



Amnesty International Ireland submission to the National Council for Curriculum and Assessment on the review of the Relationships and Sexuality Education programme

Respondent's details

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This submission is made on behalf of Amnesty International Ireland. The contents of this submission relate to comprehensive sexuality education and information delivered at primary and post-primary levels, and in non-formal / out-of-school settings, as essential to realising human rights including the right of everyone to education and the highest attainable standard of health and well-being.

Glossary

CSE	Comprehensive sexuality education
EU	European Union
ICPD	International Conference on Population and Development
ITGSE	International Technical Guidance on Sexuality Education
LGBTI+	Lesbian, gay, bisexual, transgender and intersex (inclusive and non-exhaustive)
NCCA	National Council for Curriculum and Assessment
RSE	Relationships and sexuality education
SGBV	Sexual and gender-based violence
STI	Sexually transmitted infection
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
WHO	World Health Organization

Background

Amnesty International is a global membership-based human rights organisation of more than 7 million members globally. In Ireland we have 20,000 members. We are independent of any political, religious or other ideology.

As part of our global My Body, My Rights campaign, Amnesty International conducted research in different countries and regions examining situations where states deny or restrict people's rights to make decisions about their own bodies, lives, sexualities and reproduction. The campaign encompassed a broad range of issues, including freedom

from discrimination, access to safe abortion, to contraception, and to other sexual and reproductive health information, education and services.

In Ireland, the organisation's research, published in 2015,¹ focused on the negative impact of the criminalisation of abortion on the human rights of pregnant people.² Though the Irish dimension of this global campaign focused specifically on access to abortion services and information, Amnesty International believes that a comprehensive package of sexual and reproductive health services and supplies, information and education is necessary to fulfil the sexual and reproductive rights of everyone, as affirmed by the UN treaty bodies and special procedures.

This approach was reflected in our submission to the Citizens' Assembly, made in December 2016, in which we underscored States obligations to ensure access to sexual and reproductive health information and comprehensive sexuality education. Access should be guaranteed to everybody, especially for children, adolescents and young people, which is currently not the case Ireland.³

The Assembly was tasked with developing a set of recommendations to the government around the Eighth Amendment⁴ and any future abortion legislation; it was not explicitly asked to comment on sexual and reproductive health and rights issues more broadly. However, over the course of the Assembly's deliberations, members provided feedback indicating that they wanted to see wider policy issues reflected in their recommendations.⁵ At the conclusion of their deliberations on the Eighth Amendment, members were surveyed on possible further recommendations, the top five of which were distilled into a set of ancillary recommendations included in the [final report](#). The first of these recommendations focuses on strengthening the provision of sexuality education in Ireland:

*Improvements should be made in sexual health and relationship education, including the areas of contraception and consent, in primary and post-primary schools, colleges, youth clubs and other organisations involved in education and interactions with young people.*⁶

Following this, a Joint Oireachtas Committee was formed to review the recommendations of the Citizens' Assembly and develop its own [report](#). The Committee

¹ Amnesty International Ireland (2015), *She is Not a Criminal: the impact of Ireland's abortion law* (EUR 29/1597/2015).

² On observations relating to access to abortion, this submission alternates use of the terms 'women and girls' and 'pregnant people' in recognition of the fact that not everyone who requires access to abortion services identifies as female. Amnesty International Ireland advocates for the sexual and reproductive rights of all people.

³ UN Committee on the Rights of the Child, Concluding observations on the combined third and fourth periodic reports of Ireland (2016). The Committee found a "severe lack of access to sexual and reproductive health education and emergency contraception for adolescents". It urged that a comprehensive sexual and reproductive health policy for adolescents be adopted, and that sexual and reproductive health education be part of the mandatory school curriculum.

⁴ The Eighth Amendment, or Article 40.3.3, was inserted into the Irish constitution in 1983 and imposed a near-total Constitutional ban on abortion in the state.

⁵ Joint Committee on the Eighth Amendment (2017), *Ancillary Recommendations of the Citizen's Assembly Report*, para 9.

⁶ First Report and Recommendations of the Citizens' Assembly: the Eighth Amendment of the Constitution, page 5.

not only supported the broadly human rights compliant recommendations of the Assembly, but went a step further in strengthening them. The Committee reiterated and strengthened calls made by the Assembly for improved sexuality education in Ireland.

