



## TECHNICAL GUIDANCE

# Comprehensive Life Education for Adolescents and Youth in Palestine (Ages 12–18+) in Out-of-School Settings

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# Acronyms

CLE	Comprehensive Life Education
OOS	Out-of-School
PFPPA	Palestinian Family Planning and Protection Association
UNFPA	United Nations Population Fund
ICPD	International Conference on Population Development
CSE	Comprehensive Sexuality Education
MOE	Ministry of Education
MOH	Ministry of Health
MOSD	Ministry of Social Development
I/NGO	International / Non-Governmental Organization
CSO	Civil Society Organization
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
RH	Reproductive Health
PAHC	Palestinian Adolescent Health Coalition
IDP	Internally Displaced persons
HIV/AIDS	human immunodeficiency virus / acquired immunodeficiency syndrome
SGBV	Sexual and Gender Based Violence
GBV	Gender Based Violence
STIs	Sexually Transmitted Infections
ARA	Access Restricted Area in Gaza
SDG	Sustainable Development Goals
CRC	Convention on the Rights of The Child
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
FGD	Focus Group Discussion
KII	Key Informant Interviews
PCP	Palestinian Civil Police

# Terminology

## Adolescence and Youth

Recognizing that there are no universally adopted definitions of adolescence and youth and for the purpose of this Technical Guidance, adolescents refers to persons aged 10-19 years and youth between 15-24 years<sup>1</sup>. However, the focus of this technical guidance will be on adolescents and youth in the age group (12-18+ years) who are considered children by CRC definition.

## Child<sup>2</sup>

Any person under the age of 18.

## Comprehensive Life Education (CLE)

Refers to curriculum-based comprehensive education of adolescents and youth on their priority life issues including physical, emotional, social, sexual and reproductive wellbeing within the Palestinian cultural, legal, religious, political and ethical context. It aims to strengthen knowledge, skills and attitudes of adolescents and equip them with critical thinking and ability to make informed decisions to reduce risky life behaviours and make healthy choices that enhance their wellbeing. It is informed by the international, regional and out of school comprehensive sexuality education technical guides as appropriate. A nationally agreed definition of CLE included in the second section of this technical guidance.

## Sex<sup>3</sup> - Male / Female

Refers to the different biological and physiological characteristics of females and males such as genetic composition (XX chromosomes for females, XY for males), hormones and reproductive organs at birth, being a female, male, or born with both reproductive organs (known as Intersex).

In the Palestinian colloquial language and culture the terminology is used to refer to *(Sexual activity)* which is not part of this definition.

## Sexual Health<sup>4</sup>

It is a state of physical, emotional, mental and social well-being; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach ....., free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

## Gender<sup>5</sup>

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<sup>1</sup> Based on WHO and UNICEF definitions

<sup>2</sup> UNICEF- CRC definition

<sup>3</sup> Informed by UN definition, WHO gender and health, Ref: [https://www.who.int/health-topics/gender#tab=tab\\_1](https://www.who.int/health-topics/gender#tab=tab_1)

<sup>4</sup> WHO, 2019, Sexual Health and its linkages to reproductive health: an operational approach

<sup>5</sup> Adapted to the Palestinian context while informed by UNFPA, WHO and UN Women definitions of gender.

Gender refers to the economic, social and cultural characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours, roles and expectations associated with being a woman, man, girl or boy, as well as relationships with each other in the family, the workplace or the public sphere. Gender is different from sex although a person's sex (Male or female) influences roles and expectations from him/her in a society, gender and sex are two different concepts. Gender as stated in this definition is responsive to change to make a society more just and equitable to women and girls based on their sex as females and similarly for boys and men in issues that are unjust but expected from them because they are males.

### **Gender equality<sup>6</sup>**

Refers to the concept that women and men, girls and boys have equal conditions, treatment and opportunities for realizing their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development. Gender equality is, therefore, the equal valuing by society of the similarities and the differences of men and women, and the roles they play. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female.

### **Gender-Based Violence (GBV)<sup>7</sup>**

"Acts that inflict physical, sexual or psychological harm including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private based on socially ascribed gender differences between females and males."

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<sup>6</sup> UNICEF, 2017, Gender Equality Glossary of Terms and Concepts,  
<https://www.unicef.org/rosa/media/1761/file/Genderglossarytermsandconcepts.pdf>

<sup>7</sup> United Nations, 1993, Declaration on the Elimination of Violence Against Women, A/RES/48/104

# Preface

This Technical Guidance is a policy document for Comprehensive Life Education (CLE) programmes for adolescents and youth (12-18+ years) in an out of school setting in the Palestinian context. It serves as a national reference that provides standardised directions for design, implementation, monitoring and evaluation of curriculum-based programmes that advance comprehensive education on priority life issues of adolescent and youth including physical, emotional, social, sexual and reproductive wellbeing.

As a national reference for out-of-school CLE, it takes into account a continuum of social, religious, legal, political, historic, ethical and cultural dimensions of the Palestinian society; and recognizes the following national parameters, which greatly influence the content and approach of CLE programmes in Palestine:

- National priorities of adolescent and youth in Palestine identified in most recent literature and recognized in relevant national and sectoral strategies and policies (i.e. Health, education, social development etc.)
- Existing legal frameworks, while observing the principle of “do no harm”, for inclusion of vulnerable groups as some of enacted legal provisions may contradict human rights tools
- Relevant religious provisions and positive social norms that encourage adolescent and youth comprehensive life education to enable them to understand and lead their growth into good and productive citizens while respecting the right of every person to protection from violence and discrimination
- Lessons learned from earlier experiences; building on successes and effectively responding to cultural and religious sensitivities

In this context, the CLE Technical Guidance presents an opportunity for relevant stakeholders in and out of school to align their programmes with a nationally vetted policy framework that helps them to learn from others and create opportunities for integrated work, strategic partnerships and trust building with communities and families in the Palestinian context. In addition, it provides practical advice on good practices and required precautions to ensure effective CLE programmes. Furthermore, it emphasizes the significance of transforming policy directions into tangible programmes, curricula and teaching manuals/guidelines for adolescents in out-of-school settings through a set of functional recommendations.

The development of the national Technical Guidance on Comprehensive Life Education is informed by first hand experiences and insights of stakeholders including line ministries, NGOs, adolescent and youth, parents, community and religious leaders and relevant national, regional and international literature. It has adapted concepts of international, regional and out-of-school technical guides on Comprehensive Sexuality Education (CSE) within the above-mentioned national parameters. This is including but not exclusive to the technical guidance for the Arab Region<sup>8</sup>, the International Technical

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<sup>8</sup> UNFPA Arab State Regional Office, 2022, Towards scaling up comprehensive sexuality education in the Arab Region: an operational guide for UNFPA staff and partners working on CSE implementation

Guidance on the Implementation of Comprehensive Sexuality Education and Out of school technical guidance. These guides provided recommended approaches and good practices from other countries in the region and the world. Undoubtedly, the national CLE Technical Guidance has been customized to the Palestinian context sensitivities and society values to support design and implementation of adolescent and youth out-of-school CLE programmes for accurate and age appropriate knowledge, attitudes and skills alongside human rights' values.

# 1.Introduction

A quarter of world's population is adolescent and youth<sup>9</sup> and the number is expected to continue rising, nonetheless, they remain prevalently neglected, disempowered and least served as a group.<sup>10</sup> Their rights and needs are often compromised in many parts of the world, particularly countries with high proportion of young population. Adolescent and youth are influenced by a number of risk factors associated with their overall health and wellbeing including child, early and forced marriage, early pregnancy and childbirth, the leading cause of death among adolescent girls (15 -18\*), STIs including HIV/ AIDS, SGBV, distress and substance abuse. Evidently, adolescent girls are most vulnerable; for instance, more than 16 million adolescent girls around the world become mothers annually<sup>11</sup>. Besides, in times of humanitarian crisis, risks of child and forced marriage and SGBV are greater for adolescent girls and young women than any other population groups, further aggravated by reduced availability and access to relevant and appropriate SRH information and services.<sup>12</sup> Within this context, the global development agenda has emphasized the significance of wellbeing and overall development of adolescents and youth through comprehensive education on physical, emotional, social, sexual and reproductive health.

In many parts of the world, countries increasingly acknowledge the significance of enabling adolescents and youth to make informed life choices through appropriately and incrementally developing their knowledge, skills and attitudes to lead a healthy life. These countries adopted a curriculum based inclusive education tailored to their context (Globally known as Comprehensive Sexuality Education) in or out of school settings. Evidently, such comprehensive education programmes or initiatives demonstrate visible outcomes including, but not exclusive to, improved attitudes towards SRH, sexual abstinence, reduced initiation of sexual experiences and risk taking behaviours while increasing use of contraception in these countries.<sup>13</sup> Strong evidence on benefits of such high quality curriculum based programmes proved to be central in preparation of adolescent and youth for safe, productive and fulfilling life against risks of child marriage, unintended pregnancies, STIs including HIV-AIDS, SGBV and gender inequality.

Taking into consideration cultural, religious and political context sensitivities in Palestine and the Arab region, adaptation of global concepts and definitions to each country's context is inevitable to be able to benefit from other experiences and create customised; responsive and impactful interventions and programmes for the Palestinian and Arab adolescent and youth. Accordingly, some countries in the Arab region have advanced their commitment and action on integrating relevant programmes in formal and out of school settings tailored to their specific context and sensitivities. Apparently, civil society

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<sup>9</sup> Recognizing that there are no universally adopted definitions of adolescence and youth and for the purpose of this assignment; the WHO UNICEF definition will be used for adolescents referring to persons aged 10-19 years and youth between 15-24 years

<sup>10</sup> UNICEF, UNICEF Programme guidance for the second decade: programming with and for adolescents, 2018

<sup>11</sup> Elisabeth Presler-Marshall and Nicola Jones (2017), Family Planning the adolescent imperative, ODI GAGE Policy briefing <https://www.odi.org/sites/odi.org.uk/files/resource-documents/11646.pdf>

<sup>12</sup> GBV AoP Whole of Syria, UNFPA and Health Cluster Turkey Hub, A strategy to address the needs of adolescent girls in the Whole of Syria, 2017

<sup>13</sup> UNESCO, 2018, with UNFPA, UNAIDS, UNWOMEN, UNICEF, WHO, International technical guidance on sexuality education, An evidence –informed approach, Revised edition, P 12,28



groups and NGOs predominantly lead progress in the Arab countries in response to increased demand of adolescent and youth for comprehensive life education; mainly through engagement with religious leaders and youth, advancing life skills, use of digital platforms and other initiatives. In fact, some of the Arab countries championed in these areas of work including Palestine. However, Tunisia is the only country in the region where government and NGOs collaboration resulted in integrating a comprehensive framework on sexual education in school curricula that starts in kindergarten by raising awareness on protecting children from harassment to more complex SRH issues for students in universities.<sup>14</sup> (See examples below)

### **Examples of experiences from the Arab Countries**

In Syria, religious leaders are members of a community advisory group for Young Mothers' Club providing support to pregnant adolescents on GBV and SRH in an out-of-school setting while in Egypt, the online "Love Matters" initiative seeks to bridge the SRH information gap between young people, educators and services through various digital platforms and a hotline. Along these lines, the Sexual Health Centre in Lebanon provides several services including Sexual education sessions in schools, universities, youth movements and in refugee camps. Similarly, a harmonised comprehensive sexual and reproductive health education toolkit has been developed and used in Jordan.

