy Prevention</td>
</tr>
<tr>
<td>7.2 Consent, Privacy and Bodily Integrity</td>
<td>8.2 HIV and AIDS Stigma, Care, Treatment and Support</td>
</tr>
<tr>
<td></td>
<td>8.3 Understanding, Recognizing and Reducing the Risk of STIs, including HIV</td>
</tr>
</tbody>
</table>
Needs assessment on the current state of CSE for Young People with Disabilities in the East and Southern African region

CYPWD

Throughout this report, the term children and young people with disabilities, or CYPWD, is used, based on the definition of disability adopted from the UNCRPD [4]:

People with disabilities include those who have long-term physical, mental, intellectual, or sensory disabilities which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

It is recognized that in different settings, and particularly in educational settings, other terms will be used, such as ‘children with special needs’; or ‘children with special educational needs (SEN)’ and interviews and focus groups were thus tailored to the language used in the respective countries.

In terms of the terminology for children and young people who are deaf, or with hearing disability, the terms have been used interchangeably throughout the report, except where a young person refers to their ‘deaf culture’.

In line with the World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF), a bio-psycho-social model of disability has been adopted, whereby disability is considered to result not from an impairment (or medical condition). Instead, it results from an interaction between health, the environment, personal factors, and the ability to participate in society [13].

This needs assessment aimed to examine the needs of learners with disabilities in both primary and secondary school settings. However, since children with disabilities are often late in starting school, and commonly have to repeat years, some children in school settings will be older learners [11, 12], and therefore youth aged 18-24 years are also included. In addition, as young people are defined by the United Nations Department of Economic and Social Affairs (UN DESA) as people aged 10-24 years, the term children and young people was used throughout this report.

Parents and caregivers

The term ‘caregivers’ and ‘parents’ is used interchangeably throughout this report. Caregivers in low- and middle-income contexts are generally other family members who are the primary caregivers for a child with disabilities. In many cases this may be a parent, grandparent, or sibling.

1.3 Approach

Working in partnership

The study was led by a regional consultant who worked in close collaboration with national consultants in each country. OPDs were key partners of the country research teams, and were involved in the inception training, as well as playing an important advisory role, providing guidance, and input to ensure inclusivity of the tools and approach, and helping with identification of and access to young people, parents, and other KIs. Following training by the national and regional consultants, and with additional support where needed, the OPD also led the focus group discussions (FGDs) with young people and, in some settings, also with parents. Training and meetings across all five countries were undertaken throughout the project to support consistency in the approach.

Engagement with children and young people

In line with the O3 programme emphasis on youth leadership, the study aimed to ensure that the voices and engagement of children and young people were central to the needs assessment process. Accordingly, two younger members of staff or members per OPD were identified to facilitate the FGDs.

Although ‘people with disabilities’ sometimes refers to a single population, this is actually a diverse group of people with a wide range of needs. Two people with the same type of disability can be affected in very different ways. Some disabilities may be hidden or not easy to see. There are many types of disabilities, such as those that affect a person’s vision, movement, thinking, remembering, learning, communicating, hearing, mental health, and social relationships [1].

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2. Methods

2.1 Overview of research design

This needs assessment predominantly employed qualitative research methods, consisting of in-depth interviews and FGDs. The FGDs were conducted with young people aged 18-24 in order for them to be able to give consent to be interviewed themselves. This was important given the time constraints for the field work. The young people were asked to reflect on their overall experience of CSE in school, both in primary and secondary settings.

The qualitative primary data collection was combined with a short desk review per country, which provided a summary overview of the key policies, strategies, and frameworks pertinent to CSE for learners with disabilities. A third component was a mapping of available CSE resources for CYPWD.

2.2 Sampling

A purposive and pragmatic sampling strategy was employed to ensure a mix of KIs at the different levels of policy, teacher training institutes (TTIs), NGOs, and other providers. Key stakeholders were identified during the initial desk review and through snowballing. Schools, teachers, and parents were identified through purposive sampling and in collaboration with the focal point OPD; the OPD networks were important for contacting CYPWD, especially during the COVID-19 pandemic, when schools in some countries were closed. The inclusion criteria consisted of both special needs and mainstream school settings. In addition, specialist teachers were selected to reflect the experience of working with children and young people with different types of disabilities.

Children and young people were also identified through purposive and pragmatic sampling, and were primarily recruited through the focal point OPD and/or links with local schools. Inclusion criteria for the children and young people were:

- Age range of 18-24 years.
- In-school or who have recently left/dropped out of school, and from both mainstream and special needs school settings.
- Representation of children and young people with different types of disabilities. Those with moderate or profound learning difficulties were not included in the sample, mainly because it was recognized that additional time and further adaptation of the approach was needed to engage meaningfully in research with this target group. The short time frame of the needs assessment precluded this.
- Different categories of gender identity. This included those who identified themselves as transgender, inter- or bisexual.

It was necessary to adopt a more pragmatic approach to sampling during the COVID-19 period, as the preference was to avoid travelling considerable distances. While there was still an urban-rural coverage, more isolated schools were not visited.

A summary of the sample is provided in Table 3. In the Tanzania sample, this included four in-depth interviews (IDIs) with KIs at the ministry level in Zanzibar. In total, 67 IDIs were conducted with a range of KIs at the national level, including ministerial staff; 46 IDIs and FGDs with teacher educators in various settings; 39 FGDs and 29 IDIs with teachers, including head teachers; 34 FGDs with children and young people; and 30 FGDs with parents.
Table 3: Summary of interviews across all five countries

<table>
<thead>
<tr>
<th>Level</th>
<th>Eswatini</th>
<th>Tanzania</th>
<th>Zimbabwe</th>
<th>Zambia</th>
<th>Malawi</th>
</tr>
</thead>
<tbody>
<tr>
<td>National KIs: Ministry officials with responsibility for disability and for provision of CSE, NGOs, OPDs, UN-organizations, provincial/district level key staff</td>
<td>11 IDIs</td>
<td>14 IDIs</td>
<td>17 IDIs</td>
<td>14 IDIs</td>
<td>11 IDIs</td>
</tr>
<tr>
<td>Teacher educators: TTIs, departments of special needs, other training centres used for CPD/teacher associations</td>
<td>7 IDIs</td>
<td>6 IDIs</td>
<td>12 IDIs*</td>
<td>15 FGDs/IDIs</td>
<td>6 IDIs</td>
</tr>
<tr>
<td>Teachers/head teachers, other school staff</td>
<td>6 FGDs</td>
<td>8 FGDs</td>
<td>4 FGDs</td>
<td>15 FGDs/IDIs</td>
<td>6 FGDs</td>
</tr>
<tr>
<td>Children and young people with a range of types of disabilities who are currently in school/ have been in special needs or mainstream school settings in the last two years</td>
<td>6 FGDs</td>
<td>9 FGDs</td>
<td>7 FGDs</td>
<td>7 FGDs</td>
<td>5 FGDs (1 female only FGD)</td>
</tr>
<tr>
<td>Parents/caregivers</td>
<td>3 FGDs</td>
<td>8 FGDs</td>
<td>6 FGDs</td>
<td>11 FGDs</td>
<td>2 FGDs</td>
</tr>
<tr>
<td>Total number of people who participated in interviews or FGDs</td>
<td>100</td>
<td>161</td>
<td>153**</td>
<td>125</td>
<td>107</td>
</tr>
</tbody>
</table>

* This included two IDI with district remedial tutors, ** Teachers were both included in IDIs and FGDs

Data collection

All interviews were conducted in local and/or preferred languages, including sign language. Data was recorded, and/or key notes were taken and/or interviews were transcribed. Interviews were conducted face-to-face where possible, but where COVID-19 restrictions limited this, telephone interviews were conducted.

Two members of staff from the OPD (one male/one female) were engaged to facilitate and/or support the FGDs with children and young people. This was to allow for the option of running male and female only groups, facilitated by a facilitator of the same sex. FGDs were sometimes conducted with children and young people with a common disability, such as a hearing disability. Sign language interpreters were employed as needed. Interviews with children and young people and parents were largely conducted in school settings.

2.3 Data confidentiality and storage

Research staff, including the OPD staff, were committed to keeping all personal information obtained during the research process confidential. A specific confidentiality clause was contained in employment contracts. Collected information was securely stored and accessible only by those authorized throughout the research process.

2.4 Research tools

The focus of the needs assessment was broad and covered wide-ranging issues which included:

1. Understanding the policy environment
2. Perspectives on the provision of CSE to CYPWD
3. The ‘what and how’ of current CSE delivery to CYPWD in both mainstream and specialist settings
4. What works well and what are some of the key challenges in the provision of CSE to CYPWD, focussing on the educational setting
The field work was undertaken from September - December 2020. Every effort was made to keep to the original planning, but due to the COVID-19 pandemic, there also needed to be some flexibility in the approach. This resulted in some delays and FGDs having to sometimes be replaced by individual interviews, and face-to-face interviews sometimes replaced by phone interviews. A copy of the revised work plan is provided in Appendix 1.

2.5 Analysis

A thematic framework analysis was used. This approach is useful in applied and policy research and policy, and is pragmatic for sorting larger volumes of data [14]. In addition, a holistic approach was undertaken to identify interests (including attitudes), capacity, and context, in alignment with World Bank guidance on assessing needs [15]. Data was sorted into priori themes and issues and a common coding framework was developed across all five countries as a result of ongoing discussions with the national consultants. Using an iterative approach, additional themes and sub-themes were added as the data was coded by the national consultants. A learning webinar was conducted in November 2020 to share and discuss preliminary findings. This allowed some further refinement of the emerging themes.

2.6 Ethics

Informed consent was obtained from all participants. Verbal consent was obtained from KIs and for telephone interviews, and written consent was obtained for young people and parents. Information sheets were provided for young people and parents in an Easy Read format and translated into local languages as needed. See Appendix 5 for a copy of the information sheet with the Easy Read explanation of CSE. Additional support was provided as required, for example, through the employment of a sign language interpreter. The information sheet was read to young people with visual disability, with additional time taken at all stages for questioning and clarification.

The potential discomfort related to revealing potentially stigmatizing information was mitigated by emphasizing privacy and confidentiality among researchers and participants. Through working in partnership with the OPDs and their staff, additional follow-up support was available, if needed. All interviewees were reminded that they can stop interviews at any time. If during the course of or after the interview a respondent experienced distress, the research team were able to make the proper referrals to support services.

2.7 Safeguarding and protection of vulnerable adults and children

Safeguarding and protection of vulnerable adults and children was essential at all stages of the needs assessment process. The policy, guidance, and procedures of the partnering OPD were adhered to and, if in the event that any concerns emerged from the interviews, all referrals were made to the OPD.

2.8 Data collection during the COVID-19 period

Due to the challenges of collecting data during COVID-19, the consultants worked with the UNESCO National Programme Offices (NPOs) and local OPDs on the modalities of data collection in the context of social distancing. This meant that there needed to be a flexible approach. Some face-to-face interviews were conducted by phone, while the FGDs were conducted through existing groups where possible and replaced and/or blended with individual phone interviews. The national teams were provided with accurate and up-to-date information about COVID-19 by the UNESCO focal point.
3. Findings

This section provides a synthesis of the key findings drawn from across all five country studies. The country case studies are included in this report, but for more in-depth country-specific and granular detail, please refer to individual country reports, which are available through the UNESCO learning platform at https://cse-learning-platform-unesco.org/.

3.1 Brief overview of data on children with disabilities

Data is important for informing appropriate planning of policies and services, as well as for evidence-based advocacy for children with disabilities in low-and-middle income countries (LMICs), and specifically to help in addressing their CSE needs. However, it is also recognized that globally reliable data on the prevalence, types, and causes of disability in children is lacking, particularly in LMICs.

The World Report on Disability estimates that there are approximately 93 million children aged 0-14 years living with "moderate or severe disability", equating to one in twenty children globally (5.1%) [9]. At a regional level, the United Nations Population Fund (UNFPA) 2017 Situational Analysis on Access to Sexual and Reproductive Health and Rights for Young People with Disabilities in East and Southern Africa [12] provides an overview of the limited data available on the prevalence rates of disability (all ages) in ESA, ranging from 1% of the total population of children in Angola, to 16.8% in Eswatini. The report similarly reflects on the challenges of interpretation of the data because of different measures and cut-off points, reporting bias, and quality of data collection.

This study nevertheless sought to synthesize data available on children and young people in school, even though there was a similar challenge in understanding and comparing disability data due, in part, to the different survey and disability assessment methods used. There was also wide variation across countries in how the data was presented. For these reasons, extreme care needs to be taken in interpreting the available data available in the national reports. Instead, this indicates the need for improved data collection on disability within schools.

### Table 4: Data on CYPWD in schools

<table>
<thead>
<tr>
<th>Country</th>
<th>Education data from national reports on enrolment of CYPWD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eswatini</td>
<td>Estimated total of 7,659 children with SEN enrolled in Grade 1-7 in 2017, of which visually impaired (35%) and learning disability (29%) were the highest categories. The data for secondary school enrolment was less clear, however, the national report states the limitations of these statistics since internationally defined classifications of disability were not used, but rather classifications were determined by schools. (Ministry of Education and Training Kingdom of Eswatini, Annual Education Census, 2017)</td>
</tr>
<tr>
<td>Malawi</td>
<td>Of the total secondary school enrolment in 2017/2018, 2.3% were children with special educational needs. Of these, 3,367 (37.6%) were students with learning difficulties, 846 (9.5%) were students with visual impairment, 2,520 (28.2%) were students with low vision, 1,424 (15.9%) were students with hearing impairment, and 653 (7.3%) were students with physical disabilities. (EMIS Report 2017/2018)</td>
</tr>
<tr>
<td>Tanzania</td>
<td>The 2012 Census results show 49.2% of children and young people without disabilities were attending school, compared to 36.2% per cent of CYPWD (5-24 years) in rural areas, and that the proportion of children with disabilities attending school in urban areas (60.9%) was almost twice that of rural areas. (Tanzania 2012 census data)</td>
</tr>
<tr>
<td>Zambia</td>
<td>The estimated enrolment for CYPWD in 2018 (Grades 1-12) was 63,645 males and 59,666 females (Grades 1-12) Data was not disaggregated by disability (Zambia Education Statistical Bulletin 2018)</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>In 2019, 85,560 learners with disabilities enrolled in school, of which 395 (8.64%) were enrolled in Early Childhood Development (ECD) A and B, 62,659 (73.23%) at primary school level, and 15,506 (18.12%) at secondary school. The most common type of disability is intellectual challenges, accounting for 42% of learners with disabilities in secondary schools. (Ministry of Primary and Secondary Education, Republic of Zimbabwe, Primary and Secondary Education Statistics Report. 2019)</td>
</tr>
</tbody>
</table>
While there is variation across countries in the region, the main issues included:

- Limited data available, of varying quality, on the numbers of CYPWD in general, as well as enrolment data for different educational settings.
- Some educational data is not currently disaggregated according to type of disability.
- There is limited or no data about the number of CYPWD who are not enrolled in schools, and/or have dropped out of school, although there is general acceptance that it is quite substantial.

### 3.2 Brief snapshot of education provision for CYPWD

Across all counties, there is a mix of mainstream and specialist school provision, with a combination of resource or special units or resource centres attached to mainstream schools. In addition, there is special needs school provision for children and young people with more profound disabilities. Table 5 provides a summary of the provision across the five countries.

