

THE REPUBLIC OF UGANDA

NATIONAL FRAMEWORK FOR EDUCATION ON HEALTH AND LIFE SKILLS

NOVEMBER, 2025

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© Ministry of Education &Sports

Ministry of Health
Ministry of Gender, Labour and Social Development
Ministry of Local Governments
Uganda AIDS Commission (UAC)
Directorate of Ethics and Integrity
Inter- Religious Council of Uganda

Kampala, Uganda

Table of Contents

List of Figures iv
List of Tables iv
Foreword v
Acknowledgement vi
Executive Summary vii
Abbreviations viii
1.0 INTRODUCTION 1
1.1 Background 1
1.2 Why the review of the National Sexuality Education Framework 1
1.3 The Evolution of Education on Health and Life skills in Uganda 2
1.4 Gaps in Delivery of Education on Health and Life skills in Uganda 2
1.5 The Current Situation 3
1.6 The Process of Developing the Framework 4
1.7 Structure of the Framework 5
1.8 Linkage of the NFEHLS to other Key National Policies, Strategies, and Guidelines 5
2.0 DEFINING LIFE SKILLS AND VALUES 7
2.1 Life Skills in the Ugandan Context 7
2.2 Justification for a Life Skills Approach to Learning 7
2.3 How are Life Skills Developed? 8
2.4 Types and Categories of Life Skills 8
2.5 Life Skills Categorisation and Behaviours 9
2.6 Values in the Ugandan Context 10
2.7 Uganda's Values and Life Skills Tree 11
3.0 PRIORITIZING OPTIMAL HEALTH STRATEGIES 12
3.1 The Optimal Health Model 12
3.2 Core Concepts 12
3.3 Application to the NFEHLS 12
3.4 Integration with National Framework 12
3.5 National Alignment 12
3.6 Implementation Principles 12
4.0 THEORY OF CHANGE FOR EDUCATION ON HEALTH AND LIFE SKILLS IN UGANDA 13
4.1 Core Premise 13
4.2 Pathways to Change 13
4.3 Assumptions 14
4.4 Risks and Mitigation 14
5.0 GOAL, PURPOSE, OBJECTIVES 15
5.1 The Goal 15
5.2 The Purpose of the Framework 15
5.3 Specific Objectives 15
5.4 Rationale 15
5.5 Principles 15
6.0 MODULES, UNITS AND AGE GROUPS COVERED BY THE FRAMEWORK 17
6.1 Modules 17
6.2 Units 17
6.3 Age Groups 17
6.4 Why Education on health and life skills are Important at Different Age Groups 18
6.5 Outcomes for Each Module – Big picture 19
6.6 Learning Outcomes by Age Group (Modules and Units) 21
7.0 ROLES AND RESPONSIBILITIES OF THE DIFFERENT PLAYERS IN THE IMPLEMENTATION OF THE NFEHLS 26
7.1 Parents 26
7.2 Ministry of Education and Sports 26
7.3 Ministry of Health 27
7.4 Ministry of Gender, Labour and Social Development 27
7.5 The Directorate of Ethics and Integrity 28
7.6 Ministry of Finance, Planning and Economic Development 28
7.7 Ministry of Local Government 28
7.8 Ministry of Internal Affairs 28
7.9 Ministry of Information Communication and Technology and National Guidance 29

7.10 Ministry of Justice and Constitutional Affairs 29
7.11 Religious Institutions 29
7.12 Parliament 30
7.13 Ministry of Agriculture, Animal Industry and Fisheries 30
7.14 Uganda AIDS Commission 30
7.15 Cultural Institutions 30
7.16 Private Sector 31
7.17 Development partners/ Civil Society Organizations 31
7.18 District Local Governments 31
8.0 INSTITUTIONAL ARRANGEMENTS FOR OPERATIONALIZING THE FRAMEWORK 32
8.1 NFEHLS Coordination Structure 33
8.2 Strengthen accountability mechanisms to ensure quality implementation and child protection: 34
9.0 MONITORING AND EVALUATING IMPLEMENTATION OF THE NFEHLS 35
REFERENCES 36
ANNEXES 38
ANNEX 1: Description of Life Skills 38
ANNEX 2: Glossary 41
ANNEX 3: PRIORITIZING OPTIMAL HEALTH STRATEGIES 44
3.1 The Optimal Health Model 44
3.2 Movement Toward Optimal Health 44
3.3 Two Essential Components 44
3.3.1 Empowering Movement Away from Risk 44
3.3.2 Reinforcing Healthy Behaviors 44
3.4 Key Concepts for Uganda 45
3.4.1 Holistic Wellbeing 45
3.4.2 Risk Avoidance as Optimal Health Standard 45
3.4.3 Uganda's Proven Success 45
3.5 Applying the Framework 46
3.5.1 For Most At-Risk Populations 46
3.5.2 Multi-sectoral Implementation 46
3.6 Alignment with National Priorities 46
3.7 Implementation Principles 46
ANNEX 4: SIGNED STATEMENT OF COMMITMENT 47

List of Figures

Figure 1: Values and Life Skills Tree 11
Figure 2: The Optimal Health Model 12
Figure 3: Theory of Change for Education on Health and Life Skills in Uganda 13
Figure 4: NFEHLS Coordination Structure 33

List of Tables

Table1: Health and Wellbeing Indicators 3
Table 2: Linkage of the NFEHLS to Other Key National Polices, Strategies, and Guidelines 6
Table 3 Categorisation of lifeskills 8
Table 4: Life skills categorization and requisite behaviors 9
Table 5: Uganda's Religious, Cultural, and Ethical Values 10
Table 6: Risks and Mitigation 14
Table 7: Framework for Education on Health and Life Skills –Modules and Units for Each Age Group 17
Table 8: Why education on health and life skills are important at different age groups 18
Table 9 : Outcomes, Life skills and Values for Each Module 19
Table 10 : Outcomes for Each Thematic Area 21

Foreword

It gives me great pleasure to introduce you to the values-based National Framework for Education on Health and Life Skills.

In Uganda, nurturing centers such as the family, faith, and cultural institutions had always been widely celebrated for providing informal and formal safety nets that uphold, transmit, and protect the values and culture of families, community and nations. These have also for a long time acted as a protective mechanism against inappropriate external influences that are considered detrimental to society at large.

Currently, Uganda, like any other country, is experiencing significant challenges such as high cases of premature sexual activities, teenage pregnancy, early marriages, Sexually Transmitted Infections, HIV, violence against children, alcohol and substance abuse, poor sanitation and malnutrition. In addition, mental health challenges are on the rise, as well as misuse and abuse of media and digital technology. There is general moral decadence and lack of adequate life skills for proper decision-making and life choices. All these, coupled with increase in absentee parents, threaten the quality of individual lives and societal advancement.

Despite documented success in increasing awareness on health and life skills like through PIASCY and other programs, there is still a challenge in coordination and implementation of these efforts in Uganda.

Therefore, a home-grown National Framework for Education on Health and Life Skills for all children and youth is needed to preserve morals and ensure successful adult lives and adequate contribution to appropriate national development. By implementing this framework, in a multi sectoral approach, involving all stakeholders, we are creating an overarching national direction for providing children and young people with life skills in all settings with age-appropriate information that is religiously, culturally and digital sensitive to enable them make safe and healthy life choices.

The bottom line is having values and life skills displayed at family, school and community levels. As we endeavor to prepare children and youth for successful adult life, we should seek to build in them the right reference point – God - for making right life choices. It is such young people that grow up to become responsible citizens like the old timeless proverb say; *"...Train up a child in the way he should go and when he grows up, he won't depart from it..."*

I am delighted to acknowledge and recognize the invaluable support and guidance of the Steering Committee Members, technical input from the Multi-Sectoral Technical Team from Education and Sports, (MoES), Ministry of Health, (MoH), Ministry of Gender Labour and Social Development, (MoGLSD), Ministry of Local Government (MoLD) and The Directorate of Ethics and Integrity, Agencies like Uganda AIDS Commission, Inter-Religious Council of Uganda (IRCU) and cultural institutions. Much appreciation to the Institute for Women's Health (IWH) for all the technical expertise offered, the Development partners and all other partners that were involved in this historic assignment. Lastly, I recognize the effective coordination role of the Ministry of Education and Sports in partnership the OAFLAD-UG program.

I call upon all stakeholders to ensure that collective responsibility through a multi-sectoral response becomes a practical ongoing reality in these efforts. As Blythe Danner said, *"We all have an obligation as citizens of this earth to leave the world a healthier, cleaner, and better place for our children and future generations."*

For God and My Country!



Janet K. Museveni

FIRST LADY AND MINISTER OF EDUCATION AND SPORTS

Acknowledgement

The development of the National Framework for Education on Health and Life Skills was the result of a collaborative effort led by the Ministry of Education and Sports (MoES), working in partnership with the Office of the First Lady (OAFLAD), the Ministry of Health (MoH), the Ministry of Gender, Labour and Social Development (MoGLSD), The Directorate of Ethics and Integrity, the Ministry of Local Government (MoLG), the Uganda AIDS Commission (UAC), and the Inter-Religious Council of Uganda (IRCU).

This joint endeavour sought to standardize the delivery of health and life skills education in order to strengthen learning outcomes and nurture holistically developed, responsible, and patriotic young citizens capable of contributing meaningfully to national transformation. The resulting multi-sectoral framework is firmly anchored in the principles of Optimal Health and Human Capital Development and adopts a program-based approach. By integrating interventions across education, health, spiritual wellbeing, and social protection, the framework provides a robust foundation for improving the wellbeing and productivity of the Ugandan population, thereby fostering a more resilient and prosperous society.

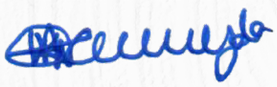
A broad and diverse group of stakeholders participated in the consultation process, including policymakers, young people, development partners, faith-based institutions, NGOs, CSOs, district local governments, educational institutions, as well as cultural and political leaders at both national and local levels.

We extend our heartfelt appreciation to all individuals and organizations who contributed valuable insights and actively participated in the development of this framework.

In a special way, we extend our profound gratitude to the First Lady and Hon. Minister for Education and Sports, Janet K. Museveni, for her steadfast support and invaluable guidance throughout the review process. The exercise, led by the Steering Committee under the oversight of the Executive Director of OAFLAD, greatly benefited from her leadership and unwavering commitment. Her vision has been instrumental in shaping a framework that responds effectively to the needs of our young people and our nation, in accordance with universally accepted standards.

Furthermore, we acknowledge the vital contributions of the Multi-Sectoral Core Technical Team, coordinated by the DBSE and composed of representatives from MoES, MoH, MoGLSD, UAC, and IRCU. Their expertise provided essential technical and policy direction throughout the review.

We are confident that the successful implementation of this framework will significantly enhance national values and life skills among our young people, both in and out of school.



Dr. Kedrace R. Turyagyenda
PERMANENT SECRETARY

Executive Summary

Uganda's Vision 2040 - "A transformed Ugandan Society from a peasant to a modern and prosperous country within 30 years" – is to change the country from a predominantly low-income to a competitive upper middle-income country within the period. In this aspiration, sustainable Human Resource is the single most important factor. In this regard, Uganda has an estimated population of 45, 935,046[1] of which, 50.5% of this population is made up of young people below the age of 19. This young peopleful population is a potential opportunity for driving, accelerating, and sustaining economic growth and transformation envisaged in the Vision.

In Uganda, nurturing centers such as the family, faith, and cultural institutions had always been widely celebrated for providing informal and formal social safety nets that upheld, transmitted, and protected values and culture of families and communities. These, also for long, acted as a protective mechanism against inappropriate external influences that were considered detrimental. However, as societies continue to experience rapid social and economic transformation, these traditional safety nets have undergone significant shifts, giving way to new forms and dynamics, with the diffusion of foreign cultural values, ideologies, and practices. This is a major catalyst in reshaping these structures across the country.

The nature and pace of change has had a toll on the family and cultural institutions rendering them out-of-step with the changes and reduced their ability to empower children with life skills and evolving values and effectively protect children from destructive behaviour like - early sexual debut, substance abuse, violence against children. These vices lead to teenage pregnancies, STI, STD and HIV infections, school dropout among others. The rapid changes have hampered both the availability and ability of parents to meet children's development and psychological needs. The combination of these changes and effects ultimately has an impact on families, communities and national wellness.

