



**Knowledge hub**  
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**Collection of best practices**

**Summary of the best practice**

1. Title of the best practice (e.g. name of policy, programme, project, etc.) \*

Learnings from Lao PDR: Plan International's CSE Operational Research

2. Country or countries where the practice is implemented \*

Laos

3. Please select the **most relevant** Action Track(s) the best practice applies to \*

- Action Track 1. Inclusive, equitable, safe, and healthy schools
- Action Track 2. Learning and skills for life, work, and sustainable development
- Action Track 3. Teachers, teaching and the teaching profession
- Action Track 4. Digital learning and transformation
- Action Track 5. Financing of education

4. Implementation lead/partner organization(s) \*

Plan International

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. \*

Gender Transformative, comprehensive sexuality education, safe learning environments, supporting educators, national curriculum, in-school adolescent, secondary school, digital era, adolescent friendly health services (AFHS)

6. What makes it a best practice? \*

1) Creating buy-in and engagement from the different actors involved in delivering CSE as they understand their roles well 2) The know-how stays within the communities and partners (local designers worked to develop the materials; materials developed in Lao language first and then translated to English) 3) Ensuring educators are supported adequately to improve their skills 4) Learning and adapting interventions to make CSE delivery effective 5) SRHR services are available and accessible for adolescents when they need it 6) Peer leaders are able to support their peers to learn CSE and access services

## Description of the best practice

### 7. Introduction (350-400 words)

This section should ideally provide the context of, and justification for, the practice and address the following issues:

- i) Which population was affected?
- ii) What was the problem that needed to be addressed?
- iii) Which approach was taken and what objectives were achieved? \*

Plan International Laos has supported CSE advocacy and programming since 2017, when the Ministry of Education and Sports (MoES) with support from the UNFPA country programme first developed a CSE curriculum for secondary schools. From 2017 to mid-2019, the MoES and UNFPA engaged Plan International Laos to provide inputs into the specific learning objectives and modules and to conduct technical reviews of the curriculum materials for the following topics: gender equality and child rights; human reproductive system; changes during puberty; relationships; consent; decision making; and online safety. The CSE curriculum is used to supplement the national curriculum for three secondary school subjects: Population Studies, ICT and Biology. Being a consistent partner in the process enabled Plan Laos to align our future projects to leverage the national level efforts with local planning.

In 2018 the 'My Future' project, was established to help bolster the efforts of the MoES in Houn district, Oudomxay province. This programme is implemented exclusively with in-school adolescents in Houn district's 15 secondary schools. Plan International Laos provided training and support to CSE master trainers from MoES and teachers to deliver CSE, supported development of teaching aid for teachers, develop monitoring tool to assess quality of CSE delivery in the classroom and also initiated extra-curricular student clubs to complement CSE classroom learning. We developed a toolkit Merlin Phahoo for these clubs, together with a youth-led social enterprise using human-centred design. Having a supplementary resource developed by local partners to the national curriculum creates a multiplier effect and reinforces the relevance and appropriateness of the CSE resources of the Ministry with the Plan project resources. The research provides learnings for consideration in the implementation of CSE programmes and influence by Plan International Laos. It focuses exclusively on operationalisation – the 'how' of CSE. There is little operational guidance aimed at NGOs or civil society organisations, hence this research addresses how can we take high-level recommendations and adapt them in varied and challenging contexts, without losing our rights-based, gender-transformative, and sex positive approach.

## 8. Implementation (350-450 words)

Please describe the implementation modalities or processes, where possible in relation to:

- i) What are the main activities carried out?
- ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
- iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
- iv) What were the resources needed (budget and sources) for the implementation?

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Plan's research recommends 5 focus areas of interventions for CSE implementation:

1. Creating safe learning environment, where participants feel free to explore sensitive topics freely and openly, it is a critical factor in safeguarding all participants. In Laos, it was significantly important to involve students, head teachers, teachers, officials from the central, provincial and district education and parents in designing of the CSE manual for teachers and CSE toolkit developed for peer educators. Student, Education staff, head teachers and teachers were also involved in designing the student club activities. To create a safe environment in the classroom (biology, population sciences and ICT), two focal teachers were appointed by each school to receive training by the project to facilitate the discussion along with peer leaders in the student clubs.