Palestine somewhat emulates the Arab region where efforts in incorporating comprehensive life education in and out of school settings are insufficient for achieving tangible results for adolescent and youth. Furthermore, the absence of a clear national framework to guide comprehensive and cohesive CLE programmes coupled with rising conservatism has aggravated unfavourable stands within some community groups towards these programmes. Hence, the development of a nationally vetted framework for standardization and advancement of inclusive customized CLE programming is essential. Therefore, PFPPA in partnership with UNFPA and key stakeholders has developed this Technical Guidance for out-of-school CLE for adolescents and youth (12-18+) to ensure common policy direction, unified concepts and compatible approaches that leverage opportunities and detect entry points for curriculum based CLE in Palestine. In the absence of a national curriculum based in-school CLE, the Technical Guidance focuses on out of school CLE that responds to needs and rights of out of school adolescent and youth who are often at higher risk of SRH problems and emphasizes issues that may not be sufficiently addressed in schools for regular students.

## **1.1 Purpose of the Technical Guidance**

The overall objective of developing the Technical Guidance on CLE in Palestine is to provide a nationally endorsed concise policy reference on recommended approaches and potential entry points for design and implementation of effective CLE programmes in out of school settings. In addition,

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<sup>14</sup> UNFPA-ASRO (2020), *Between 3eib and Marriage: Navigating Comprehensive Sexuality Education in the Arab Region*

enabling stakeholders to establish solid bases for advancing CLE components in national policies and accountability mechanisms as well as increased investments in such programmes.

## 1.2 Why does Palestine need this Technical Guidance?

- **Adolescent and youth - human capital for national development**

Adolescents and youth in the age group (12-18+) are starving for information that enables them to understand the transitional changes they are going through in a world presenting them with opportunities to fulfil their potential but also with risks that may have adverse lifelong effects on them. Despite the unbearable environment under occupation and recurrent aggressions, the future of development in Palestine is dependent on capable, healthy and informed young Palestinians, who will continue to comprise more than one third of the population by 2030 as indicated in the national demographic projections.<sup>15</sup> In this age group, adolescents and youth are at a much higher risk of engaging in harmful behavior if they are not protected and guided to a safe passage to adulthood. Therefore, nationally endorsed, systematic and curriculum based approaches in and out of school CLE programmes are essential for building knowledge, skills and attitudes of adolescent and youth required for leading sustainable development.

- **Fulfilment of government commitment to 2019 ICPD25**

Palestine is one of five Arab countries<sup>16</sup> that committed in the 2019 ICPD 25 to incorporate CSE in the national curriculum in all schools by 2030. Besides, MOE spearheaded the national commitment to incorporating SRH in schools at the 2018 “National Conference on Sexual and Reproductive Health in Schools in Palestine. Further elaboration on Palestine policy and legal commitments is included under section (3).

- **Building on successes**

National efforts have gained visible momentum in the past five years towards more structured and systematic programming and education for SRHR in formal and informal settings. For instance, creating evidence on SRH, SGBV, child marriage and HIV/ STI; working on developing adolescent and youth related policies, programmes, advocacy and coordination platforms to advance adolescents and youth rights to SRH and other CLE dimensions in and out of school. Palestine has been one of four Arab countries in the region that championed digital technologies for SRHR, GBV, child marriage and gender equality for adolescent and youth using innovative approaches. For instance, “Brave student Diary - Majd”, which proved a significant digital platform during COVID-19 and the “ PFPPA App” for women and youth providing CSE related information and answering youth relevant inquiries by professionals.<sup>17</sup> Both examples will be elaborated under the section on use of technologies in CLE.

- **Transforming challenges into opportunities**

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<sup>15</sup> PMO, Palestinian National Conference on Demography Between Resilience and Development, projections for 2030 and mid-future outlook 2050, July 2023

<sup>16</sup> Palestine, Jordan, Morocco, Sudan and Tunisia

<sup>17</sup> PFPPA, Director General, KII

It is essential to reflect critically on unsuccessful approaches and shortcomings in earlier experiences while addressing misconceptions across various levels (i.e. adolescent and youth, families and friends, community CSOs and faith-based organizations, systems and services, policies and legislations). Most importantly, learning how to implement CLE in an informed, systematic and structured method compatible with society values not only to mitigate conservatism but also to build unconventional partnerships with parents, community and religious leaders.

### **1.3 Who will use this Guidance?**

This Technical Guidance is intended for all stakeholders who work with adolescent and youth including:

- Sectoral partners providing related programmes, particularly, Health, Education and Social Development – in their capacity as national, international and UN Organizations, and government institutions
- Personnel concerned with CLE policies, programmes and services will benefit from this guidance in developing and implementing curriculum-based CLE in and out school
- Humanitarian workers providing services for IDP, families, children, adolescent and youth in safe spaces during crises

### **1.4 What are the components of the Guidance?**

In order to make the technical guidance concise and user friendly, it is comprised of four main sections addressing key issues necessary for guiding CLE programming, namely:

#### **1. Understanding adolescent and youth CLE**

This section provides an overview of CLE definition and key concepts, principles and characteristics, in and out of school CLE – opportunities and limitations, standalone and integrated CLE curriculum - Advantages and considerations.

#### **2. Palestine argument for adolescent and youth CLE**

This section highlights adolescent and youth related priority issues, risks and high-risk behaviours including context analysis, CLE advancements and challenges / barriers across the socioecological levels, strategic approaches in addressing scepticism and conservatism as well as policy frameworks.

#### **3. Recommended approaches and entry points for CLE**

This section presents national, regional and international strategies proved effective in planning programmes and successful adaptation in the Arab region with special focus on out of school setting. In addition, how to plan, implement, monitor and evaluate CLE programmes including highlights of reinforcing factors and precautionary measures.

#### **4. Recommendations**

This section provides functional recommendations on way forward and required actions for rollout and implementation of the Technical Guidance for out-of-school programmes.

## 1.5 How the Guidance was developed

In order to develop the argument for CLE in Palestine and ensure a guided approach in implementation of curriculum-based programmes, this guidance was developed in a highly participatory process. Following a comprehensive review of national, regional and international literature and relevant guidance documents in the Arab region, a combination of informative approaches were used including:

- Group and individual Consultations undertaken through workshops, sessions and FGD and individual key informant interviews, at different levels, with relevant governmental and I/NGO stakeholders, adolescents and youth, parents, counsellors, community and faith based leaders and influencers. (46) Individuals were engaged in FGD, KII, and nearly an equal number (40) in a national consultation workshop.
- A policy dialogue has been initiated with policy makers, adding valuable insights to the process, and will continue and expand to include religious and community leaders
- A small technical committee was set up to ensure quality and responsiveness of the CLE technical guidance to the national context and direct communication channels were opened with PFPPA and UNFPA Offices in few selected Arab countries to inform the process through learning about their experiences in and out of school setting
- A national workshop with key stakeholders including PMO, was planned for validation and endorsement of the CLE Technical Guidance, however, it has not been feasible due to the Israeli war on Gaza and relevant repercussions in the form of accelerated aggressions across the West Bank. Therefore, the CLE TG was circulated to key stakeholders for verification and endorsement

*(Please see Annex 1 for the list of participants in the consultation processes and policy dialogue).*

## 2. Understanding Comprehensive Life Education for Adolescent and Youth

Understanding Comprehensive Life Education is essential not only to eliminate misconception and controversy but also to form a common understanding of CLE within the national context. Stakeholders' knowledge of CLE concepts and educational approaches, particularly in out of school setting, is critical for creating an enabling environment for adolescent and youth learning about CLE concepts, which is of a great significance in shaping their comprehension and practices in their relationships with families and communities.

### 2.1. What is Comprehensive Life Education (CLE) - Defined nationally<sup>18</sup>

CLE is a curriculum-based process of teaching and learning about understanding human body, biological formation, emotional attachment, interpersonal relationships and their individual and social meanings, gender, intimacy and reproduction in or out of school. It interacts with physical, emotional and cognitive maturation and having control on and taking care of one's body.

It aims to equip adolescents and youth with knowledge, skills, attitudes and values that will empower them to:

- Realize their health, well-being and dignity,
- Develop respectful relationships with people around them,
- Consider how their choices affect their own well-being and that of others,
- Understand and ensure the protection of their rights throughout their lives.

It takes into account complex biological, social, psychological, spiritual, religious, political, legal, historic, ethical and cultural dimensions that evolve over a lifespan.

### 2.2. Principles and characteristics of CLE

Comprehensive Life Education programmes adhere to the following set of core principles and characteristics to be able to fulfil its educational and overall development objectives for adolescent and youth:

#### **Core principles of CLE programmes and curricula:**

- Affirming education for understanding the human body, emotional attachment, male – female characteristics, gender and reproduction, as a respected human right
- Enhancing critical thinking skills, promotion of young people's participation in decision-making, and strengthening their capacities for citizenship
- Fostering of norms and attitudes that promote gender equality and inclusion

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<sup>18</sup> The Palestinian definition endorsed by key (40) stakeholders in a national workshop on 2 August 2023, informed by the UN definition of CSE tailored to sensitivities of the Palestinian context.

