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# BATTLEFRONT COLLABORATION

The Role of Collaborative Governance in  
the Delivery of the Comprehensive Sexuality  
Education Framework in Zambia

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Battlefront Collaboration: The Role of Collaborative Governance in the Delivery of the Comprehensive Sexuality Education Framework in Zambia

## Abstract

**Background:** In 2014, Zambia adopted the Comprehensive Sexuality Education (CSE) framework to promote sexual reproductive health and rights (SRHR) in schools. Effective CSE implementation requires multisectoral collaboration with diverse government sectors (education, health, etc.), the community, traditional, and religious leaders. However, research on CSE with a focus on collaboration remains scarce, especially in Sub-Saharan Africa. The overall aim of this thesis was to explore the delivery of the CSE framework in Zambia, with a particular focus on collaborative governance.

**Methods:** This study employed both a systematic review and a qualitative case study design. Firstly, the systematic review used the thematic analysis to identify factors influencing the integration of CSE into the education system in low- and middle-income countries (Sub-study I). Secondly, the qualitative case study aimed to understand how national policy frameworks (Sub-study II), provincial multisectoral collaboration (Sub-study III), and community system dynamics (Sub-study IV) interact to shape the delivery of CSE in Zambia. We collected data using qualitative interviews with diverse stakeholders representing government, NGOs, religious, and traditional leadership. Qualitative content analysis and reflexive thematic analysis were used as analytical approaches.

**Findings:** Key factors influencing the integration of CSE into education systems included the nature of the problem, actors' perceptions, attributes of the intervention, adopting systems, and broader system characteristics. While Zambia's policy environment supports CSE, contradictions—such as restrictions on contraceptive delivery in schools and social norms that promote child marriage—undermine effective implementation. In addition, the perceived inclusion of abortion and LGBTQ+ rights-related topics increases stakeholders' resistance towards the implementation of CSE. Furthermore, factors influencing multisectoral collaboration in implementing CSE at the provincial level included a supportive provincial structure that facilitated stakeholder engagement. Nevertheless, this structure was weakened by the exclusion of key groups, limited transparency, and the bypassing of institutional mandates. The study also highlights factors that influence collaborative community health system (CHS) pathways and the barriers to implementing CSE in rural Zambia. Stakeholders from the school, community, health and police sectors participated in facilitating collective delivery of CSE across settings. However, social norms contributed to community resistance in addressing SRHR-related challenges, including child abuse, early marriages, and unintended pregnancies.

**Conclusion:** Effective delivery of the CSE framework in Zambia requires a comprehensive multisectoral collaborative governance across all levels. However, this requires strengthening institutional mandates, improved coordination, and collective action in promoting SRHR services, including abolishing some harmful local by-laws that hinder promoting SRHR efforts.

**Keywords:** Comprehensive Sexuality Education, Collaborative Governance, Principled Engagement, Shared Motivation, Capacity For Joint Action.

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