2. Supporting Educators. CSE programmes are only sustainable if organisations and implementers have well-trained groups of teachers/educator. The project trained provincial and district education staff, teachers and head teachers as well as project staff on core concepts on gender, life skills and adolescent sexuality contained in the CSE curriculum as well as on teaching learning methodology. Apart from training the relevant subject teacher who were in charge of facilitating the classroom learning on CSE, the focal teachers who were in charge of supporting peer leaders to facilitate discussion in the student clubs also underwent extensive training. The peer leaders themselves underwent 1 year of training on the various topics facilitated by the project staff and focal teachers before starting to deliver sessions to their peers in the school.

3. Delivering CSE; providing comprehensive, accurate, non-judgmental information about sexuality, relationships and consent and sexual health – including contraceptive choices and abortion information and care. In Laos, we delivered CSE both through classroom teaching and extra- curricular activities i.e. peer to peer sessions in the student clubs. The CSE curriculum for both the classroom and student club were designed following the UNESCO guidance on sexuality education. Delivering CSE is an iterative process where MoES, UNFPA, Plan and other actors involved are continuously engaging in improving the curriculum, teaching aids, toolkits and training packages.

4. CSE in a digital era; as a result of the COVID-19 pandemic there has been increased efforts to move CSE content online, whilst recognizing that this intervention cannot not be standalone and does not replace in-person CSE. In Laos, we found that the flipcharts, audio clips and videos for use by educators/facilitators in schools were particularly useful. However, whilst digital CSE would be desirable, it was not always possible due to the lack of network connectivity in the programme's target areas and young people's lack

5. Linkages; Include service providers early, allowing input into assessment and planning, and contributing to reducing stigma around adolescent sexuality. Overwhelming important was the need for strong referral networks between the schools and health and counseling services

provided by the health centres and helplines operated by the Lao Youth Union and Lao Women's Union on SRHR, mental health and GBV. In Laos, we also involved the Ministry of Health in the programming to train health workers on AFHS and have collaboration agreements that link CSE to health services. It is crucial to engage service providers to ensure that referral services are gender-responsive and youth-friendly and at the same time teachers received orientation on AFHS/Helpline services available during the CSE training.

In Laos, it is important for us that budgets are adjusted to the context and modality of delivery, with representatives from end-users/beneficiaries involved in the initial stage of planning and programmatic design phase.

## 9. Results – outputs and outcomes (250-350 words)

To the extent possible, please reply to the questions below:

- i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
- ii) What were the concrete results achieved with regard to outputs and outcomes?
- iii) Has an assessment of the practice been carried out? If yes, what were the results? \*

CSE is gender-transformative - it seeks to foster equitable social norms and structures; advance individual gender equitable behaviour; transform gender roles; create more gender-equitable relationships, and engage in policy and legislative change to support equitable social systems. This is achieved as CSE is age appropriate, addresses stigma, taboos and stereotypes and can be contextualized to a starting point which is comfortable for partners and implementers to begin conversations and learn about SRHR.

Below are some examples of Plan Laos' transformative practices:

- Engaging different departments within the MoES responsible for curriculum design and delivery at the national, provincial and district levels along with students and teachers. For the student club, the CSE toolkits involve parents as well.
- Taking a whole school approach such as training head teachers, teachers and education staff at various levels to familiarize all actors involved on CSE, including those who are not directly involved in classroom teaching. It also involves mass organisations such as Lao Women's Union and Village Leaders in supporting parents to understand ASRHR and need for services for adolescents.
- Supporting teachers to improve girls' participation in more leadership position within the school environment such as becoming class captains or student club leaders to improve girls' confidence, ability to speak up and take decisions. Building these skills were seen as crucial to help girls to make informed decisions regarding their sexual health in future.
- Support discussions on gender roles, identities and discrimination among girls and boys within the safe environment of the student clubs through fun activities like drama, role plays, discussing myths.
- Thorough understanding of capacity and attitudes of partners, teachers, project staff, parents, communities and adolescents. Part of the human centered design process was a social research where we learned about all the participant who would then come together as end users to design the learning resources they WANT to use!
- Strengthening AFHS and supporting linkages between health centres and schools and organising service promotion campaigns in communities.