Table 5: Overview of provision of education to CYPWD

<table>
<thead>
<tr>
<th>Country</th>
<th>Summary of provision</th>
</tr>
</thead>
</table>
| Eswatini    | **Mainstream schools:** 2 mainstream schools with resource centres (both for the blind)  
**Special needs schools:** 4 primary and high schools for the blind (residential), 1 primary school for the deaf, 1 high school for the deaf, 1 primary school for intellectual disability |
| Malawi      | **Mainstream/inclusive schools:** Main model for schools in the country  
**Resource centres and units attached to mainstream schools:** 150 in primary schools; 60 in secondary schools  
**Special needs schools:** 8 for hearing disability; 1 for visual disability; 1 for intellectual disability |
| Tanzania    | **Mainstream/inclusive schools:** Main model for schools in the country  
**Integrated units and special needs classes:** 272 in mainstream schools  
**Special needs schools:** 11 for the deaf; 5 primary schools for visual disability; 5 for intellectual disability |
| Zambia      | **Mainstream/inclusive schools:** It is generally believed that most CYPWD are in mainstream schools  
**Special units:** 220 designated classrooms for learners with disabilities usually located within the mainstream school  
**Resource rooms:** Also available in mainstream schools. These act as pull-out classrooms where learners with disabilities receive specialized attention from a specialist teacher  
**Special needs schools:** 24 take a large proportion of learners with disabilities, especially those with severe conditions  
**Hospital schools:** Such as the University Teaching Hospital Special School and Chainama Special School |
| Zimbabwe    | **Mainstream/inclusive schools:** It is generally believed that most CYPWD are in mainstream schools  
**Special classes:** Classes within the mainstream schools where learners are taught by specially trained teachers. Curriculum adaptations are made to suit the learning levels of learners with disabilities. In some core curricula activities and practical subjects, the learners participate together with their non-disabled counterparts  
**Resource units:** Provide support such as braille transcriptions and sign language to learners who attend mainstream classes and those who are in special classes  
**Special needs schools:** 40 catering mainly for those with severe to profound impairments; some enrol children with one disability, others take in children with diverse disabilities. In additions, some special needs schools are practising reverse inclusion whereby they also enrol learners without disabilities to learn with their disabled counterparts.

*In some cases, this is approximate data for the total number of schools/resource units.*
3.3 The policy and curriculum environment

This section provides an overview of the key issues related to policy and curriculum for the delivery of CSE to CYPWD (see Appendix 3 for a mapping of the key policies and curricula in place per country).

Overall, perhaps not surprisingly, there was a complex picture of the policy environment. Across each country there is a range of disability-specific, inclusive education, and SRH policies and frameworks. However, although the countries generally have a conducive policy environment towards the delivery of CSE, no specific attention is paid to the rights and provision of CSE and SRH services for CYPWD. Likewise, while there is a commitment to the education of CYPWD, with inclusive education policies, there is no specific reference to CSE within these policies.

With respect to CSE, a common curriculum framework and syllabus exist for primary and secondary schools in all countries, with governments electing to have one curriculum for all children in line with their inclusive education policies since, as one KI from the Ministry of Primary and Secondary Education (MoPSE) in Zimbabwe points out, ‘designing separate syllabi for learners with disability is an exclusionary and disabling practice on its own.’ Thus, the expectation is that adaptations of the content and methodology are made by individual teachers at the classroom level. However, there are no mechanisms in place to monitor efficacy on this implementation as yet. This gap is further explored in section 3.6.

Finally, while the focus of this needs assessment was the provision of CSE in basic education, a major gap identified was the lack of policy and curricula guidelines at the tertiary level for students with disabilities.

3.4 Perspectives on the provision of CSE for learners with disabilities

This section examines the perspectives of national level key players, teachers, and parents. It also provides an understanding of the wider political and socio-cultural context towards the provision of CSE to CYPWD. The perspectives of CYPWD are addressed in section 3.9.

Of note, the KI interviews commonly highlighted the broader socio-cultural and religious views that shape wider attitudes towards the delivery of CSE for all children, not just for children with disabilities. As one ministry official explained, it is these views which act as a ‘gatekeeper’ for what is possible to deliver for CSE in schools. For instance, there is still the persistent view that CSE is about teaching about sex, which shapes the beliefs of parents and communities, as well as impacting on the teachers and other educational professionals. In Zimbabwe, for example, there is still a common belief that CSE is a ‘Western subject’ that goes against traditional cultural practices. While many teachers may or may not hold those attitudes themselves, it was highlighted that they often still feel in a ‘dilemma’ about talking about issues that are perceived to be sensitive.

A commonly held view by some parents is that CSE is about “sex”, which brings cultural and religious sensitivity. The term sexuality education is misunderstood to mean teaching learners about sex.

– KI, Ministry of General Education (MoGE), Zambia

The complexities to having CSE in the school curriculum was mainly caused by the Swazi culture that frowned upon openly talking about issues of sexuality in the teaching-learning process, a term generally connected to genitalia. It is for this reason that other names were found to be more user-friendly than ‘sexuality education’. In a sense, the culture of the Swazi people presented itself as a ‘gatekeeper’, regulating what should get into the education curriculum and what should not.

– KI, Senior policy designer, Eswatini

On a more positive note, in the Malawi context it was felt that, overall, there was a shift towards greater acceptability of the ‘life skills’ agenda. This was considered related to the long history of implementation of the curriculum in schools, despite an initially hostile reaction to the implementation of the life skills curriculum in early 2000.

The recognition that the delivery of CSE is essentially a political issue was highlighted in the desk review in four country studies, as well as at the global level. The important role UNESCO has played in bolstering political support for CSE was also recognized, such as in Zambia in 2020, where, by working with the MoGE and civil society, a parliamentary private member’s motion to withdraw CSE from schools was consequently rejected. Understanding the political nature of CSE was also emphasized in interviews at the global level, with KIs highlighting that there needs to be ‘political leverage’ to support CSE delivery for CYPWD and that evidence that is ‘politically resonant’ needs to be provided. New WHO guidelines on political engagement on the topic of CSE for CYPWD, which are set to be released in 2021, will be useful for the next steps of programming.

CSE is a rights issue and therefore it is a political issue… the evidence needs to be politically resonant.

– KI, Global level
National-level perspectives

In terms of the perspectives of national level key players towards the provision of CSE for CYPWD, the consistent theme was of positive attitudes and understanding the necessity of this provision, but also the acknowledgement of the significant gaps and barriers in current provision. Consistently, across all five countries at ministerial level as well as among OPDs and NGOs, there was recognition that young people with disabilities may be more vulnerable to abuse and sexual violence, and that their needs were often greater than other children and young people. In some interviews, most notably in Eswatini, Tanzania and Zimbabwe, staff reflected on the delivery of CSE from a human rights perspective, which needed to be upheld in accordance with the UNCRPD and their own domestic legislation.

Teacher perspectives

The attitudes of teachers on the delivery of CSE for CYPWD were more mixed, although there was evidence of teacher commitment and recognition of the importance of CSE, mainly related to their understanding of CYPWD’s increased vulnerability to abuse, and thus the importance of the subject in order to protect them. Teachers felt the role of sexuality education was very vital to teach learners with disabilities because sometimes they become very vulnerable to society, so they are supposed to be aware.

– Teachers’ FGD, Zambia

At the same time, a recurring theme was negative teacher attitudes towards delivery of CSE, with reasons including:

- CSE is a sensitive and taboo subject;
- CYPWD are perceived as asexual and therefore not in need of some of the information;
- A protective attitude;
- In countries where CSE is a non-examinable subject it can be neglected;
- CSE is a burden to the teacher load, especially with a tight timetable;
- Concern about the parental perspectives on the delivery of CSE.

These attitudes, and contributing factors, which clearly impact on the delivery of CSE, are explored further in the sections on pedagogy (section 3.6) and parental engagement (section 3.8).

Parental perspectives on the provision of CSE

Similarly, parental perspectives on the provision of CSE to their disabled children were also mixed. Common issues included:

- Key stakeholders commonly saw parental views as a barrier, while parents themselves voiced a range of perspectives;
- Protective attitudes;
- Concerns about the additional burden of a sexually active young person;
- Attitudes about the assumed or perceived asexuality of CYPWD;
- Age-related issues;
- Variations in attitudes dependent on the type of disability;
- Urban-rural differences;
- Stigma;
- Low levels of parental knowledge and skills.

Overall, various key stakeholders across all countries (ministerial officials, teachers, OPDs) perceived that parents are not always supportive of the provision of CSE, that they can hold negative attitudes about the delivery of CSE, and that this can be a key barrier to provision. The main reasons given were:

- Parents can be overprotective of their child;
- Traditional, cultural and religious beliefs – which all feed the view that CSE is a taboo subject;
- Parents’ beliefs that CYPWD are asexual;
- Parents in rural areas are often perceived by key stakeholders as having more negative attitudes as compared to their urban counterparts, for example, in Zimbabwe.

Positive attitudes are critical towards influencing disability service provision. My experiences, which are also in line with available empirical evidence, show that most families do not talk to their children about sexuality issues due to the belief that they are asexual as well as lack of communicative skills. It is imperative that this area be looked at to effectively deal with the intersection between disability and sexuality.

– KI, Government, Zimbabwe

In contrast, interviews with parents themselves highlighted a more nuanced and complex picture of their attitudes. In Malawi, for example, the views of parents about the delivery of CSE was generally positive, while in the other countries studies it was varied. There was some, but limited, reflection on the rights of their child to CSE. The common rationale made by parents for the importance of CSE included:

- Recognition that their child was more vulnerable to abuse;
- They themselves can find it ‘heavy’ to discuss these issues with their child;
- They lack the necessary knowledge and skills.

As a result, many parents said they would value support from the school.

CSE should be taught in schools. For instance, if sex is not mentioned at school, I believe my child will learn about it in one way or the other from friends or social media or the TV and it may not be explained well. Secondly, when you look at CSE, there is a part which talks about puberty. As a parent, it’s very heavy for me to explain everything to my child at home, but teachers make things easy because they explain to the children about physical signs of puberty, thus, they make it easy for me as a parent. So, in short, I am saying CSE is just ok because it prepares our children for adulthood, how to handle issues of life before society itself teaches them the hard way.

– Parents FGD, Urban setting, Zambia

1 WHO Regional Office for Europe will be supporting the development of these guidelines.
Needs assessment on the current state of CSE for Young People with Disabilities in the East and Southern African region

It's good for students as it helps them with self-awareness and self-protection and that is why at school, we have clubs that help students with issues related to substance abuse and sexually transmitted diseases.

– Female parent, FGD, Tanzania

We think sexuality education is very essential for our children as it helps them to understand about bodily changes that come with age. So, they all deserve an equal and fair opportunity to get this education.

– Female parent, FGD, Tanzania

One parent in Eswatini reflected on how she saw the importance of CSE only after her own daughter became pregnant, emphasizing her own lack of knowledge and skills in how to approach the issues of CSE, and the wider socio-cultural views which impact negatively on discussing the topics:

It is not easy for a parent to talk to your child with a disability about issues of sex and sexuality... maybe it depends on the age of the child. Parents or community members think sex and sexuality related topics are not for children but only for adults, and those about to get married... Unfortunately, parents often start talking about sex topics when the child already had some information, and instead of correcting that information about sex, we tend to be harsh to the child... I was left greatly surprised when my daughter got pregnant... while parents found it very difficult to teach about CSE to their children with disabilities, they ended up feeling guilty when the same child gets early pregnancy or gets sexually abused because they had not discussed sexuality issues with the child... so CSE must be taught at school, just like the other subjects.

– Female parent, FGD, Eswatini

While other stakeholders held the belief that parents view their child with a disability as ‘asexual’, this did not emerge strongly from the interviews with parents in this study. In fact, in Zimbabwe, additional interviews were conducted with three parents in Harare to explicitly explore this issue. Instead, the main concerns from these parents were that the delivery of CSE would result in pregnancy, and result in additional strain on already overstretched families, most notably the financial burden.

I do not subscribe to the notion that my child with a disability is asexual. I have seen many young people who are blind having children. So, anything can happen any time. I have faced a lot of challenges in raising my child, up to this day. I therefore do not expect her to burden me by giving birth to another child as I will not afford this.

– Parent of a daughter with visual disability, Zimbabwe

While parents want to be protective, there was also some recognition that by not delivering CSE, or delivering it too late, their child was more vulnerable. In one parent FGD in Eswatini, the overprotectiveness of parents was described as a form of abuse:

Parents should be careful not to be first abusers to their children... overprotection of a child with a disability can be a form of abuse... undue or excessive protection or shielding has the potential to cause more damage in terms of the child's self-esteem levels, and the development of some skills which are required for successful transition into adulthood... as offered by CSE.

– Parents FGD, Eswatini

Some of the main parental concerns around delivery of CSE were linked to the belief that some elements of CSE were felt to be introduced at too early an age. There was also some evidence of differences in views depending on the type of the child's disability. For example, in FGDS conducted in Tanzania, parents of children with a visual disability or deaf-blind were found to be more hesitant about the delivery of CSE, in comparison to other parents. It was unclear as to why this was the case, but certainly with a more severe and complex disability, such as a child who is deaf-blind, it may be that the parent is more overprotective.

3.5 Coordination and wider multi-sectoral engagement

A major theme across four of the five country studies as well as at the global level was the need for strengthened coordination across ministries, combined with multi-sectoral engagement for delivery of CSE to CYPWD. It was emphasized that when working with CYPWD, integration and collaboration becomes even more essential because of the wide range of different ministries and directorates involved. The importance of building coalitions both within and outside of the government sector was also emphasized across most interviews. Main reasons given for strengthening the approach included:

- There is a need for improved harmonization across policies and curriculum, although the level at which this should be done varied widely across countries. For example, in Zimbabwe, it was highlighted that a change in the CSE curriculum for schools also needs to be reflected in a change of curriculum at TTIs.
- Many of the UN agencies, including UNESCO, United Nations Children's Fund (UNICEF), UN WOMEN, and UNFPA, are conducting work on CSE, or at least some elements of CSE. In particular, UNFPA has several projects underway in the region, with various guidelines and resources for CYPWD focussed on out-of-school settings, but of relevance to CSE in schools, while in some countries, UNICEF has also projects focussing on provision of CSE for in-school CYPWD. This requires robust coordination to
The current high level of current fragmentation and lack of coordination of services for CYPWD, including provision of CSE, requires robust coordination to prevent duplication of efforts and promote opportunities for synergy.

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- The Ministry responsible for PWD is in the Office of the Prime Minister. Regional Commissions (RCs) and District Councils (DCs) are under the President’s Office Regional Administrative and Local Government (PO-RALG). Social welfare officers are pertinent individuals working on PWD issues in the RCs and DCs offices, but they answer to the Ministry of Health. When it comes to policy issues in education of CYPWD, they are handled under the Ministry of Education. The linkages between ministries concerned with the matters of adults and children with disabilities are still confusing and contradicting. CSE in particular is not clearly stated in terms of which government machinery handles it.

- The Ministry of Education. The Teacher Education and School Curriculum Harmonization (MHTESTD), responsible for training teachers, was not in synchronization with the expectations of MoPSE in terms of disability skills and competencies to deliver CSE. The current high level of current fragmentation and lack of coordination of services for CYPWD, including provision of CSE.

- A shared platform will be valuable for knowledge-sharing and good practice, and will also help with building important and necessary political alliances.

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The first thing is collaboration, which should be internal and external; internal in that the ministry directorates, units and sections must collaborate. But there is no intra collaboration among the directorates, so when a programme like CSE comes, it’s not a baby of one directorate, it should be a baby of all directorates involved because we are all dealing with these learners. But when it comes to dissemination of information to teachers, there should be a link directorate, when it comes to standards and quality then it should also be led by that directorate.

– OPD KI, Tanzania

Steps to harmonization

In Zimbabwe, it was recognized that the Ministry of Higher and Tertiary Education, Science and Technology Development (MHTESTD), responsible for training teachers, was not in synchronization with the expectations of MoPSE in terms of disability skills and competencies to deliver CSE. A report on the Teacher Education and School Curriculum Harmonization was produced in October 2018. The report identified inclusive education as one of the key areas in need of harmonization. The next step is now the operationalization of the report.

Engagement with civil society

Another consistent theme throughout the needs assessment was the critical role of OPDs and NGOs in any planned delivery of CSE. There were a number of reasons given for this, which included:

- Current provision of CSE for CYPWD is currently largely provided by NGOs and OPDs. Historically there has been some good provision of and resources on HIV and AIDS education and disability, for example. There was recognition of the need to build on that experience.

- OPDs have an important advisory role to play in the development and delivery of any material.

- The majority of CYPWD are not in the formal education sector, with high levels of school dropout. OPDs can also play a key role in identification of these children, and often already have good links with families. This could be further harnessed to support stronger home-school linkages.

It is a fact that the majority of CYPWD are out of the school system, and yet structured CSE programmes are provided in schools. No one is taking care of what is happening outside school and there could be a lot of duplications… It is therefore imperative that while the ministries of education focus on those who are in school, our department then focusses on those who are within communities, working with various service providers. This will ensure that no one is left behind.

– Director: Department of Disability Affairs, Zimbabwe

Where positive examples of classroom practice were provided, a recurring theme was one of collaboration with external providers, who were able to provide additional support to
teachers. There were various good examples provided of working in partnership, including having a collaboration with external providers such as NGOs, OPDs, and health service providers. The particularly important role of OPDs was emphasized, including some reflection on the benefits of engaging with other adults and young people with disabilities in the community.  