The purpose of this framework is to create an overarching national direction for providing health and life skills education for the wellbeing of children and young people in formal and informal settings in Ugandan context. The goal is to provide children and young people in all settings with adequate and appropriate information, values, and life skills for a successful, fulfilling life for personal, societal and national transformation.

In developing this framework, various education, health, and social protection materials in and out of Uganda, including some of international standards were reviewed. Views and inputs were also solicited from key stakeholders through meetings and discussions. Findings were consolidated in a draft document that was grounded on evidence-based approaches for optimal health for children and young people.

The Framework covers five important modules, namely: - Growth and Human Development; Relationships; Life Skills and Keeping Safe; Health and Wellbeing; and Responsible Citizenship. These are broken down into units, learning outcomes, life skills, and values to be acquired. The age categories of children and young people for this framework are grouped as follows: - 3 - 5 years; 6-9 years; 10 - 12 years; 13 - 16 years; and 17+ years.

It is hoped that this framework will be used as an overarching guide for the implementation of education in health and life skills in Uganda by different sectors. It will help in empowering the children and young people of Uganda to make better choices and live healthy and productive lives. The content therein will be mainstreamed in the delivery of curricular and co-curricular activities in all settings - in the family, schools, health facilities, worship spaces, and in the community. This will also be achieved through ensuring that education on health and life skills is an integral part of policies and practices of all government and non-government actors. The roles of schools, health facilities, parents, CSOs, Government, religious and cultural institutions in the implementation of this framework are well elaborated.

Through a multi-sectoral approach, health and life skills, curriculum, training manuals and Information Education and Communication (IEC) materials will be developed guided by the national framework.

Finally, this Framework will be revised from time to time as deemed fit in a multi sectoral saturation approach coordinated by Ministry of Education and Sports in collaboration with all other relevant stakeholders.

1 National Population and Housing Census 2024.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BoGs	Board of Governors
TVET	Technical and Vocational Education Training Education
CSO	Civil Society Organization
DBSE	Director of Basic and Secondary Education
EAC/EALP	East African Community/AMREF Lake Victoria Partnership Programme
ECCE	Early Childhood Care and Education
EMIS	Education Management Information System
FBO	Faith Based Organization
FGM	Female Genital Mutilation
HEN	Health Education Network
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
IEC	Information, Education and Communication
IRCU	Inter Religious Council of Uganda
M&E	Monitoring and Evaluation
MDA	Ministry, Department and Agency
MNCAH	Maternal, Newborn, Child, and Adolescent Health
MoES	Ministry of Education and Sports
MoGLSD	Ministry of Gender, Labour and Social Development
MoH	Ministry of Health
MTCT	Mother to Child Transmission
NCD	Non-Communicable Disease
NCDC	National Curriculum Development Centre
NDP	National Development Plan
NF	National Framework
NGO	Non-Governmental Organization
PIASCY	Presidential Initiative on AIDS Strategy for Communication to Young people
PLHIV	Person Living with HIV
PLWA	Person Living with AIDS
PTA	Parents and Teachers Association
PTC	Primary Teacher Colleges
SDG	Sustainable Development Goal
SHEP	School Health Education Programme
SHRP	School Health and Reading Programme
SMC	School Management Committee
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SYFA	Safeguard Young people From AIDS
TC	Technical Committee
UAIS	Uganda AIDS Indicator Survey
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNASO	Uganda Network of AIDS Support Organizations
UNATU	Uganda National Teachers Union
UNEB	Uganda National Examinations Board
WHO	World Health Organization

1.0 INTRODUCTION

1.1 Background

Uganda has an estimated population of 45,935,046[2] of which, 50.5% of this population is made up of young people below the age of 19 (UBOS, 2024). Investing in the young people through education on health and life skills could break entrenched cycles of poverty and inequality in Uganda.

This is envisioned in Uganda's Vision 2040, "A transformed Ugandan Society from a peasant to a modern and prosperous country within 30 years," to change the country from a predominantly low-income to a competitive upper-middle-income country within the period.

Children and young people have the potential to be a resource in the country for driving, accelerating, and sustaining economic growth and transformation as foreseen in the national vision. However, they face challenges because they are at a stage in their lives where they are exploring and establishing their individual and collective identity in society. Thus, facing many health challenges, such as limited access to health information and services to make informed decisions, has led to an increase in teenage pregnancies, sexually transmitted infections (STIs) including HIV, abortions and loss of life, spiritual and emotional challenges, mental health and substance abuse conflicting cultural norms and practices as well as modernization challenges.

There is evidence that psychosocial competencies, including resilience, personal agency, and self-confidence, can help a person move out of poverty, and life skills can enable young people to protect themselves from a multitude of vulnerable social environments and negative risk-taking behaviours.

There is a stronger focus now on promoting education on health and life skills in children and young people in Uganda, so that they are empowered and become responsible citizens in society. In addition to academic, vocational, and technical skills, the focus is now on promoting health and wellbeing, and building life skills and competencies needed to meet future demands.

Therefore, children and young people must be provided the opportunity to gain knowledge and develop relevant values, attitudes, and life skills that will enable them to be healthy and participate fully in their society and to continue learning. Developing these life skills is a critical step to addressing the Sustainable Development Goals.

1.2 Why the review of the National Sexuality Education Framework

In 2016, the Ministry of Education and Sports initiated the development of the National Sexuality Education Framework following a parliamentary resolution to cease the unauthorized teaching of Comprehensive Sexuality Education (CSE) due to the lack of a formal policy framework. At that time, various programs and materials regarding sexuality education were being implemented in schools without government vetting or approval, leading to inconsistencies and a lack of standardized curriculum and messaging.

This situation underscored the urgent need for a framework that would provide clear guidelines for the scope and content of sexuality education for all young people within educational institutions across the country. The National Sexuality Education Framework was officially launched on May 11, 2018, by the First Lady and Hon. Minister of Education and Sports, Janet Museveni. The framework was designed to tackle the escalating health challenges faced by adolescents and young people, including alarming rates of early sex debut, teenage pregnancy, early marriages, HIV infection, and gender-based violence in schools. These issues pose significant threats to the right to education, impacting both access and quality within the sector.

However, since its launch, the implementation of the National Sexuality Education Framework has encountered several challenges. Various stakeholders have raised concerns regarding the framework's

2 National Population and Housing Census 2024.

naming, age appropriateness, content, and limited involvement in the development process. This is also coupled with the current increasing of the health and wellbeing challenges i.e teenage pregnancies, child marriages, HIV rates, violence against, substance abuse, poor sanitation, and malnutrition further jeopardizes the quality of life and educational outcomes for children and young people needed to be holistically handled.

It was crucial to establish a multi-sectoral framework that integrates the efforts of key sectors, namely the Ministry of Education and Sports (MoES), the Ministry of Health (MoH), Ministry of Gender, Labour and Social Development (MoGLSD), Ministry of Local Government (MoLG), Inter-Religious Council of Uganda (IRCU), Uganda AIDS Commission (UAC) and Directorate of Ethics and Integrity. Each of these ministries has a mandate to support adolescents and young people, and a collaborative approach is essential for a holistic response to their health and wellbeing. Recognizing these concerns, a decision was made to review the National Sexuality Education Framework and align it well within the National context.

1.3 The Evolution of Education on Health and Life Skills in Uganda

The development of health and life skills in Uganda began way back in the 1980's where learners received life skills and health education through the School Health Education Program (SHEP), the Health Education Network (HEN), and many programmes such as the Save the Young people from AIDS (SYFA) program.

In 2003, the government developed the Presidential Initiative on AIDS Strategy for Communication to Young people (PIASCY) in response to HIV/AIDS among school-going children as an important strategy in HIV prevention. In 2005, PIASCY was scaled up to include post-primary education institutions. In 2007, the MOES developed a Guidance and Counselling Curriculum and implemented the Girls Education Movement (GEM).

In 2013, there was the Health Promoting Schools Program, the Program for Promoting Children and Young people (PCY), and in 2018, the National Sexuality Education Framework. The NDP-III also prioritized access to HIV prevention and management programs for adolescent boys and girls as a key strategic action that were in the NSP[3] and the NPAP(UAC,2015)[4].

1.4 Gaps in Delivery of Education on Health and Life Skills in Uganda

Despite the documented successes in creating awareness of the health and wellbeing of young people, and developing guidance on life skills in curricular and co-curricular activities, there is still a wide gap in effective delivery of education on health and life skills in the country. There was no a multi-sectoral saturation approach across the nation in all schools and all communities. Equally troubling, the approach lacked consistent health messaging and sometimes unhealthy practices were encouraged for Uganda's young people For instance, education on health and life skills have been implemented in some but not all primary and secondary schools, and often provided by development partners, CSOs, FBOs, and various cultural institutions. This has been either through selected project schools or selected facility-based structures for young people at health centres or directly in selected communities through media and communal gatherings such as in churches/mosque/temples, sports grounds, during funerals, among others.

Additionally, it should be noted that the Life Education Learning Area Syllabus, which has components of health education, only covers lower secondary education. On the other hand, in some delivery projects and programmes, including PIASCY, emphasis has been more on HIV/AIDS education rather than the whole range of topics on education on health and life skills.

There is also a challenge of coordination of education on health and life skills programmes, written materials that outline the appropriate content and standards for providing health and life skills in Uganda.

3 UAC (2015). National HIV/AIDS Strategic Plan 2015/16- 2019/20. Uganda AIDS Commission.

4 UAC (2015). National Priority Action Plan 2015/16-2016/17. Uganda AIDS Commission.

Consequently, various materials that have not been vetted and approved have been in use. All these emphasize the need for a national framework that provides clear guidelines on the scope and coverage of education on health and life skills to all children and young people in Uganda.

1.5 The Current Situation

According to the Education and Sports Sector Strategic Plan for Uganda (**ESSP 2020/21 to 2024/25);** It is evident that **only three out of ten pupils** who start the first year of primary education (P1) reach the final year of primary education (P7). The transition rate from primary to secondary education has declined from 72% in 2013 to 61% in 2017. Similarly, the number of students in secondary schools has increased in the past decade. However, the rise in enrollment has not kept pace with demographic trends, and it is estimated that more than 40% of children of lower secondary school age are not in school, and the share of out-of-school children of upper secondary school age is 71%. The causes of drop-out are multifactorial and include rising early unintended pregnancies, abortions, increasing STIs, rising child abuse, including gender-based violence, and sexual abuse,[5,6] as highlighted in Table 1.