While the Committee notes the ongoing developments that are taking place in respect of relationship and sexuality education (RSE) and social, personal and health education (SPHE) in our schools, it has a specific concern in relation to what is happening at second level. The Committee's concerns can be summarised as follows. (a) For many schools, sex education is delivered as part of religious education and furthermore it is delivered on an ad-hoc basis, for example not being covered until late in the education cycle. (b) Many teachers are not comfortable teaching RSE and therefore it is left to a minority of teachers or it is outsourced to an agency. (c) As the Committee understands matters, such agencies and their use by schools are not regulated and those delivering the course are not required to have a teaching qualification. It therefore appears to the Committee that any person can set up as an agency to deliver sex education. (d) The ethos of the school can influence how RSE course content is delivered.⁷

Amnesty International Ireland makes this submission to the National Council for Curriculum and Assessment (NCCA) as an extension of our campaign for the realisation of sexual and reproductive rights in Ireland. As part of this, we seek to ensure the carefully considered recommendations of the Citizens' Assembly and the Joint Oireachtas Committee on the Eighth Amendment are implemented, so that the roll out of abortion services in Ireland is complemented and supported by measures aimed at the prevention of unintended pregnancy.

Defining comprehensive sexuality education

Throughout this submission, we use the term 'comprehensive sexuality education' (CSE). According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), 'comprehensive' refers to the development of learners' knowledge, skills and attitudes for positive sexuality and good sexual and reproductive health.⁸ Core elements of 'comprehensive' programmes include a firm grounding in human rights principles, and a recognition of sexuality as a natural and positive aspect of human development. To be considered comprehensive, programmes should be informed by evidence, adapted to the local context in which they are being delivered, and address and measure beliefs, values, attitudes and skills related to sexuality, with a focus on promoting health and well-being.

UNESCO's International Technical Guidance on sexuality education defines CSE as:

A curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children

⁷ Joint Committee on the Eighth Amendment (2017), *Ancillary Recommendations of the Citizen's Assembly Report*, para 3.19.

⁸ UNESCO (2018), *International Technical Guidance on Sexuality Education*, pg. 12 ,

and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.⁹

Accordingly, some of the basic principles of CSE include that it must be evidence-based and scientifically accurate, proceed incrementally in response to the evolving capacities of the young person; it must be included within a written curriculum to guide educators and learners; and it must support learners to develop the skills needed to enable them to make informed choices, be assertive and to communicate and negotiate in their relationships. It must also use a human rights-based approach and promote the realisation of gender equality through developing an understanding of how gender norms can influence inequality. It must also be ‘comprehensive’ in the sense that it integrates the full range of topics that are important for learners to know, even if some of these topics are deemed ‘challenging’ in some contexts.

International human rights standards and norms relating to comprehensive sexuality education

The right to comprehensive sexuality education is firmly grounded in numerous international human rights treaties and instruments that include the right of everyone to education and the highest attainable standard of health. These include the Universal Declaration of Human Rights; the UN Convention on Economic, Social and Cultural Rights; the UN Convention on the Rights of the Child; the UN Convention on the Rights of Persons with Disabilities; the UN Convention on the Elimination of All Forms of Discrimination Against Women, and the WHO Regional Office for Europe’s *Standards for Sexuality Education in Europe*.

These rights have been interpreted to require comprehensive sexuality education in schools through numerous Concluding Observations, General Comments and reports by UN treaty-monitoring bodies and special procedures of the Human Rights Council. This includes Concluding Observations that UN treaty bodies have made directly to Ireland. During its last review under the UN Convention on the Rights of the Child in 2016, the Committee on the Rights of the Child recommended that Ireland:

Adopt a comprehensive sexual and reproductive health policy for adolescents and ensure that sexual and reproductive health education is part of the mandatory school curriculum and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and sexually transmitted infections.¹⁰

This was reinforced last year through recommendations from the Committee on the Elimination of All Forms of Discrimination Against Women, calling on Ireland to:

⁹UNESCO (2018), *International Technical Guide on Sexuality Education*, pg. 18,

¹⁰ Committee on the Rights of a Child (2016), *Concluding Observations on the combined third and fourth period of Ireland, CRC/C/IRL/CO/3-4, para 58(c)*