- Addressing vulnerabilities and exclusion
- Ownership and cultural relevance

### Characteristics of effective CLE in out of school setting<sup>19,20</sup>



**Scientifically accurate:** The content is based on facts and evidence related to SRH and all CLE components



**Incremental:** CLE is a continuing accumulative educational process that starts an early age (i.e. preschool)



**Age and developmentally appropriate:** the content and approach of CLE is tailored to the development stage of different age groups of children, adolescent and youth



**Curriculum-based:** CLE has a written curriculum to ensure a structured educational approach that guides educators and enhances students' learning in in-school or out-of-school settings



**Comprehensive:** CLE develops adolescent and youth knowledge about a wide range of priority life issues including reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; gender-based violence (GBV); well-being and healthy relationships with others, STIs including HIV/ AIDS. In addition, adolescents and youth learn about social norms, attitudes and skills necessary for development into adulthood.



**Based on a human rights-based approach and gender equality:** CLE promotes children and young people's rights to health, education, access to information, equality and non-discrimination. It involves awareness raising about these rights and respect the human rights of others to ensure equal conditions, treatment and opportunities for realizing adolescent and youth full potential, human rights and dignity, and for contributing to (and benefitting from) CLE programmes



**Culturally relevant and context-appropriate:** CLE fosters respect and responsibility in relationships of adolescent and youth with others, supports them as they examine the effect of cultural structures, norms and behaviours on their choices within social, religious, legal, political, historic, ethical and cultural dimensions.

<sup>19</sup> Informed by UNFPA Arab State Regional Office, 2022, Towards scaling up comprehensive sexuality education in the Arab Region: an operational guide for UNFPA staff and partners working on CSE implementation

<sup>20</sup> UNESCO, 2018, Revised Edition, International technical guidance on sexuality education, An evidence –informed approach



**Transformative:** empowering, promoting critical thinking skills and strengthening young people's citizenship, nurture positive values and attitudes towards SRH, and develop self-esteem and respect for human rights and gender equality.



**Able to develop life skills needed to support healthy choices:** adolescents and youth have the ability to reflect and make informed decisions, capable of communicating and negotiating effectively while demonstrating confidence and decisiveness.

### 2.3. Key concepts of CLE Curriculum

Taking into consideration the earlier mentioned principles and characteristics of CLE, a written curriculum should be developed in out of school settings for eight key concepts and related topics that are indivisibly linked to universal human rights. The concepts are envisioned to be taught alongside one another while evolving in complexity and building on previous learning hence equally important and mutually reinforcing. Learning about these concepts is essential empowerment of adolescent and youth to make informed decisions about critical life issues and develop life skills and attitudes necessary for protecting them from risky behaviours. Simultaneously, enabling them to claim their rights and thrive to their full potential.

The following are the eight key concepts and topics in the CLE curriculum addressed within the framework of SRHR and wellbeing:

1. Relationships with family members, teachers, friends and peers including norms and difficulties in adolescence romantic physical and emotional attractions among others; tolerance, inclusion, respect, commitment and parenting
2. Values, human rights, cultures and understanding human body and emotions within culture and society in a framework of SRHR
3. Understanding gender: social structure of gender norms, gender equality, stereotypes and GBV
4. Violence and Staying Safe: privacy and bodily integrity, safe use of information and communication technologies (ICTs)
5. Skills for Health and Well-being: peers influence on risky (sexual) behavior, decision making, communication, refusal and negotiation skills, media literacy and finding help and support
6. The Human Body and Development: anatomy, reproduction, puberty and body image
7. Sexual Behaviour: sexual concerns, behaviors and responses, how to understand and manage sexual feelings and have control on actions, take informed decisions and assuming responsibility, e.g. abstinence etc.)
8. Sexual and Reproductive Health: Pregnancy, pregnancy prevention and contraception, HIV/AIDS and STIs risk reduction, treatment and support

The above concepts of CLE fall within culturally and religiously acceptable frameworks in the Palestinian society and could be further refined for enhanced compatibility in customized curricula and

programmes responsive to specific needs of vulnerable groups. In fact, many of CLE components are expressed in national priorities and somewhat addressed in programmes including gender equality, protection from violence and exploitation, SRH. However, internalizing adolescent and youth rights and duties towards their bodies and relationships while understanding the impact of risky behaviours on them, their families and the larger community, are components that CLE can tremendously enhance in and or out school setting.

The eight concepts are equally important in CLE curriculum and should be implemented incrementally in age specific applications; either in a standalone package and or integrated in existing school and or out of school curricula. Both approaches are valid and have their strengths and challenges, which determine their applicability or lack thereof in a given context whether in or out of school. Advantages and limitations of each approach will be elaborated in the following sections.

**2.4. In and out of school CLE – opportunities and limitations**

CLE reflects a life cycle approach, it ideally starts at preschool age and continues in school to university; therefore, integration of programmes in and out of school settings is the most favourable model. However, CLE can start with children, adolescents and youth at any stage of their lives in a formal and or informal setting as feasible. This is particularly important as incorporation of CLE in the formal education system continues to face challenges despite MOE acknowledgment that adolescent and youth (12-18\*) need CLE knowledge and skills to understand, cope with and have control over rapid physical, emotional, social and cognitive developments and sexual maturation. Therefore, in spite of their limitations, out-of-school CLE programmes can mitigate this gap and provide an alternative opportunity for adolescent and youth learning.

CLE in and out of school are mutually complementary approaches where each has its advantages and limitations to take into account upon planning and implementation to ensure optimal benefit from each:

In school CLE	Out- of- school CLE
<ul style="list-style-type: none"> <li>Delivered at school in a structured environment as part of the curriculum in age and developmentally appropriate sequence with added content over the years; predominantly commencing at 5 years of age</li> <li>Reaching a large number of adolescent and youth from diverse backgrounds in replicable and sustainable ways</li> <li>Schools provide long term programming opportunities for CLE as part of formal curricula (Over 12 years of schooling)</li> </ul>	<ul style="list-style-type: none"> <li>Provides curriculum-based education to adolescent and youth outside school curriculum in a non-formal setting</li> <li>Provides an opportunity for adolescents and youth (12-18+) to learn about CLE when it is not in their school curriculum or insufficiently included in it</li> <li>Enhances access of adolescents who are not in school to CLE (e.g. Dropouts, adolescents and youth with disability, in humanitarian setting, in juvenile reform institutions / prison adolescent etc.)</li> </ul>



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| <ul style="list-style-type: none"> <li>● Schools have the authority hence accountability to make learning environment protective and supportive for CLE</li> <li>● School-based CLE programmes are cost effective</li> <li>● Schools are ideal places for linking adolescent and youth, parents and families with other services (i.e. health and social development)</li> <li>● School counsellors have a key role in CLE not only as part of in-class learning process but also providing in-school counselling, and referral to external specialized services upon need</li> </ul> | <ul style="list-style-type: none"> <li>● Provides CLE tailored to needs of specific vulnerable groups (i.e. adolescents and young people with disabilities, in humanitarian settings, living with HIV, who use drugs, in juvenile reform centers or prisons, adolescent girls in shelters for protection from SGBV, etc.)</li> <li>● Flexible setting with potential for smaller groups, longer class times than in school, creative and interactive delivery of curriculum</li> <li>● Can be delivered by a facilitator in person, peer educators, parents, or using computer and or mobile-based virtual methods (i.e. Zoom, WhatsApp, Facebook, messenger etc.)</li> <li>● Encourage creation of support networks among adolescents and youth</li> <li>● Offer opportunities to sensitize parents and community leaders and facilitate access to SRH services</li> <li>● Include challenging topics and promote a rights-based approach rooted in gender equality and empowerment in a way that may not be feasible or acceptable in school setting</li> </ul> |
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### Challenges facing OOS CLE <sup>21</sup>

- Difficult to build community support due to cultural and religious sensitivities
- Reluctance of adolescent and youth vulnerable groups to attend OOS CLE
- Identifying, training, supporting and retaining facilitators who are ready, motivated, skilled and loyal to the content of the curriculum
- Logistical barriers, place and time for sessions, proving relevance and overcoming concerns of adolescent and youth and helping them to attend and ensure continuity of the group hence build-up of learning

<sup>21</sup> UNFPA, UNESCO, WHO, UNICEF, UNAIDS, hrp research for impact, 2020, International Technical and Programmatic Guidance on Out-Of-School Comprehensive Sexuality Education, An Evidence Informed Approach, For Non-Formal, Out-Of-School Programmes

Effective handling of these challenges necessitates a wide range of essential steps and precautionary measures to undertake throughout the planning, design, implementation and evaluation of OOS CLE. This will be discussed in details under section (4).

## 2.5. Standalone and integrated CLE - advantages and considerations

Deciding on a standalone or integrated CLE should be carefully examined from all aspects before commencing on the design of programmes for out of school. Although introducing CLE as a separate subject/programme in a standalone curriculum could be appealing, it might be more practical to integrate it in existing different subjects/programmes while ensuring that CLE content will not be diluted or overwhelmed by the content of these topics / programmes.

A standalone curriculum is designed to cover the CLE topics only and taught as a module by itself not as part of another broader issue or programme. Whereas, Integrated CLE refers to incorporating various CLE key concepts in broader issues hence becoming part of curricula / materials of these topics, for instance life skills, gender, GBV, ICT programmes among others. In out-of-school setting, it is not only possible to link CLE to existing programmes but also to supplement it with community level interventions. Nevertheless, the decision on either models in out of school setting is subject to availability of resources, needs of learners and community support for such programmes among other contextual factors.