We also have to involve deaf adults in the community for training because they are able to communicate with them [the students].  

– Head teacher at a special needs school, Eswatini

Examples of inclusive CSE delivery by the civil society sector in Zimbabwe

Disability, HIV and AIDS Trust (DHAT) has formed out-of-school networks through which it trains PWD on issues around HIV and GBV in Bulawayo. There are currently about seven operating networks which are working well. DHAT works with parents of children with autism and down’s syndrome on CSE as well, and significant efficacy was reported because of parental engagements. DHAT has also trained teachers in special needs schools and resource units on how they can engage parents of CYPWD.

The National Aids Council (NAC) and Population Services Zimbabwe (PSZ) have worked on two separate initiatives on HIV and AIDS for PWD as well as on SRHR and family planning for women with disabilities in 30 districts of Zimbabwe. In addition to HIV and AIDS literacy that was delivered to PWD, focal people in 10 provinces were trained by PSZ in CSE as master trainers to cascade training to young people. Disability-inclusive information on HIV and AIDS and SRHR and family planning has been produced as well.

The JF Kapnek Trust Zimbabwe has adopted the ‘parents to child dialogue’ model, bridging the gap between parents and adolescents with disabilities on issues to do with CSE. The model includes 14 sessions attended by both parents and children, at which SRH issues, services needed by children, and barriers to access of services is discussed.

Monitoring and supervision structures in the education system

Broader education monitoring and supervision structures were identified as necessary to support effective delivery of CSE in general, and specifically to ensure it is delivered in an inclusive manner to CYPWD. While there are differences in the supervisory and monitoring structures across the five countries, there were some consistent issues highlighted, including:

- The need to engage at different levels of administration to ensure monitoring and effective supervision of the rollout of CSE. All sites have some form of school inspectorate, which sometimes varies for primary and secondary education, and often includes a separate element for special needs education. These different layers need to be engaged to support CSE provision.
- Head teachers at the school level need to be engaged.
- Any monitoring framework has to be reviewed to ensure it covers monitoring of inclusive and special provision.

Some of the individual country level examples highlighted were:

- The need to work with special education standards officers in CSE activities so that they help monitor its delivery (Zambia).
- School inspectors which monitor delivery of CSE in general once or twice a year with a dedicated monitoring tool lack clarity about the monitoring of inclusion (Zimbabwe).
- Although the Directorate of Quality Assurance Services (DQUAS) is responsible for monitoring the implementation of the approved CSE curriculum, at secondary level, the advisors are far removed from schools as they are based at division level. The directorate of Special Needs Education also has a supervisory role but lacks staff at the divisional and district level, and they would need to be engaged on the ground (Malawi).
3.6 Pedagogical issues

This section examines the current practice of teaching of CSE to CYPWD in schools, and the opportunities and challenges experienced, including the issue of CSE resources. The core issues which emerged included: teacher attitudes, poor levels of teacher knowledge and skills, communication barriers, and lack of resources/adapted resources. The differences across specialist and mainstream settings and for children with different types of disabilities is also investigated.

Teacher attitudes
The attitudes of teachers towards the delivery of CSE to learners with disabilities has already been explored in section 3.4, however, it is worth briefly revisiting this theme, as a range of negative teacher attitudes were identified as key barriers in relation to pedagogy. Some of the attitudes identified were in relation to the teaching of CSE generally, and some were specific to teaching of CYPWD. Equally, there were teachers who were very committed to delivering CSE, but overall felt they were ill-equipped to do so, and lacked any training.

Teacher knowledge and skills
In terms of teacher knowledge and skills in the delivery of CSE to CYPWD, the overall picture from across all types of KIs was that teachers have limited training, and therefore limited competencies in the teaching of CSE for CYPWD. The inclusive education (IE) strategies and CSE curriculum in all countries propose an inclusive approach and suggest that it would be contradictory to have a standalone curriculum for CYPWD. However, teachers are expected to then adapt and adjust content delivery at the classroom level, often with little or no training and support.

Some of the challenges identified in the delivery of inclusive CSE were related to the delivery of CSE to all children, with the further added layer of difficulty in not being able to adapt to learners with varying and specific needs. The general difficulties that teachers experienced included:

- Teachers not feeling there was adequate time in the timetable to deliver CSE;
- An overall lack of materials to support teaching;
- Challenges associated with blending CSE across different thematic areas of the curriculum;
- The taboo and sensitivity of some elements of CSE made them more difficult to teach.

The research indicated no obvious differences in pedagogy between rural and urban settings, with similar challenges faced, but differences were noted between mainstream and special needs provision. For example, almost all teachers stated that they felt unprepared to teach CSE to CYPWD and that it was not uncommon for no adaptations or modifications to be made in the mode of delivery from the mainstream setting, with a ‘one size fits all’ approach. In contrast, there was a general trend for perceived better-quality delivery of CSE in the resource centres/units, and better still in special needs schools. This was because teachers in those settings had relevant training, were better skilled to adapt the curriculum to suit their learners, and were able to adapt their mode of delivery, as well as able to adapt resources, if they existed. These skills were not specific to the teaching of CSE. The other benefits included having smaller class sizes and having opportunities for one-to-one engagement.

Peer learning opportunities in the class and extra-curricular activities
One pedagogical approach employed by teachers in the delivery of CSE was small group work in order to facilitate a more student-centred approach and peer learning. This included activities both in the classroom, as well as extra-curricular activities, such as quizzes and life skills and HIV and AIDS clubs. The perceived advantage of extra-curricular clubs was enabling discussions about the social elements of CSE. An example was provided of a life skills club in a special needs school in Malawi, which afforded less of a focus on CSE as an academic subject and facilitated greater peer discussion in a safe environment.

However, a recurrent theme in relation to CYPWD was that they felt excluded in such opportunities for group work and peer learning in the mainstream setting. This was identified in KI interviews, as well as in interviews with CYPWD. Key reasons given for such low participation included:

- Language barriers which limited effective engagement;
- The CYPWD’s lack of confidence or ‘assertiveness’;
- The perception by teachers that they are not academic enough to participate in activities such as school quizzes. In the Zimbabwe FGD, for example, one student said that only students with ‘high academic prowess’ compete in these clubs as it is believed that students with a disability will make them lose competitions.

Where positive examples of classroom practice were provided, a recurring theme was one of collaboration with external providers, who were able to provide additional support to teachers. There were various good examples provided of working in partnership, including having a collaboration with external providers such as NGOs, OPDs, and health service providers. The particularly important role of OPDs was emphasized, including some reflection on the benefits of engaging with other adults and young people with disabilities in the community.

We also have to involve deaf adults in the community for training because they are able to communicate with them [the students].

– Head teacher at a special needs school, Eswatini
Needs assessment on the current state of CSE for Young People with Disabilities in the East and Southern African region

Furthermore, a common theme expressed by CYPWD in all settings was that they also experienced bullying and/or general feelings of exclusion from non-disabled peers. A key issue related to this was poor communication with peers, which is a major barrier to positive engagement on the social issues of CSE. This particularly emerged as an issue for children and young people with hearing disabilities and is further explored in the following section.

I would see that my hearing counterparts would argue a lot over some of the CSE issues, but I lacked expressive language that would be understood by hearing peers as well as the teachers.

– Young person with a hearing disability, FGD, Zimbabwe

Language and communication

The issue of communication and language challenges was a recurring theme across all countries and contexts, and was cited as a generic barrier to inclusive education, not just in relation to CSE. There were various elements to this, including:

- Lack of adequate sign language terminology for CSE;
- Lack of, or very limited, availability of sign language interpreters;
- Poor sign language skills of teachers;
- Poor teacher communication skills for working with wide-ranging children with disabilities.

Specifically, in terms of working with children who are deaf, the lack of sign language interpreters, or teachers not having adequate sign language skills, was a very common issue. Even where teachers had basic sign language skills to communicate, in practice, they were generally not at a level to communicate about more complex issues, which is required for CSE. An example of where a school had sought to address this challenge was in Malawi, where the school head had appointed youth volunteers to assist young people with hearing disabilities in the classroom:

In this school we have some boys and girls hired to assist them. They sit together with the students with hearing disability and when the students show that they cannot completely understand, these boys and girls turn to them to assist by using sign language.

– KI, Headteacher, Malawi

It is important to note that issues of poor teacher communication were not limited to children who are deaf, but also applied to children who were visually impaired and children with intellectual or communication disabilities, hampered further by a lack of any resources to facilitate communication.

The learners with intellectual disability are not given adequate time to respond to the question as they speak slowly and the teachers are always mindful of the specified teaching time. As a result, learners with intellectual disability are left behind in the learning process.

– KI, Malawi

Resources

A key theme across all countries was the almost complete absence of suitable teacher and learning resources, across all settings (primary, secondary, and tertiary), and in both mainstream and special needs settings. Nor was there any evidence of any official CSE information, education and communication (IEC) materials for CYPWD that had been developed by the government. In general, the resounding conclusion was that CSE is being delivered without adequate and quality materials to help learners with disabilities, despite repeated requests for resources in various forms, such as tactile aids, raised pictures, human body frames for teaching body awareness, materials in large print videos, and braille. In addition, interviewees highlighted the lack of assistive technology which might facilitate CYPWD access to materials, such as hearing aids, magnifying lenses, computers, and inclusive technology.

I would have to say no [resources for students with visual impairment]. But we have supported those with physical disabilities...but we haven’t paid attention to the sexuality issues that they could be going through that we need to provide support for. We can provide a cane, magnifying glasses, but that type of support when it comes to issues of sexuality education, no, no support, no, no.

– KI, teacher educator, Eswatini

Another issue highlighted in the Zambia report was one of policy contradictions which do not support the use of appropriate resources. It is understood that some groups of children with disabilities, such as those who are visually impaired and children with intellectual disability, will benefit from having tactile resources. Yet while the IE policy promotes the use of inclusive methodologies, another policy does not allow schools to demonstrate the use of condoms or bring contraceptives into the school setting.

CSE is being implemented in most of our schools. However, in terms of policy, we have policy contradictions. For example, when we educate learners, we talk about contraceptives but a good example of a contraceptive not allowed in school is a condom and yet this is one of the contraceptives the learners are supposed to access. So, there is a contradiction there especially when we are teaching learners with disabilities who may benefit from the use of concrete objects. We are telling them that they can use condoms and there are different ways of using a condom, but we do not have condoms and we do not allow condoms in schools.

– KI, Provincial level education standards officer, Zambia

In one primary school in Tanzania, when working with children who are deaf-blind, the teacher talked about having to use their own bodies, and touch their own body parts, in order to be able to demonstrate the very basics:

I sometimes use my own body to show them where sexual organs are located and breasts as well. When they see that they understand very easily, otherwise you cannot get along with learners with deafness if you are not using real objects and models. They like learning through practice and visualization.

– Female primary school teacher, FGD, Tanzania
On a positive note, there were examples of several good initiatives to develop resources, largely drawn from the NGO sector, which will be useful to build upon. However, these were more often developed for the out-of-school population, and there was limited evidence of those materials circulating in schools. There were thus calls for better coordination on understanding what is available.

**Examples of CSE resources**

The **Swatini Action Group Against Abuse (SWAGAA)** have recently lodged and donated a brailed volume of Sexual Offences and Domestic Violence Act for dissemination to learners with visual disability.

**Save the Children Malawi** have developed a National IE Strategy with various resource materials including: IE Source Book, Inclusive Peer to Peer Manual, Inclusive Classroom Observation Tool, Students Needs Action Pack Manual with its associated Individualized Education Plan. These are also available in braille.*

*Unclear if materials specifically focus on CSE

**Children with different types of disability**

In general, the challenge with teaching children and young people with different types of disabilities is that teachers do not have the time, or skills, to tailor teaching to varying needs. A common theme was that teachers found it most difficult to teach children who are deaf and those with intellectual disabilities. It was understood that children with intellectual disabilities require both a different mode of delivery as well as adapted and simplified content, however, teachers often felt ill-equipped for this.

It should be noted that the teaching of children with mild, moderate, and profound intellectual disability were not explored in any detail in this needs analysis, and this is an area which deserves more attention in future research. However, there was a good example from Zimbabwe of how the mainstream curriculum was adapted and simplified in the case of the Zimcare Trust schools for children with intellectual and developmental delays. This included having a flexible approach, adapting the curriculum, using approaches such as songs and games, and working in partnership with an NGO, the Leonard Cheshire Foundation Zimbabwe (LCFZ), to help delivery:

> At Zimcare Trust schools, we cater for children with intellectual and developmental disabilities. In the delivery of CSE, we are guided by the mainstream curriculum. However, using the main curriculum syllabus, our teachers customize delivery of content to the needs of children and young people, including flexible pacing of content; otherwise, there is no standalone syllabus. Each of our schools adapt according to the needs of learners. However, teachers sometimes have problems adapting the curriculum to the needs of learners. Our specialist teachers have resorted to teaching CSE through play and songs.

> – Director: Zimcare Schools, Zimbabwe

**3.7 Residential schools**

In both mainstream and special needs schools, it is not uncommon for children and young people to board in hostel accommodation. While not a particular focus of this needs analysis, there were some emerging issues in relation to CSE provided in such settings.

For instance, in a residential school setting, a greater dependency on a range of staff, including support staff and ‘house parents’, to support CSE is more likely. The physical and social environment of the school and hostel may also take on greater significance. In one example from Tanzania, a girl who was deaf reflected on her need to get support from a ‘foster mother’ about menstruation. Other young people again talked about their invisibility to some staff when it came to issues of SRHR.

> Four years ago, I was enrolled at a boarding high school doing my advanced level. In our dormitory I shared a cubicle with two other boys who had visual disability. One Saturday morning a used male condom was found near our dormitory. All occupants of the dormitory were seriously interrogated by school authorities except us with disability. That incident boggles me a lot as it was clear that the school authorities considered us as saints in terms of having sex.

> – Young person with albinism, FGD, Tanzania

There are also implications for the home-school linkages, which have been consistently identified as important in the delivery of CSE for CYPWD. In practice, many of the families are at some distance from the schools, and consequently home-school linkages can be weak. In any planned programme to engage effectively with parents this would need to be taken into account.
3.8 The wider environment

This section explores the issues pertinent to an inclusive environment and factors outside of the classroom which both facilitate or impede the provision of CSE.

An inclusive school environment

Overall, a key recurring theme was the importance of having an inclusive learning environment for CSE, such as having a ‘CSE-friendly’ environment with posters and ‘talking walls’ of CSE content which are accessible for all (Zambia). The issue of facilities and materials for girls on menstruation was another issue, but varied on the extent to which this provision was available in all schools, including special needs schools.

General barriers to accessing school for CYPWD were still highlighted. For example, inaccessible school infrastructure in mainstream settings, high school fees, and longer distances to schools without access to transport. To some extent these were perceived to be worse in more rural settings, for example in Tanzania. However, the need for a more inclusive culture that goes beyond just physical access was another key issue raised by the CYPWD themselves. Specifically, in terms of CSE, they reported exclusion by their peers, as well as bullying, as discussed in the relevant sections of this report in section 3.6.

Parent and community engagement

The need to engage with parents, as well as the wider community, including traditional leaders, was consistently identified by all levels of KIs and across all countries as fundamental to the success of delivering CSE to CYPWD. Involving parents and the wider community at different stages of planning and delivery of CSE was also emphasized.

Since parental engagement remains one of the fundamental determinates in inclusive education, parents must be involved from initial planning and assessment, and in all of the educational decisions affecting their children with disabilities... for CSE to succeed.

– KI, Curriculum developer, Eswatini

In addition, it was felt that only through better engagement with parents and communities could socio-cultural barriers be addressed, with some valuable lessons learnt from the recent rollout of CSE. For example, in the Zambia context, it was emphasized that the positive engagement with traditional leadership and faith-based organizations (FBOs) needs to be further strengthened.

In short, we were not ready. We didn’t do a good job at the beginning. Parents were not involved, communities and so on… A lot of stakeholders were left in the planning stage. The school could have acted as another traditional school where parents are invited to help us in some of these things. There are a lot of traditions that are prominent in Zambia which include the Mukanda. We needed to bring all those traditions together.

– KI, MoGE, Zambia

While many key informants identified parental attitudes as ‘barriers’ in the delivery of CSE which needed to be ‘overcome’, as described earlier in this report, this study showed a much more mixed picture of parental perspectives on the importance of CSE. In the Eswatini study, for instance, the importance of changing teacher attitudes, and seeing parents not as an obstacle but as a valuable resource to be harnessed, was emphasized.