Integrate compulsory and standardised age-appropriate education on sexual and reproductive health and rights into school curricula, including comprehensive sex education for adolescent girls and boys covering responsible sexual behaviours and focused on preventing early pregnancies; and ensure that it is scientifically objective and its delivery by schools is closely monitored and evaluated.¹¹

These built on previous recommendations to Ireland by both committees a decade before,¹² and concern that “adolescents [in Ireland] have insufficient access to necessary information on reproductive health”.¹³

The Committee on Economic, Social and Cultural Rights recently outlined how comprehensive sexuality education is an essential part of a package of education, information, services and supplies necessary to realising the right to make autonomous decisions about one’s sexual and reproductive health:

Preventing unintended pregnancies and unsafe abortions requires States to adopt legal and policy measures to guarantee all individuals access to affordable, safe and effective contraceptives and comprehensive sexuality education, including for adolescents, liberalize restrictive abortion laws, guarantee women and girls access to safe abortion services and quality post-abortion care including by training health care providers, and respect women’s right to make autonomous decisions about their sexual and reproductive health.¹⁴

The power of comprehensive sexuality education to have a positive transformative impact on society and social norms was underscored in the 2010 report of the former UN Special Rapporteur on the Right to Education, which highlighted that:

States must ensure that they respect, protect and implement the human rights to comprehensive sexuality education, by acting with due diligence and taking all measures necessary to ensure its effective enjoyment, without discrimination, from the early stages of life. The absence of planned, democratic and pluralist sexual education constitutes, in practice, a model of sexual education (by omission) which has particularly negative consequences for people’s lives and which uncritically reproduces patriarchal practices, ideas, values and attitudes that are a source of many forms of discrimination.¹⁵

¹¹ Committee on the Elimination of all forms of Discrimination Against Women (2017), *Concluding Observation on the combines sixth and seventh periodic reports of Ireland*, CEDAW/C/IRL/CO/6-7, para 38(c), pg. 10

¹² Committee on the Elimination of Discrimination Against Women (2005), *Concluding Observations: Ireland*, A/60/38(SUPP) para. 57.

¹³ Committee on the Rights of the Child (2006), *Concluding Observations: Ireland*, CRC/C/IRL/CO/2, para. 51-52.

¹⁴ Committee on Economic, Social and Cultural Rights (2016), *General Comment No. 22, on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Right)*, E/C.12/GC/22 para 22.

¹⁵ Special Rapporteur on the Right of Education (2010), *General Assembly Report of the United Nations Special Rapporteur on the Right to Education*, A/65/162, para 75, p. 19.

Finally, the Department of Education in Ireland has also recognised the provision of sexuality education as a rights obligation; a circular issued by the Department to post-primary schools stated that access to sex education is a right for students under the terms of Article 11.2 of the European Social Charter.¹⁶

We have provided a selection from the internal human rights framework, establishing the basis for the right to comprehensive sexuality education. However, this is by no means exhaustive. Further information on the human rights basis for the obligation to provide comprehensive sexuality education can be found in the documents listed in the section at the end of this document on ‘recommended further reading.’

Meaningful youth participation

While the obligation to ensure equitable and universal access to comprehensive sexuality education rests with States, it’s vital that children, adolescents and young people are engaged in the design and development of laws, policies and programmes that impact their lives. The UN Convention on the Rights of the Child recognises the right of all children, adolescents and young people “to express...views freely in all matters affecting [their lives and]... being given due weight in accordance with [the] age and maturity [of the young person]”.¹⁷

Furthermore, the Programme of Action of the International Conference on Population and Development (ICPD) recognised the right of young people to participate in reproductive health programmes¹⁸. This was reinforced in the outcome of the 2012 Commission on Population and Development on the theme of adolescents and youth.¹⁹ The value of youth participation is also supported by evidence. Studies show that involving young people in programmes and interventions aiming to reach them “increases the reach, attractiveness, relevance and effectiveness.”²⁰

Meaningful youth participation in the review, revision and redesign of the curriculum is a human right, and is vital to ensuring the relevance and success of the curriculum. States should ensure that adolescents are involved in the development, implementation and monitoring of all programmes affecting their lives, at school and in the community.²¹ Particular attention should be paid to engaging children, adolescents and young people who experience marginalisation and whose voices and perspectives are often underrepresented in decision-making.

¹⁶ DES circular 0037/2010: http://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0037_2010.pdf

¹⁷ United Nations Convention on the Rights of a Child (1990), Article 12.