The following table highlights key advantages and considerations for stand-alone versus integrated CLE in out-of-school setting, which stakeholders need to take into account to be able to decide the model that suits their context:

Standalone CLE	Integrated CLE
<ul style="list-style-type: none"> <li>Increases focus on core CLE concepts with clear educational outcomes</li> <li>Evaluation of adolescent and youth progress is easier</li> <li>Requires only one trained educator hence dependent on his/her commitment and abilities</li> <li>Possibly cost effective (i.e. limited number of human and educational resources)</li> <li>Taps into community resources to ensure acceptance and support</li> <li>Risks of unfavorable stand from CLE curriculum and reluctance of intended participants are</li> </ul>	<ul style="list-style-type: none"> <li>Complements existing programs and CLE skills are linked to broader thematic areas i.e. gender, GBV, SRH etc.</li> <li>Requires training of many educators and high level of coordination to ensure full CLE curriculum is covered across programmes</li> <li>Cost of training and materials are spread across programmes</li> <li>Greater number of personnel involved in programmes can lead to a more holistic approach</li> </ul>

higher in out-of-school setting if support of community is not ensured at the outset

- Outreach will be limited in out-of-school setting compared to CLE integrated in other subjects and or umbrella programmes

- Challenging CLE topics may be squeezed out by other subject content for not being mandatory
- CLE content diluted due to other programme priorities / poor fidelity
- Overview of progress and assessment for CLE curriculum is more complex

### Example - Palestine

PFPPA has been running a curriculum based out-of-school of programme of Comprehensive Sexual Education in the southern area of the West Bank, East Jerusalem and Gaza for nearly a decade. The programme has successfully used the internationally recognised curriculum for CSE “It’s all one curriculum”<sup>22</sup> as the basis for the content and approach of its programme with adolescents and youth. The curriculum has been adapted to Palestinian context, needs and priority issues of various age groups of adolescent and youth and informed the development of a training manual. This model of an adapted standalone curriculum proved to have notable impact on adolescents and youth who expressed their great satisfaction with the content and approach of the programme and the youth friendly health services associated with it.<sup>23</sup> However, outreach will remain limited if not complemented with a programme in MOE school.

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<sup>22</sup>

<sup>23</sup> PFPPA, Dec 2022, Impact of CSE Programme on Knowledge, Attitudes and Practices of Palestinian Youth (*Conducted by Abu Hwajj Assurance and Consulting Services*)

### 3. Palestine Argument for CLE

Palestine is a country with high proportion of young population where nearly 7 in 10 people are under the age of 30 including 4 in 10 children are adolescents (10-18)<sup>24</sup>. The National demographic projections estimate an increase of one million in this young population by the end of the decade and emphasizes the necessity to provide access of adolescents and youth to quality education, adequate nutrition and health, and access to SRH information and services to ensure demographic dividend and economic growth (<sup>25,26</sup>). This is critical, particularly in the context of protracted occupation, recurrent aggressions, internal political fragmentation, poverty and social exclusion, inequality and lack of power, scarce resources and diminishing hope of a better future. Such intricate circumstances increase risks on young people's physical, mental and psychosocial wellbeing, which aggravate their vulnerability to discrimination, GBV and undesired often-destructive sexual and reproductive health related behaviours. Therefore, providing access to information and services vastly influences adolescent and youth choices concerning abandoning education, unemployment, lack of engagement and participation in making decisions about their lives and their country's political and economic future.

Building knowledge and critical thinking skills of adolescent and youth and advancing non-judgmental attitudes through CLE will certainly support their safe passage to adulthood and equip them with necessary tools to make informed choices and manage various stresses in their lives. The following sections highlight pressing issues / risks that vastly influence their growth and underpin CLE as an inseparable component of their formal and informal education:

#### 3.1. Overview of adolescent and youth CLE priority issues

##### Access to information - education

Adolescents and youth are living in a patriarchal conservative society that suppresses open discussion and hinders access to comprehensive information on the key CLE concepts, particularly SRH and sexual behaviour. Evidently, 7 in 10 girls and women expressed embarrassment to discuss SRH issues with others<sup>27</sup> while parents and teachers showed a widespread preference to avoid discussing SRH issues with children and adolescents. This attitude stems from sociocultural beliefs and misinterpretation of religious provisions; often coupled with lack of knowledge and tools for providing incremental and age appropriate SRH information / education at home and or in school.<sup>28</sup>

Prevalently, adolescents and youth seek information mainly from digital and social media platforms followed by friends and family and least from school.<sup>29</sup> More than half of adolescents spend considerable hours on social media searching for health information including SRH without guidance

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<sup>24</sup> PCBS, 2023, highlights the Palestinian children's situation on the occasion of the Palestinian Child Day, 05/04/2023 (66%>30 yrs/ 44% under 18yrs and 41% adolescents (10-18) yrs.

<https://www.pcbs.gov.ps/site/512/default.aspx?lang=en&ItemID=4484>

<sup>25</sup> PMO, Palestinian National Conference on Demography Between Resilience and Development, projections for 2030

<sup>26</sup> UNFPA, Palestine 2030 Demographic Change: Opportunities for Development, December 2016, p115

<sup>27</sup> PMRS-UNFPA, The Social Norms related to Sexual and Reproductive Health and Rights of Young Women and Girls, Palestine, 2019

<sup>28</sup> Sharek-UNFPA, Social Norms and Sexual and Reproductive Health Among Youth in Palestine, June 2020

<sup>29</sup> Sharik, Social Norms and Sexual and Reproductive Health Among Youth in Palestine, June 2020

or protection from misuse, becoming victims or perpetrators of cyber violence, abuse and exploitation. Evidently, around 1 in 5 adolescents reported exposure to cyber bullying, while nearly 1 in 10 bullied others.<sup>30</sup> In addition, adolescents and youth have been a prey of virtual / cyber sexual abuse where 1 in 10 girls and boys (12-17 years) and similar percentages of female and male youth have been subjected to all sorts of harassment, extortion and threats through social media portals.<sup>31</sup>

Denying adolescent and youth access to SRH information/CLE increases their vulnerability to unsafe sexual experiences, which may expose them to sexual exploitation and abuse, sexually transmitted infections, unwanted and or high-risk pregnancy and childbirth. Undeniably, research has shown that 22 percent of older adolescent males (17-18) and a similar rate of females reported having sexual experiences<sup>32</sup> although it is unacceptable behaviour in the Palestinian society that favours sexual abstinence equally for both sexes. However, society tolerates premarital sexual activity of young males while adolescent girls and young women are exposed to stigma and “honour killing”.

Adolescents and youth often face gender-specific barriers that infringe their fundamental rights and diminish their opportunities for education, health, safety, social relations and citizenship. Girls for instance face gender discrimination, early marriage hence pregnancy and childbirth, and GBV.

### **Child / early marriage and childbirth**

Although Child and early marriage in the country is on a declining slope towards 1 in 10 girls, literature indicates that marriage of adolescent girls is still alarmingly high in certain parts of the West Bank and Gaza. For instance, it is approximately 4 in 10 girls in certain Area C localities (i.e. Jordan Valley and southern parts of the West Bank including H2 area) and 3 in 10 girls in East Jerusalem and some localities in Gaza (i.e. ARA, Khan Younis and Rafah Refugee Camps)<sup>33</sup>. Married girls are less likely to have SRH knowledge or control on their reproductive life decisions as their access to information/education and basic services particularly SRH is severely constrained. Accordingly, prevalence of modern family planning methods among married adolescent girls (15-19) does not exceed 15 percent and adolescents' birth rate is at 48 per 1000 in Gaza more than the world standard average 44/1000 compared to 39 in the West Bank.<sup>34</sup> Taking into consideration child bearing among adolescents in Gaza is double the percentage in the West Bank at 8 percent, pregnancy of adolescent girls bears a higher risk of micronutrient deficiencies hence increased prevalence of anaemia, risky childbirth and increased infant mortality.<sup>35</sup> In result, complications of early pregnancy and childbirth may lead to death, detrimental social and psychological effects and school dropout.

### **Sexual and Gender Based Violence**

More than half of adolescents (10-14) experience violent discipline at home and school with nearly one in three adolescents subjected to severe physical punishment while the vast majority (90 percent)

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<sup>30</sup> Juzoor, The Use of Social Media and its Impact on Palestinian Adolescents' Health and Wellbeing “Baseline Study”, 2021 ( National Conference on adolescent and youth, 4 October, 2021) – 10&8 % (12-17 yrs) / 9 &10% (older youth)

<sup>31</sup> PCBS, Survey on Violence in the Palestinian Society, 2019

<sup>32</sup> UNFPA, Youth in Palestine, Policy and program recommendations to address demographic risks and opportunities, October 2017 p11

<sup>33</sup> GBVSC-CPWG Strategy for addressing Child / Early and Forced Marriage in the West Bank and Gaza, Special Focus on Girls, 2020

<sup>34</sup> MICS 2019-2020

<sup>35</sup> UNICEF-PCBS, MICS 2019-2020, Fertility and Family Planning , Percentage of females age 20-24 years who have had a live birth before age 18, by background characteristics

are exposed to psychological aggression, increasing risk of psychosocial disorders and functioning difficulties. Whereas Girls (15-19) are subjected to unacceptable levels of discrimination and harassment mainly on the basis of gender and socioeconomic status.<sup>36</sup> In addition, married adolescent girls are at a high risk of SGBV with little knowledge and skills to protect themselves besides, their limited education and experience restrict alternative opportunities available for them if they opted to leave marriage.

The most reported form of violence in the Palestinian society is psychological aggression whereas the least reported is sexual violence. For instance, the latest national violence survey<sup>37</sup> revealed that 1 in 3 married women including youth is subjected to spouse violence mainly in the form of psychological aggression whereas 1 in 10 women including youth to sexual violence. However, more than half of women victims/survivors of violence chose not to report SGBV, which explains underreporting hence low prevalence. The majority of adolescents and youth, particularly women and girls, are silent about SGBV incidents to avoid social stigma and fear for their lives, besides lack of information about protection from violence services or having little trust in the system.

### **STIs / HIV-AIDS.**

Unlike the Arab Region, that shows accelerated incidence of the epidemic,<sup>38</sup> Palestine has less than a hundred cases of HIV/ AIDS infections reported during the past 30 years, primarily males including youth older than 20 years of age. However, this could rapidly change if young people are not aware of the disorder transmission means or have misconceptions about it.<sup>39</sup> Evidently, the percentage of adolescents and youth who have a comprehensive and correct knowledge of HIV prevention and transmission is insignificant. For instance, misconceptions about HIV transmission are common and adolescents (15-19) are much less aware of protective measures of HIV/AIDS. Harmfully, 8 in 10 adolescents and youth have discriminatory attitudes towards people living with HIV including infected children while 7 in 10 adolescents and young women indicated that people hesitate to undertake the HIV test because they are afraid of people's reaction if the test result is positive.<sup>40</sup> Therefore, adolescents and youth are less likely to report these conditions to avoid social stigma and isolation. Consequently underreporting has rendered data on adolescents and youth SRH risk behaviours scarce and made prevention and early detection interventions challenging.