Table1: Health and Wellbeing Indicators

SEXUAL ACTIVITY	HIV AND AIDS	PREGNANCY AND SCHOOL DROP-OUT
1. The median age at first sexual intercourse is 17 years for adolescent girls and 18 years for adolescent boys. (UDHS, 2022) 2. Nearly sixteen percent of adolescent girls aged 15-19 years are in union compared to one percent of adolescent boys. (UDHS, 2022) 3. Early marriage increases risk of teenage pregnancy. (UDHS, 2022) 4.The trend in early sexual activity has increased since the 2000-01. According to the UDHS, 2022, the proportion of women who engaged in sexual activity before 18 years increased from 62% in 2016 to 66% (2022) respectively compared to men 43% in 2016 and 47% in 2022. 5. Rural women start having sexual activity about a year earlier than urban women. The median age at first sex is 20.9 years for urban women compared with 19.1 years for rural women. (UDHS, 2022) 6. More educated women wait longer before having sex compared to women with no formal education. 7. There is a 5-year difference in the median age at first sex between women with no education (19.7 years) and women with more than secondary education (24.6 years) (UDHS, 2022).	1. HIV prevalence is more than twice as high among adolescent girls than among adolescent boys from age 15-19 years. (UPHIA, 2020-20211) 2. The prevalence is 1.7% among adolescent girls 15-19 years and 0.2% among adolescent boys 15-19 years. (UPHIA, 2020-2021) 3. HIV prevalence increased markedly in early adulthood, particularly among women from ages 15-19 to 30-34 years and to a lesser extent among men, from ages 15-19 to 35-39 years. (UPHIA, 2020-2021) 4. HIV prevalence varies geographically across Uganda, ranging from 1.4% in Northeast: Karamoja region to 7.5% in Central1: South Buganda region. (Uganda HIV/AIDS Fact Sheet, 2025) 5. Adolescents and Young people aged 15-24 years contributed 14,000 (37.8%) of the total new HIV infections observed in 2024.; of these Seventy eight percent of were among young women 15-24 years. (Uganda HIV & AIDS Fact Sheet, 2025) 6. 56% of Adolescent Girls and Young Women, and 54% of Adolescent Boys and Young Men aged 15-24 years have comprehensive knowledge about HIV (UDHS, 2022) 7. Adolescents aged 10–19 years) recorded 6,000 new HIVinfections, of which 5,500 (92%) these infections were among adolescent girls aged 10-19 years. (Annual Joint AIDS Review-JAR Report, October 2025) 8. 37.9% of adolescents aged 15-19 years reported to have ever received an HIV test (UPHIA, 2020-2021) 9. Overall, 12-month retention averaged 79%, with children (0–9 years) at 75%, adolescents (10–19 years) at 70%, and adults (20+ years) at 79%, all below the 95% target highlighting persistent gaps among younger populations. (JAR Report, 2025).	1. The percentage teenage pregnancy (15-19 years) has remained unchanged between 2016 and 2022 ranging between 25% and 24% respectively (UDHS, 2022) 2. Almost twenty-two-point three percent (22.3%) of adolescent girls aged 14-18 years who dropped out of school was as a result of teenage pregnancy (MOES, 2020) 3. Teenage pregnancy accounts for 22.3 per cent of school dropouts among girls aged between 14 to 18 years. Only 8 per cent of the girls that drop out of school are given a second chance to re-enroll. (MoES, 2020) 4. 15 - 20% of dropouts for girls in secondary school are triggered by child marriage and teenage pregnancy. (MoES, 2020) 5. 8.9 million girls aged 10-19 years are at risk of harmful practices, including child marriage. The practice of child marriage was execrated by the two years of school closure during COVID 19. (The National Strategy to End Child Marriage and Teenage Pregnancy, 2022/2023-2026/2027) 6. Nearly 1,000,000 child marriages could be prevented by 2030 if all girls in Uganda finished secondary school education (Save the Children, 2018).

5 Walakira, E.J., D. Muhangi, S. Munyuwiny, F. Matovu, E. Awich, I. Ddumba Nyanzi, J. Kayiwa, J. Akellot, P. Mubiri, J. Majugo, A. Mutebi, M. Ruiz-Rodriguez, (2016). The State of the Ugandan Child – An Analytical Overview. Kampala/Washington DC: USAID/QED

6 MoGLSD & UNICEF (2015). Situation analysis of Children in Uganda . Ministry of Gender, Labour and Social Development and United Nations Children Fund. Kampala.

GENDER BASED VIOLENCE	ALCOHOL & SUBSTANCE ABUSE	MENTAL HEALTH CHALLENGE
1. Defilement case reported to Uganda Police declined from 12,580 in 2022 to 12,312 in 2024 where as Domestic Violence cases reported decreased from 17,698 in 2022 to 14,073 in 2024. 65% of the cases reported the victims of defilement were 15-17 years followed by 22% where the victims were 9-14 years. (source: Uganda Police Crime report, 2024) 2. The most common cases of violence include child neglect (47.6%), physical violence (17.6%), sexual violence (15.6%), economic violence (6.4%), emotional and psychosocial abuse (3.0%), harmful traditional practices (2.8%) and child exploitation. (2.7%). (MoGLSD Sauti 116 report, 2024)	1. The age of the first alcohol use is 8 years and alcohol users before the age of 18% is at 53%. (Uganda Alcohol Report, 2022) 2. Teenage years and young adulthood represent a vulnerability window for initiation of alcohol misuse and illicit drug use, development of related disorders. 14.3% of the population 15-19 years is rated for Heavy Episode Drinking. (Global Alcohol Status report – WHO, 2018).	Nearly one in five Ugandan secondary school students in the study have signs of an emotional disorder. These conditions included anxiety, depression, post-traumatic stress disorder (PTSD), and adjustment disorders often involving excessive worry, sadness, fear, or mood instability. Also, one in 20 adolescents exhibited behavioural issues ranging from attention-deficit/ hyperactivity disorder (ADHD) and oppositional defiant disorder to substance use and other risky behaviors like alcohol use. (Makerere School of Public Health – Paper By Davidson Ndyabahika, July 12, 2025).
GENDER BASED VIOLENCE	**ALCOHOL & SUBSTANCE ABUSE**	**MENTAL HEALTH CHALLENGE**
3. Forty-four percent of women and thirty-nine percent of men reported experiencing physical violence since age 15 (UDHS, 2022) 4. One in three girls (35%) and one in six boys (17%) reported experiencing sexual violence during their childhood (MoGLSD VAC Survey, 2017) 5. The most frequent perpetrators of sexual violence against girls (13-17 years) in their childhood were neighbours and strangers (MoGLSD VAC Survey, 2017) 6. The most frequent perpetrators of sexual violence among boys (13-24 years) are friends, classmates, and neighbours (MoGLSD VAC Survey, 2017).		

1.6 The Process of Developing the Framework

The development of this Framework stems from a comprehensive consultative process involving diverse stakeholders across Uganda, which began in 2024. In March 2025, a national retreat was held to review existing policy documents, frameworks, and guidelines related to education on health and life skills. This retreat led to the development of "The National Framework for Education on Health and Life Skills."

This collaborative effort drew input from key Ministries, Departments, and Agencies (MDAs) including the Ministry of Education and Sports (MoES), the Ministry of Health (MoH), the Ministry of Local Government (MoLG), the Ministry of Gender, Labour and Social Development (MoGLSD), the Uganda AIDS Commission (UAC), and the Inter-Religious Council of Uganda (IRCU). Additionally, feedback was gathered from various religious institutions such as the National Fellowship of Born Again Pentecostal Churches in Uganda (NFBPCU), Pentecostal Assemblies of God (PAG), the Uganda Episcopal Conference (UEC), the Uganda Muslim Education Association (UMEA), the Church of Uganda (CoU), the Seventh-Day Adventist Church in Uganda (SDA), the Born Again Faith (BAF), the Uganda Orthodox Church (UOC), and the Uganda Muslim Supreme Council (UMSC). Furthermore, regional consultations engaged local government stakeholders from the districts in Westnile, Southwestern, Western, Karamoja, Eastern and Central regions.

The review of the current status for education on health and life skills in Uganda, combined literature review of education on health and life skills materials in Uganda, as well as international documents from credible institutions and theoretical background to education on health and life skills programmes, as well as curricula.

The key documents included the two PIASCY documents that were developed in 2015, namely, (a) Enhanced PIASCY Teacher's Reference Manual for Primary Schools and (b) PIASCY Teacher's Reference Guide for Post Primary Education and Training Institutions and the Life Education Learning Area Syllabus that was developed by the National Curriculum Development Center, Menstrual Health and Hygiene Readers and Manuals, School Health Messages (2020), Journeys Plus, Reporting Tracking Referral and Response Guidelines, Guidance and Counselling documents of the MoES, The National School Health Service Standards and Guidelines (2023) as indicated in the References at the end of this document.

The conceptual thinking of this work was guided by the information-motivation-behavioral model, which postulates that when an individual is well informed, motivated to act, and possesses the necessary behavioral skills required to act effectively, he/she will be likely to initiate and maintain a healthy behavior.[7]

In addition to the above secondary data sources, primary data was also collected by soliciting information from key stakeholders through meetings, workshops, and field visits. The information collected was consolidated into several drafts of this framework that were prepared and discussed with various categories of stakeholders from government (MoH, MoES, MoGLSD, MoLG, Uganda AIDS Commission, Directorate of Ethics and Integrity, and Parliament), NGOs/CSOs, FBOs (IRCU, UJCC), Cultural Institutions, and Young people Organizations. The Ministry of Education and Sports, working jointly with the Organization of African First Ladies for Development Uganda (OAFLAD-UG), took the lead in coordinating the review process.

The above notwithstanding, the Framework is therefore a living document to be revised from time to time as deemed fit by the Government.

1.7 Structure of the Framework

The Framework is arranged under four sections. Section 1 gives an introduction and background to the framework, including gaps and current status, and steps taken in developing it. Section 2 presents (a) principles, values, and life skills that have guided the development of the framework, (b) an overview of the key themes and specific topics to be covered for the different age groups, (c) goals and intermediate outcomes to be attained by each age group. In Section 3, the Framework presents details of values, life skills, and development areas in each theme and topic. In Section 4, a brief discussion on the implementation of the framework and roles, and responsibilities of different stakeholders.

1.8 Linkage of the NFEHLS to other Key National Policies, Strategies, and Guidelines

The National Framework for Education on Health and Life Skills is aligned with and contributes to all relevant policies, strategies, standards, and guidelines. The NFEHLS will be a key contribution to the following key national policies, strategies, and guidelines, as highlighted in Table 2 below.

7 Fisher, J. D., Fisher, W. A., & Shuper, P. A. (2009). The information-motivation-behavioral skills model of HIV preventive behavior.

Table 2: Linkage of the NFEHLS to Other Key National Polices, Strategies, and Guidelines

Government Agencies and Ministries	Key National Policies, Strategies and Guidelines
National Planning Authority	• National Vision 2040 • NDP IV, 2025/26-2029/30
Ministry of Education and Sports	• Draft National School Health Policy • Education and Sports Sector Strategic Plan (ESSP 2025/26-2029/30) • Early Childhood Care and Education (ECCE) Policy (2024) • Guidelines on the roles and responsibilities for Senior Man and Senior Woman Teachers • Guidelines for Prevention and Management of Teenage Pregnancy • Guidelines for formation of school clubs • Reporting, Tracking, Referral and Response (RTRR) Guidelines (2017)
The Directorate of Ethics and Integrity	• National Ethical Values Policy (2013)
Ministry of Health	• National Health Policy III (2023) • Ministry of Health Strategic Plan (2020/21-2024/25) • MNCAH Sharpened Plan and Investment Case II (2026/27) • National School Health Service Standards and Guidelines (2023) • National Community Health Strategy (2022) • The National Community Health Strategy Implementation Guidelines (2024) • The National Implementation Strategy for Newborn and Child Health (2024/25-2029/30) • The National Nurturing Care Framework for Early Childhood Development (2025) • Child and Adolescent Mental Health Policy Guidelines (2017)
Ministry of Gender, Labour and Social Development	• The National Youth Policy (2016) • The National Parenting Guidelines (2018) • The National Child Policy (2020) • The National Strategy to End Child Marriage and Teenage Pregnancy (2022)
Uganda AIDS Commission	• National HIV and AIDs Strategic Plan 2020/21-2024/25

2.0 DEFINING LIFE SKILLS AND VALUES

2.1 Life Skills in the Ugandan Context

Life skills used as an approach enables children and young people to build the needed competencies to live through the challenges of human development and to adopt positive attitudes and behaviours that enable them to deal effectively with the challenges of everyday life. Different countries have identified and categorised life skills differently. Uganda divided them into three categories:

1. The first category deals mainly with helping the child increase their internal locus of control through effective stress management and emotional coping skills. Hence the classification under the *skills of knowing and living with self.*
2. The second category concerns itself more with the social and interpersonal skills, which include examples as effective communication, friendship formation, peer pressure resistance, empathy, negotiation, interpersonal relationship and non-violent conflict resolution. The classification is therefore, called *skills of knowing and living with others.*
2. The third category involves cognitive skills including decision making, critical thinking and self-evaluation. These constitute the *skills of effective decision making*.

In the Ugandan context, life skills do not include technical/vocational skills (e.g., carpentry, sewing, computer programming), or skills for helping a young person to get a job, such as interviewing skills, or skills for managing money, such as balancing a check book or opening a bank account. Such programs addressing practical skills are good and empowering too, but they need to be integrated with life skills (e.g., socio-cognitive and emotional coping skills) that are central to elements of human development.