¹⁸ International Conference on Population and Development (1994), *Programme of Action*, para [6.15].

¹⁹ Commission on Population and Development (2012), *Report of the Forty-Fifth Session: Adolescents and Youth*, E/CN.9/2012/8, para 31.

²⁰ Jennings, et al., 2006; SRHR Alliance, 2016; Villa-Torres and Svanemyr, 2015; IPPF, 2016 cited in ITGSE, 86.

²¹ *Convention on the Rights of the Child (2016), General Comment No. 20 on the implementation of the rights of the child during adolescence, CRC/C/GC/20*, para 23.

Observations on priority areas outlined by the Minister for Education

In the NCCA's call for written submissions, it asked respondents to give specific consideration to the following topics which the Minister for Education has identified as priority areas for reform and strengthening of the curriculum. Brief observations on each topic are outlined below.

○ Consent

Comprehensive sexuality education forms one part of a transformative national strategy to end sexual and gender-based violence (SGBV). One of the root causes of SGBV is unequal power relations between women and men. CSE can emphasise girls' and women's rights to bodily integrity and autonomy, impart information on existing laws governing sexual consent, and facilitate children, adolescents and young people to reflect on the role that attention to gender and power play in forming relationships based on equality and respect. CSE that adopts a human rights-based approach is both empowering and important as a preventative measure in the context of larger national strategies to end SGBV.²²

UNESCO's *International technical guidance on sexuality education* (ITGSE) lists this as an 'essential topic' for any comprehensive sexuality education programme, and includes learning objectives for teaching about consent, privacy and bodily integrity, that are differentiated according to the evolving capacities for the young person. Helpfully, these provide guidance as to how to address and measure beliefs, values, attitudes and skills relating to consent, with a focus on the well-being of children, adolescents and young people.

○ Contraception

Repeated studies carried out by Ireland's Crisis Pregnancy Agency and the Department of Health reveal that many children, adolescents and young people report that RSE teachers failed to discuss the practice of safe sex, and broader social and emotional aspects of well-being and sexuality; young participants interviewed also demonstrated a continued lack of knowledge concerning sexually transmitted infections, contraception and negotiating healthy relationships.²³

It is essential for adolescents and young people to receive information about the full range of modern contraceptives, including condoms. They need information on how to access a range of modern contraceptives. Including condoms, and how to use them consistently and correctly, as well as information on emergency contraception.

²² Campbell, Meghan. "Let's Talk About Sex Education And Human Rights". *OHRH*, 2019, <http://ohrh.law.ox.ac.uk/lets-talk-about-sex-education-and-human-rights/>. Accessed 22 Jan 2019.

²³ See Hyde, A. & Howlett, E. (2004) *Understanding Teenage Sexuality in Ireland*. Dublin: Crisis Pregnancy Agency also see Mayock, P. & Byrne, T. (2004) *A Study of Sexual Health Issues, Attitudes and Behaviours: the Views of Early School Leavers*. Dublin: Crisis Pregnancy Agency and Mayock, P., Kitching, K., & Morgan, M. (2007) *Relationships and sexuality education in post-primary schools: Challenges to full implementation*. Dublin: Crisis Pregnancy Agency/Department of Education.

Beyond sharing information about contraceptives, effective CSE programmes include information about how to access youth-friendly sexual and reproductive health services. This includes, but is not limited to, contraception; pregnancy testing; STI and HIV prevention, counselling, testing and treatment; safe abortion; HPV vaccination; FGM prevention and management of consequences; and menstrual health management.

This should including making children, adolescents and young people aware of their rights as patients, including their rights to informed consent, privacy, autonomy and confidentiality, and how existing legal frameworks hinder or support their ability to make decisions about their own health.

- **Healthy relationships**

CSE promotes healthy relationships through building an understanding of the right of all people to choose whether, when and with whom to have any form of intimate or sexual relationships, and the importance of respecting the choices of others in this regard. This includes the rights to abstain, delay or engage in sexual activity. It also supports young people to develop life skills to resist peer pressure and to make their own free, informed and autonomous choices in relationships. On a societal level, CSE helps to reinforce social norms that are grounded in respecting every individual's autonomy and choices.