### **High-risk behaviours and life styles**

- **Illicit drug use:** Adolescents and youth live under highly stressful conditions in Palestine with slim opportunities for normalcy and limited protective measures. Therefore, many of them, particularly males, adopt harmful coping mechanisms including smoking, drug use and alcohol consumption to relieve stress without fully understanding the impact on their future health and overall wellbeing. For instance, the incidence of illicit high-risk drug use in the West Bank and Gaza is estimated at 26,500, predominantly among male youth at the age of 15 and above. Half of them, particularly in the West Bank, started using drugs before they turned 18.<sup>41</sup> Apparently, alcohol consumption and illicit high-risk drug use are much higher in East Jerusalem where adolescent and youth display

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<sup>36</sup> MICS 2019-2020

<sup>37</sup> PCBS, Survey on Violence in the Palestinian Society, 2019

<sup>38</sup> Arab League - UNFPA ASRO, Multi-sectoral Arab Strategy for Maternal, Child, and Adolescent Health 2019-2030

<sup>39</sup> UNFPA, Palestine 2030 Demographic Change: Opportunities for Development, December 2016, p97

<sup>40</sup> UNICEF-PCBS, MICS 2019-2020, p110

<sup>41</sup> MOH and The Palestinian National Institute of Public Health (UNODC/WHO), Estimating the Extent of illicit Drug Use in Palestine, November 2017

greater high-risk behaviours, attributed to significant sociopolitical tension, economic stagnation, poor social services and easier access to these substances from Israel.<sup>42</sup> For instance, 1 in 4 users shared their injecting equipment with others and a similar rate reported selling or buying sex in exchange of money or drugs while two thirds of users do not use condoms hence augmenting risk of HIV epidemic.<sup>43</sup>

- **Obesity and self-image:** Harmful lifestyle and dietary habits has resulted in overweight and obesity reported among adolescents (15-18) at nearly 24 percent, with a significantly higher prevalence in the West Bank (26%).<sup>44</sup> Certainly, obesity is a rising concern that not only affects adolescent and youth self-image, relationships, SRH wellbeing but also most importantly poses a higher risk of adolescent and youth mortality. Enhancing self-confidence and enabling adolescents and youth to take informed decisions for healthy life styles are key components of CLE that maximize benefits from health information and services

### 3.2. CLE related efforts in Palestine

The government's commitment to take action to enhance SRH/ CLE concepts in the national education curriculum, by the end of the current decade, has been fluctuating between intermittent progress, stagnation and setback. For instance, MOE integrated SRHR in the old educational curriculum "Health and Environment" and trained teachers and counsellors to convey the information through the development of a national teacher manual on adolescent SRHR.<sup>45</sup> However, despite the effectiveness of the specialised curriculum in addressing targeted SRHR/CLE related issues, it was later cancelled and some of its components were integrated in other topics, which led to dilution of these components and posed difficulty to assess delivery and impact on schoolchildren.<sup>46</sup> However, at the 2018 "National Conference on Sexual and Reproductive Health in Schools in Palestine", MOE renewed its commitment to CLE, working jointly with NGOs and becoming a member of the established PAHC. Besides, MOE cooperated with NGOs in CLE related activities and joint initiatives in schools until recently interrupted by conservatism, which aggravated distrust in relevant programmes and subjected stakeholders including MOE to enormous pressure, which led to put them on halt.<sup>47</sup> However, NGOs with support from UNFPA designed innovative digitized tools for SRHR information and established centres for youth friendly health services in selected universities. Undeniably, incorporating CLE in school curriculum and institutionalization of relevant programmes, in and out of school, continue to face challenges pertinent to adverse institutional culture within line ministries and conservatism of some community groups.

At present, national mechanisms and processes to fulfil government commitment in the education, health and social development sectors are fragile and policy support for advancing CLE in national curricula and the educational system as a whole is inadequate and falls short of required actions to

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<sup>42</sup> UNFPA –Norwegian MOFA, Youth in Palestine, Policy and programme recommendations to address demographic risks and opportunities, October 2017

<sup>43</sup> MOH and The Palestinian National Institute of Public Health (UNODC/WHO), Estimating the Extent of illicit Drug Use in Palestine, November 2017

<sup>44</sup> ICPH-BZU, Prevalence of overweight, obesity, and associated factors among adolescents in the occupied Palestinian: a cross-sectional study, July 2021

<sup>45</sup> UNFPA-ASRO (2020), Between 3eib and Marriage: Navigating Comprehensive Sexuality Education in the Arab Region

<sup>46</sup> KII with MOE Comprehensive Health General Directorate

<sup>47</sup> *ibid*

overcome the increasing risks on wellbeing of adolescent and youth.<sup>48</sup> In addition, government political and financial commitment to CLE programming is hampered by political instability caused by the protracted occupation and internal geopolitical split rendering adolescent and youth CLE work far down the government priority agenda, which disables institutionalization and advancement of CLE across the West Bank and Gaza.

The vast majority of consulted stakeholders emphasized that uncertainty and reluctance about curriculum based CLE could be alleviated through enhancing positive gender and social norms and fostering accurate interpretations of relevant faith based provisions besides using culturally sensitive terminology clarifying the meaning of CLE in terms of content and results for adolescents and youth within the Palestinian intricate context.

### 3.3. Strategies to address conservative stands and reluctance towards CLE

Traditional and conservative norms in Palestine and the Arab region are often religiously motivated and politically associated. Evidently, opposition to SRHR and CLE for adolescent and youth is on the rise and becoming more organised, politically engaged, coordinated and well prepared. This has been indicated in the strong conservative views on gender and SRHR within state institutions and faith based political parties. Therefore, addressing opposition and proposing CLE programmes while building unconventional partnerships need to be wisely approached by CLE stakeholders.<sup>(49, 50)</sup>

Within this context, the following are possible response strategies to overcome barriers and challenges to CLE at national, subnational and local levels engaging government, CSOs, communities including adolescent and youth, parents, community and religious leaders:

#### 1. Creating alliances at all levels through protecting progresses, preparing for opposition and identifying appropriate entry points:

- Search for best partners within government by identifying main allies within health, education and social development ministries at national or district level
- Strengthen links with influencers and political figures/entities supporters of ICPD agenda and find entry points to judiciary systems
- Support Judiciary staff who are capable and willing to mitigate anti gender movements in judicial strategies

#### 2. Strengthening CSOs partnerships and partner communities

- Support youth led and faith based advocacy, and community work of young leaders' groups.
- Engage meaningfully with parents, families and teachers, community and religious leaders; create and support community networks of allies for CLE / SRHR
- Try to understand and monitor opposition through participation in their meetings; and initiating dialogue to find the balance between religious teachings, scientific evidence and lived reality of adolescents and youth.

<sup>48</sup> KIIs and FGD with MOE, MOH, MOSD, NGOs, Adolescents and youth, parents and religious leaders etc.

<sup>49</sup> UNFPA Arab State Regional Office, 2022, Towards scaling up comprehensive sexuality education in the Arab Region: an operational guide for UNFPA staff and partners working on CSE implementation

<sup>50</sup> KIIs and FGD with MOE, MOH, MOSD, NGOs, Adolescents and youth, parents and religious leaders etc.



- Enhance government – CSO alliances for participation in relevant national, regional and intergovernmental meetings as an entry point

- Monitor violation of adolescent and youth SRHR/CLE rights, particularly women and girls to create “witness cases”
- Support monitoring of SRHR / CLE services to detect alarming issues and required responses ahead of time

### **3. Preparing CSOs for potential opposition through coordinated approach and research**

- Create and or reinforce an existing CSO coalition; identify focal points for tracking, collecting and exchanging information on opposition
- Map potential and existing opposition and their allies and develop appropriate messaging to counter opposition
- Conduct public opinion survey to produce evidence on adolescent and youth opinions about CLE

### **4. Reinforcing communication for CLE**

- Select media partners and allies and strengthen social media work with influencers on various platforms.
- Develop and implement communication strategy that takes into consideration contextually relevant and sensitive language and framing of CLE. Devise simple messages for dissemination through social media and other platforms
- Design and produce the same dialogue in different ways, with different degrees of development and specificity, taking into account the specific needs, functions and interests of the recipients
- Explore creating parents’ networks that supports CLE

## **3.4. CLE in national and global policy framework**

There are a number of national policies and strategies that guide design and implementation of sectoral programmes for adolescent and youth, which include many of the CLE concepts under broader topics. Therefore, it is important for stakeholders to be aware of these policy frameworks not only to build a case for CLE programmes but also to be able to ensure complementarity of CLE with these programmes as relevant. Legal frameworks on the other hand are not all conducive to adolescent and youth CLE / SRH rights although favourable reforms were undertaken in the past few years. Similarly, it is crucial to recognise Palestine's ethical commitment to conventions and global agreements that may advance action and accountability to adolescents and youth CLE rights at national level.

The following summarises key national policy and legal frameworks that may inform CLE programmes besides international HR tools:

## National policy and legal framework to consider in CLE programmes

### Relevant Laws

- *Raising the minimum age of marriage to 18 years for girls and boys in the amendment on the Personal Status Law<sup>51</sup> paired with giving Sharia Judges the right to make exceptions to marry off girls.<sup>52</sup>*
- *Legislations that criminalize SGBV against women and girls do not exist as the Bill on Protection from Family Violence and Palestinian Penal Code are still in draft form.*
- *Currently enacted Penal and Criminal Codes undermine many of the adolescent and youth SRH rights they both criminalise sexual harassment and rape but not marital rape; and both prohibit abortion of women and girls victims/survivors of rape, homosexual conduct is criminalized even between consenting adults, particularly in Gaza.<sup>53</sup>*
- *In the West Bank, <sup>54</sup>exoneration of perpetrators of rape by marrying victim/survivor has been recently repealed in the Penal Code, while in Gaza, the law is lenient towards perpetrators of “honour killing”*
- *Enacted Child Law includes provisions that ensure SRH rights of children (Adolescents and youth under 18 years), nonetheless, implementation is not widespread.*

## Sectoral supporting policies and strategies

### Education Sector (MOE)

- *Protection from violence in school policy and referral guidelines*
- *A policy of inclusive education allowing married adolescent girls to resume education in schools*
- *Teachers/counsellors Guide for Adolescents’ Health including SRH*
- *A policy for “Comprehensive Health Approach” in schools including SRH and pertinent Comprehensive Health Guide for Palestinian Schools*
- *Comprehensive sexual and reproductive health education is not provided in schools and implementation of policies faces multiple hindrances at different levels.*