It’s common knowledge that some parents may be illiterate and feel too embarrassed to participate in curriculum issues... some teachers report to us that some parents have very little knowledge of what CSE entails. This should not be an excuse to alienate such parents by usurping their collaborative roles. Low level of education does not mean that these so-called illiterate parents are not able to offer any other support. During parent-teacher conferences, teachers and parents should establish how the parents can assist their children with disabilities with regard to different activities of the CSE curriculum.

– Senior policy designer (1), Eswatini

It is unfortunate that parents are often told, rather than asked… For the success of CSE, parents need to be engaged. Parents have a bank of information about the child, as collected from birth or even before the child was born. Unfortunately, teachers always forget that parents’ knowledge of their children is based on parents’ observations over the child’s life span.

– Senior policy designer (2), Eswatini

In relation to the engagement of parents, the NGOs and OPDs were generally seen as having undertaken work with parents on CSE, principally in out-of-school initiatives, and there are a range of examples that could be built upon in each country. For example, the general secretary of a national-level OPD in Tanzania reflected on the motivation of parents once they became involved in their programme:

When they are exposed to us and witness what we are capable of, they become motivated and want their child to access CSE. Parents also need to be exposed to good practices concerning CSE issues because when they witness other CYPWD excelling in their growth and maturation they become motivated and dedicated to ensuring their children learn CSE issues.

– General Secretary, OPD, Tanzania

*Mukanda is an initiation ceremony for young men practiced in the North-Western province of Zambia.*
3.9 The voices of children and young people

This section explores the findings from the FGDs with CYPWD. While some of the key themes overlap with the views of other stakeholders, it was important to ensure that the voices of young people are heard are central to this needs assessment. One limitation that should be noted, however, is that few young people with intellectual disabilities or those with a mild disability were interviewed. As such, the voices of CYPWD with moderate and profound learning difficulties are not included, nor those with autism. This limitation deserves future attention.

Perspectives and understanding of CSE

In exploring the perspectives of CYPWD on the importance of CSE, it is perhaps unsurprising that they highlighted that provision of CSE as critical to their lives, with a wide variety of benefits, including providing them with general life skills around decision-making, problem-solving, and building self-confidence. At the same time, when discussing the eight different components of CSE with them (see Table 2), it was apparent across all countries that they commonly lacked a comprehensive understanding of what CSE entails, even when these components were explained to them. In addition, although the number of FGDs with CYPWD per country was limited, there was some evidence of larger knowledge gaps among some specific groups of CYPWD. For example, in Zimbabwe, children and young people who are deaf and those with intellectual disabilities exhibited poorer understanding of CSE in comparison with other groups.

When CYPWD described their experience of delivery of CSE in schools, there were a number of key issues which emerged from their narratives, including:

- Negative teacher attitudes;
- Poor teacher competence;
- Communication challenges (particularly for children who are deaf);
- Frequent exclusion from peer learning;
- Variations across special needs and mainstream settings;
- Scarcity of resources.

There was some variation in emphasis across countries, as well as between settings, with regard to teacher attitudes. For example, in Zimbabwe, a key emerging theme was that many CSE concepts are largely taught for academic rather than social purposes, and that most CSE concepts are delivered by teachers to enhance the pass rate, with very little or no effort put into the social perspective of CSE. In contrast, in Tanzania and Malawi, a common theme was the lack of importance given by teachers to the subject as it is not examinable, and students are generally not helped by their parents at home, some of these persons with disabilities). Those who make these materials assume that our parents are also very literate, disability follows poverty and vice versa. For us to be adequately helped by our parents at home, some of these materials should be in Ndebele, Shona and other vernacular languages.

The CYPWD interviewed also commented on a wide variety of weak teacher competencies in the delivery of CSE, including:

- Lack of sign language skills and general communication skills, particularly in the mainstream settings;
- Lack of knowledge on disability and sexuality issues;
- The very patchy provision, covering only some elements of CSE;
- Lack of disability etiquette, particularly by teachers in the mainstream settings;
- Use of stigmatizing language and examples that degrade people with disabilities during delivery of CSE lessons;
- Failure to adapt CSE materials into understandable formats.

Teachers lack skills in teaching some topics, especially these topics in CSE. In my understanding these are sensitive contents that require thorough and serious discussions, but teachers nowadays do not teach at all these topics. When the teacher enters the classroom just narrates to us that you have grown enough and you know these things so you can discuss in your groups.

- Female Form 5 student with albinism, FGD at mainstream secondary school, Tanzania

The lack of resources in general and in accessible formats was an issue in all country settings. In summary, the resource challenges included a lack of:

- Materials available in braille, large print, and Easy Read format;
- Resources to explain pictures for those with a visual disability;
- Tactile materials for demonstrations using real objects, such as condoms;
- Materials in the vernacular;
- Video materials generally, and lack of videos with sign language and/or captions in particular, including information and communication technology (ICT) equipment;
- Awareness of the importance of adapted resources;
- Role models (as the materials did not show images of persons with disabilities).

Those who make these materials assume that our parents are also very literate, disability follows poverty and vice versa. For us to be adequately helped by our parents at home, some of these materials should be in Ndebele, Shona and other vernacular languages.

- CYPWD FGD, Zimbabwe

The impact of this absence of resources contributed to CYPWD feeling excluded and frustrated in CSE lessons, particular in...
mainstream settings, and especially for students with a sensory disability:

I think we are left behind because even the little available materials are not user-friendly to us, I cannot see when a teacher teaches concepts even using objects. How am I going to understand with no customized information and materials catering our type of disability? We are just there as observers, but it is very challenging grasping even the little provided.

– Blind male Standard 6 student, FGD at integrated primary school, Tanzania

We were completely left out because braille is not available for pictures. The subject needs a lot of demonstration using real objects like demo penises and condoms.

– CYPWD FGD, Malawi

There is a scarcity of resources in schools like learners’ textbooks and braille materials, and a lack of internet.

– CYPWD FGD, Malawi

Differences across mainstream and specialist school settings

Each of the five countries vary in the way in which education is delivered to CYPWD in terms of the mix of special schools, special units/centres, and mainstream provision. Nevertheless, despite some variation in the model, a common view shared by the CYPWD, which is that overall, CSE delivery is better in special needs schools than resource units, and is poor in mainstream settings. The main reasons given for this were that within special needs schools, teachers are more competent in sign language in order to teach CSE, teacher attitudes on the importance of CSE are more positive, and there is greater trust in the teachers. These reasons also triangulate with the findings from the KI interviews.

In contrast, one of the challenges identified within the resource unit was that there was commonly one teacher having to work with a very mixed age group, with implications for delivering age-appropriate CSE.

Exclusion from peer learning

It is common for small group work to be used for students to explore aspects of CSE, and a recurrent theme was of CYPWD feeling excluded from peer learning opportunities. This was because they felt it was not an inclusive learning environment, there was a lack of communication skills, and/or they felt discriminated against by peers who did not have a disability.

This seemed to be a particular issue in mainstream settings, and echoes what emerged from the KI interviews. For example, in Malawi, some students reported that others did not want to share a desk with them as they did not want to be ‘disturbed’.

This exclusion was a particularly common issue for children and young people with a hearing disability, illustrated here by one young person who also highlighted the importance of him being able to share experiences with other deaf peers within their deaf culture:

It is imperative for us as deaf people to understand better and share our experiences in terms of linkages between our sexuality beliefs within the deaf culture and expectations of the wider culture. When I was in a special class at secondary school, I never had the opportunity to be engaged on various issues related to CSE. I would see that my hearing counterparts would argue a lot over some of the CSE issues, but I lacked expressive language that would be understood by hearing peers as well as the teachers.

– Young person with a hearing disability, FGD, Zimbabwe

Layers of stigma

The layers of stigma and discrimination described by young people with a disability who are lesbian, gay, bisexual or trans (LGBT) is outlined in the Zimbabwe report, and explained as ‘triple jeopardy’. This highlights the intersectionality of being a young person with a disability who is also LGBT, combined with the criminalization of homosexuality in Zimbabwe. It was apparent that this group of young people completely lack access to proper information as well as to health facilities, while living in fear of being arrested. The general absence of a forum for such issues to be discussed was highlighted, given the criminalization of homosexuality in all of the countries in the study.

My parents never talked to me about those [sexuality] issues. I only discussed with my friends who also have albinism and we were in the same predicament. I was 20 and had never fallen in love. We then started to go through the internet to find how to make love when you are the same sex…. Unfortunately, there are very little services available for us. I am in college, but I won’t dare to talk about sexuality education information that is customized to suit my sexual orientation, as such I am exposed to a lot of risks.

– Young male with albinism, telephone interview, Zimbabwe
3.10 Teacher training

This section explores the current provision for teacher training as well as the challenges and opportunities for building the capacity of teachers to deliver CSE to CYPWD. The main issues included:

- Poor opportunities for teacher training on inclusive education generally;
- The lack of curriculum content and/or poor harmonization of the teacher training curricula with curricula for schools;
- The lack of competency among teacher trainers;
- The lack of resources.

Across the five countries there are variations in the models of teacher training delivery in government TTIs and universities in relation to teaching children with special needs. For further details it is useful to refer to the individual country reports. On the other hand, CSE is now part of most TTI curricula, albeit sometimes a small component. There is also recognition that UNESCO, UNFPA, and other partners have played an important role in driving teacher training on CSE across all countries. However, a consistent theme across all the country studies is that the absence of any curricula content on CSE in relation to disability within TTIs results in ‘half-baked teachers’ being produced. For example, in Tanzania, of the 34 government teacher training colleges (TTCs), only one trains primary school teachers on special needs education. Moreover, there is little content covered in relation to CSE and it does not cover specific disability issues.

The limited human resources within the TTIs were also detailed, not only in relation to the capacity of teacher educators to deliver on inclusive CSE, but also in terms of the lack of inclusivity of TTIs for student teachers who have disabilities, particularly in conjunction with the lack of structures to ensure provision as well. While this focus on tertiary institutions is beyond the scope of this needs analysis, it is again an important topic for future consideration.

We only have our general curriculum. This is implied as inclusive, but the truth is that I don’t know of any lecturer in this college who has sign language or braille skills. In fact, disability issues are talked about in passing, in generalized ways. Otherwise, capacity building should begin with us and we will be able to impart the knowledge and skills to trainee teachers.

– Teacher Educator, Health and Life Skills, Eswatini

The lack of harmonization across curricula for teacher training and for schools was highlighted in the Zimbabwe study. This showed how the tertiary institutions (TTCs and universities) have been out of step with changes in delivery of CSE (as well as other subjects) in schools, with each managed by a separate ministry.

Furthermore, there were different perspectives on the value of ‘one-off’ courses on disability and CSE as part of any programme of continual professional development (CPD). For example, in Eswatini, there was criticism of workshops currently offered to teachers on IE, without sufficient follow up. There was, however, limited detail provided on what would improve a model of CPD.

In addition, a consistent element called for in the development of teacher training was to have less emphasis on the theoretical training on IE, and instead to focus on having more practical sessions on CSE. There were also requests to prioritize the social and psychological elements of CSE, and not just to focus on the ‘safe topics’ which are the more ‘scientific’, such as growth and development. The need for the curricula and syllabi to address the cultural practices, and barriers, that affect delivery of CSE to different societal groups, including CYPWD, was identified as well.

Teachers do not have adequate training in colleges. Looking at the curriculum for teachers’ colleges shows that issues they look at in terms of CSE, they look at them from a scientific perspective and not from a social and psychological perspective, and yet a major part of sexual and reproduction health is on the psychosocial part.

– Senior NGO participant, Zimbabwe

There is need for pre-service training of teachers when they are still at college so that when they come into school they are also not learning; there is need for teachers who are able to teach CSE, not those who are also learning to teach. Training should include basic sign language and understanding of disability issues and management in general.

– Director, Government KI, Zimbabwe

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1 The term ‘LGBT’ was used here as this was the term used by the interviewees and in the Zimbabwe report, although it is recognized that the more encompassing terminology is LGBTQI (lesbian, gay, bisexual, trans, queer and intersex).
Table 6: TTIs offering training on special needs

<table>
<thead>
<tr>
<th>Country</th>
<th>TTIs (government)</th>
<th>Training on special needs education</th>
<th>Training curriculum on CSE</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eswatini</td>
<td>2 universities and 2 TTCs</td>
<td>3 of the institutions offer SEN as a course to teacher trainees and one as an area of specialization for teacher trainees.</td>
<td>No specific training on CSE and disability.</td>
<td>Introduce CSE into teacher training.</td>
</tr>
<tr>
<td>Malawi</td>
<td>All 16 public and private TTCs offer LSE</td>
<td>1 college (Montford)</td>
<td>Limited coverage in adolescent psychology and social studies methodology. Teachers not trained to adapt their CSE approach in college curriculum.</td>
<td>Every teacher should have a special needs course at TTCs.</td>
</tr>
<tr>
<td>Tanzania</td>
<td>35 government-run colleges</td>
<td>1 college</td>
<td>Little content on CSE and no content specific to disability.</td>
<td>Embed CSE into training.</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>10 (government) and 4 state universities</td>
<td>1 college and 4 universities</td>
<td>Lack of specific CSE content in relation to disability. CSE concepts are taught in general.</td>
<td>There is need for a dedicated CSE module for use in colleges, along with a CSE syllabus. There is also a need for teachers who specialize in CSE at college level.</td>
</tr>
<tr>
<td>Zambia</td>
<td>10 public TTCs</td>
<td>1</td>
<td>CSE was integrated into the primary teacher training syllabi in 2014 and rolled out in 2015. 2 universities sampled showed no evidence of CSE for CYPWD in the curriculum.</td>
<td>Incorporate CSE and disability into CPD.</td>
</tr>
</tbody>
</table>

3.11 Cross cutting issues training

Wider barriers to education

While there was a positive response on the plans for provision of CSE in schools overall, there was also widespread recognition that a large proportion of CYPWD are not in school; they have either not enrolled in or have dropped out of education. Given the number of barriers to accessing school, including access to quality education when in ‘inclusive’ mainstream provision, many CYPWD are thus unlikely to benefit from any structured provision of CSE. As such, there was persistent request to work with this group of children and young people:

The provision of CSE is very critical for this population. They need the information more than any other vulnerable group. However, my worry is that as most CYPWD are not in school, they cannot receive that formal education. Our own statistics show that about 75% of CYPWD are outside formal institutions.

– Senior NGO leader, Zimbabwe

Gender

From a gender perspective, some KIs highlighted the importance of CSE because of the greater vulnerability of young girls with disabilities to abuse. In addition, the value of having a teacher of the same sex to deliver CSE content was also identified as important, as it promoted better engagement from the students. This was a view held about CSE provision in general, and not only specific to CYPWD. In Zambia, the option of team teaching was revealed as an approach to address this issue, but was made difficult by the overall poor staffing levels in schools.

In both Eswatini and Tanzania, the greater level of bullying and teasing experienced by girls who are deaf was highlighted when they were seeking information on, for example, CSE or menstruation, as illustrated here in a Tanzania special needs school:
Needs assessment on the current state of CSE for Young People with Disabilities in the East and Southern African region

I asked my parents of the changes that suddenly happened to me, and their response was like you know nothing you need not to be told anything. I experienced a stomach ache, and later blood discharged and dropped on my skirt while at school and some boys started laughing and yelled at me. I was taken to the foster mother who gave me a pad and told me to go and clean myself up.

– Female Standard 5 student who is deaf, FGD at special needs primary school.

It was anticipated that there would be more gender issues emerging in this study, and it was perhaps surprising that this was not the case. However, while some FGDs were organized in single sex groups and facilitated by a researcher of the same sex, the FGDs were mostly of mixed groups of young men and women. This may have resulted in less gender-specific issues being raised. This requires attention during any follow up to this needs assessment.

Child protection and safeguarding

Several issues related to child protection and safeguarding arose in the study, including some, albeit limited, evidence of bullying and discrimination that children with disabilities experience in the school environment, resulting in a poorer learning environment for engaging on some of the CSE topics. The particular vulnerability of children who are deaf to such bullying, and particularly girls who are deaf, was highlighted in the Eswatini and Tanzania research.

The fact that teachers are also perpetrators of abuse was raised in the Malawi research and global interviews, and this may have implications for how CSE is delivered, supervised, and monitored. However, there was also recognition that this is seldom discussed because of the sensitivity of the issue.