2.2 Justification for a Life Skills Approach to Learning

1) Life skills directly address the challenges of growing up through childhood into adolescence and finally through life as an adult. As children develop their reasoning, social interactions and emotional independence they need the social, cognitive and emotional coping skills for making a successful transition from childhood to adulthood.

2) Life skills programming in education and health is intended to specifically address the needs of children growing up and who may lack opportunities to develop these skills within their natural environments. In Uganda, for example, life skills were introduced in the midst of a breakdown in the traditional collective responsibility to child rearing involving both the extended family and the wider community. The emerging problem of orphans due to AIDS and armed conflict compounded this situation. The socio-economic demands that kept parents away from their children and in the care of old grandparents or inexperienced young maids /house helps increased the risk of poor parenting. The increasing exposure to electronic and print media on top of the already worsening situation called for the empowering of the individual child. The only way was through life skills building.

3) If a child develops social competence and problem-solving skills, he/she is likely to be more resilient in the face of challenges.

4) For a person to succeed intellectually, he/she should develop the capacity to manage emotions and interpersonal relationships. So the skills of coping with emotions and stress become important.

5) As evidenced in the 1993 evaluation of the SHEP and related programmes, it was indicated that health promotion and prevention programs focusing only on transfer of information are less effective than if such programs were incorporated with skills development. Hence the concept of the missing link, which was later named Life Skills.

6) When children acquire and practice the social, cognitive and emotional coping skills central to life skills programs, they act as pacifiers of problem behaviours.

7) When properly programmed, the same life skills can have an impact on multiple health and development needs of an individual child.

8) When used in school programmes, a life skills approach can help address multiple demands for prevention and management of behaviour through a comprehensive, unified approach to meeting many needs; academic, social, health related, etc.

9) When a child develops life skills early in life, they can be added value to future employment prospects. Among those skills useful at the workplace include: communication skills, decision-making skills, critical thinking skills, and negotiation skills.

10) The long term benefits of life skills programs include the promotion of positive social norms that can be useful through adolescence and childhood influencing the development of practical health services, schools, staff and families.

2.3 How are Life Skills Developed?

Components

There are 4 main components of life skills - Cognitive development and achievement; Social competence; Decision making and Problem solving and Social support:

a. Cognitive Development and Achievement
This groundwork for higher order thinking is laid in the school-going age (10-16) as indicated by many education theorists.

b. Social Competence
This is the ability to handle social interactions effectively. It refers to getting along well with others, being able to form and maintain close relationships, and responding in adaptive ways in social settings.

c. Decision Making and Problem Solving
In this phase, a facilitator is helping young people to develop competencies to make sound decisions and to uphold decisions made in face of negative or undesirable pressure.

d. Social Support
Social support is the pervasive body of people and adults that is crucial if decisions made shall be maintained over a length of time so as to become habits.

2.4 Types and Categories of Life Skills

Life skills can be grouped by the main cluster, cognitive and decision-making skills, skills for living with one self and skills for living with others. Detailed life skills are listed beneath each heading in Table 3.

Table 3 Categorisation of life skills

Cognitive &decision-making skills: (Decision making and critical thinking skills)	**Skills for living with oneself:** (Coping and self management skills)	**Skills for living with others:** (Communication and interpersonal skills)
• Critical thinking • Creative thinking • Problem solving • Decision making • Asking for help	• Self-awareness • Self-esteem • Coping with emotions • Coping with stress	• Peer pressure resistance • Effective communication • Negotiation skills • Empathy • Non-violent conflict resolution

- Programme needs to select a group of skills from each of the headings. However, it should be based on the context. Baseline surveys of behaviour and attitudes of people /students in your target area is a good basis.
- Each life skills session conducted should be clear about the skills that it intends to develop.

2.5 Life Skills Categorisation and Behaviours

The presence or absence of life skills is measured by the presence or absence of a requisite behaviour. Table 4 is a representation of behaviours that exhibit the presence or absence of a skill. The behaviours listed in each column also help a facilitator know what behavioural outcomes to drive towards, or monitor, so as to track the growth in the young people.

Table 4: Life skills categorization and requisite behaviors

Cognitive &decision-making skills (Decision making and critical thinking skills)	**Skills for living with oneself** (Coping and self-management skills)	**Skills for living with others** (Communication and interpersonal skills)
• **Critical thinking** - Analyzing peer and media influences - Analyzing adverts - Goal setting and focused execution • **Creative thinking** - Seeking options and alternatives to current situations and predicaments - Seeking sources of help • **Decision making and problem solving** - Information gathering skills - Evaluating consequences of each decision, using analysis to determine the course of action and impact of values and attitudes of possible decisions. • **Asking for help** - Self-awareness skills to assess one's competences - Appreciating that asking for help is not a sign of weakness - Identifying conditions where another needs help, and proactivity in offering support and /or help.	• **Skills for increasing personal confidence and ability to take responsibility and taking control** - Building self-esteem/ confidence - Creating self-awareness skills - Setting goals - Self-monitoring skills • **Skills for managing emotions** - Managing anger - Dealing with fear - Coping with loss, abuse and trauma • **Skills for managing stress** - Time management - Prioritization - Rest and relaxation.	• **Interpersonal Communication Skills** - Verbal and non verbal communication, active listening without interruption (and blaming) - Assertiveness skills - Refusal skills - Support and empathic skills • **Cooperation and Team Work** - Expressing respect for others - Offering help to those in need - Team support (positive peer pressure) to prevent relapse into substance abuse by peers • **Negative peer pressure resistance** - Non-violent conflict resolution - Losing honourably - Effective Negotiation • **Advocacy Skills** - Analytical and debate skills to advance causes that need action - Ability to express views • **Empathy** - Consideration of others, support to others from a point of understanding.

2.6 Values in the Ugandan Context

Uganda's motto is '**For God and my Country',** which signifies the centrality of God and upholding the recognized religious teachings. On the other hand, the Constitution of Uganda (1995) acknowledges that the state shall promote and preserve those cultural values and practices which enhance the dignity and wellbeing of Ugandans. The Uganda National Culture Policy (2006) defined values that are core to Ugandan communities' survival. The National Ethical Values Policy (2013) also identified the ethical values that are in line with religious values. All these align with the African Charter on the Rights and Welfare of the Child (1990) that advocates for the preservation and strengthening of positive African morals, traditional values, and cultures. Thus, taking cognizance of all these, the Framework is based on and will promote the teachings and upholding of religious, cultural, and national values that will enable children and young people to make healthy choices for national transformation. These values are summarized in Table 5 below:

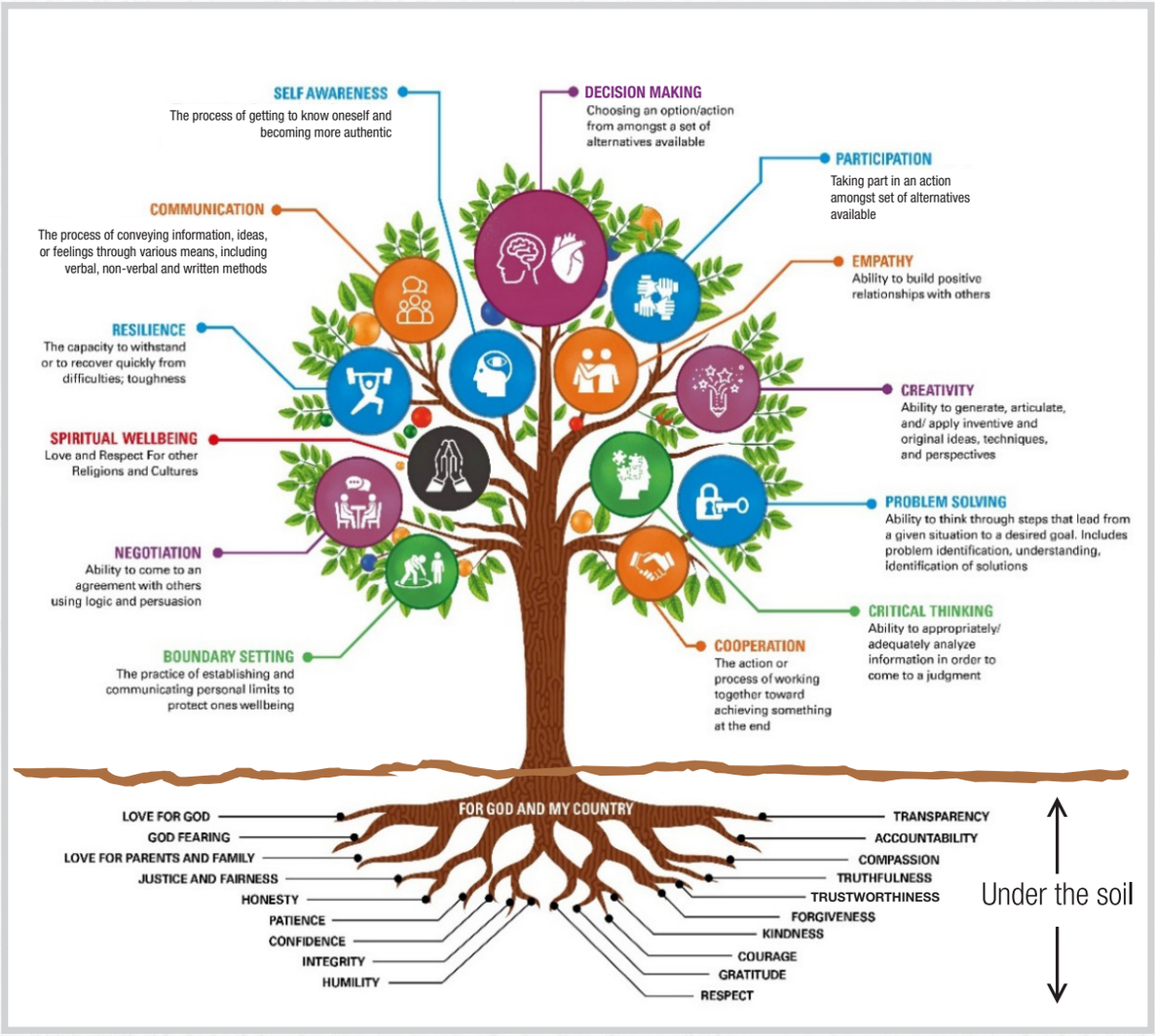
Table 5: Uganda's Religious, Cultural, and Ethical Values

Religious Values in Relation to Health and Life Skills	Cultural Values	Uganda National Ethical Values
1) Mankind is created and purposed by God 2) Protection of life 3) Respect for family life and offspring 4) Love for God, self, and others 5) Honesty, truthfulness, and integrity 6) Purity and morality 7) Abstinence until marriage and faithfulness 8) Responsibility and self-control 9) Faith, hope, and contentment 10) Patience and perseverance 11) Justice	1) Honesty and integrity 2) Reverence for the sanctity of life 3) Accountability and respect 4) Love and care for others 5) Solidarity 6) Respect for elders 7) Obedience to parents 8) Morality 9) Forgiveness 10) Justice and reconciliation	1) Respect for humanity and environment 2) Honesty, upholding and defending the truth at all times 3) Justice and fairness in dealing with others 4) Hard work for self- reliance 5) Integrity, moral uprightness and sound character 6) Creativity and innovativeness 7) Social responsibility 8) Social harmony 9) National unity 10) National consciousness and patriotism

2.7 Uganda's Values and Life Skills Tree

The image below is Uganda's life skills tree that is placed pictorially to help people understand that national values and context. Unlike many life skills documents, the tree provides for roots. The core theme revolves around the national motto – ***For God and my Country.*** In the foundations are core values. It is upon these values the nation shall develop life skills in the young people. Values are principles for life. These take time to develop and get inculcated into one's life. Granted, this skills development happens through the various settings that young people go through, - homes, schools, communities and religious settings (places of worship). The development of life skills will seek to entrench the values that one has, while also feeding off the values a person has been exposed to.

Figure 1: Values and Life Skills Tree



Note:

The values (under the soil) are the foundations of the life skills (above the soil). The framework sees values as key tenets of all the work that will be done.

