

Indicator name
% of young people receiving comprehensive sexuality education, disaggregated at least by sex
Thematic area of engagement
Promoting sexual and reproductive health and rights
Aggregable indicator
No
Indicator type (quantitative/qualitative)
Quantitative
Related objective in the Gender Action Plan III
Overall thematic objective: Women and girls in all their diversity access universal health and fully enjoy their health and sexual and reproductive rights Specific thematic objective 2: Improved access for every individual to sexual and reproductive health care and services, including family planning services, information and education on sexual and reproductive rights
Technical Definition
This indicator is intended to measure the proportion of young women and boys that have received comprehensive sexuality education in or out of the school. The following definition applies: - <u>Comprehensive sexuality education (CSE)</u>¹ refers to a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip 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. CSE should be scientifically accurate, incremental, age- and developmentally-appropriated, curriculum-based, comprehensive, based on a human rights and gender equality approaches, culturally relevant and context appropriate as well as transformative and able to help develop life skills needed to support healthy choices.
Rationale
Comprehensive sexuality education, whether in school or outside of school, is more effective when is taught over several years by integrating age-appropriate information that accounts for the developing capacities of young people.² In order to build support for out-of-school CSE, relevant groups for outreach at the national (and, where relevant, local) level include: children and young people; parents, guardians, other family members, and in-laws of young married women; civil-society organisations serving and led by young people; community leaders (e.g., civic, religious or traditional leaders), health-care and other service providers; and the media.

¹ [UNESCO \(2018\): International technical guidance on sexuality education. An evidence-informed approach](#)

² [UNFPA, Comprehensive Sexuality Education](#)

All CSE programmes should be as inclusive as possible of the diversity of children and young people, educating everyone about their experiences and addressing their needs. In many contexts, children and young people who belong to a vulnerable group will only feel safe and able to talk freely about issues related to their sexuality and health in a group of others who are experiencing the same situations (i.e., children and young people who are gay and have a disability, children and young people who use drugs and/or are also in detention, young transgender people, adolescent Indigenous girls living in rural areas, etc...), including in humanitarian settings.³

Lately, due to COVID-19 periods of physical distancing measures and school closures, many adolescents and young people across the world have been left without access to essential sexual and reproductive health information and services, including CSE.⁴

Data source and calculation

Reporting covers cooperation, development and humanitarian (if applicable) initiatives and investment frameworks funded by the EC (INTPA, NEAR, FPI, ECHO) and EEAS.

EUMS may provide information related to their interventions through their contributions to GAP III reports or through the EUDs, e.g., in cases of joint dialogue (i.e., as part of joint programming or TEI).

Data sources:

The intervention's monitoring and reporting systems, e.g., inception, interim and final reports from implementing organisations (including governments, international organisations, national and international civil society organisations, etc.), specific surveys, ROM reviews and evaluations.

Administrative records from SRHR services within the scope of the EU action/intervention as well as the data available at the Ministry/regional department of Health/Women's Affairs/Education and the national/regional statistics offices.

Surveys/interviews conducted and budgeted by the intervention can also be relevant data sources.

Baseline and endline studies conducted and budgeted within the EU intervention. These studies can be conducted as part of the gender country profile and / or gender sector analysis, or be based on existing official reports and published data. Baseline and endline studies should be conducted using the same methodology.

Calculation:⁵

- Numerator: Number of young girls and boys who have received CSE⁶, in or out of the school, according to the data sources.
- Denominator: Total number of young girls and boys surveyed.

Result:

Percentage of girls and boys = (Number of girls and boys who has received CSE, in or

³ UNFPA (2020): [International technical and programmatic guidance on out-of-school comprehensive sexuality education](#)

⁴ UNESCO (2021): [The journey towards comprehensive sexuality education. Global status report](#)

⁵ For further info [The Sexuality Education Review and Assessment Tool](#) (SERAT), developed by UNESCO, uses a participatory process to collect information across a number of domains, generating a range of scores across the areas of policy, curriculum and delivery considerations.