Additionally, CSE addresses the ways that gender norms can influence inequality in relationships, and how these inequalities impact health and well-being. CSE also supports children, adolescents and young people to develop an analysis of how gender and power can contribute to increased vulnerability to HIV, STIs, unintended pregnancy and sexual and gender-based violence. States have an obligation to combat harmful gender stereotypes,²⁴ and effective CSE programmes can contribute to facilitating this aim.

CSE promotes gender equality by building understanding of gender diversity and by examining gender norms that have been shaped by societies and cultures. It also encourages the creation of respectful and equitable relationships based on empathy and understanding.

- **New media, safe use of the internet and its effects on relationships and self-esteem**

Comprehensive sexuality education programmes are increasingly recognising the need to equip children, adolescents and young people with the knowledge and skills necessary to help them make responsible choices and to consume media critically, especially in a context where the internet and social media play an increasingly important role in their lives. Information about sexuality and sexual images are widely available on the internet, and can be a young person's first exposure to sexuality. Additionally, according to a report from the EU Fundamental Rights Agency, one in ten

²⁴ United Nations Convention on the Elimination of All Forms of Discrimination Against Women (1981), Article 5(a).

women over 15 years of age reported experiencing cyber harassment,²⁵ which has been shown to have a detrimental impact on mental health and well-being.²⁶

New media and new technologies have the potential to be a tool in increasing access to accurate and positive information on sexuality, sexual health and healthy relationships. However, these tools can also be misused to spread inaccurate information and harmful messages, reinforcing gender stereotypes and even promoting violence. Comprehensive sexuality education should support children, adolescents and young people to develop media literacy skills and to critically analyse the messages they receive and to safely navigate the use of new media and technologies.

- **Inclusive sexuality education**

Often, sexuality education programmes omit relevant content for LGBTI+ children, adolescents and young people, including information about sex characteristics and biological variations which particularly affect intersex children, adolescents and young people.²⁷ LGBTI+ children, adolescents and young people are particularly impacted by discrimination, and the UN Committee on the Rights of the Child has stressed the importance of preventing discrimination against lesbian, gay, bisexual and transgender (LGBT+) adolescents, noting that:

Adolescents who are subject to discrimination are more vulnerable to abuse, other types of violence and exploitation, and their health and development are put at greater risk.²⁸

States are required to eliminate discrimination on the basis of sexual orientation and gender identity by public and private actors, in all fields, including in education and schools.²⁹ Comprehensive sexuality education provides a key opportunity to work to eliminate discrimination on the basis of sexual orientation or gender identity, from the school environment.

While it's vital to ensure sexuality education in Ireland is LGBTI+ inclusive and that it promotes the equality and well-being of LGBTI+ people, inclusive sexuality education must extend to other traditionally marginalised groups as well. The Department of Education has recognised the right of students to access sexuality education; however, the emphasis on students' rights may exclude children, adolescents and young people who are outside the formal education system ('early school leavers'). It is important to ensure comprehensive sexuality education is delivered to all children, adolescents and young people, with specific strategies for reaching those who experience

²⁵ European Union Agency for Fundamental Rights. 2014. *Violence against Women, an EU-wide Survey: Main results report*. <http://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report> (Accessed 22 January 2019).

²⁶ Nixon, C. 2014. Current perspectives: The impact of cyberbullying on adolescent health. *Adolescent Health, Medicine and Therapeutics*, Vol. 5, pp. 143–158.

²⁷ UNESCO (2018), International Technical Guidance on Sexuality Education, pg. 25.

²⁸ Committee on the Rights of the Child (2003), *General Comment 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child CRC/GC/2003/4*, para. 6.

²⁹ UN Human Rights Committee (2003) *General Comment 28: the equality of rights between men and woman (article 3)*, CCPR/C/21/Rev.1/Add.10, para 31.

marginalisation, such as children, adolescents and young people with disabilities, those in care, young parents and young offenders, among other groups who may be receiving very limited sexuality education, or none at all.

Social determinants of health already place these children, adolescents and young people at greater risk of negative sexual and reproductive health outcomes.³⁰ Neglecting to provide marginalised children, adolescents and young people with comprehensive sexuality education will compound their marginality, deepen the social exclusion they experience, and put their futures, lives and health at greater risk.

Teacher training

Finally, studies in Ireland have shown that teachers feel under prepared and insufficiently supported to deliver the RSE programme.³¹ In order to adequately prepare teachers to deliver the programme, teachers must, through pre- and on-the-job training, receive values clarification and sensitisation training, as well as training in learner-centred CSE teaching methods.