3.0 PRIORITIZING OPTIMAL HEALTH STRATEGIES

3.1 The Optimal Health Model

The Optimal Health Model (O'Donnell, 2009) guides Uganda's approach to health education by focusing on risk elimination and movement away from health risks. It provides a holistic framework prioritizing complete physical, mental, emotional, social, spiritual health and wellbeing, and not merely the absence of disease.



Figure 2: The Optimal Health Model

3.2 Core Concepts

Risk Elimination & Movement Away from Risk: Prioritizes eliminating health risks and celebrates each step away from risk, never giving up on any individual. The model priorities moving individuals from high risk to low risk to no risk, reinforcing healthy, risk-free decisions through abstinence until marriage, delay of sexual debut, substance avoidance, and violence prevention.

Holistic Wellbeing: Addresses physical, mental, emotional, social, and spiritual dimensions of health.

Family-Centered Approach: Parents are primary educators, strengthening intergenerational communication and healthy family formation.

Culturally-Rooted & Faith-Informed: Aligned with Uganda's motto "For God and My Country", respects and protects positive aspects of all faiths and Ugandan cultural values.

3.3 Application to the NFEHLS

At-Risk Populations: Prioritizes in and out-of-school young people, orphans, children and young people with disabilities, and hard-to-reach communities.

Research-Based Programming: Risk Avoidance education, life skills development, mentoring, and community-based approaches to reduce teen pregnancy, HIV/STIs, and substance abuse while increasing school retention and completion, and building healthy life habits for personal thriving, future family formation and responsible citizenship.

Age-Appropriate Messaging: Developmentally sequenced, contextually relevant, and hope-oriented content for all five age groups (3-5, 6-9, 10-12, 13-16, 17+ years).

3.4 Integration with National Framework

The Optimal Health Model integrates across all five modules: (1) Growth and Human Development, teaching sanctity of life and preparing for healthy adulthood; (2) Relationships, emphasizing friendship, family bonds and marriage as foundation for physical intimacy; (3) Life Skills and Keeping Safe, building risk avoidance skills and boundary-setting; (4) Health and Wellbeing, addressing nutrition, disease prevention, and mental health; (5) Responsible Citizenship, promoting patriotism, leaderships and environment stewardship.

3.5 National Alignment

This approach aligns with Vision 2040, NDP IV, SDGs 3, 4 & 5, the Geneva Consensus Declaration, and the National Strategy to End Child Marriage and Teenage Pregnancy.

3.6 Implementation Principles

Operationalizing optimal health requires: starting early with age-appropriate education; engaging families as partners and equipping them as the primary protective factor for their children; training educators; creating safe and secure environments; providing holistic content; monitoring outcomes; adapting to local contexts while maintaining core principles; and sustaining long-term investment.

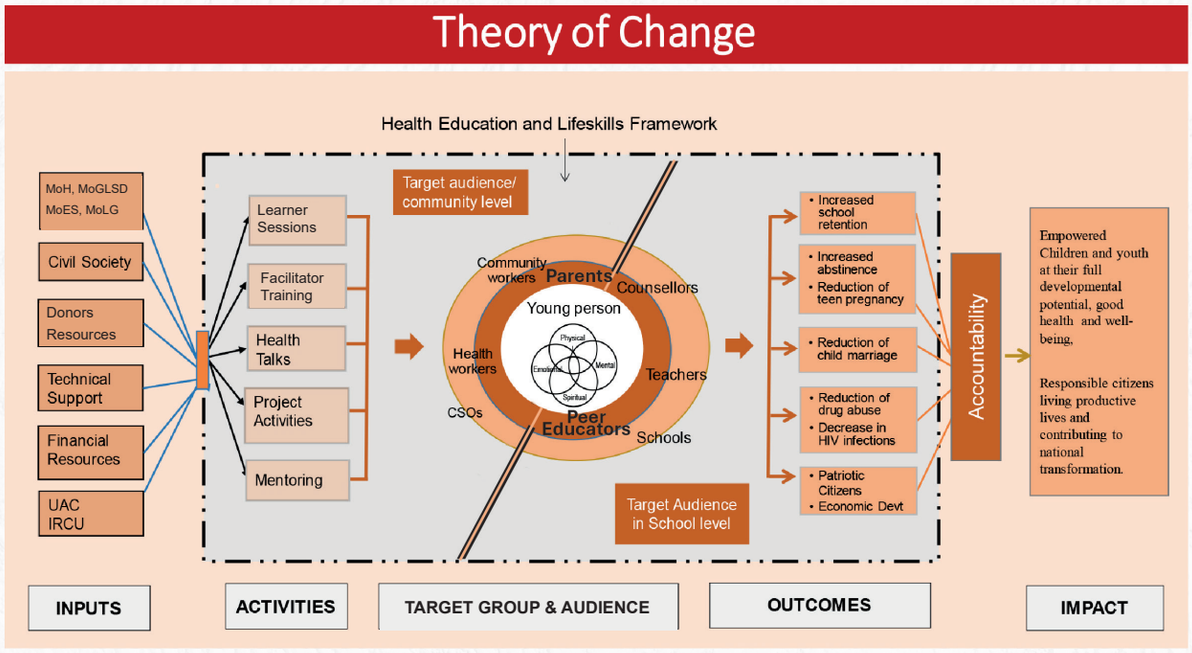
4.0 THEORY OF CHANGE FOR EDUCATION ON HEALTH AND LIFE SKILLS IN UGANDA

4.1 Core Premise

The Theory of Change (ToC), illustrated in Figure 3, is founded on the principle and commitment that equitable and quality learning opportunities, resources, enabling environments and systemic support develop critical life skills. When combined with values-based approach, these skills lead to empowered children and young people with successful and fulfilling life for national transformation.

The premise is based on the assumption that all efforts being undertaken in the country shall be aligned to the Framework. This is to ensure that at any one time, one can be sure of the activities that are targeting young people. All Inputs from a range of partners will be subject to and aligned to the National Framework for Education on Health and Life Skills.

Figure 3: Theory of Change for Education on Health and Life Skills in Uganda



4.2 Pathways to Change

1. **Effective Training Strategies**
    - Implementation of learner-centered strategies that engage children and young people both in and out of school meaningfully.
    - Training and support for teachers, facilitators, health workers, religious leaders, parents, and community resource persons to become enablers.
    - Availability of age-appropriate learning materials that are research-based and religiously and culturally sensitive.
2. **Enabling Learning Environments**
    - Creation of safe and participatory environments— to enable children and young people to develop spiritually, physically, cognitively, socially, and emotionally.
    - Strategies that promote health and wellbeing and engagement across all settings.
3. **Multiple Learning Pathways**

- Integration of education on health and life skills development in formal education systems.
- Expansion of non-formal and informal learning opportunities, including vocational training, community-based programs, and workplace learning.
- Special emphasis on children and young people with special needs, developmental delays and disabilities are reached.

4. **Systemic Integration and Support**

- Integration of education on health and life skills in national policies, standards, curricula, training and IEC materials.
- Strengthened coordination mechanisms across sectors and stakeholders.
- Adequate budgeting, financing, and resource allocation for education on health and life skills development.
- Investment in the capacity development of resource persons in all relevant sectors.
- Robust monitoring and evaluation frameworks to ensure accountability and quality assurance.

4.3 Assumptions

- Institutions will integrate and prioritize education on health and life skills.
- Collaboration and buy-in from stakeholders across sectors (education, health, labor, religious, cultural and family entities).
- Availability of resources and infrastructure to support implementation.

4.4 Risks and Mitigation

Table 6 highlights key risks and mitigation strategies from a strategic and macro level execution.

Table 6: Risks and Mitigation

Risks	Mitigation
1) Resistance to teaching methodologies	Continuous professional development and incentives for all resource persons
2) Unequal access to multiple pathways	Targeted outreach and adaptive learning models
3) Fragmented policy and implementation	Multi-sector coordination platforms and cross-cutting policy advocacy steering committees

5.0 GOAL, PURPOSE, OBJECTIVES

5.1 The Goal

To provide children and young people in all settings with adequate research based and age appropriate information on optimal health, life skills and values for personal wellbeing and national transformation.

5.2 The Purpose of the Framework

This Framework seeks to create an overarching national direction for providing health and life skills education for the wellbeing of children and young people in all settings in Uganda's context.

5.3 Specific Objectives

1. To guide the development of age-appropriate, evidence-based, religiously and culturally sensitive, family-centred education on health and life skills curricula and IEC materials.
2. To guide the development of communication and implementation strategies for the Framework.
3. To guide the development of monitoring, evaluation, accountability, and learning (MEAL) of education on health and life skills programs in the country.
4. To guide the coordination, collaboration and partnerships of education on health and life skills implementation in the country.

5.4 Rationale

Over 75 percent of Uganda's population is children and young people (UBOS Census 2024). Children and young people have the potential to be a resource in the country for driving, accelerating, and sustaining economic growth and transformation as foreseen in the national vision 2040. The NDP IV 2025/26-2029/30 also recognizes the crucial role of children and young people in the country's development and includes provisions for their health, wellbeing, and human capital development.

Children and young people face challenges because they are at a stage in their lives where they are exploring and establishing their individual and collective identity in society. Thus, they face many health challenges, such as limited access to health information and services to make informed decisions on their life choices which has led to high teenage pregnancy rates, sexually transmitted infections (STIs) including HIV, abortions and loss of life, spiritual and emotional challenges, mental health and substance abuse, conflicting cultural norms and practices as well as modernization challenges. Teenage pregnancies have persisted at 24%, young people contribute to 43% of all new HIV infections, alcohol and substance abuse, 95% of GBV cases, victims are children, 32% (9-14 years), and 63% (15-17 years).

5.5 Principles

Principles: The development of this framework for delivering health and life skills education in Uganda is guided by the following principles:

1) ***Evidence-based Research and Learning:*** The standards for a healthier status and education on health and life skills should be informed by up-to-date research and data.

2) ***Risk Avoidance Focus:*** Promotes measures for avoiding risky behaviours and situations instead of measures that leave young people at unnecessary risk.

3) ***Family Centred:*** Takes cognizance that basic education of every child in Uganda is a responsibility of the State and the parents of the child, however, the parent or guardian is the primary educator of the child on matters of health and life skills. Other stakeholders complement rather than replace the role of the parent. This ensures that children and young people shall be taught about the significance and centrality of health and life skills for a successful life. This is because in Uganda, a child grows and is nurtured in the context of a family.

4) ***Faith Friendly:*** Ensures that religious and cultural values provide the compass of what is to be taught on matters of health and life skills education. This is because Uganda is a God-fearing nation with morals and virtues of an African setting.

5) ***Age and Developmentally Appropriate:*** Provides health and life skills education messaging that is developmentally age-appropriate in respect to content, context, and communication as well as cognitive and physical development.

6) ***Future Oriented:*** This approach not only addresses current children and young people's needs, but also anticipates future challenges and opportunities, ensuring they are equipped with the necessary skills to navigate an evolving landscape.

7) ***Preparedness, Response and Rehabilitation:*** Empowers the children and young people in informal, non-formal and formal settings to be better (a) prepare to obtain optimal health, (b) able to immediately respond, mitigate and get desired help when they are infected, abused, caught up in unplanned/teenage pregnancy situation etc., and (c) able to embark on recovery and rehabilitation of themselves to reduce the long-term effects and return to an educational track.

6.0 MODULES, UNITS AND AGE GROUPS COVERED BY THE FRAMEWORK

6.1 Modules

Modules: The Framework is organized into five key themes, each of which encompasses one essential area of learning for children and young people. They are Growth and Human Development, Healthy Relationships (Family and Friendships), Life Skills and Keeping Safe, Health and Wellbeing and Responsible Citizenship.

6.2 Units

Units: Each key theme is broken down into a number of specific topics that are age-appropriate. These are selected as key tenets in addressing the module.

6.3 Age Groups

Age Groups: The National Framework for Education on Health and Life Skills content is designed for children and young people from 3-5 years, 6-9 years,10-12 years, 13-16 years, 17+ years. Table 7 below is a breakdown of how the modules are broken down into units. The units reflect what shall be taught to the various age sets.