While opportunities for promoting better digital inclusion was identified as something to aspire to, it was also highlighted that the use of phones in schools, especially for a topic such as CSE, can raise safeguarding issues that would need to be addressed.

Finally, but perhaps most significantly, a global key informant stressed that there will be a need to engage with social protection systems as a key component of any rollout of CSE for CYPWD. As CYPWD become more aware of their rights, there will be an increase in the reporting of abuse, and systems will need to be ready to respond to this. KIs recognized that inclusive child protection systems require collaborative multi-sectoral engagement, but, on a very positive note, it was evident that there are valuable initiatives in the ESA region to address GBV, including work in schools. It will thus be important to maximize synergy with such programmes.

The complexity of the range of issues related to safeguarding are illustrated here by a head teacher in Eswatini:

While the government has supported children with deafness by building primary and high schools for the deaf, there is no strict assessment of what takes place in those schools. CSE is not taught at the school for the deaf. If it was taught, we would have had a better future. The girl child suffers most in terms of abuse because people, including some family members, also take advantage of the girl child... even after reporting of an abuse, their case is not fully adequately covered by community members, police, health workers or court. This makes it very difficult for such children to be assisted. There are not enough sign language interpreters and government doesn’t have vacancies for sign language interpreters.

– Head teacher at a special needs school, Eswatini

Digital inclusion

As a component of understanding access to learning materials, the issue of access to assistive technology, and specifically ICT, was explored very briefly. The common issue across countries were:

- There is little or no access to ICT across all settings in the study. This was due to a lack of, or very dated, phones, tablets, computers, and/or a lack of access to software.
- There was some awareness among CYPWD of some of the assistive software, such as screen readers (talkback), Braille note touch, and JAWS software. However, no one interviewed said they had used this technology.
- Nevertheless, there was some understanding of the benefits of such technology.
- Teachers themselves, while recognizing the value of the technology for supporting inclusion in CSE (and more generally as a component of IE), reported that they also needed knowledge and training on the use of assistive communication technology (Eswatini).
- In many countries, phones are not permitted in schools or in classrooms.
- Possible safeguarding issues when using mobile phones was raised as an issue that would need to be addressed when using ICT for CSE topics.
- While software for children and young people with visual impairment can be a valuable tool, the importance of tactile materials, including the use of braille, especially in noisy environments, was emphasized.
4. Discussion

This needs assessment has described a complex and interconnecting landscape related to the delivery of CSE for CYPWD. The findings highlight various barriers in accessing CSE in school settings, which are aligned to the findings of other studies and reports around the wide-ranging challenges faced by CYPWD in accessing SRH services, including CSE. This needs analysis provides an important and valuable contribution to the planning of the delivery of CSE to CYPWD in the ESA region, with a specific focus on the educational settings, while recognizing there remains a high level of need out of schools.

Some of the issues raised are generic, pertinent to the delivery of CSE to all children, irrespective of disability. As such, the sensitive socio-cultural norms which impact on the delivery of CSE are acknowledged. There are also substantial issues raised about the need to improve IE in general, and this is not specific to CSE. The consistent understanding is that the delivery of CSE will also improve if the quality of IE improves. Arguably, the delivery of quality CSE to CYPWD may also further contribute to improved skills for IE.

An important finding emerging from this regional needs assessment was the evidence that there is a real appetite for this work and recognition that it is needed. This was perhaps seen most clearly at the national level, as well as other national level actors. This may have been due to the recent and ongoing rollout of teacher training on the new revised CSE guidelines in the region, with support from UNESCO. Of course, this also needs to be set in the context of a complex political landscape which is not always favourable to the rollout of CSE.

The evidence demonstrates that the delivery of CSE was perceived to be better in specialist provision, such as special schools, where teachers were identified to have had training, and were, therefore, better equipped to adapt resources and tailor their approach. The lack of skills among teachers in mainstream settings, often adopting a one size fits all approach, highlights the urgent need to strengthen the overall teacher capacity for working with CYPWD. Failing this, CYPWD will continue to miss out on CSE.

This study demonstrates that when teachers deliver on CSE, it is generally more ‘scientific’ or focused on soft topics related to bodily structures, functions, and hygiene than on more ‘sensitive’ issues, such as ELIs, HIV, sexual orientation, and so forth. This ties in with other research conducted in the ESA region [21].

The particular challenges of delivering CSE to children and young people who are deaf or have intellectual disabilities were highlighted in this study, related largely to challenges in communication. There were, for example, numerous calls for teachers and parents to be better trained in sign language. It is important, however, to draw upon the wider evidence base, which shows that while a high level of sign language is needed to adequately communicate, most mainstream teachers and parents will not reach that level of proficiency. At the same time, the prevalence of children with broader communication disabilities is high [22-24]. As such, it is also vital to build up generic communication skills of teachers when working with children with different types of communication disabilities. This does not preclude lobbying for more specialist sign language teachers, and interpreters, as well as maximizing the use of volunteers. The expertise of a local OPD and its networks were also identified as a valuable resource.

An almost complete absence of suitable CSE resources was identified in all school settings – both specialist and mainstream, along with poor access to, or complete lack of, assistive technology, including ICT, that might facilitate access to learning in general, and CSE materials specifically. UNESCO recently commissioned a review of the evidence on sexuality education for young people in digital spaces [25] which indicated that over 70% of the world’s youth are online, although only 30% in less developed countries. Digital media was shown to reach excluded groups, even in rural areas, including people with disabilities. A conclusion drawn was that digital spaces may offer new possibilities and complement school-based sexuality education. They could also be an important resource for teachers, although they should not be seen as a replacement for interpersonal education.

A key theme throughout the study was the need for multisectoral working, and improved coordination of this work. While there is an existing platform for the delivery of CSE in most countries, further strengthening of an integrated approach is called for. This is in recognition of the even broader range of ministries responsible for services for children with disabilities, as well as the diverse range of other actors already working on this issue. The importance of working in partnership was deemed critical in the next steps of the delivery of any programme of work. There is already a patchwork of initiatives on elements of CSE in the study countries and, historically, there has been an important body of work conducted on HIV and disability. There is much that can be learnt from these approaches and existing materials, and possibilities for synergy. UNFPA, for example, have a wide range of resources and guidelines which will be of relevance, including the regional strategic guidance to increase access to SRHR for CYPWD in ESA [26]. The importance of working closely with OPDs, as well as parent associations, was also highlighted. At the same time, there is a recognition that many OPDs have organizational capacity needs, and not all of them have experience in the field of sexuality education. Their meaningful participation in CSE should therefore consider including a capacity-building component tailored to the needs of the organization.
Engagement with parents is seen as pivotal to the delivery of CSE to CYPWD as well. This study shows, in line with a wider body of evidence, that some parents can be overprotective of a child with a disability and behave as if their children are asexual [13]. However, this research also depicted a more complex tapestry of issues. For example, the Zimbabwe interviews illustrated the parental fear of their child becoming sexually active and having a child themselves, thus adding to the strain of already over-stretched families, often living in poverty. Importantly, the study demonstrated that there are parents who identify the importance and right of their child to access CSE. As such, there was a call from educators in Eswatini for a shift in how parents are viewed, and to see them as an important resource with improved collaboration.

The intersectionality of gender and disability and issues related to the provision of CSE is worthy of more attention. While it did not emerge as a strong theme, this may have been because the majority of FGDs were conducted with mixed groups of young men and women. Evidence on the effective delivery of CSE and of promoting access to SRHR for all points out that a gender lens is essential [27, 28].

Similarly, while there was not a substantial narrative on violence and bullying within the study, which was perhaps surprising given the global evidence that shows greater vulnerability to abuse experienced by children and adults with disabilities, and the heightened vulnerability of women [8, 9, 25], a critical component of CSE is addressing GBV. Nevertheless, an important issue raised was that by improving the quality of CSE for CYPWD, the demand for child protection and safeguarding will inevitably increase too. Thus, strengthening the inclusiveness of child protective systems must go hand-in-hand with the rollout of any CSE programme.

A concurrently commissioned piece of work from UNESCO on school violence and bullying involving CYPWD, due to be published in 2021 [31], will be useful to map areas of synergy with CSE as part of the next steps. Recent evidence globally from other studies [8, 32-34] emphasizes that a whole school approach is needed for interventions to be effective. Evidence about ‘what works’, however, is still limited and there is a call to move away from simple information provision to a two-pronged approach: removal of barriers in mainstream provision; as well as a targeted approach for both children and adults with disabilities.

Finally, while the aim of this study is to provide a better understanding of the landscape for CSE delivery in the education sector, the repeated request from KIs at the national level was for out-of-school youth not to be forgotten. KIs emphasized that many CYPWD are still not enrolled in school or have dropped out, which ties in with other evidence on the ongoing barriers faced by children with disabilities in accessing education [8]. This remains a significant issue for consideration and points to the importance of promoting CSE materials which can be utilized in different settings.

4.1 Limitations

One of the main constraints for this needs assessment was that it was conducted during the COVID-19 period. This resulted in a more pragmatic approach to sampling, as well as the use of telephone interviews where necessary instead of face-to-face meetings. While efforts were made to include rural schools, there was a greater bias to urban settings.

The needs assessment was extremely broad in its scope, aiming to identify key issues across five countries, across all levels of basic education, and all types of disability. Given the time constraints, few interviews were conducted with children with intellectual disabilities or with children who are neurodiverse, such as children on the autism spectrum. As part of a future phase of development and delivery of CSE material, it is recommended that more granular detail on some of their needs should also be gathered.

The majority of the FGDs with CYPWD were conducted with mixed groups of both sexes, with the exception of Zimbabwe. This likely explains why more gender-specific issues were not illuminated in the study. This will need to be addressed in a second phase of development and testing out of materials. The decision was taken to interview young people aged 18-24 years and to ask them to reflect on current or past school experience. It may have been that they did not reflect on experiences at a much younger age. It will therefore be valuable to look at age specific issues in any follow-up phase of this work.
### 5. Mapping of Resources

The CSE-related educational materials for CYPWD are detailed in an Excel spreadsheet, which is available as a separate document at [https://cse-learning-platform-unesco.org/](https://cse-learning-platform-unesco.org/). This spreadsheet is an evolving document, with the idea that it can be updated as more materials and resources are identified.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Link to Resource</th>
<th>Format</th>
<th>Organisation Type</th>
<th>Organisation</th>
<th>Link to organisation</th>
<th>Target Audience</th>
<th>Focus: age group</th>
<th>Focus: type of disability</th>
<th>Focus: thematic</th>
<th>Focus: type of education</th>
<th>Type of material</th>
<th>Setting</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Es parte de la vida - material de apoyo sobre educación sexual y discapacidad para compartir en familia</td>
<td><a href="http://www.bnm.me.gov.ar/giga1/documentos/EL004887.pdf">Link</a></td>
<td>PDF</td>
<td>iiDi</td>
<td>Government CSO UNICEF</td>
<td></td>
<td></td>
<td></td>
<td>Disability in general, but some specific recommendations for specific types of disability.</td>
<td>Cuts across a wide range of themes (see p39)</td>
<td>Cross-cutting</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Figure 2: Diagram of mapping document of key CSE resources for CYPWD with disabilities*
5.1 Summary overview of the resources

Target audience: Many of the materials reviewed have been developed for teachers, care providers and parents at the same time. It highlights the complementary role the school, care and home environments play in terms of sexuality education.

Another group that is targeted by some of the materials are policy makers.

Type of material: Many of the materials reviewed can be classified as guidelines for those who are involved in the delivery of sexuality education. Some of the more comprehensive packages, however, go further and include a complete CSE course including lesson plans and teaching aids. Examples of more comprehensive packages include:

- Breaking the Silence developed by the South Africa Medical Research Council
- Talking together by the UK Family Planning Association
- Let's do it (2007) and Let's plan it (2007) by Rebecca Johns, Lorna Scott, Janet Bliss and Sarah Duignan
- Es parte de la vida (2012) by the Department of Education in Argentina, in collaboration with UNFPA, IDI and UNICEF
- Personal, Social and Health Education and Citizenship: planning, teaching and assessing the curriculum for pupils with learning difficulties (2009) by the Qualifications and Curriculum Authority in the UK.

Personal development, relationships and staying safe. A training pack for staff supporting adults with intellectual disabilities, high-support and complex needs (2015) by Marie Walsh and Geraldine Cregg.

It’s all one curriculum, volume I and II (2011) by CREA, Girls Power Initiative Nigeria, IPPF, International Women’s Health Coalition, Mexfam and the Population Council (although the specific focus on disability is limited but of high relevance).

Recent new guidelines which mainstream disability are also of high relevance and include:

- UNFPA 2020. International technical and programmatic guidance on Out of School comprehensive sexuality education. Generic guidance with a valuable section on CYPWD.

It is noted that the majority of materials reviewed are presented in a written format (usually downloadable documents). There are a few examples of materials that include audio-visual materials as part of a package. This appears to be a missed opportunity given 1) the digital era in which we live, 2) the accessibility of audio-visual materials, and 3) the more attractive nature of digital materials in general when teaching CSE.

Examples of comprehensive teaching packages

Breaking the Silence is an evidence-based curriculum-implementation approach [35] that focuses on providing CSE that is accessible to learners with disabilities. It draws on social learning theory and offers a structure for group-based learning, participatory methods and a whole school approach including community, parent and peer support.

The approach aims to: a) provide educators with the skills, approaches and tools to deliver comprehensive sexuality education in the classroom, and b) stimulate normative changes to overcome personal and community driven social and cultural barriers [36-38]. c) apply the principals of universal design and reasonable accommodation to the teaching approach.

It was developed by SAMRC and UNFPA, in collaboration with people with disabilities and educators in South Africa and consists of:

1. an educator resource guide
2. six modules of classroom activities
3. a full toolkit including school policy development, classroom tools, worksheets, and visual tools and adaptations
4. a minimum package of 14 scripted lesson plans

The modules are closely aligned to the UN technical guidelines on CSE as well as the South African Curriculum.

There has already been some formative testing of this material indicating positive results [39]. Additional research is currently being undertaken to test feasibility of implementation in special school settings.

The Sex Education Forum (sexeducationforum.org.uk) is the leading organization advocating for, developing and training on RSHE (relationships, sex and health education), including the provision of training for teachers, in the UK. They have wide-ranging resources which includes a comprehensive programme for teachers who work with children and young persons with moderate and profound learning difficulties. There is a common RSHE (relationships, sex and health education) curriculum in the UK, and they build the capacity of teachers to tailor it to their individual classes, and more individual needs. Their approach is to use a ‘ladder’ with different levels of complexity of the topic to support different levels of cognitive ability. Overall, there is a greater focus on personal skills, a focus on life skills, and in shifting from ‘protection’ of the children and young persons to ‘enabling’. For an example of their material see Appendix X. Their approach is to offer a flexible package to teachers of short one-hour sessions which cover a specific topic, and is delivered on-line.

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8 The Sex Education Forum is a group of 80+ partners working to achieve quality relationships and sex education for all young people
Type of disability:

Many of the materials reviewed focus on CYPWD in general, without a focus on specific types of disabilities.

The exception, however, is a range of more specialized materials that have been developed specifically for children with intellectual or learning disabilities, or children with autism. Materials for children with other types of disability, such as young persons who have a hearing disability, focuses more on suggestions for different modes of delivery.

Content and thematic focus:

The thematic focus of many materials is very broad and cover many of the common building blocks of Comprehensive Sexuality Education. Unsurprisingly, many of the teaching materials refer to the national curriculum as a starting point. Therefore, any adaptation of the material for a country context would need to take that into consideration.

In addition to the alignment with national curricula and the common building blocks of CSE, some of the materials reviewed seem to put a strong emphasis on topics such as stigma, discrimination and vulnerability, i.e., issues that disproportionately affect CYPWD. Where specialist content has been developed, it is generally for children with intellectual or learning disabilities, and children with autism.

Easy read explanation of CSE combined with information sheet:

Needs assessment on the current state of CSE for Young People with Disabilities in the East and Southern African region
Background information

Statistics on disabilities among young people at country level
In general, Eswatini lacks disability disaggregated data. The National Census of 2007 indicates that people with disabilities constitute 16.8% of the total population, with 18% living in the urban areas and 82% in the rural areas. The Census also recognizes that most people with disabilities are marginalized, with very little or no access to public services such as education. A situation assessment survey conducted by the Deputy Prime Minister’s office in 2010 established a positive school attendance ratio of 92% among primary school children with disabilities aged 6-12 years. On the other hand, a poor attendance rate of 15% was recorded for secondary school children with disabilities aged 13-17 years.