Key results:

The CSE research study offers adaptable operational guidance on how CSE programming is assessed within Plan International. In addition to traditional output measures, there is a desire to test out more innovative, context and programme-specific tools. In Laos, we used assessment forms that are completed by learners, educators/facilitators and principals, as well as questionnaires in Ombea to assess learners' knowledge.

We reflect, as an external expert puts it.. "[we cannot] compare behaviour change theories and apply to CSE..... BUT, the under-measured aspect of CSE is its prevention potential. If you do it well at younger ages – like it's meant to be – you're not having behaviour change, you're developing and maintaining them ...Most programmes are not looking long-term; they want to know if the knowledge was retained, but not [taking] the cumulative life cycle approach".

Thus in Plan Laos, we found that confidence to ask for SRHR information or approach services had increased amongst adolescent project participants. With effective CSE, that transformation can happen within a project timeframe. Where many issues relating to SRHR are taboo and avoided, this result exemplifies how important CSE is in the life of a young person!

## 10. Lessons learnt (300 words)

To the extent possible, please reply to the following questions:

- i) What were the key triggers for transformation?
- ii) What worked really well – what facilitated this?
- iii) What did not work – why did it not work? \*

As we have learnt in Plan Laos, there is no ‘fixed time to start’ – you start where you are at. CSE is knowledge about us, we are the source. CSE is a journey, it’s going to take time, so give you and your team time, it is as much about process as it is about outcome – how to make people feel safe to engage. Hold that space to allow people to ask questions, to giggle, to explore, to discuss free from judgement. The reason why, we at Plan, keep working in this area is because the impacts reverberate across the life span – from having confidence to ask for a service; insight into the whole range of human relationships; parents and their children developing the shared language for how to talk about bodies, menstruation, contraception, partners, feelings and moods and decision making. This is something that we keep for ourselves but also something that we carry forward to other parts of our life.

What worked well?

We are very proud about our strong collaboration with government ministries (MoES & MoH) to 1) integrate CSE into the national curriculum, ensuring it is built into school timetables; and 2) to deliver in-service teacher training on CSE, ensuring that educational facilities are equipped with the human resources needed for CSE. We have gained feedback from parents and communities leaders that they support CSE being taught to their children.

What did not work?

The study reveals that there needs to be further research into gender-transformative measurements that show that gender-transformative approaches are successful in norm change, to add to knowledge generation around the effectiveness of CSE in changing gender norms and attitudes and contributing to gender equality. In addition, given the diversity in Laos in terms of ethnic groups, since all the learning materials were in Lao, it was difficult for younger adolescents in lower secondary, whose mother tongue is not Lao, to understand the concepts.

## 11. Conclusions (250 words)

Please describe why may this intervention be considered a “best practice”. What recommendations can be made for those intending to adopt the documented “best practice” or how can it help people working on the same issue(s)? \*

Plan International is committed to implementing best practice in its CSE programming and influencing and looks forward to both continuing to develop resources and to exploring the issues emerging within this space.

In summary, Plan Laos’ programme “[My Future]” and specifically our interventions on CSE roll out and AFHS can be considered best practice because of the effort that the project made in involving relevant actors from the education and health ministries, schools and communities. Managing the collaboration and developing capacities at each level has been the key to success. It has been equally important for CSE to be seen as the mandate of the health system and education system, including in the education and sports sector development strategy of Laos, while health took up the mandate of providing AFHS. The project also engaged the village authority to mobilise the different actors such as head teachers, teachers, health workers and parents who are involved in creating an enabling environment for adolescents to learn CSE and to practice safe sexual behaviours.

In conclusion, CSE is contextual in every way imaginable, at every stage of the programming cycle and across all areas of inquiry. Any attempt to make universally applicable recommendations will be fairly top level and subject to interpretation and application within each country, province, district, town, community and school. The initial context assessment, the programme planning, and design are critical but will not bring to light all the potential challenges that will arise during implementation. As such, weaving a web of support within each community is of utmost importance – one that is buoyant, adaptable and strongly committed to be able to withstand the challenges that come with CSE delivery in every setting.

## 12. Further reading

Please provide a list and URLs of key reference documents for additional information on the “best practice” for those who may be interested in knowing how the results benefited the beneficiary group/s. \*

CSE operational research: <https://plan-international.org/publications/cse-operational-research/> -  
CSE standards: <https://plan-international.org/publications/comprehensive-sexuality-education-programme-standards/>