Table 7: Framework for Education on Health and Life Skills –Modules and Units for Each Age Group

Module 1 Growth and Human Development		3-5	6- 9	10 - 12	13 - 16	17+
Units	1) Knowing Oneself	✓	✓	✓	✓	✓
	2)Personal Hygiene	✓	✓	✓	✓	✓
	3)Puberty	X	X	✓	✓	✓
	4)Menstrual Health and Hygiene	X	X	✓	✓	✓
	5)Teenage Pregnancy	X	X	✓	✓	✓
	6)Human Reproduction	X	X	✓	✓	✓
Module 2 Relationships		**3-5**	**6- 9**	**10 - 12**	**13 - 16**	**17+**
Units	1) Relationship Categories	✓	✓	✓	✓	✓
	2)Healthy and Unhealthy Relationships (friendships)	✓	✓	✓	✓	✓
	3)Family, Family Formation	✓	✓	✓	✓	✓
	4) Marriage	X	X	X	✓	✓
Module 3 Life Skills and Keeping Safe		**3-5**	**6- 9**	**10 - 12**	**13 - 16**	**17+**
Units	1) Abstinence	✓	✓	✓	✓	✓
	2) Violence and Abuse Against Children	✓	✓	✓	✓	✓
	3) Seeking care and support	✓	✓	✓	✓	✓
	4) Life Skills	✓	✓	✓	✓	✓
	5) Alcohol and Substance Use	X	✓	✓	✓	✓
	6) Media and Digital Technology	✓	✓	✓	✓	✓
Module 4 Health and Wellbeing		**3-5**	**6- 9**	**10 - 12**	**13 - 16**	**17+**
Units	1) Mental, Spiritual, and Emotional Wellness	✓	✓	✓	✓	✓
	2) Nutrition and Physical Activity	✓	✓	✓	✓	✓
	3) Immunization against Vaccine-Preventable Diseases (VPDs)	✓	✓	✓	✓	✓
	4) Water, Sanitation, and Hygiene. (WASH)	✓	✓	✓	✓	✓
	5) HIV and AIDS	X	✓	✓	✓	✓
	6) Sexually Transmitted Infections and Diseases (STI/Ds)	X	✓	✓	✓	✓
	7) Non-communicable Diseases	X	✓	✓	✓	✓
	8) Alcohol and Substance Abuse	X	✓	✓	✓	✓
	9) First Aid and Safety Procedures	X	✓	✓	✓	✓
Module 5 Responsible Citizenship		**3-5**	**6- 9**	**10 - 12**	**13 - 16**	**17+**
Units	1) Community and National Identity	✓	✓	✓	✓	✓
	2) Culture, Values, History, Citizen Rights, and Responsibilities	✓	✓	✓	✓	✓
	3) Patriotism	✓	✓	✓	✓	✓
	4) Leadership	✓	✓	✓	✓	✓
	5) Civic Awareness, Engagement, and Social Responsibility	✓	✓	✓	✓	✓
	6) Environmental Stewardship	✓	✓	✓	✓	✓

6.4 Why Education on health and life skills are Important at Different Age Groups

Table 8 below highlights the justification for education on health and life skills for the different age groups targeted in this framework. The justification derives from a multiplicity of factors such as living conditions, behavioral pressures, cultural and other societal influences just to mention but a few.

Table 8: Why education on health and life skills are important at different age groups

	Age Categories	Justification
1	3-5 years	• Poor hygiene • Poor self-awareness • Vulnerability to abuse • Limited parental guidance • Inexperienced caretakers • Exposure to accidents and injuries • Mental health challenges
2	6-9 years	• Limited parental guidance • Increases in VAC • Increased exposure to ICT, media, entertainment and materials • Mental health challenges
3	10-12 years Very young adolescents	• Onset of puberty • Majority of the girls have started menstruating • Negative peer pressure • Increased exposure to ICT, media, entertainment and materials • High school dropout • Mental health challenges
4	13-16 years Adolescence	• High teenage pregnancy • High drop out • Negative peer pressure • Increased exposure to ICT, media, entertainment and materials • Increased mental health challenges
5	17+ years Older Adolescents and Young people	• Increased independence • Increased access to service providers • Transition to adulthood • Search for lifetime marriage partners and work • Mental health challenges

6.5 Outcomes for Each Module – Big picture

Outcomes: There are outcomes that are anticipated in one's life behaviours which are a result of learning about health and life skills through the prescribed key development message areas in this framework. For each outcome to be achieved, there are certain **life skills and values** that the learners need to acquire in the process. It is the combination of the life skills and values in each module that will develop a unique Ugandan child. Table 9 shows the link between the modules and desired life skills and values. At the project execution stage, life skills and values will be broken down by specific age group and unit.

Table 9 : Outcomes, Life skills and Values for Each Module

MODULE	UNITS	OUTCOMES	LIFE SKILLS	VALUES
1. Growth and Human Development	1. Knowing oneself 2. Personal hygiene 3. Puberty 4. Menstrual health and hygiene 5. Human reproduction 6. Teenage pregnancy	1. Knowing oneself and one's body 2. Exercising talents and strengths in pursuing one's purpose in life 3. Appreciating the body changes in male and female during puberty 4. Practicing appropriate positive health-seeking behavior throughout life 5. Enhancing menstrual health and management for the learners 6. Applying values and skills in dealing with the influence of the Arts/Media entertainment, technology, peers, family, religion, and culture, throughout life	1. Assertiveness 2. Self-awareness 3. Self Esteem 4. Critical thinking 5. Refusal skills 6. Effective Communication 7. Decision-making 8. Coping with emotions and stress 9. Problem solving 10. Self-control	1. Respect for self and others 2. God-fearing 3. Responsibility 4. Respect 5. Patience 6. Perseverance 7. Purity 8. Morality 9. Kindness 10. Generosity
2. Relationships	1. Relationship categories 2. Healthy and unhealthy relationships (friendships) 3. Family/ Family formation 4. Marriage	1. Recognizing healthy and unhealthy relationships (friendships) 2. Acceptable and 'unacceptable behaviour by friends and strangers 3. Relating with self and others in a respectful manner 4. Applying values and skills when initiating and ending relationships (friendships) with others 5. Utilizing a values-based approach when making life choices relationships (friendships), marriage and family	1. Interpersonal Skills 2. Self-defense skills 3. Conflict resolution 4. Refusal skills 5. Effective communication 6. Boundary setting 7. Decision -making 8. Assertiveness 9. Self-awareness 10. Self-Esteem 11. Critical thinking	1. Obedience to elders 2. Respect for authority figures 3. Social harmony 4. Accountability 5. Trustworthiness 6. Honesty 7. Loyalty 8. Love 9. Compassion 10. Volunteerism 11. Respect for the law and opinions of others

MODULE	UNITS	OUTCOMES	LIFE SKILLS	VALUES
2. Relationships		6. Applying ways in which the Arts/Media, technology, entertainment, and peers influence perceptions about healthy and unhealthy relationships (friendships)		
3. Life Skills and Keeping Safe	1. Abstinence 2. Violence and Abuse Against Children 3. Seeking for care and support 4. Life skills 5. Alcohol and Substance Use 6. Media and digital technology	1. Committing to abstinence 2. Responding appropriately to potential or actual incidents of gender-based violence and sexual abuse 3. Practicing skills that will enable one to avoid any form of premarital sexual activity 4. Proper management of Arts/Media, technology, entertainment and peers influence on unacceptable behaviours 5. Safe school environment 6. Understanding the concept of family from God's perspective and various family structures	1. Assertive-ness 2. Self-aware-ness 3. Self esteem 4. Self-control 5. Creative thinking 6. Effective Communi-cation 7. Boundary setting 8. Deci-sion-making 9. Coping with emotions 10. Coping with stress 11. Problem solving	1. Contentment 2. Enterprising 3. Protection of life 4. Courage 5. Interdepend-ence 6. Healthy living 7. Responsibility 8. Respect 9. Self-Disci-pline 10. Honesty 11. Time man-agement
4. Health and Wellbeing	1. Mental, spiritual, and emotional wellness 2. Nutrition and physical activity 3. Immunization against vaccine-preventable diseases (VPDs) 4. Water, Sanitation, and Hygiene. (WASH) 5. HIV and AIDS 6. Sexually Transmitted Infections and Diseases (STI/Ds) 7. Non-communicable diseases	1. Promoting balanced meals rich in essential nutrients boosts students' concentration, learning, and academic success. 2. Practicing male and female hygiene 3. Demonstrating positive health-seeking behaviour 4. Demonstrating mental and emotional wellness with the resilience and skills needed to thrive academically and socially	1. Resilience 2. Emotion management 3. Self-care 4. Stress man-agement 5. Decision making 6. Self-aware-ness 7. Self-control 8. First-aid and safety skills 9. Personal hy-giene	1. Being proac-tive 2. Perseverance 3. Visionary 4. Protection of life 5. Self-restraint 6. Moral up-rightness 7. Discipline 8. Reverence for the sanc-tity of life

MODULE	UNITS	OUTCOMES	LIFE SKILLS	VALUES
	8. Alcohol and substance abuse 9. First aid and safety procedures	5. Utilizing skills in engaging with the Arts, Media, entertainment, technology, and peers on health and wellbeing 6. Committing to abstinence 7. Safe school and community environment 8. Prioritizing action on WASH in schools and communities to ensure a healthier environment		
5. Responsible Citizenship	1) Community and national identity 2) Culture, values, history, Citizen rights, and responsibilities 3) Patriotism 4) Leadership 5) Civic awareness, engagement, and social responsibility 6) Environmental Stewardship	1. National Identity 2. Uganda's uniqueness 3. Leadership principles 4. Patriotism 5. Environmental stewardship	1. Networking 2. Collaboration 3. Financial literacy 4. Effective communication/ Public speaking 5. Conflict resolution 6. Critical thinking 7. Creative thinking 8. Problem solving 9. Leadership skills	1. Sense of worth and belonging 2. Integrity 3. Responsibility 4. Accountability 5. Volunteerism 6. Respect for the law and opinions of others 7. Patriotism 8. Time management

6.6 Learning Outcomes by Age Group (Modules and Units)

Table 10 provides a snap shot of the learning outcomes for each age group. The table reveals a steady progress of the Ugandan child at various ages till the desired state of full development.

Table 10 : Outcomes for Each Thematic Area

UNITS	3-5 years	6 to 9 years	10 to 12 years	13 to 16 years	17+ years
MODULE 1. Growth and Human Development					
UNITS 1) Knowing Oneself 2) Personal Hygiene 3) Puberty 4) Menstrual Health and Hygiene 5) Teenage Pregnancy 6) Human Reproduction	Learning Outcomes: *By the end of module, the children should be able to:* 1) Appreciate one's God-given life as a boy or a girl. 2) Distinguish between acceptable and unacceptable body-touches.	Learning Outcomes: *By the end of module, the children should be able to:* 1) Appreciate one's God-given life as a boy or a girl. 2) Demonstrate talents, interests and strengths. 3) Distinguish between acceptable and unacceptable body-touches.	Learning Outcomes: *By the end of module, the children should be able to:* 1) Appreciate one's God-given life and his creation. 2) Demonstrate talents, and strengths. 3) Demonstrate ability to refuse/avoid unacceptable body touches. 4) Describe and practice personal boundaries. 5) Appreciate the changes in boys and girls during puberty.	Learning Outcomes: *By the end of module, the teenagers should be able to:* 1) Appreciate God's complex creation, individual gifts, talents and purpose. 2) Describe differences between good and bad characters (Behaviour) as defined by the national values. 3) Demonstrate skills of making right life choices.	Learning Outcomes: *By the end of module, the young people should be able to:* 1) Appreciate God's complex creation, individual gifts, talents and purpose. 2) Integrate one's talents, gifts and strengths into one's passions, aspirations and career path. 3) Demonstrate between good and bad characters (Behaviour) as defined by the national values; 4) Ability to set and monitor oneself on life goals.