Country efforts on CSE delivery
The level of commitment that Eswatini has in education, as characterized by many policy statements, show great opportunities for the provision of CSE education to all children, inclusive of those with disabilities. The Eswatini Constitution (2005, Section 29) provides for the right to free public primary education. A Guidance and Counselling Life Skills Education syllabus was also developed in 2011 and endorsed in 2012. In addition, a handbook on Guidance and Counselling and Life Skills Education for secondary school teachers was developed in 2013-2014. However, CSE is a component that is integrated in subject areas and is not a standalone subject.

Country efforts to include learners with disabilities in CSE delivery
The development of the teachers’ handbook was in line with the Ministry of Education and Training Education (MoET) Sector Policy of 2011 acknowledging that people with disabilities are disadvantaged. Through the National Education and Training Sector Policy of 2018, the MoET commits itself to offer relevant quality education for every learner irrespective of their differences. CYPWD in Eswatini are placed in both special needs and mainstream schools. There has been no deliberate effort for the delivery of CSE specifically targeting CYPWD.

Gaps in provision of CSE and ASRH services to learners with disabilities
The situation analysis established that teachers lack the capacity to handle the diversity of needs among children with disabilities. Teachers also indicated challenges related to curriculum differentiation for effective delivery of CSE content to CYPWD, especially those with intellectual, hearing, and visual impairments. In addition, there is a lack of skilled human resources to support teaching and learning of CSE in tertiary institutions. There is also a serious gap in terms of materials in and equipment for the effective delivery of CSE to CYPWD. Most content on CSE is not in accessible formats such as braille, audio, and sign language. It was also found that teachers in mainstream schools lack seriousness in delivery of CSE as compared to those in special needs settings.

Findings

Overall perspectives on the need for inclusive CSE
There are mixed perspectives on the delivery of CSE, which is generally regarded as guidance and counselling. A significant number of parents, particularly those who exhibited low literacy levels, hold negative views about CSE, basing their arguments on socio-cultural reasons. Some parents felt that it was their responsibility to teach their own children at home, and to guard against certain topics being prematurely taught to their vulnerable children. Some teachers agreed with parents that CSE should be the responsibility of the home, as did a significant number of young people with disabilities (YPWD), thereby affecting delivery in schools. On the other hand, some teachers felt that CSE should be taught as a standalone and formally assessed, while others were vociferously against delivering content to school children that has to do with sexual and reproductive health issues. Conversely, many government officials, NGOs, youth representatives, civil society organizations (CSOs), FBOs, and some duty bearers perceived CSE as a human rights issue which should be prioritized in education delivery.

Policy and curricula environment for CSE
The Guidance and Counselling curriculum in secondary schools and Life Skills Education curriculum in primary schools both cover CSE concepts, while the implementation of Competency Based Education (2019) integrates CSE in all primary school learning areas.

**Environment for CSE delivery**

Swazi culture plays a gatekeeping role in terms of what gets in the education curriculum, and the social environment is not welcoming to CSE delivery to CYPWD due to beliefs and myths about disability and sexuality, as well as negative attitudes of non-disabled peers. In addition, the physical and communication environment in schools and colleges is restrictive and less accessible to CYPWD overall. In both mainstream and special needs schools, there is a tendency by teachers to avoid the delivery of CSE due to laxity associated with the fact that it is not an examinable subject.

**Parental engagement**

Although parents in Eswatini are key in the education system, they do not appear to be fully engaged in CSE of CYPWD because they view their children as not knowledgeable. Furthermore, parents are considered recipients and not consulted as partners.

**Teacher training provision on CSE**

Currently, Eswatini lacks CSE provision in teacher training at all levels, including in pre- and in-service training of teachers as ongoing professional development, resulting in the lack of CSE delivery at all education levels in the country.

**Voices of CYPWD**

CYPWD confirmed that their parents perceived them as asexual, lacking in sexual attraction to others, or having a low or absent desire for sexual activity. They agreed that teaching of CSE will enlighten them on how to act responsibly and help them in making informed decisions, but have not yet had access to CSE-related materials or any form of assistive technology in schools. Some young people with blindness expressed reservations in engagement with parents on matters of CSE saying that the same parents may be the very perpetrators of abuse, especially of the girl child.

**Recommendations**

**The legal and policy framework**

The Government of Eswatini, through the Ministry of Housing and Urban Development, should institute policies which ensure that all buildings and infrastructure are accessible to people with different forms of disabilities. In addition, policy-makers should engage OPD in drafting policies to do with people with disabilities, in line with the “Nothing About Us Without Us” mantra. There is also a need for a CSE monitoring and evaluation (M&E) framework at all levels of education.

**Delivery of CSE**

The MoET should advocate for a change of attitudes among teachers, parents, and the general society to ensure that all CYPWD benefit from inclusive CSE. Teachers need to be oriented and sensitized on CSE policy directives, and the MoET should make CSE an examinable subject to enhance teaching and learning of concepts. Furthermore, the MoET should improve monitoring strategies in both mainstream and special needs schools to improve the quality of CSE delivery.

**Curriculum**

The MoET should seriously consider capacitation of curriculum coordinating committees to enhance the inclusion of CSE concepts. There is a need for the MoET to inculcate a multi-disciplinary approach (parents, NGOs, OPDs, etc) in the provision of curriculum support to schools and teachers for effective delivery of CSE.

**Teachers and teacher training**

The MoET, in collaboration with UNESCO, should support capacity-building opportunities in teacher training programmes to ensure inclusion of CSE as a standalone module at both pre- and in-service stages of training.

**Provision of CSE IEC materials**

Curriculum designers should ensure that materials are modified and adapted for CYPWD, in line with the Competency Based Education model and disability-specific needs. In addition, the MoET should seriously lobby and strictly monitor CSE provision and delivery of resources, materials, and assistive technology in schools and at tertiary level.

**Parental engagement**

The MoET should enhance parental partnership with other stakeholders, such as UNESCO, OPDs, CSOs, FBOs (like the Eswatini Church Forum on HIV and AIDS), duty bearers (government and its agents), and others. In addition, these stakeholders should raise awareness campaigns to eradicate some of the cultural beliefs and misconceptions which limit parents’ participation.
6.2 Malawi

Background information

**Statistics on disabilities among young people at country level**

Malawi has limited data on CYPWD who are in schools and colleges. The 2010 Malawi Population and Housing Census estimated that 159,878 CYPWD nationwide had various forms of disabilities, representing a prevalence of 2.4%. The majority (35%) had other disabilities followed by difficulty in hearing (23%), seeing (16, 9%) and walking (15, 8%), among others.

On the other hand, the Education Management Information System (EMIS) report (2017/2018) on national basic education statistics revealed a total of enrolled students in secondary schools as 387,569. Of these, 8,947 were indicated as students with special needs, representing about 2.3% of total secondary school enrolment. Of these, the majority had learning disabilities (37.6%), followed by low vision (28.2%), hearing impairment (15.9%), and visual impairment, (9.5%).

**Country efforts on CSE delivery**

Using an integrated approach, CSE is delivered in Malawi through both LSE as a standalone and examinable subject, and through subjects such as Biology and Social Sciences. LSE clubs are also used for the delivery of CSE components in schools. In primary schools, LSE is an examinable mandatory subject for all learners, while in secondary schools, it is an elective subject, but is still examinable.

**Country efforts to include learners with disabilities in CSE delivery**

Malawi provides education to CYPWD in both mainstream schools (through IE) and special needs schools. In inclusive schools, all students are enrolled irrespective of their abilities, disabilities, culture, socio-economic background, religious affiliation, tribe, or social status, among others. There are also other settings, such as resource centres/units/rooms, attached to mainstream schools where CYPWD are supported by specialist teachers with services, for instance, braille, print transcriptions, and sign language. Children and young people with severe and profound disabilities are educated in special needs schools by specialist teachers following the national curriculum, although adaptations are made according to the learning needs of the CYPWD. The Malawi Institute of Education, an arm of the MoE, is responsible for curriculum development and ensuring that instructional materials are accessible to all children and young people, irrespective of abilities and disabilities.

**Gaps in provision of CSE and ASRH services to learners with disabilities**

Not only do teachers, particularly in mainstream settings, lack the pedagogical skills to provide inclusive instruction to CYPWD, there is a scarcity of suitable resources in schools, such as disability-friendly textbooks, braille materials, sign language material, smart phones, computers with software called JAWS, and even internet. In addition, there is limited multi-sectoral collaboration between stakeholders on the provision of CSE to CYPWD.

**Findings**

**Overall perspectives on the need for inclusive CSE**

Generally, there was a positive attitude among different stakeholders towards the provision of inclusive CSE through LSE. CYPWD reported that CSE content assisted them to make informed choices about their SRH, and many parents had positive attitudes and supported the provision of the CSE to their children. Likewise, government officials from the MoE and Ministry Gender, Children, Disability and Social Welfare emphasized that the provision of CSE to CYPWD is important. However, concerns were also expressed by a significant number of stakeholders, including parents and teachers, who perceived some CSE content as unsuitable or taboo in view of Malawian culture and society.

**Policy and curricula environment for CSE**


**Availability of literature on CSE for learners with disabilities**

Several NGOs have been involved in the production of CSE materials for CYPWD, including Save the Children, Malawi National Association of the Deaf (MANAD), and UNFPA. Most of these materials remain unknown at national level despite their potential to contribute towards the quality of CSE for CYPWD.

**Environment for CSE delivery**

Malawi has several policies that serve as a starting point for lobbying for increased government support and funding for
an inclusive education environment in which CYPWD can access quality CSE without hindrance. However, the current environment in most mainstream schools reveals inequalities, with CYPWD not benefitting much compared to their peers without disabilities. It also emerged that most schools did not have inclusive cultures and learners are looked down upon, including by peers. Such negative attitudes create substantial barriers to CSE for CYPWD.

**Parental engagement**

The study established that there is very limited, and in most cases no, engagement between schools and parents regarding the provision of CSE to CYPWD.

**Teacher training provision on CSE**

The University of Malawi and Mzuzu University provide CSE training to teachers, while the Domasi College of Education is a tertiary college under the MoE that provides training for secondary school teachers. There are also private teacher training facilities. The study found that there is a need for teacher trainers and teachers to be equipped with knowledge and skills that will enable them to deliver CSE, taking into consideration the learning needs of CYPWD in an inclusive setting.

**Voices of CYPWD**

CYPWD reported that some content covered during CSE classes helped them in their everyday lives, but also that certain topics, such as abortion, sex and sexuality, and contraception, were not comprehensively covered. They also noted that children and young people with hearing and visual impairments were most affected because there are no sign language interpreters or information in accessible formats such as braille. In addition, they felt discriminated against as some peers do not accept them because of their impairments.

**Recommendations**

**The legal and policy framework**

In consultation with other stakeholders, the MoE should lead the development of a policy for the teaching of CSE in schools which is in sync with regional and international trends in CSE. There is a need for a multi-sectoral approach involving several ministries and organizations to complement efforts and create space for policy consistency and collaboration.

**Delivery of CSE**

Schools and teachers need to be capacitated with skills that will enable them to effectively deliver instruction customized to the specific needs of CYPWD, while the MoE should ensure the availability of appropriate teaching and learning equipment, resources, and technologies to do so. District-based education advisors need to be capacitated on disability issues such that they effectively monitor the inclusivity issues in the delivery of CSE.

**Curriculum**

The existing curriculum at primary and secondary level, as well as for TTIs, needs to be reviewed with the view of incorporating emerging issues into CSE content for CYPWD.

**Teachers and teacher training**

TTIs, in consultation with development partners, parents, OPDs and others, should review pre-service teacher training curricula to incorporate basic skills of teaching CSE to CYPWD. In addition, there should be continuous in-service training for teachers on how to facilitate CSE to CYPWD at cluster level.

**Provision of CSE IEC materials**

The MoE, in consultation with development partners and OPDs, should ensure production and availability of CSE instructional materials that are in accessible formats, including e-materials.

**Parental engagement**

Parent-teacher associations (PTAs), Mother Groups, and schools should ensure parental engagement in order to complement CSE content covered in school for CYPWD.
6.3 Tanzania

Background information

Statistics on disabilities among young people at country level

The 2012 Census indicated that there are 3,157,516 people aged seven years or above with disabilities (9.3% of the population) in private households in Tanzania Mainland and Tanzania Zanzibar. Of this figure, 36.2% who resided in rural areas and 60.9% in urban areas were attending school. The Census also indicated that prevalence was higher in Tanzania Mainland (9.3%) compared to Zanzibar (7.3%), and it was also higher in rural areas (9.9%) than in urban areas (7.8%). Results further show that the proportion of people with disabilities was slightly higher among females (9.4%) than males (9.1%). On the other hand, the Basic Education Statistics (2019) showed that 54,294 CYPWD were enrolled in private and government primary schools in 2019, which was an increase from 37,034 in 2016.

Country efforts on CSE delivery

The Government of Tanzania is committed to the provision of CSE as indicated by its laws and policies. CSE is delivered in both primary and secondary schools. In primary school, CSE is integrated into subjects such as Civics, Science, and Social Sciences, and in secondary school into subjects such as Civics, Biology, English, and Kiswahili. CSE is also provided to out-of-school CYPWD through various means and by different organizations.

Country efforts to include learners with disabilities in CSE delivery

Tanzania has a number of laws, policies, and strategies that are significant to the provision of education, including CSE, to CYPWD. CSE is offered in special needs schools and in inclusive settings in mainstream schools, although modes of delivery vary from one school to another, with some schools using modern technology, such as projectors and videos, while others use traditional methods of delivery. As with all other subjects, teachers are expected to adapt the curriculum to accommodate the needs of all children in a classroom setting. However, despite a legislative and policy framework on the education of CYPWD, there are no standard operating procedures on the delivery of CSE to CYPWD, and limited provisions are tailored to suit CSE for CYPWD.

Gaps in provision of CSE and ASRH services to learners with disabilities

In addition to limited coverage in terms of CSE topics, there is also a lack of specialized training for teachers on CSE as well as disability and inclusive education. CYPWD with deafness are particularly affected as their parents and teachers lack sign language skills. Furthermore, most policy documents and strategies are not very clear on provision of CSE to CYPWD, and there is no clear provision of CSE for CYPWD in tertiary institutions and those outside the formal school system either.

Findings

Overall perspectives on the need for inclusive CSE

Parents were generally positive about the provision of CSE, stating that they believe the subject promotes self-awareness and protection among children, as well as guiding them in decision-making. However, some of the parents did not want teachers to teach their children issues related to CSE, citing reasons such as age and increased vulnerability status. Teachers also generally perceived the delivery of CSE positively, indicating that the subject should be taught earlier to both CYPWD and those without disability in schools.

Policy and curricula environment for CSE

Tanzania has a number of policies in place to guide the delivery of CSE. These include the National Policy on Disability (2004); Law of the Child Act (2009); National Strategy on Inclusive Education (2009-2017) and new National Strategy on Inclusive Education (2018-2021); Persons with Disability Act (2010); Education and Training Policy (2014); Education Sector Development Plan (2016/2017 - 2020/2021); second Five-Year Development Plan (2016/2017 - 2020/2025); and proposed revised capitation grant allocation formula by Ministry of Education, Science and Technology (MoEST) and PO-RALG, Nov/Dec 2017. In addition, CSE topics are integrated into the school syllabi.

Environment for CSE delivery

The responses of teachers and CYPWD in the study revealed they perceive the environment as unfavourable in delivery of CSE in both mainstream and special needs schools. This is attributed to teacher’s negligence in teaching CSE due to both the freedom they are given in teaching CSE issues and to the lack of provisions that compel the teaching of CSE in both primary and secondary education. In addition, CSE does not target CYPWD comprehensively and as such, there is a lack of customized information on CSE regarding specific disability types and a lack of resources and programmes on CSE for CYPWD. The study further found that CYPWD in rural areas have limited access to CSE services compared to their counterparts in urban areas, and
Needs assessment on the current state of CSE for Young People with Disabilities in the East and Southern African region

likewise, CYPWD who are out of school have limited access to CSE services compared to CYPWD in schools.