### Health Sector (MOH)

- *National Sexual and Reproductive Health Strategy 2018 – 2022*
- *SRH guidelines namely Family Planning and HIV/AIDS protocols, referral protocol for SGBV victims/survivors*

<sup>51</sup> Amendments of relevant articles of the Personal Status Law were endorsed by a presidential decree in October 2019 raising the age of marriage to 18 years but with wide authority for the Sharia Judge to make exceptions

<sup>52</sup> GBVSC and CPWG (Wadi Asmahan), Strategy for addressing Child Early and Forced Marriage in the West Bank and Gaza (Special Focus on Girls), Feb 2020, p8

<sup>53</sup> UNDP, Palestine Gender Justice, Assessment of laws affecting gender equality and protection against gender-based violence, 2018

<sup>54</sup> UNDP, Palestine Gender Justice, Assessment of laws affecting gender equality and protection against gender-based violence, 2018

- A Protocol for Youth Friendly Health Services

### **Social Development Sector (MOSD)**

- National child protection strategy
- Referral protocols for children and women victims/survivors of SGBV

### **Global agreements / International treaties / conventions and human rights frameworks**

*Palestine has acceded or officially expressed its commitment to the following human rights frameworks, which can be used to advocate for CLE policies and programmes in and out of school:*

### **The International Conference for Population Development (ICPD) Programme of Action - agenda of 2019 ICPD25:**

*Palestine commitment in the ICPD25 – 2019 “ The Government of the State of Palestine commits to integrating Comprehensive Sexuality Education (CSE) programs, in line with the UN technical guidance, in all schools by 2030.*

### **2030 Agenda on Sustainable Development Goals (SDGs):**

- SDG 3.7: *“Universal access to sexual and reproductive health care services, including for family planning, information and education”.*
- SDG 4.7: *“All learners acquire knowledge and skills needed to promote sustainable development, including among others through education for [...] human rights, gender equality...”*
- SDG 5.2: *eliminate all forms of violence against girls*
- SDG 5.3: *eliminate all harmful practices such as child, early and forced marriage.*

### **Committee on the Rights of the Child (CRC)**

*General comment No. 20, para 61: “Age-appropriate, comprehensive and inclusive sexual and reproductive health education, based on scientific evidence and human rights standards and developed with adolescents, should be part of the mandatory school curriculum and reach out-of-school adolescents”.*

### **Committee on the Elimination of Discrimination Against Women (CEDAW)**

*General Recommendation 24, para 23: “Particular attention should be paid to the health education of adolescents, including information and counselling on all methods of family planning”; such education should address “gender equality, violence, prevention of sexually transmitted diseases and reproductive and sexual health rights”.*

### **CEDAW**

*Article 10(c): The elimination of any stereotyped concept of the roles of men and women at all levels and in all forms of education by encouraging coeducation and other types of education which will help to achieve this aim and, in particular, by the revision of textbooks and school programmes and the adaptation of teaching methods.”*

## 4. Recommended Approaches and Entry Point

Creating an enabling environment and building support for CLE programmes requires continuous efforts at policy and community levels. As elaborated in earlier sections, although inadequate, policy frameworks that support CLE components exist and some CLE concepts are often addressed as part of broader topics in school curricula or out of school activities and programmes. Nevertheless, some primary CLE concepts are considered sensitive including but not exclusive to SRH issues, gender, SGBV, human body and emotions and sexual behaviour. Therefore, preparation for Out-of-school CLE is necessary to enhance ownership, trust building, partnership and compatibility with community needs and aspirations, besides mitigating conservative stands.

It is vital to build support for the OOS CLE through explaining what CLE means and providing evidence on why it is needed and what it is aiming to achieve, besides addressing stakeholders' concerns, questions and any misconceptions about the influence of CLE on adolescent and youth behaviours. This is particularly important in communities where adamant opposition is anticipated.

The following are common concerns about certain CLE components and suggested responses that stakeholders can use during programme development process:

### 4.1. Common concerns and responses

Concerns	Responses
Some CLE concepts go against our culture and religion	CLE content and approach are developed in line with Palestinian cultural and religious values. Key stakeholders including religious leaders can assist programme developers and providers to engage with the key values central to our religions and culture. Religious beliefs will inform what people do with the knowledge they possess.
Religious leaders may not support CLE	MORA, Sharia judges, Ifta department and other Faith-based organizations / entities and relevant scholars can provide guidance to programme developers and providers on how to discuss religious provisions. In addition, religious leaders value young people's well-being hence can participate by acting as models, mentors and advocates.
Parents will object adolescent and youth CLE	CLE programme in or out of school aims to work in partnership with parents to strengthen the Palestinian family values through CLE concepts; and supports them to respond to adolescent and youth sensitive questions about their bodies, emotions, self-image, SRH etc. In addition, many parents express the need for help on how to react to difficult situations (i.e. when adolescents are exposed to

	explicit sexual materials or bullied on social media and or online violence) and how to access and provide accurate information to their children.
Adolescents innocence will be damaged and they will be encouraged to engage in sexual behaviour	In the absence of CLE, adolescents and youth can be vulnerable to conflicting and sometimes even damaging messages from their peers, the media or other sources. Therefore, a quality CLE customized to the Palestinian context provides scientifically accurate and appropriate information and emphasizes positive values and respectful relationships. In addition, CLE includes information on life skills that enables adolescent and youth to become critical thinkers who are capable of taking informed decisions to protect themselves from risky sexual behaviours and or sexual abuse and exploitation.
Adolescent and youth already know about CLE concepts through internet and social media	It is difficult for adolescents and youth to distinguish between accurate and inaccurate information provided by online media, which does not necessarily provide age-appropriate and accurate facts and can provide biased and distorted messages besides exposing them to risks of cyber violence. CLE can support young people safely to navigate the Internet and social media and can help them identify correct and fact-based information. In addition, unlike CLE, online media does not offer the space for young people to discuss, reflect and debate the issues, nor to develop the relevant skills.
CLE is drafting adolescent and youth towards alternative lifestyles	It does not endorse or campaign for any particular lifestyle other than promoting health and well-being for all without discrimination and judgmental attitudes. Everyone has the right to accurate information, services and protection from harm.

## 4.2. Effective CLE strategies

Learning from experiences in Palestine and around the world, the following strategies proved to be effective in planning in or out of school curriculum-based CLE programmes that could be further adapted to the national context in Palestine:

- Meaningful engagement of adolescent and youth in planning and implementing CLE programmes is essential to ensure curriculum responsiveness to their needs and rights (i.e. influencing decisions and actions through policy dialogue and advocacy, peer learning, networking and community mobilization)

- Integrated programmes in and out of school that link CLE with youth friendly health services enhance reach to vulnerable groups of young people
- Programmes that focus on CLE mutually reinforcing concepts proved more effective than single focus programmes. For instance, pregnancy prevention- contraceptive use and STI/ HIV prevention etc.
- Gender responsive programmes are essential for achieving key health outcomes; i.e. reduced rates of early and unintended pregnancy and SGBV
- Capacity building of CLE educators / facilitators to enhance skills and readiness for addressing CLE key concepts by using interactive creative teaching /learning approaches
- Reliability in implementation, when curriculum is delivered as intended in terms of content and approach, proved to have the desired impact on health outcomes of adolescent and youth

### 4.3. Establishing CLE programmes

Creating a sound CLE programme in an out of school setting necessitates essential steps throughout the planning, development and implementation phases. The following highlights required steps paired with good practices, practical advice and some examples with focus on out of school CLE:

#### Building Support

- At policy level: make use of existing international frameworks and strengthen national policies that support provision of CLE as a useful entry point for advocacy and lobby decision makers and influencers to put it on the national agenda. (See section 3.4 for national and international policy frameworks that can be used in Palestine)
- At community level: Build community support and address opposition through shared ownership and solid partnership with young people, key stakeholders including line ministries (i.e. MOE, MOH and MOSD) and relevant CSOs, parents/guardians, community and religious leaders, media persons and private sector. Simultaneously, be prepared to address political, cultural and religious conservatism appropriately to mitigate challenges. (See section 3.3)

#### Example 1 - Jordan

*As part of COVID-19 response, UNFPA conducted a campaign in Jordan to promote parent–child dialogue on sexual health, with intergenerational messaging for parents. The campaign addressed parents as a primary audience with the slogan “See it with their eyes”, displaying how adolescents view their parents if they are not listening or addressing risks during this phase of life. The campaign reached more than 2.1 million users on social media*

#### Example 2 – Tunisia

*In Tunisia, various advocacy groups, institutions and NGOs, including teachers unions and youth-led organizations combined their efforts and planned interventions; and joined one advocacy plan to accelerate the adaptation and integration process of the sexual education curriculum in schools.*

## Practical Advice

### DO

- Undertake a community needs assessment to identify specific needs of adolescents and youth groups within their social context
- Engage adolescent and youth in design and implementation of the CLE programmes and materials
- Involve government, line ministries and CSOs, faith based organizations, families and representatives of specific groups of young people (i.e. with disability or in humanitarian settings) in adapting CLE as necessary for each group of adolescent and youth

### DON'T

- Assume stakeholders know all about CLE and accept it
- Underestimate political and cultural reluctance towards CLE
- Make assumptions about needs of various vulnerable groups or foster one model of CLE curriculum for all groups / audiences

## Programme Development

### A. Identify your goals before deciding on interventions

Prior deciding on implementing specific CLE interventions, it is critical to develop a “Theory of Change”<sup>55</sup> (TOC) to ensure that the CLE programme is logical, evidence based, targeted and measurable.

#### Essential Steps

Developing a TOC for CLE requires programme developers to:

- Determine CLE programme long-term goals
- Clearly define outcomes that will lead to achieving these goals
- Design interventions that will lead to achieving the defined outcomes

Then map the above three elements in a graphical form showing the logical relationships between them in a sequential flow. This logic model can later be used to guide design of tools for monitoring and evaluation of programme results.