UNITS	3-5 years	6 to 9 years	10 to 12 years	13 to 16 years	17+ years
Growth and Human Development (Continuation)					
			6) Demonstrate practical skills in personal hygiene and cleanliness. 7) Demonstrate knowledge and skills to avoid teenage pregnancy by avoiding sexual activity. 8) Demonstrate skills of making healthy and right life choices 9) Identify and resist harmful influences in their life. 10) Demonstrate health seeking behaviour. 11) Identify and resist harmful influences in their life.	4) Identify and resist harmful influences in their life. 5) Demonstrate health-seeking behaviour. 6) Understand behaviour challenges during puberty and teenage years. 7) Demonstrate the ability to practice personal boundaries and values. 8) Demonstrate knowledge and skills to avoid teenage pregnancy by avoiding sexual activity. 9) Have understanding and knowledge of opportunities for re-entry into learning institutions and / or reintegration in the community.	5) Demonstrate the ability to practice personal boundaries and values. 6) Demonstrate self-management and growing into adulthood. 7) Practice good health-seeking behaviors pertaining to their wellbeing. 8) Appreciate different viewpoints about life and choose standards /principles to live by. 9) Appreciate and distinguish the influence of family, religion, culture, peers, the Arts/ Media, entertainment, technology and civil society on growing into adulthood 10) Demonstrate knowledge and skills to avoid teenage pregnancy by avoiding sexual activity. 11) Have understanding and knowledge of opportunities for re-entry into learning institutions and/or reintegration in the community.
MODULE 2. Relationships					
UNITS 1) Relationship Categories 2) Healthy and Unhealthy Relationships (friendships) 3) Family/ Family formation 4) Marriage	LeLearning Outcomes: *By the end of module, the children should be able to*: 1) Understand different types of friends. 2) Define good friends and bad friends.	Learning Outcomes: *By the end of module, the children should be able to*: 1) Understand different types of relationships. 2) Identify characteristics of healthy and unhealthy relationships / friendships. 3) Understanding the benefits of healthy relationships and the dangers of unhealthy relationships. 4) Distinguish family composition, and roles of different family members	LeLearning Outcomes: *By the end of module, the children should be able to*: 1) Identify characteristics of healthy and unhealthy relationships / friendships. 2) Understand the concept of family and related social norms and values. 3) Understand the benefits of healthy relationships and the effects of unhealthy relationships.	Learning Outcomes: *By the end of module, the teenagers should be able to*: 1) Understand healthy and unhealthy relationships (Friendship). 2) Appreciate the importance of delaying the girl-boy relationships. 3) Explain how to manage emotions during adolescent and teenage years. 4) Understand values and life skills needed for preparing for marriage and parenthood 5) Understand the positive and negative social norms.	Learning Outcomes: *By the end of module, the young people should be able to*: 1) Understand qualities needed to prepare for a healthy marriage and parenthood 2) Recognize the character and values that would be desirable in a spouse. 3) Identify ways to avoid, address and resolve conflict in a marriage or family. 4) Understand the positive and negative social norms. 5) Analyze good and bad relationships / friendship. 6) Apply proper values in developing long term relationships/ friendships.

UNITS	3-5 years	6 to 9 years	10 to 12 years	13 to 16 years	17+ years
Relationships (Continuation)					
		5) Understanding different types of families in Uganda.			7) Explain how to manage emotions during teen age and early adulthood.
MODULE 3. Life Skills and Keeping Safe					
UNITS 1) Abstinence 2) Violence and Abuse Against Children 3) Seeking for care and support 4) Life skills 5) Media and digital technology	Learning Outcomes: *By the end of module, the children should be able to*: 1) Appreciate the sacredness of the human body 2) Distinguish between acceptable and unacceptable body touches. 3) Introduce life skills and how they help one in life 4) Demonstrate awareness of oneself and one's emotions 5) Demonstrate skills of getting along with others 6) Make healthy decisions 7) Receive guidance on good and bad media programs, images and cartoons 8) Demonstrate the ability to report bad images and videos they are being exposed to	LLearning Outcomes: *By the end of module, the children should be able to*: 1) Appreciate the sacredness of human body 2) Distinguish between acceptable and unacceptable body touches. 3) Understand and appreciate abstinence 4) Understand the concept of violence: types, forms, causes and consequences 5) Identify where and when to report potential or actual incidents of abuse. 6) Refuse to engage in unacceptable behaviour 7) Define life skills and how they help one in life 8) Demonstrate an awareness of oneself and the management of one's emotions 9) Demonstrate skills of getting along with others 10) Demonstrate the ability to make positive decisions 11) Appreciate importance of safe and secure environment 12) Understand uses and abuses of media and technology	Learning Outcomes: *By the end of module, the children should be able to*: 1) Appreciate the sacredness of human body 2) Understand and appreciate abstinence 3) Appreciate the truth, myths, misconceptions, and misinformation about feelings and emotions 4) Distinguish between acceptable and unacceptable body touches. 5) Understand the concept of violence: types, forms, causes and consequences 6) Identify the forms and signs of violence age and abuse against children. 7) Demonstrate the ability to seek help 8) Demonstrate life skills and how they help one in life 9) Demonstrate an awareness of oneself and the management of one's emotions 10) Demonstrate skills of getting along with others 11) Demonstrate skills of personal safety and setting boundaries 12) Demonstrate conflict resolution and assertiveness	LeLearning Outcomes: *By the end of module, the children should be able to*: 1) Appreciate the sacredness of human body 2) Understand and appreciate abstinence 3) Appreciate the benefits of abstinence until marriage 4) Identify forms, signs, power dynamics in relation to violence and abuse against children 5) Understand prevention, management and seeking support 6) Identify early warning signs of potential abuse during adolescent and teenage years 7) Demonstrate an awareness of oneself and the management of one's emotions 8) Demonstrate skills of getting along with others 9) Demonstrate skills of personal safety and setting boundaries 10) Demonstrate assertiveness and conflict resolution skills 11) Demonstrate the ability to make decisions and solve problems 12) Demonstrate the ability to utilize and manage the use of Media and technology 13) Demonstrate the ability to refrain from bad media content.	Learning Outcomes: *By the end of module, the young people should be able to*: 1) Appreciate the sacredness of the human body 2) Appreciate the benefits of abstinence until marriage 3) Identify forms, of violence and abuse against children and young people 4) Understand prevention, management and seeking support before and after abuse 5) Demonstrate the ability to report exposure to and/ or the generation of inappropriate media content 6) Demonstrate an awareness of oneself and the management of one's emotions 7) Demonstrate skills of getting along with others 8) Demonstrate skills of personal safety and setting boundaries and the respect of other boundaries, 9) Demonstrate assertiveness and conflict resolution skills 10) Demonstrate the ability to make decisions and solve problems 11) Demonstrate the ability in the management of healthy Parent-child relations during the transition into adulthood 12) Appreciate critical skills for managing changes during the transition to adulthood 13) Demonstrate the ability to utilize and manage the use of Media and technology

UNITS	3-5 years	6 to 9 years	10 to 12 years	13 to 16 years	17+ years
Life Skills and Keeping Safe (Continuation)					
		13) Demonstrate the ability to report bad images and videos they are being exposed to.	13) Demonstrate the ability to make decisions and solve problems 14) Understand the effect of the Media, and technology, on adolescents 15) Demonstrate the ability to report bad images and videos they are being exposed to.	14) Demonstrate the ability to report exposure to and/or the generation of inappropriate media content	14) Demonstrate the ability to refrain from bad media content.
MODULE 4. Health and Wellbeing					
UNITS 1) Mental, Spiritual, and Emotional Wellness 2) Nutrition and Physical Activity 3) Immunization against Vaccine-Preventable Diseases (VPDs) 4) Water, Sanitation, and Hygiene. (WASH) 5) HIV and AIDS 6) Sexually Transmitted Infections and Diseases (STI/Ds) 7) Non-communicable Diseases 8) Alcohol and Substance Abuse 9) First Aid and Safety procedures	Learning Outcomes: *By the end of module, the children should be able to*: 1) Understand the concept of God and the importance of prayers. 2) Understand the basics of personal hygiene and health. 3) Recognize the importance of a balanced diet and regular physical activity.	Learning Outcomes: *By the end of module, the children should be able to*: 1) Understand the concept of God and spiritual disciplines. 2) Demonstrate knowledge of strategies to enhance mental, and emotional wellness. 3) Demonstrate aptitude for proper nutrition. 4) Appreciate the importance of physical education and maturation 5) Demonstrate the skills for handwashing, sanitation, food hygiene, safe water, and waste disposal. 6) Demonstrate skills and knowledge of the operation and maintenance of water, sanitation, and hygiene (WASH) facilities. 7) Demonstrate understanding of HIV and its prevention and care.	Learning Outcomes: *By the end of module, the children should be able to*: 1) Understand the concept of God and spiritual disciplines. 2) Develop strategies to enhance mental, spiritual, and emotional wellness. 3) Understand the components of proper nutrition. 4) Appreciate the importance of physical education. 5) Explain the importance of water, sanitation and hygiene practices. 6) Establish and maintain a safe, secure school and community environment. 7) Demonstrate an understanding of HIV and AIDS 8) Demonstrate an understanding of the main ways of transmission and prevention of STI/STDs by avoiding sexual activity.	Learning Outcomes: *By the end of module, the teenagers should be able to*: 1) Understand the concept of God and practice of spiritual disciplines. 2) Appreciate strategies for enhancing mental and emotional wellness. 3) Understand the components of proper nutrition. 4) Explain the importance of physical education and growing up 5) Explain the importance of water sanitation and hygiene practices 6) Appreciate the importance of safe, secure school and community environment. 7) Demonstrate an understanding of HIV and AIDS 8) Understand the influence of culture, religion, technology and media on health and wellbeing. 9) Understand the influence of adults and peers on health and wellbeing.	Learning Outcomes: *By the end of module, the young people should be able to*: 1) Demonstrate understanding of the concept of God and the practice of spiritual disciplines. 2) Recognize the value of preparing for marriage and family in promoting mental and physical health. 3) Demonstrate strategies to enhance mental, spiritual, emotional wellness and management. 4) Demonstrate the skills and practice of proper nutrition and good health. 5) Demonstrate the skills and practice of physical education and maturation. 6) Demonstrate the skills and practice of operation and maintenance of water sanitation and hygiene facilities. 7) Demonstrate the skills and practice importance of safe and secure environment. 8) Demonstrate an understanding of HIV and AIDS 9) Demonstrate the skills and practice the prevention by avoiding sexual activity and management of STI/STDs.

UNITS	3-5 years	6 to 9 years	10 to 12 years	13 to 16 years	17+ years
Health and Wellbeing (Continuation)					
			9) Demonstrate an understanding of the risks of alcohol and substance use. 10) Demonstrate safety, risk management, and first aid practices.	10) Demonstrate an under-standing of the risks of alcohol and substance use. 11) Understand the prevention by avoiding sexual activity and management of STI/STDs. 12) Demonstrate safety, risk management and first aid practices	10) Demonstrate understanding of the influence of culture, religion, physical environment, technology and media on health and wellbeing. 11) Demonstrate an appreciation of safety and risk management; and first aid practices.
MODULE 5. Responsible Citizenship					
UNITS 1) Community and National Identity 2) Culture, Values, History, Citizen rights, and Responsibilities 3) Patriotism 4) Leadership, 5) Civic awareness, Engagement, and Social Responsibility 6) Environmental Stewardship	Learning Outcomes: *By the end of module, the children should be able to*: 1) Recognize their country's flag and color it. 2) Sing simple lines of the national anthem with pride.	Learning Outcomes: *By the end of module, the children should be able to*: 1) Recognize country symbols, anthem and national motto. 2) Define a citizen. 3) Explain the importance of obeying laws. 4) Demonstrate simple activities to protect the environment.	Learning Outcomes: *By the end of module, the children should be able to*: 1) Describe the rights and responsibilities of a citizen of Uganda. 2) Describe how citizens can influence community development. 3) Demonstrate participation in projects that protect the environment. 4) Recognize the different cultures of Uganda. 5) Describe the dreams of forefathers and the birth of Uganda. 6) Name the presidents of Uganda since independence.	Learning Outcomes: *By the end of module, the teenagers should be able to*: 1) Describe and explain constitutional rights and civic responsibilities in depth. 2) Describe the benefits of being an active citizen. 3) Describe and name basic democratic processes 4) Describe and distinguish the basic ideas of leadership, 5) Demonstrate and embrace national identity with pride. 6) Demonstrate readiness to stand up for your country. 7) Demonstrate appreciation for Uganda's natural gifts and resources.	Learning Outcomes: *By the end of module, the young people should be able to*: 1) Demonstrate an understanding of the consequences of disobeying rules and laws. 2) Demonstrate participation in leadership processes at home, school and place of worship. 3) Understand that healthy marriages and families are the basic building block of a strong community. 4) Demonstrate appreciation and comprehension of Pan African issues. 5) Demonstrate participation in global issues such as climate change, and the sustainable development agenda. 6) Demonstrate readiness to stand up for your country.