**Parental engagement**
The delivery of CSE to CYPWD in Tanzania in exclusionary in nature as parents are minimally engaged. Most parents are, however, not positioned to help their children, particularly those who are deaf as they cannot communicate in sign language. On the other hand, OPDs did report engaged parents in addressing issues related to CYPWD and parents indicated that were ready to support CSE, provided they were capacitated with skills such as sign language.

**Teacher training provision on CSE**
The majority of teachers have limited training on handling CYPWD, particularly on CSE issues. A total of 34 TTCs train primary school teachers, but only one trains teachers on special needs education, while a comprehensive in-service training was conducted for secondary school teachers in CSE in 2019.

**Voices of CYPWD**
Generally, CYPWD had insufficient knowledge of what CSE entails, which may be attributed to the limited exposure to CSE in schools. Nevertheless, they had positive attitudes about the information they do receive, which they feel helps them in life. However, CYPWD with hearing impairment reported encountering difficulties in accessing information about CSE from their teachers due to limited communication in sign language with regard to CSE terminology.

**Recommendations**

**The legal and policy framework**
Better coordination between the relevant ministries and other stakeholders is needed, including between the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), Ministry of Education, Science, Technology and Vocational Training (MoESTVT), OPDs and NGOs. They also need to collectively come up with a supervision and coordination strategy.

**Delivery of CSE**
For effective implementation of CSE, teachers and parents of CYPWD need to be equipped with sign language skills so that they can easily communicate CSE content to those with hearing disability. Any other support teachers and schools need to ensure the effective delivery of inclusive CSE to CYPWD, and how this should be best provided, should also be identified.

**Curriculum**
The curriculum should be reviewed to incorporate CSE as a standalone subject with its own syllabus. Moreover, in collaboration with OPDs and NGOs, the Zanzibar Institute of Education (ZIE) and Tanzania Institute of Education (TIE) needs to advocate for a syllabus development that specifically covers and addresses sexuality issues.

**Teachers and teacher training**
Teacher training on CSE delivery, especially to CYPWD, needs to be strengthened. UNESCO should engage and work in partnership with, MoHCDGEC, MoESTVT, PO-RALG, ZIE, and TIE to ensure wide coverage of CSE content and disability issues within the current pre-service teacher training curriculum. This may include review of curricula at all levels of education.

**Provision of CSE IEC materials**
Similarly, MoHCDGEC, MoESTVT, and PO-RALG, in collaboration with UNESCO and other stakeholders, should lead a coordinated approach to the design and development of culturally-relevant IEC materials for CSE, ensuring that disability-specific accessible formats are considered.

**Parental engagement**
Parental engagement in supporting access to CSE services for CYPWD needs to be strengthened. As such, OPDs, in collaboration with UNESCO, need to come up with contextually-relevant strategies and models for parental engagement. Among other things, the strategy should encourage use of available parents’ associations working with CYPWD.
6.4 Zambia

Background information

Statistics on disabilities among young people at country level
The 2010 Zambian Census report estimated the population of people with disability to be 2.7%, however, the National Disability Survey undertaken by the Central Statistical Office in 2015 indicated a 7.2% prevalence, translating into 1,080,000 persons with disabilities in the country. While there is no available data on CYPWD out of school currently, the 2010 Census indicates that the proportion of CYPWD that had never attended school was 34.4%, compared to 20.9% for those without disabilities. The 2018 Education Statistical Bulletin estimates enrolment of CYPWD from Grades 1-12 at 123,311, of which children and young people with physical disabilities accounted for the highest proportion, at 24.8%, and those with intellectual disabilities the lowest, at 1.1%.

Country efforts on CSE delivery
The MoGE in Zambia has provided for an integrated approach to the delivery of CSE in schools, rolling out the revised curriculum with integrated CSE targeting learners in Grades 5-12 in 2014. Furthermore, CSE was integrated into the teacher training syllabus in 2014 and rolled in 2015. Supplementary materials such as the CSE framework have since been developed to support integration and implementation.

Country efforts to include learners with disabilities in CSE delivery
Zambia follows an inclusive curriculum at primary, secondary, and tertiary education. The curriculum provides for its adaptation for CYPWD, a process which is done by the Special Education Unit designated at the Curriculum Development Centre. Teachers are also expected to adapt teaching and learning materials to ensure curriculum inclusivity.

Gaps in provision of CSE and ASRH services to learners with disabilities
The CSE framework does not provide adequate guidance on specific adaptations for CYPWD, and teachers lack knowledge and skills in special education pedagogy to deliver CSE to CYPWD. The language barrier for CYPWD is also a challenge, especially for those with hearing impairment, and this is worsened by lack of sign language materials to use to teach CSE. Braille materials for those with visual impairment are not available either. Generally, a lack of resources, equipment, and technology for digital inclusion presented a gap. A lack of knowledge and skills by CYPWD on the use of the internet to access CSE content was another factor that in inhibits digital inclusion. In addition, there is an absence of monitoring and supervision mechanisms for CSE for learners with disabilities and inadequate funding for monitoring implementation of CSE in schools.

Findings

Overall perspectives on the need for inclusive CSE
Stakeholders from the MoGE acknowledged the importance of CSE to learners with disabilities as they felt that exposure to CSE would empower them to make informed decisions. They also reported that culture and religion affect the implementation of CSE in Zambia. For example, some parents had negative attitudes towards the integration of CSE in the school curriculum and others held reservations on the age-appropriateness of the content, while several members of the community believed that CSE was encouraging learners to indulge in sexual activities at an early age, which is against Zambian cultural values.

Policy and curricula environment for CSE
There is generally an enabling legislative environment to support provisions of CSE to CYPWD, including through the Education Act (2011); Disability Act (2012); Education Policy (1996); National Disability Policy (2016); National School Health and Nutrition Policy (2006); National Health Policy (2012); Curriculum Framework (2013); Zambia primary teacher syllabi (2014); Comprehensive Sexuality Education Framework, Grades 5-12 (2014); National AIDS Strategic Framework (2017-2021); and Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection (2016).

Availability of literature on CSE for learners with disabilities
The study revealed that Zambia does not have specific materials for learners with disabilities in schools and TTCs. Furthermore, learners’ books, the CSE framework, and the CSE syllabus were not adequate to cater for teachers and learners in schools, with some schools reported having only one copy of a pupils’ book per class. In addition, available books are not in a disability-friendly format, such as braille, sign language and Easy Read format.

Environment for CSE delivery
The policy environment appears to be supportive, as evidenced by the integration of CSE in the national school curriculum, provision of supplementary materials to facilitate implementation, capacity-building for selected TTCs to support the rollout process, and multi-sectoral approach to the
implementation of the CSE curriculum. However, widely held social and cultural norms remain pervasive across communities, presenting a barrier to the implementation of CSE both in school and in communities.

**Parental engagement**

Generally, the study revealed inadequate involvement of parents in CSE curriculum design and subsequent implementation. At a strategic level, some parents reported that they were not adequately consulted at the planning and implementation phases of CSE curricula. This has subsequently led to the lack of parental participation in CSE delivery.

**Teacher training provision on CSE**

In phase one of the CSE implementation, the MoGE, with support from UNESCO and various CSOs, trained over 66,000 teachers and 5,904 head teachers, representing 65% of head teachers across the country. A number of CSOs also played a complementary role in providing technical support in the current teacher training rollout. However, educators still lack critical skills to manage and deliver instruction to children with different types of disabilities, especially in inclusive classrooms.

**Voices of CYPWD**

CYPWD acknowledged the efforts teachers made to deliver CSE, however, they reported challenges such as sexual violence, shortage of sanitary pads, inaccessible physical environments and facilities in schools, communication barriers for those with deafness, and lack of access to smartphones or other technologies that could allow access to online content on CSE. In addition, CYPWD were concerned about receiving conflicting information about what parents and teachers taught them.

**Recommendations**

**The legal and policy framework**

Changing the name of CSE may need to be considered to avoid backlash and misinterpretation from members of the community who fear that CSE is a way of hiding some unacceptable content which is against the Zambian culture and some religious doctrines. In addition, active engagement of all relevant stakeholders from inception remains important for effective implementation of policy and curricula on CSE.

**Delivery of CSE**

Digital inclusion is needed to enhance CSE curricula access to CYPWD. In addition, dedicated lessons and social clubs for learners with disabilities is needed to enable their active engagement. The use of concrete objects and practical examples is important for learners with disabilities as they need to see or touch objects. Efforts should be made to reach out to CYPWD out of school and provide them with CSE content and skills, as well as necessary reproductive health assistance, such as sanitary pads, among others.

**Curriculum**

There is a need to strengthen the current monitoring and supervision mechanisms under the Standards and Curriculum Directorate and EMIS unit under the Planning Directorate to support effective delivery and implementation of CSE. The MoGE should consider having CSE as a standalone subject for effective delivery.

**Teachers and teacher training**

The Teacher Education Curriculum also needs to be strengthened to focus on how CSE for learners with disabilities should be delivered. Furthermore, CPD for capacity-building of teachers in inclusive education pedagogy should be an integral part of enhancing the delivery of CSE. The government should also employ adequate special education teachers and provide enough assistive technology which enables access through phones or screen reader, for example.

**Provision of CSE IEC materials**

The development, adaptation, and provision of materials and equipment in suitable formats would strengthen access to CSE for CYPWD, as would dedicated funding to support CYPWD’s access to ICT-related materials.

**Parental engagement**

Wider engagement with parents is needed to increase programme support and consistency in sensitization messages for the benefit of both disabled and non-disabled learners. The MoGE should strengthen the involvement of parents through PTAs and general meetings, as well as through invitations to attend lessons that are related to CSE.
6.5 Zimbabwe

Background information

Statistics on disabilities among young people at country level
The 2017 Inter-Censal Demographic Survey (ICDS) puts Zimbabwean disability prevalence at 9.3%. On the other hand, the Living Conditions among Persons with Disability report (2013) indicated that 7% of the country’s population were people with disabilities. This figure confirms the finding by the 2012 National Census, which established 6.9% prevalence. The EMIS further shows that as of December 2019, Zimbabwe had 85,560 learners with impairments enrolled in schools. The figure for young people enrolled in colleges and universities could not immediately be established, but the ICDS shows that CYPWD constitute 8.2% of the entire population of people with disabilities.

Country efforts on CSE delivery
UNESCO played a critical role towards influencing the incorporation of Guidance and Counselling Life Skills Education in Zimbabwean Schools. Until UNESCO’s intervention, the subject had been missed in the Secretary’s Circular 2 of 2017 on implementation of the curriculum framework (2015-2022). A twin-track approach is used in the delivery of CSE to CYPWD, whereby it is taught as a standalone subject and through cross-cutting issues within the wider curriculum as per the dictates of the curriculum framework. The Guidance and Counselling syllabus for Forms 1-4 (2015-2022), Zimbabwe National School Health Policy (2018), and others also guide the provision of CSE delivery.

Country efforts to include learners with disabilities in CSE delivery
Zimbabwe provides education to CYPWD using four main models: mainstream education, special needs schools, resource units and special classes, and hospital schools. In addition, the country has an inclusive CSE syllabi for all learners in primary and secondary schools, and the curriculum framework indicates inclusivity as one of its guiding principles. Teachers of CYPWD are further expected to adapt and adjust content delivery at classroom level.

Gaps in provision of CSE and ASRH services to learners with disabilities
There are no specific structures at national level for the delivery of CSE and other disability issues in general within the Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development (MIITESTD) or in out-of-school programmes for CYPWD. There is also fragmentation of services and lack of service coordination within the disability sector itself and the ministries responsible for education. Furthermore, most available IEC materials for CSE are not in formats which can be understood by CYPWD with sensory impairments.

Findings

Overall perspectives on the need for inclusive CSE
There are mixed attitudes and views towards the need for CSE among stakeholders in Zimbabwe. Most service providers indicated that parents, particularly those with lower educational attainment and those in rural areas, have negative attitudes towards delivery of CSE to their children with disabilities, and believe that their children are asexual and should not be exposed to sexuality issues as doing so is like introducing them to the sexual world where they will bring unwanted children into the already burdened families. At ministerial level, senior government officials from the MoPSE and the Department of Disability Affairs (DDA), as well as OPDs, CSOs and NGOs expressed the need to teach CSE to CYPWD as a human rights issue.

Policy and curricula environment for CSE
Zimbabwe has comprehensive policies and syllabi that provide a conducive environment for the provision of CSE to CYPWD at primary and secondary schools. These include, among others, the Curriculum Framework for Primary and Secondary Schools (2015-2022); Report on Teacher Education and School Curriculum Harmonization in Zimbabwe (2018); Guidance and Counselling syllabus, Forms 1-4 (2015-2022); Zimbabwe Disability Policy (draft); Zimbabwe’s National Key Populations HIV and AIDS Implementation Plan (2019-2020); Inclusive Education Policy in Zimbabwe (Draft): Promoting Quality Education for All; National Adolescent and Youth Sexual and Reproductive Health Strategy 11 (2016-2020); Zimbabwe School Health Policy (2018); and Education Amendment Act (2020).

Availability of literature on CSE for learners with disabilities
There is a wealth of useful CSE literature for CYPWD developed by OPDs and NGOs which is underutilized or not used at all in formal education institutions, such as the DHAT training manuals and JF Kapnek Trust Zimbabwe SRH and GBV sign language dictionary and DVDs.

Environment for CSE delivery
Generally, the Zimbabwean environment for CSE delivery to CYPWD is not conducive, especially in mainstream schools. Participants reported cases of CYPWD not being able to share their individual problems in inclusive schools because they were
Needs assessment on the current state of CSE for Young People with Disabilities in the East and Southern African region

Parental engagement
OPDs, NGOs, and CSOs reported that they involve parents to a greater extent than government ministries and departments on delivery of CSE to CYPWD who are not in school systems. In general, parents lack understanding of CSE and knowledge of concepts covered as they are rarely engaged on those issues by schools.

Teacher training provision on CSE
While Guidance and Counselling teachers have been exposed to the content and pedagogy of delivering CSE, with over 70,000 in-service teachers trained so far, including those from special needs schools, there are no statistics on the number of teachers trained specifically on disability issues. However, all educators and CYPWD indicated lack of skills among teachers and lecturers on dealing with disability issues.

Voices of CYPWD
CYPWD commonly lacked a comprehensive understanding of what CSE entails, but are aware of common concepts, such as HIV and AIDS and SRH. CYPWD challenged the view that they are asexual and stated they are also sexual beings like their counterparts without disabilities. Nevertheless, most available IEC materials for CSE are not in accessible formats, particularly for CYPWD with sensory impairments. CYPWD believe that CSE is better delivered in special needs schools and resource units compared to mainstream schools where teacher have less competencies.

Recommendations
The legal and policy framework
There is need for UNESCO and other stakeholders to advocate and lobby for the domestication of the UNCRPD, adoption of the disability policy, and the signing of the Persons with Disabilities Act into law, as these have a great impact on CSE delivery to CYPWD. The MoPSE and MHTEISTD also need to speed up the implementation of recommendations from the 2018 Curriculum Harmonization Report, which will reduce the gaps that affect the provision of CSE. Finally, UNESCO, in consultation with all critical stakeholders, should facilitate the design of a broader theory of change for CSE showing the intended inputs, processes and activities, outcomes, and expected impact, which can be used for M&E of specific aspects in the context of implementing institutions.

Delivery of CSE
The teaching of CSE in local languages should be considered, and the MoPSE should speed up making CSE an examinable subject to enhance seriousness on delivery at classroom level. UNESCO and MoPSE should further develop a model that ensures that teachers adapt and accommodate CSE delivery to CYPWD.

Curriculum
There is need for synchronization of teachers training and the CSE curriculum, as well as the need for serious communication and coordination between the teacher training ministry (MHTEISTD) and the receiving ministry (MoPSE).

Teachers and teacher training
The MHTEISTD, in consultation with UNESCO, should reform the teacher training and development curriculum to ensure that all provisions incorporate CSE, disability issues, and IE aspects. Moreover, there should be collaboration between MoPSE and MHTEISTD to ensure that the latter produce competent teachers to manage CYPWD and CSE delivery. UNESCO should engage and work in partnership with MoPSE and MHTEISTD to support in-service teacher training programmes, while the MoPSE should ensure that school heads are also trained in the in-service training programmes. This is important as programmes that leave out school heads do not usually succeed; school heads need to understand the content in order to monitor it, thus their inclusion is imperative.