⁶ Note that countries can use different terms to 'name' the subject being taught under CSE.

out of the school / Total number of young girls and boys surveyed) × 100

Each individual (disaggregated as below) benefiting from different services thanks to the EU supported intervention should be counted separately and only once if they benefit from more than one intervention of the same type (e.g. different phases of the same programme).⁷

In particular, to avoid double counting, a peak year result should be taken, i.e., by reporting the highest number of people who benefited from the EU intervention on a yearly basis. Results on a multi-year basis will be calculated by adding the number of new individuals reached in years 2, 3, etc. to the total reached in year 1.

Worked examples

In country A, the EU supports the access of young girls and boys to CSE programmes at urban and rural schools but also two awareness raising campaigns on CSE at community level addressed to the families as well as the religious and traditional leaders.

% young girls and boys receiving CSE (in or out-of- school	Year 1	Year 2	Year 3
Young girls	48%	49%	50%
Young boys	52%	51%	50%

The data above show an increase in the number of young girls and boys receiving CSE.

Baseline

Data from official counterparts (i.e., national women's machinery, national gender observatories, line ministries/authorities, statistical institutes, etc.). Data from international and national organisations or other independent non-state actors.

If baseline data are lacking, a mapping can be done at the start of the intervention using surveys interviews with women and girls conducted and budgeted by the intervention. Baseline, periodic and endline studies should be conducted using the same methodology for measuring the share of young girls and boys that receives CSE.

The baseline can be 0 when the indicator is achieved with the EU funded intervention.

Disaggregation

If the collection of information is part of a broader survey, data need to be disaggregated by sex and age⁸ as a minimum, and by gender⁹ and disability status, whenever possible.

As a person's gender identity does not necessarily equal nor can it be deduced from their sex, for international and national reporting it is recommended, whenever possible, to collect data disaggregated by gender.

Taking into due account the "do no harm" principle, it is also recommended to collect data on

⁷ Avoiding double counting is especially relevant when aggregating values of different indicators. As a general rule, it is acceptable to record the same individuals under different indicators and between different interventions if the EU funds different services (i.e., a child under one receives nutrition in the framework of one intervention and is also immunised in the framework of another intervention). Where an individual receives the same service in the framework of the same EU supported intervention (e.g., different phases of a nutrition programme), this cannot be matched to different indicators and between different interventions.

⁸ Age groups: 0-15; 16-24; 25-54; 55+

⁹ Gender encompasses a person's identities, expressions, and societal roles (man, woman, non-binary, other options).

other intersecting grounds of potential discrimination (e.g., geographical location, population group - ethnic minority, linguistic or religious group member- socio-economic situation, migration status, etc.) based on relevance to the intervention and availability of data. Data should be also disaggregated by in or out-of school, whenever possible.

Data disaggregation to capture the intersecting dimensions concerning rights holders is necessary to increase the quality and effectiveness of programmes, projects, and dialogue, and make visible the experience of different individuals.

The collection, analysis and use of disaggregated data is a priority, regardless of previous practice. Due consideration should be paid to national data collection capacity. Furthermore, those in charge of data collection need to assess carefully if and how to collect sensitive data, for example, concerning sexual identity and the legal situation in the national context to avoid harm to individuals or groups by revealing characteristics they carry.

Availability and Timeliness

Information should become available annually, depending on the duration of the intervention.

Related DAC Code/CRS

130 - Population Policies/Programmes & Reproductive Health / 13030 - Family planning and 13040 - STD control including HIV/AIDS

122 – Basic health / 12261 – Health education

Associated SDGs

SDG 3: Ensure healthy lives and promote well-being for all at all ages
Target 3.7: Indicators 3.7.1 (see [Metadata](#)) and 3.7.2 (see [Metadata](#))

SDG 5: Achieve gender equality and empower all women and girls.
Target 5.6: Indicators 5.6.1 (see [Metadata](#)) and 5.6.2 (see [Metadata](#))

Other issues

The gender country profile and / or gender sector analysis can be relevant sources of information for establishing baselines.

If there is no gender analysis available at the EUD, it is recommended to look at the analysis undertaken by EU Member States or other trusted partners (UN, World Bank, human rights national and regional mechanisms, etc.) as well as the [national-level reviews](#) carried out in 2019 by UN Women and the partner countries to assess progress made and challenges encountered in the implementation of the Beijing Declaration and Platform for Action.

Special attention should be paid to following up on partner country institutions reached with EU support.