**Example of TOC only for one outcome of many for out-of-school CLE specified goal**

**Graphical Form**

**Goal** *To enable adolescents and youth (12-18\*) to make informed choices related to their sexual and reproductive health and wellbeing; and protect themselves from risky behaviours*

**Outcomes** *Outcome 1: Adolescent and youth (12-18\*), particularly vulnerable groups, are increasingly aware of their SRH rights and have the required knowledge and skills to lead a healthy life within families and communities that are attentive to their SRH needs and right*

- Outputs**
- 1.1 Evidence based awareness and behaviour change campaigns implemented with and for adolescents and youth*
  - 1.2 Open dialogue on adolescent and youth SRHR implemented with policy makers, community and religious leaders*
  - 1.3 SRH materials / curricula customized for adolescent and youth needs/rights (12-18+) developed for OOS setting*
  - 1.4 Adolescent and youth capacity to safely use digital sources for CLE information and services enhanced*
  - 1.5 Adolescent and youth life skills (i.e. critical thinking, negotiation, assertiveness, analysis, etc.) reinforced*
  - 1.6 Community based interventions with parents/guardians and families to address misconceptions and stigma undertaken*



## **B. Be familiar with your context**

The use of Participatory Action Research (PAR) is recommended for understanding the context in which CLE will be implemented. This type of research enables adolescent and youth, stakeholders, parents and or community members, to be actively involved in selecting research topics, collecting and analysing data and deciding on required actions based on findings.

### **Essential steps and Good practices**

- Undertake a situation analysis that examines relevant laws and policies, adolescent and youth SRH outcomes and need for CLE at national and local levels while identifying gaps in existing CLE interventions in or out of school
- Assess the social and SRH needs and behaviours of adolescent and youth (12-18+) targeted by the CLE programme based on their evolving capacities
- Think about how to integrate or link OOS CLE with existing programmes. These may include gender equality, protection from GBV, SRH, engagement of boys and young men, promotion of girls' education, campaigning against child marriage, prevention of HIV transmission and legal reforms.
- Consider how to supplement the CLE programme with community level interventions, in other words, educating the community as a whole and addressing stigma, discrimination and violence against adolescent and youth, may generate interest and acceptance of the community and provides multiple entry points for them to access the programme
- Facilitate access to related services; link CLE with referral of adolescent and youth to services like health including SRH, social protection, vocational training, remedial education, legal aid and other services as relevant
- Consider optimal timing and frequency of CLE sessions in a way that does not disrupt other aspects of life of adolescent and youth. Decide on whether to use a course over a period of consecutive days or weekly sessions over a set period. The latter is preferred if feasible for it gives participants a greater opportunity to absorb and apply what they have learned, stay engaged hence learn further and gradually change attitudes and behaviours

### C. Identify your curriculum

The curriculum content and approach is pivotal in the education / learning process of CLE hence should be planned methodically, pilot tested and adjusted as necessary before endorsement and rollout.

#### Essential Steps and good practices

- Ensure that curriculum covers a comprehensive range of CLE topics (See section 2.3) that are incremental, age appropriate, fact-based, pragmatic and non-judgmental
- Involve experts in SRH, human body and emotions, pedagogy, behaviour change and curriculum development, faith based experts and scholars
- Ensure that curriculum content is culturally relevant without dismissing rights violations resulting from harmful traditional practices, for instance child marriage, GBV, stigma related to some SRH services for some groups of adolescents
- Address contextual risk factors that adolescents and youth face including poverty and discrimination based on gender, disability, socioeconomic marginalization etc.
- Take into account formal and informal CLE that adolescent and youth are receiving elsewhere as well as social and media influences on people's attitudes and behaviours
- Design curricula addressing specific gender needs like including information and activities that promote adolescent girls' agency and self-esteem and boys' comprehension and ability to support these needs

#### Practical Advice

##### DO

- Clearly identify goals and learning outcomes at each age level
- Develop age appropriate content and facilitate access to relevant services
- Consult with Parents/ guardians and provide parent focused CLE to parents of younger adolescent

##### DON'T

- Provide one CLE to all age groups regardless of different needs
- Exclude parents or family members from community engagement
- Assume that parents are not willing to learn about CLE and how to react in certain situations

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| <ul style="list-style-type: none"> <li>• Address how biological experiences gender and cultural norms affect the way adolescent and youth navigate their SRH in general <sup>56</sup></li> <li>• Address specific risks and protective factors that affect particular behaviour and address life skills</li> <li>• Use CLE to encourage advocacy for changing policies and adverse social norms, reducing stigma and advocating for adolescent and youth access to SRH services</li> <li>• Estimate resources required to develop and implement the curricula (Human, technical and financial)</li> <li>• Build curricula on what already exist</li> <li>• Plan for sustainability and scale up by integrating CLE and capitalizing on existing systems and resources</li> <li>• Look for opportunities to provide CLE for vulnerable adolescent and youth in humanitarian setting</li> </ul> | <ul style="list-style-type: none"> <li>• Focus only on adolescent and youth knowledge</li> <li>• Blame participants for structural problems; i.e. criticising young men for harmful attitudes towards girls and women</li> <li>• Dismiss limitations in available resources that often result in poor implementation or premature termination of curricula</li> <li>• Start from scratch: Assume that CLE cannot be provided in unstable contexts or cannot be addressed with people from conservative cultures</li> </ul> |
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## Programme implementation

### A. Establish mechanisms for sustainability and scale up

#### Essential Steps

Implementation, sustainability and scale-up of OOS CLE programmes require:

Securing national and community ownership of the programme

- Careful planning, costing and allocation of resources to ensure sustained and effective scale up
- Regular monitoring, evaluation, and documentation of results since the start of the programme

<sup>56</sup> Example: girls' experiencing menstruation or adolescent boys experiencing peer pressure to fulfil male stereotypes like physical strength, aggressive behaviour and sexual experience.

### Example - Palestine

Juzoor, in cooperation with UNRWA Family Protection Programme, implemented a comprehensive SRH education in the Palestine refugee camps for several years. Comparing a KAP baseline assessment and post implementation study demonstrated a visible impact on enhancing SRH knowledge, attitudes and practices of various age groups of targeted schoolchildren. Therefore, the partnership expanded to involve MOE and MOSD related programmes, where the SRH programme included government schools and most marginalized groups of adolescent and youth. In addition, further scaling up of the comprehensive SRH programme included the Palestinian refugee camps in Jordan, Syria and Lebanon, through partnership with UNRWA, which enabled not only sustainability of the programme but also taking it to a regional scale.

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## B. Engage the community

### Essential Steps

- Include parents, teachers, community leaders, religious and faith-based organizations, media and other gatekeepers in the implementation of the CLE. Engage them as resource persons, advisors, supporters, facilitators, advocates and role models, participants in community interventions and relevant community networks/ forums, participants in CLE training as trainers / trainees and in any other form or entity.

## C. Establish a training system for facilitators

Selecting facilitators and ensuring they are culturally competent and capable of clearly communicating CLE concepts and approaches with participants is pivotal for effective CLE programmes. Facilitators can be respected community members, peers and young people a few years older than adolescents and youth (12-18<sup>+</sup>) or health professionals providing OOS CLE. Aside from benefits and shortcomings of different categories of facilitators, they all need to be trained on CLE and its facilitation approaches with adolescents and youth.

### Essential Steps

Selection and training of facilitators:

- Ensure that facilitators are culturally competent and communicate clearly with participants
- Identify facilitators capable of working with specific vulnerable / disadvantaged groups of adolescents and youth ( i.e. persons with disability)

<sup>57</sup> KII with Juzoor Director of Community Development Unit and senior Policy Adviser

- Assess personal qualities and skills of potential facilitators; demonstrating empathy, enthusiasm and none judgmental attitudes besides readiness and ability to be trained on CLE delivery
- Consider peer education as an effective approach; when programmes led by professional educators are not available or accessible; for marginalized and hidden populations (*Adolescent and youth users of injection drugs and providers of sexual services*); and where they are trusted more than professionals as part of learners' peer group
- Ensure that peer educators work is integrated in holistic interventions where their role is focused on sensitization and referral to experts and services.
- Train facilitators in all aspects of the curriculum and its delivery
- Provide ongoing training and capacity building opportunities and platforms to ensure delivery of high quality CLE programmes

### Example - Palestine

PFPPA CSE programme in the past 10 years has been capitalizing on a combination of trained facilitators including, professional staff, peer educators and religious leaders as well as community members who are experts in certain components of the programme. In addition, selected schoolteachers, counsellors, Imams and PCP personnel received training. In a recent evaluation of the impact of this programme on adolescents and youth, it was evident that the big body of selected and trained peer educators and volunteers has been one of the key pillars that contributed to sustainability and expansion of the programme to other geographical areas and vulnerable groups. The role of peer educators in sensitization of adolescent and youth and dialogue with the community has complemented the work of professional staff. The programme attracted nearly 27,000 adolescent and youth girls and boys in the last 3 years.<sup>58</sup>

## D. Use digital technologies / digital platforms with embedded monitoring and feedback systems to collect data for improvement

Use of digital technology / digital platforms is a significant and appealing approach for reaching and engaging adolescent and youth in innovative and interactive ways, as a complement to in-person CLE in or out of school. In addition, it provides an opportunity for quick collection and analysis of data and feedback for improvement. This is useful where adolescents and youth have constant access to the internet and social media. However, there are challenges that need to be taken into consideration including lack of access of some groups to on line CLE, rapidly changing technology and difficulty in assessing learning outcomes.

<sup>58</sup> PFPPA, Dec 2022, Impact of CSE Programme on Knowledge, Attitudes and Practices of Palestinian Youth (The evaluation was conducted by Abu Hwajj Assurance and Consulting Services)

## Essential Steps

- Make the digital intervention adolescent and youth-centred by ensuring that they are part of the planning and development process
- Build on what already exists by using platforms that are used by adolescent and youth and explore the impact and effectiveness of existing digital spaces including social media
- Ensure that digital CLE programmes are curriculum-based adapted to the Palestinian context
- Assess and address privacy and security to ensure confidentiality and safety for all users
- Invest in understanding of the impact of digital platforms and effective ways of reaching audiences and take advantage of individualization (i.e. material suitable for each user) and interactivity
- Plan for adequate content management and product maintenance.
- Conduct quality assurance checks of any digital platform/ application you promote
- Monitor interventions such as group pages, blogs and interactive forums. When participants engage in live chat or provide information to each other, consistent monitoring by knowledgeable staff is critical to ensure the accuracy and integrity of information presented

### Example - Palestine

Since 2020, UNFPA Palestine has supported the development and roll out of “Majd”, the “brave student” virtual ambassador, a 12-year-old male or female cartoon character who advocates for positive change in the lives of Palestinian adolescents. Majd has reached 12,000 adolescents through Facebook, a mobile app and television. Through this platform, various programmes were introduced to keep children and adolescents engaged during the COVID 19 pandemic lockdown. Forty-seven young volunteers worked to develop content and introduce it through a variety of means, including an online summer camp, reading competitions, health and well-being sessions, online Majd diary sessions, digital-security and early-marriage campaigns, and question and answer sessions. Around 300 educational items (videos, posters and posts) were created, attracting nearly 140,000 views and 11,150 accounts. Currently, Majd is institutionalized as a tool in the adolescent health manual of teachers and counsellors in the Ministry of Education

In 2022, PFPPA developed an App, which reached more than 2000 users of youth and women through CSE relevant topics, articles and a Q&A section providing confidential counselling for youth by remote social and health professionals. PFPPA promotes the utilization of the App through their service delivery points, youth friendly centers and outreach activities anticipating reaching more youth.