Additionally, teacher training should help educators to distinguish between their personal values and the health needs of learners.³² It should also ensure teachers are prepared to deliver the curriculum in full, and understand that core elements of the programme must be delivered.³³ This includes in situations where schools choose to engage external agencies in the delivery of CSE. School managers should provide ongoing support and guidance to support teachers involved in delivering the curriculum. Delivery should also be subject to regular monitoring and evaluation to ensure quality and consistency of programme delivery across the country.

Key recommendations

- Implement the recommendations of the Citizens' Assembly and the Joint Oireachtas Committee on the Eighth Amendment, so that the roll out of abortion services in Ireland is complemented and supported by measures aimed at the prevention of unintended pregnancy;
- Ensure the RSE programme adheres to the basic principles of CSE, including that it is evidence-based and scientifically accurate; it proceeds incrementally in response to the evolving capacities of the young person; it is included within a written curriculum to guide educators and learners; it supports learners to develop the skills needed to enable them to make informed choices, be assertive and to communicate and negotiate in their relationships; and it uses a human rights-based approach and promotes the realisation of gender equality through developing an understanding of how gender norms can influence inequality;

³⁰ Mayock, Byrne, *A Study of Sexual Health Issues, Attitudes and Behaviours: the Views of Early School Leavers*.

³¹ Department of Education and Skills (2015), *Life Skills Survey: Report on Survey Findings*, pg. 33-35

³² UNESCO (2018), *International Technical Guidance on Sexuality Education*, pg. 95.

³³ Teachers may be concerned about contravening the 'ethos' of the school, so it will be important to identify and address any concerns and fears teachers may have in relation to the patronage and ethos of their school and their ability to deliver CSE.

- Make meaningful youth participation a core part of ongoing review, revision and redesign of the RSE curriculum to ensure its relevance and success; particular attention should be paid to including children, adolescents and young people who experience marginalisation and whose voices and perspectives are often underrepresented in decision-making;
- Ensure the revised curriculum addresses and measures beliefs, values, attitudes and skills relating to consent, with a focus on the well-being of children, adolescents and young people;
- Ensure the revised curriculum includes information about the full range of modern contraceptives, including condoms and emergency contraception, information on how and where to access contraceptives, and how to use them consistently and correctly;
- Ensure the revised curriculum encourages the creation of respectful and equitable relationships based on empathy and understanding, and builds learners' understanding how gender and power can contribute to increased vulnerability to HIV, STIs, unintended pregnancy and sexual and gender-based violence;
- Ensure the revised curriculum supports children, adolescents and young people to develop media literacy skills and to critically analyse the messages they receive and to safely navigate the use of new media and technologies;
- Ensure the revised curriculum promotes a school environment where discrimination is not tolerated, and ensure that the RSE programme is inclusive of LGBTI+ youth, but also marginalised children, adolescents and young people including those with disabilities, those in care, young parents and young offenders, among other groups who may have traditionally received very limited sexuality education, or none at all;
- Ensure teachers receive pre- and on-the-job values clarification and sensitisation training, as well as training in learner-centred CSE teaching methods; ensure teachers are prepared to deliver the curriculum in full, and understand that core elements of the programme must be delivered;
- Ensure programme delivery is subject to regular monitoring and evaluation, to ensure quality and consistency of programme delivery across the country.

Recommended resources

UNESCO's [International technical guidance on sexuality education](#) was developed to support education, health and other relevant authorities in the development and implementation of school-based and out-of-school comprehensive sexuality education programmes and materials. It is immediately relevant for curriculum developers, and is useful for the design, delivery and evaluation of sexuality education programmes, both in and out of school. The guidance includes 'key concepts' and detailed learning objectives for each, appropriate to varying age and developmental cohorts, coinciding with the priority areas outlined by the Minister.

The World Health Organisation (WHO) developed [Standards for Sexuality Education in Europe](#), which provide step-by-step instructions and a detailed matrix to support health and education professionals in their efforts to guarantee comprehensive sexuality education is delivered in an accurate and timely manner.

The United Nations Population Fund (UNFPA) developed [*Operational Guidance for CSE: a focus on human rights and gender*](#), which provides guidance on developing CSE programmes in schools. It also includes an assessment tool for school curriculums, and also for policy frameworks and the overall school environment.