Provision of CSE IEC materials
There is a need for UNESCO and other development partners, as led by MoPSE and MHTEISTD, to invest in the development of disability-specific and friendly CSE and IEC materials in accessible formats for distribution in schools, colleges, and universities. In conjunction with OPDs, the MoPSE also needs to continuously lead in the development of CSE materials in line with the dynamics associated with the subject, changing trends, and concepts related to CSE.

Parental engagement
Very clear strategies and models for parental engagements within policies and curriculum need to be developed by government through the MoPSE and MHTEISTD.
Regional REPORT 2021
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# UNESCO - Needs Assessment on current state of CSE learners with disabilities workplan*

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2. Country level field work

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Cross country analysis & final report

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*TIMINGS contingent on COVID situation and likely to need to build in flexibility
Appendix 2: List of key informants at regional and global level

Many thanks to the individuals and organizations who provided for resources. This is not an exhaustive list but includes the following key organizations:

- Autism Education Trust
- FemmeHandicap – DRC
- Tigray Youth Association – Ethiopia
- Ipasyouth (part of Ipas Kenya)
- Kenya Youth Education and Development Association
- Generation Initiative for Woman and Youth Network (GIWYN) – Nigeria
- Youth Coalition
- Advocates for Youth – USA
- Projekt Seksualpolitik på specialskoler
- The Institute of Development Studies
- African Medical and Research Foundation (AMREF)
- International Agency for the Prevention of Blindness
- Seeing is Believing
- Deaf Child Worldwide
- Austism Organization Rwanda
- IPPF
- Humanity & Inclusion (HI)
- Ford Foundation
- Population Services International
- Inclusion International
- Women Enabled International
- IDC
- Light for the World
- Signal International
- Voluntary Service Organization (VSO)
- Advancing Disability Inclusive Research in Africa Network
- South African Medical Research Council
- Medical Research Council Uganda
- International Centre for Evidence in Disability/LSHTM
- Global Centre on violence
- Enabling Education Network
- WHO adolescent health team
- UNFPA

Appendix 3: Overview of policy and curricula context per country

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<tr>
<th>ESWATINI</th>
<th>Policy</th>
<th>Key provisions</th>
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<td>National Education Policy Framework (1999)</td>
<td>• Commitment to providing equal education opportunities for all, including CYPWD.</td>
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| Swaziland National Disability Plan of Action (2015-2020) | • Ensure that all people with disabilities have equal access and opportunities to education, health, and other services at all levels.  
  • Promote inclusiveness and ensure that all institutions provide services to people with disabilities in the same manner as they provide to the non-disabled except where necessary. |
| The Profile on Children and Youth People with Disabilities in Swaziland (2009) | • Places great emphasis on equity, equal access, and absence of any form of discrimination in delivery of curriculum elements. |
| National Education and Training Sector Policy, MoET (2018) | • Ensuring that all Swazi children, youth, and adults have access to a high-quality education system. Affirms education as a basic human right, and shares many of the goals and approaches of the ESA Commitment.  
  • To ensure that everyone involved in the education and training sector, including learners, positively embrace diversity and do not engage in discriminatory behaviour of any kind at any time. |
### Regional Report

#### Malawi

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<th>Policy</th>
<th>Key provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary School Curriculum Assessment Review (2015)</td>
<td>• Provides a content framework for LSE as a vehicle through which SRH issues are covered in secondary schools.</td>
</tr>
<tr>
<td>Reproductive Health Policy (2009)</td>
<td>• Seeks to provide accessible, affordable, and convenient comprehensive reproductive health services to all women, men, and young people in Malawi.</td>
</tr>
<tr>
<td>National Gender Policy (2015)</td>
<td>• Seeks to reduce GBV and ensure the SRH and HIV AIDS status of women, men, boys, and girls are improved.</td>
</tr>
<tr>
<td>National Policy on Equalization of Opportunities for Persons with Disabilities (2006)</td>
<td>• Stipulates the need to support and encourage inclusive education.</td>
</tr>
<tr>
<td>Disability Act (2012)</td>
<td>• States that the government shall provide equitable, appropriate, and affordable health care services, including SRH services, and that people with disabilities will have the right to access ICT at an affordable cost.</td>
</tr>
<tr>
<td>National Strategy on Inclusive Education (2017-2021)</td>
<td>• States that the MoEST will &quot;ensure that the national curricula at all education levels respond to diverse needs of learners&quot; and &quot;strengthen referral systems at all levels to respond to learner diversity&quot;; however, it is not explicit about CSE/SRH.</td>
</tr>
<tr>
<td>National Mainstreaming Disability Strategy and Implementation Plan (2018-2023)</td>
<td>• The strategy provides for measures to mainstream disability in other critical cross-cutting issues, such as HIV and AIDS, gender, and research.</td>
</tr>
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</table>
### Tanzania

<table>
<thead>
<tr>
<th>Policy/Strategy</th>
<th>Key Provisions</th>
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| **National Policy on Disability (2004)** | - Advocates for a conducive environment for inclusive education, which would take care of the special needs of children with disabilities.  
- Outlines a need to improve and increase skills training for persons with disabilities, in settings that accommodate both disabled and non-disabled trainees.  
- No specific mention of CSE; rather the inclusivity in skills training accounts for all necessary training of which CSE is a part. |
- Stresses that children with disabilities shall be entitled to special care, treatment, affordable facilities for rehabilitation, and equal opportunities to education and training.  
- No specific mention of CSE; emphasis is placed on education in general. |
- Emphasizes that education policies and programmes must be informed by inclusive values and practices, and teaching and learning responds to the diverse needs of learners.  
- Does not explicitly indicate that CSE as part of the inclusive package to be provided to youth. |
| **Persons with Disability Act (2010)** | - Outlines provision for the health care, social support, accessibility, rehabilitation, education and vocational training, communication, employment or work protection, and promotion of basic rights for people with disabilities, as well as to provide for related matters.  
- Highlights issues concerning CSE and welfare of people with disability. |
| **Education and Training Policy (2014)** | - Stipulates practices that accommodate learners with disabilities in the whole education system that will ensure no exclusion of any child.  
- Aims at ensuring sign language and braille is used in all levels of education.  
- Stresses equal and equitable access to education for all, especially children with disabilities.  
- Advocates for all necessary infrastructures to accommodate all learners are built in school settings.  
- CSE is not directly stated, nor is there any specific objective to address sexuality issues. |
| **Education Sector Development Plan (2016/2017 - 2020/2021)** | - States that a well-functioning education system is a necessary condition and prerequisite for achieving improvements in educational outcomes and for achieving national development through enhanced human capabilities.  
- Emphasizes inclusion of children living with disabilities into the mainstream education system and special needs school for those whose disability is severe.  
- CSE is not specifically mentioned in the plan. |
| **Second Five-Year Development Plan (2016/2017 - 2020/2025)** | - No specific provisions on CSE as part of the human development concern, particularly among children with disability. |
| **Proposed revised capitation grant, allocation formula by MoEST and PO-RALG, Nov/Dec 2017** | - Aimed at improving the equity of grant allocation by considering the number of children with special educational needs in a school.  
- Advocates for provision of additional resources to cater for special educational needs in schools. The formula is yet to be implemented as it is still under revision. |
### ZAMBIA

<table>
<thead>
<tr>
<th>Policy</th>
<th>Key provisions</th>
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| Education Act (2011) | • Provides for inclusion of learners with disabilities.  
  • Provides for compulsory school attendance. |
| Disability Act (2012) | • Provides for access to education and health for people with disabilities on a non-discriminatory basis. |
| Education Policy (1996) | • Education for learners with disabilities acknowledged as a human right.  
  • Recognizes the right to equal access to health care and services. |
| National Disability Policy (2016) | • Provides a framework for inclusion of learners with disabilities in education and access to health on an equal basis. |
| National School Health and Nutrition Policy (2006) | • Provides a framework for the implementation of health and nutrition initiatives in school. |
| National Health Policy (2012) | • Provides for ASRH. |
| Curriculum Framework (2013) | • CSE is integrated into the school curriculum in study areas such as: Integrated Science, Social Studies, Home Economics, Religious Education, Civic Education, and Biology. |
| Zambia primary teacher syllabi (2014) | • CSE integrated into the primary teacher training syllabi through subjects such as: Home Economics, Integrated Science, and Social Studies Education. |
| Comprehensive Sexuality Education Framework, Grades 5-12 (2014) | • Exclusively guides the implementation of CSE in terms of core CSE themes. |
| National AIDS Strategic Framework (2017-2021) | • Focuses on intensifying combination HIV prevention in the national multi-sectoral HIV response, with a view to reducing new HIV infections by 2030, and delivering HIV and AIDS-related prevention and treatment services to the marginalized and underserved population, including people living with disabilities. |
| Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection (2016) | • Makes provision for lifelong antiretroviral therapy (ART) for all children, adolescents, and adults.  
  • Not clear how much reference is made to disability. |

### ZIMBABWE

<table>
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<tr>
<th>Policy</th>
<th>Key provisions</th>
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| Curriculum Framework for Primary and Secondary Schools (2015-2022) | • Aims to prepare learners for life skills in respect to personal development, health, and self-awareness.  
  • Guided by inclusivity as being an education system that considers and addresses the different learners needs and abilities without disadvantaging any group or individual.  
  • Family, moral, and social studies are embedded concepts within the curriculum.  
  • Sexuality and HIV and AIDS as cross-cutting issues are integrated across the curriculum. |
| Report on Teacher Education and School Curriculum Harmonization in Zimbabwe (2018) | • Recognizes inclusive education as one of the areas that requires harmonization, including:  
  • Reviewing curriculum at all levels to ensure that there is inclusive education in all that is taught;  
  • Ensuring that all teachers trained have a working knowledge of inclusive education;  
  • Establishment of inclusive education school clusters;  
  • Establishment of disability centres at all tertiary institutions;  
  • Integration teacher and school inclusive curriculum. |
<table>
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<tr>
<th>Guidance and Counselling syllabus, Forms 1-4 (2015-2022)</th>
<th>Recognizes gender roles, children’s rights and responsibilities, sexuality, HIV and AIDS, child protection, and human rights as cross cutting issues. Recognizes the need for the development of teaching and learning resources that are in accessible formats for learners with disabilities, such as audio-visual materials, sign language videos, picture codes, braille material, and ICT tools.</th>
</tr>
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<tbody>
<tr>
<td>Zimbabwe Disability Policy (draft)</td>
<td>Section 3.10.11- 3.10.23 gives detail on CSE as deduced in these two examples: 3.10.11: Include the subject of disability and sexuality, particularly the individual’s right to exercise free and informed consent, in the curriculum of all health and allied professionals, social workers, educators and support staff, justice delivery officials that include police and court officials, and any other relevant officials. 3.10.14: People with disabilities must be included in holistic sexuality education programmes in schools, rehabilitation institutions, and communities.</td>
</tr>
<tr>
<td>Zimbabwe’s National Key Populations HIV and AIDS Implementation Plan (2019-2020)</td>
<td>Outlines key interventions for people with disabilities to curb the spread of HIV and AIDS.</td>
</tr>
<tr>
<td>Inclusive Education Policy in Zimbabwe (Draft): Promoting Quality Education for All</td>
<td>Section 7.7 seeks to: Strengthen guidance and counselling services at all schools; Promote the provision of safe information, infrastructure, playgrounds, WASH, clean source of potable water, and age-appropriate and disability-friendly sanitary facilities and furniture.</td>
</tr>
<tr>
<td>Guidance and Counselling teachers’ manuals for secondary and primary education</td>
<td>The manuals have inclusive methodologies.</td>
</tr>
<tr>
<td>Zimbabwe School Health Policy (2018)</td>
<td>Seeks to provide a comprehensive school health package, including support facilities and services for learners with special needs, effective internal referral, and external linkages for further case management.</td>
</tr>
<tr>
<td>National Adolescent and Youth Sexual and Reproductive Health Strategy 11 (2016-2020)</td>
<td>Provision of inclusive and age-appropriate CSE.</td>
</tr>
<tr>
<td>MoPSE Life Skills and Sexuality Education Strategy</td>
<td>Inclusive CSE (strategy is under review).</td>
</tr>
<tr>
<td>MoPSE Practical Inclusive Education Handbook</td>
<td>Inclusive and practical skills on how teachers can manage learners with disability and other diversities.</td>
</tr>
<tr>
<td>Other: Extended Zimbabwe National HIV And AIDS Strategic Plan 11(2015-2020) National Health Strategy for Zimbabwe (2016-2020)</td>
<td>Contain various components that can be applied to the provision of CSE.</td>
</tr>
</tbody>
</table>
Addressing challenging topics in a sensitive way

Example: masturbation

- Masturbation is when a person touches their own genitals to give themselves sexual pleasure
- Masturbation is when a person touches their own genitals in a way that feels nice for them
- We are allowed to touch our own body in a way that feels nice for us when we are in private
- We are allowed to touch all parts of our own body in private

Approaching tricky topics with learners with PMLD

- You may never get beyond step 1
- Continue to offer the learning on the next rung, as and when it feels appropriate
- Age appropriate, sex positive, preparing for adulthood
- Engage with parents to encourage continuation of the learning at home

Appendix 4: Examples of materials from the Sex Education Forum

Appendix 5: Participant information sheet with simplified explanation of CSE

Title of project: Needs assessment for CSE for children and young persons with disabilities

Note: For children and young persons and parents combine this with the Easy Read version of CSE to explain the different components. Make large print versions available as required.

Introduction

We would like to invite you to participate in a needs-assessment about comprehensive sexuality education for children with disabilities. Joining the study is entirely up to you. Before you decide, you need to understand why the research is being done and what it would involve. I will read and give you a copy of this information sheet and go through it with you and answer any questions you may have. If you agree to take part, we will then ask you to sign a consent form.

Why are we doing the study?

We want to understand, in your country and context what the situation is.

To ensure we design programme for schools that is effective, feasible, acceptable and sustainable we aim to collect information on people's views on opportunities and challenges to implement comprehensive sexuality education. We aim to collect information from a range of individuals.

Why have I been asked to participate?

You have been invited to participate in this study because:

- You are in a Ministry with responsibility for children with disabilities and/or education
- You work in a school or teacher training institute, or work with teachers in some capacity
- You work for an NGO or OPD (Organization of persons with disability) which is engaged on this topic
- You are a young person with a disability or caregiver of a children and young persons with a disability

Do I have to participate? Can I change my mind about taking part?

It is up to you to decide to participate or not. If you don't want to take part, that's ok. You are free to stop participating in this study at any time for any reason. As this research is taking place during a period of COVID we would not ask you to put yourself at risk because of COVID in your local context.

What will I have to do and what will happen to me if I take part?

We are inviting you to participate in an interview or a focus group discussion which will take a maximum of 60-90 minutes of your time. We will ask you questions about the provision of CSE for CYPWD. This is a broad topic and covers a range of issues, as you can see in the diagram below. We are interested in finding out about the opportunities and challenges for provision of CSE within the school context, and the specific needs of children and parents in those contexts. We will ask for your permission to record, but if you prefer us not to record it, then that is fine, and we will take notes. The audio recording will not be shared, and your name and job details will not be associated with the report.
Will any pictures be taken of me?
Photographs will not be taken of individual young people. We will ask your permission to take pictures of focus groups but only if we cannot clearly identify faces. We will always ask permission to do so, and check that you are happy with the image. You will not be identified by the name in the photographs.

What are the possible risks and disadvantages?
All interviews will be completely confidential and all names and personal identifying information will be removed from transcripts to protect the identity of the participants. The names of organizations that participants are associated with, however, may be used when necessary to accurately describe the context of care provision in the study site.

What are the possible benefits?
The information you provide will help us design the next steps for developing this work for teachers and young people in schools.

What will happen to the results of this study?
The study results will be shared with government and organizations within Country X, and will be published in other reports so that other organizations and other countries can learn from the experience here. Your personal information will not be included in the study reports.

Other
There is no payment or other incentive for participating in this study. In the event we have to call you in to a central location for the activity, we will provide transport or a transport reimbursement.

Further information and contact details
Thank you for taking time to read this information sheet.

If you would like to participate in the study, please give verbal consent and this will be recorded.

If you have any questions, you can ask the researchers who will do their best to answer your questions. You may also contact any of the team below:

National Consultant: XXX
Focal point OPD: XXX
UNESCO - Country X: XXX
UNESCO is the United Nations’ specialized agency for education. It provides global and regional leadership in education, strengthens national education systems, and responds to contemporary global challenges through education, with a special focus on gender equality and Africa.

UNESCO’s mission on the area of health education

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

About UNESCO

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