### Example - Tunisia

(SexoSanté) is an app developed and hosted by the Tunisian Ministry of Health/National Office for Family and Population and dedicated to youth aged 15-24. It includes information on puberty, menstruation, GBV,

STIs and SRH in general and is available online and offline. More than 10,000 people have downloaded the application in the first year. The National Office for Family and Population hosts this app hence guarantees institutional anchoring and sustainability.

## DO

- Consider using peer educators to deliver CLE, especially to key young populations
- Select peer educators from a broad base of potential candidates
- Use a variety of methods to identify candidates suitable for different groups of vulnerable adolescent and youth
- Make use of social media to find candidates
- Conduct high-quality training for facilitators / peer educators
- Use trauma-informed methods and empowerment approaches
- Provide CLE regularly – preferably weekly to enhance participants' opportunity for learning reflecting and comprehending the curriculum
- Use digital CLE as a supplement where there is reduced or no access to face-to-face CLE in and outside school settings
- Take advantage of a range of methods appropriate to participants' literacy levels
- Match methods and materials to the resources available
- Have single-gender sessions as well as CLE sessions for all genders together
- Consider appropriate, inclusive teaching and learning methods in delivering CLE to young people together including adolescent and youth with disabilities
- Be aware of how particular disabilities effect on set of puberty ( i.e. earlier or delayed)
- Use "people-first" language (e.g. *"young person with a disability"*, not *"disabled young person"*), and adopt the language preferred by adolescent and youth

## DON'T

- Use just one approach to identifying candidates for peer educators, such as expecting them to respond to a notice
- Overestimate the benefits of peer education on young people behaviours; as research indicates that while it increases knowledge, and in some cases changes attitudes and intentions, it does not have a significant effect on behaviours
- Avoid sensitive or difficult topics
- Use stigmatizing language or a judgmental view of SRH in CLE curriculum
- Place all CLE sessions over several consecutive days, unless this is unavoidable
- Rely solely on digital technologies to reach young people
- Assume that all participants will have the same learning style and preferences
- Assume that computers, projectors or electricity will be available in all locations where CLE is taught
- Rely solely on gender-segregated programmes
- Segregate participants based on ability when providing CLE to young people with and without disability together
- Assume that you know which population a young person identifies with. For instance, an adolescent or youth may have an overlapping characteristics i.e. blind and a drug user
- Assume that abstinence from drug use is a realistic goal

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| <ul style="list-style-type: none"> <li>• Emphasize risk reduction for young people who use drugs, acknowledging that abstinence may take multiple attempts</li> <li>• Maintain a comprehensive approach and try to adopt empowerment approaches to facilitate social change in CLE with vulnerable groups of young people</li> <li>• Provide inclusive and comprehensive HIV education to adolescent and youth</li> </ul> | <ul style="list-style-type: none"> <li>• Focus solely on HIV and STI prevention in CLE with young populations who exchange sexual services for money</li> <li>• Assume that they do not need it because the HIV is not that prevalent in Palestine</li> </ul> |
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## Monitoring and Evaluation

Unlike in school CLE, monitoring and evaluation of out-of-school CLE programmes is more challenging, for it is difficult to determine how much of the programme has been delivered to each learner; whether the same adolescents and youth are attending multisession programmes; and long term effects of the programme on learners. However, setting up and working through community based adolescent and youth groups proved to be useful. Similarly, collaborating with health care facilities is a useful approach to measure if CLE increased demand on SRH services and commodities.

### Essential Steps and good practices

- Integrate ongoing monitoring and assessment mechanisms of the CLE programme content, process and outcomes from the start to enable adaptation and reshaping of the programme
- Use frequent reviews of data, session observations and interviews to gather data on teaching approaches, adolescent and youth views of their learning experiences
- Monitor the facilitators' fidelity in delivering the CLE programme content, methodology and values to adolescent and youth
- Identify mechanisms for follow up with adolescent and youth from the start of the programme to capture as much as possible how much of the programme they received and how it is effecting them

There are good resources / Guides for evaluating CLE related programmes that can be used to measure the impact of such programmes in bringing about the desired change, for instance

[\*Sexuality Education Review and Assessment Tool \(SERAT\) 3.0\*](#) (UNESCO, 2020)

[\*The evaluation of comprehensive sexuality education programmes\*](#) (UNFPA, 2015)

[\*Inside and Out: Comprehensive Sexuality Education \(CSE\) Assessment Tool\*](#) (IPPF, 2015)



## 5. Recommendations

Operationalization of the CLE Technical Guidance for adolescent and youth<sup>1</sup> (2-19) in OOS setting requires the following essential steps:

### At National Level:

- To create and implement a communication / sensitization strategy targeting policy makers (PMO, MOE, MOH, MOSD and national governmental and NGO entities) emphasizing the significance of CLE in evolution of adolescent and youth not only as a human right issue but also as hindrance to demographic dividend
- To create an open and continuous dialogue on issues of CLE for adolescent and youth, particularly, with religious and community leaders and conservative groups
- To develop a coordinated long-term advocacy plan for CLE using the Technical Guidance as a supportive policy tool for endorsement and implementation of in and out-of-school CLE programmes. Advocacy is also for CLE responsive national planning and budgeting
- To develop strategic partnerships with credible faith based organizations, religious scholars, selected community leaders and media forums and platforms on adolescent and youth CLE issues. Demonstrate these partnerships through producing joint soft and or hard materials in favor of CLE; supported by religious provisions and research.

### At stakeholders' level:

- To circulate the Technical Guidance widely among stake holders and raise awareness on its significance in standardization of CLE programmes, being aligned with Palestinian context and society values
- To establish a technical subcommittee under PAHC to oversee CLE policies and programmes and ensure adherence of member stakeholders with the Technical Guidance directions in design and implementation of CLE programmes, particularly in OOS setting
- To develop a cross sectoral long-term CLE working strategy and cost plan and guide stakeholders to develop a fundraising strategy for design and implementation of CLE programmes, particularly for out-of- school programmes
- To build the capacity of PAHC members in understanding CLE concepts and use of the Technical Guidance; besides developing and implementing a Theory of Change (TOC) for CLE as well as utilization of digital tools in communication and advocacy
- To develop / enhance implementation tools including, but not exclusive to, operational manuals for standardized CLE curricula, training guides, monitoring and evaluation tools, etc.
- To undertake a scoping study on religious provisions / principles conducive to CLE for adolescent and youth to better understand and use these provisions in communication, advocacy, implementation of the Technical Guidance and alleviating impact of conservatism and reluctance towards CLE

## Annex 1: List of participants in the consultation processes and policy dialogues

Partner	Participant	Function
Ministry of Education - MOE	1. Sadiq khmour - Assistant Deputy Minister for Students Affairs 2. Mohammed Hawwash – DG of Comprehensive Health 3. Hanan Abed – Director of Health Education	Policy making level Comprehensive Health Directorate Programme team
Senior Judge at Sharia Judicial Council - in his capacity as a religious leader	4. Sheikh Atta Al-Muhtaseb – High Sharia Judge	Religious Leader and a resource person for comprehensive Life Education (sexual education) from Islamic perspective
Juzoor for Health and Social Development	5. Rihab Sandouka – Director of Community Development Unit 6. Jennifer Daibes –Senior Policy Advisor	As the Chair of PAHC and as Juzoor Programme and Policy making level
Ministry of health MOH	7. Dr. Hadeel Masri – DG women’s Health and Development 8. Dr. Fadi Khawaja – OIC of School Health and Adolescent Care Department	Policy making level and programme team
Ministry of Social Development - MOSD	9. Kholoud A. Khaleq – Assistant Deputy Minister 10. Mohammed Karm – DG of Family Protection 11. Hiba Jeibat – Director of Gender Department 12. Sonia Hilu - Director General	Policy making level and Programme team
PFPPA	13. Ammal Awadallah - Director General 14. Sara Jabari - Program Director 15. Mohammed Abu Arish – Youth Friendly Services Officer	Policy making level; a member of PAHC, CSE programme implementation team
UNFPA	16. Sima Alami – A&Y Programme 17. Sana Asi – Gender Programme 18. Reem Amarneh – SRH Programme 19. Amany Haniya – Gaza Office 20. Ziad Yaish - Assistant representative	Programme Team and Policy making level

## Focus Group Discussions

### Adolescent and Youth (15-18)

Geo area	No. of participants	Sex	Organization / institution
Gaza	4	2 F 2M	SYFS- Save Youth Future Society
Jerusalem	3	3 F	Burj - Allaqlaq
Middle and north WB	5	2 F 3M	Adolescent Forum (Juzoor for heath and development)
South WB	3	1F 2 M	PFPPA
Total Number	15 P	8F - 7M	

### Parents/caregivers

Geo area	No. of participants	Sex	Nominating organization / institution
Gaza	3	2F 1M	SYFS- Save Youth Future Society
Jerusalem	2	2F	Burj Al-laqlaq
West Bank	1	M	PFPPA
Total	6	4F 2M	NGOs

### Counsellors

Geo area	No. of Participants	Sex	Organization / institution
Gaza	None	-	Not feasible due to Israeli war on Gaza
Jerusalem	2	F	Burj Alluqluq
WB	4	2F + 2M	Sharek MOE and UNRWA Counsellors
Total	6	3F 3M	NGOs, MOE and UNRWA staff