7.0 ROLES AND RESPONSIBILITIES OF THE DIFFERENT PLAYERS IN THE IMPLEMENTATION OF THE NFEHLS

During the implementation of the National Framework for Education on Health and Life Skills, various stakeholders will be pivotal to its success, as outlined in the following roles and responsibilities each will undertake.

Key Principles: It is required that all partners in the multi-sectoral saturation implementation of NFEHLS shall ensure the following:

- **Same core messages** across all touchpoints in which each player provides consistent messaging and complementary education, activities, and interventions
- **Sequential rollout:** Train trainers → Launch simultaneously → Sustain together
- **Mutual reinforcement:** What young people hear at school is echoed at home, clinic, and faith center. Each sector/partner/player implements the Framework to be **fully consistent and not inconsistent** with the goals, content, and outcomes
- **Shared metrics:** All partners track toward common outcomes
- **Regular coordination:** Partners meet regularly to align efforts and address gaps.

The saturation comes from adolescents/families encountering consistent, research-based information through every trusted channel in their lives.

7.1 Parents

7.1.1. Engaged Parents

- Lead peer parent NFEHLS education groups in their communities
- Serve as parent ambassadors and models for other families in implementation of NFEHLS
- Partner with schools as classroom volunteers and advisors
- Advocate for strong NFEHLS curricula and community standards
- Mentor struggling parents through informal networks
- Offer parent workshops at boarding schools during visitation opportunities

7.1.2. Parents Needing Support

- Receive training on NFEHLS communication skills and age-appropriate guidance
- Get practical NFEHLS tools and simple talking points to use at home
- Participate in community meetings and school activities for NFEHLS
- Reinforce school lessons with help from provided materials
- Connect with peer parent groups for encouragement

7.1.3. Struggling/Absent Parents

- Extended family members receive NFEHLS training to step in as guides
- Community leaders and faith leaders serve as mentors
- Schools/young people centers become primary community source of NFEHLS life skills education
- Social services provide family strengthening interventions
- Children protected through community safety networks
- Children are protected through community safety networks, school clubs such as boys' and girls' clubs

7.2 Ministry of Education and Sports

- Allocate adequate resources for NFEHLS
- Collaborate closely with religious and cultural institutions and parents to integrate NFEHLS into the curricula of teacher training institutions and schools at all levels
- Lead the dissemination of the framework, curriculum, syllabus, and educational materials to ensure widespread understanding and implementation
- Provide training for teachers to effectively deliver the curriculum and integrate education on health and life skills into their teaching practices
- Encourage research initiatives and facilitate the sharing of information related to education on

health and life skills within the Education and Sports Sector (ESS)

- Monitor the implementation of the National Framework for Education on Health and Life Skills (NFEHLS) and associated policies, standards, and guidelines, such as those for Basic Requirement of Minimum Standards (BRMS) in schools
- Ensure that NFEHLS is integrated into all educational activities and programs.
- Document and disseminate successful practices related to the NFEHLS
- Enforce the professional code of conduct to promote safety and wellbeing within educational environments
- Regularly inspect school facilities and maintain records related to the health and wellbeing of learners
- Coordinate all health and life skills activities within Education and Sports Sector (ESS), actively engaging foundation bodies, cultural institutions, and relevant stakeholders
- Align actions among stakeholders to ensure all efforts contribute to achieving the objectives of the NFEHLS

7.3 Ministry of Health

- Allocate resources for the implementation of the NFEHLS
- Provide guidelines and technical assistance for the design and implementation of health programmes related to health and life skills in and out of schools at all levels of health care delivery
- Ensure resource allocation and delivery of quality/professional medical services to children and young people including survivors of violence
- Support the promotion of optimal health information and documentary evidence to children and young people's health and wellbeing
- Educate the public on the health challenges of children and young people
- Set standards and guidelines for provision of health services that are sensitive to, culture and religion of children and young people
- Strengthen training of all health care providers for education on health and life skills
- Undertake operational research in health and life skills, particularly on education on health and life skills including methods of service delivery
- Integrate NFEHLS for children and young people into the Health Management Information system and sentinel surveillance
- Promote the school and health facility linkage

7.4 Ministry of Gender, Labour and Social Development

- Allocate resources for the implementation of the NFEHLS
- Create public awareness on adolescent developmental requirements, family and community responsibilities, and protective support systems
- Advocate for the elimination of customs and practices that violate children and young people's health and wellbeing
- Ensure that values and life skills are mainstreamed in all programmes on health and life skills development programmes.
- Develop and integrate NFEHLS programming in the MoGLSD MIS
- Provide disaggregated relevant age/gender data to the technical committee on children and young people
- Promote awareness and integrate health and life skills concerns among the different departments within the Ministry and the public
- Popularize the child helpline at all levels
- Develop and popularize a young people engagement strategy
- Disseminate National Parenting Guidelines
- Ensure that hard-to-reach populations (e.g., ethnic groups such as the Batwa, Ike, Tepeth, Benet; persons with disabilities (PWDs), including albinos and refugees) are catered for and reached by NFEHLS interventions

7.5 The Directorate of Ethics and Integrity

- Work to integrate ethical values and standards across all sectors, including public and private sectors, and civil society. This fosters a culture of integrity, which is essential for the effective implementation of NFEHLS
- Guide sectors on promoting positive ethical values like honesty, respect, and social responsibility, which are essential for healthy relationships and overall wellbeing for children and young people in Uganda
- Work with sectors to integrate guidance and counseling, especially for children and young people, to help them navigate challenges related to ethical dilemmas and life choices, promoting healthy decision-making skills
- Collaborate with religious organizations to promote responsible and accountable conduct in communities to ensure that they contribute to the achievement of NFEHLS objectives

7.6 Ministry of Finance, Planning and Economic Development

- Mobilize and allocate adequate resources for the implementation of NFEHLS
- Provide technical assistance to develop tools, collect and analyze disaggregated data, interpret and disseminate (especially during census and other surveys) in the context of Education on health and life skills
- Participate in the co-ordination, evaluation and monitoring of NFEHLS related programmes in collaboration with relevant sectoral ministries, academic and research institutions

7.7 Ministry of Local Government

- Allocate adequate resources for the implementation of NFEHLS
- Support implementation of programmes that are sensitive to age, culture and religion for children and young people
- Provide effective, committed and accountable leadership responsive to the needs of actors in Education on health and life skills in the local governments
- Coordinate, supervise, monitor (including school inspection) and evaluate the implementation of government programmes on Education on health and life skills within the communities
- Ensure adequate resource mobilization and allocation for Education on health and life skills for children and young people
- Co-ordinate development partner support for implementing Education on health and life skills for children and young people within the respective local government
- Advocate for Education on health and life skills for children and young people at national levels
- Support efforts for documenting, disseminating and implementing best practices relevant to education on health and life skills in the public and private sectors
- Mobilize and sensitize the community on government laws, policies and programmes related to Education on health and life skills
- Support enactment of by-laws and ordinances related to children and young people's health and wellbeing

7.8 Ministry of Internal Affairs

- Detect and prevent crimes including violence against children and young people
- Ensure that the perpetrators of violence against children are held accountable including serving their sentences
- Cooperate with other actors to ensure that cases of violence against children are reported, investigated and settled or referred to courts of laws for fair hearing and justice.
- Monitor the activities of NGOs which provide support services in the implementation of education on health and life skills for children and young people
- Provide adequate protection for children and young people including child survivors of violence against intimidation by culprit or preventing compromising information as the investigations go on.
- Support the keeping of law and order in schools, including incidences of student strikes and

frequent fire outbreaks in schools
- Build capacity of police and other law enforcers to handle related issues/crimes
- Allocate resources for NFEHLS programs

7.9 Ministry of Information, Communication and Technology, and National Guidance

- Ensure media content is fully supportive of NFEHLS
- Conduct public awareness campaigns, media coverage and publicity that supports the message, themes, goals and outcomes of NFEHLS for children, young people, and parents
- Allocate resources for NFEHLS
- Provide a robust and reliable ICT infrastructure that enables the collection, analysis, and dissemination of NFEHLS
- Encourage media; print (newspapers), audio (radios and television) and visual to educate the community on health education and wellbeing for children and young people
- Spearhead the development of a communication strategy (public awareness campaigns, media coverage and publicity) on health and life skills for children and young people
- Develop a media code of conduct including censorship of transmission of certain types of information and materials such as pornography
- Support development of appropriate ICT curriculum for children and young people and ensure that they are educated on the use of ICTs for development including education on health and life skills
- Regulate media content for education on health and life skills and ensure consistency with NFEHLS
- Ensure that the media and entertainment industry do not disseminate images of immorality to children and young people
- Conduct public awareness campaigns, media coverage and publicity on Education on health and life skills for children and young people
- Allocate resources for NFEHLS programs.

7.10 Ministry of Justice and Constitutional Affairs

- Revise and enact laws to codify NFEHLS to defend and promote optimal health and wellness for children and young people
- Amend existing laws and formulate legislative measures to support implementation of NFEHLS for children and young people.
- Ratify, international and regional, instruments fully consistent with NFEHLS and not inconsistent in any way
- Disseminate reports on protective factors important to the actualization of NFEHLS
- Ensure that the perpetrators of violence against children are held accountable and serving their sentences
- Cooperate with other actors to ensure that cases of violence against children are reported, investigated and settled or referred to courts of laws for fair hearing and justice
- Provide adequate protection for children in schools and communities including child survivors of violence against intimidation by culprit or preventing compromising information as the investigations go on
- Sentence offenders according to existing law

7.11 Religious Institutions

- Develop guidelines for accreditation and provision of NFEHLS in faith founded education institutions
- Identify and review the roles of religious leaders and structures and train them in delivery of NFEHLS to children and young people
- Work closely with government, cultural institutions, civil society and development partners in developing, implementation, monitoring and review of appropriate policies (including NFHELS, curriculum, pedagogic materials, etc.), guidelines (e.g., service delivery), systems (e.g., M&E,) and standards in education on health and life skills

- Engage in information sharing platforms on implementation and status of NFEHLS involving the key stakeholders (including cultural and religious leaders, government, and the general public)
- Support teachers, models, mentors, and advocates for value-based NFEHLS in line with respective religious teachings and doctrines
- Teach the parents and public about responsible parenting, violence in the home/community settings, marriage/polygamy, children out of wedlock, poverty and parental communication with their children on education on health and life skills
- Support children and young people within their faith to achieve moral, spiritual, and education on health and life skills through worship services, seminars and workshops, feature information (on health and life skills and religion in their bulletin, newsletters, pamphlets, etc.), engaging them in planning, leading, and attending activities related to NFEHLS organized by the religious body
- Coordinate, support, implement and monitor education on health and life skills activities within the religious structures and education institutions founded by their respective foundation body
- Help improve community engagement for education on health and life skills for children and young people through providing services like advocacy, sensitization and capacity building of influential religious and interfaith leaders and parents on NFEHLS

7.12 Parliament

- Advocate for and enact laws that codify NFEHLS and a learning environment free from violence
- Raise awareness of Members of Parliament on NFEHLS for health and life skills
- Cause Ministries to report on their interventions on NFEHLS
- Cause and hold line ministries accountable for allocating and effectively using resources for supporting implementation of NFEHLS in and out of school

7.13 Ministry of Agriculture, Animal Industry and Fisheries

- Integrate education on health and life skills that are consistent with NFEHLS in their programs/ activities
- Train caregivers, extension workers and community members in the production, processing, distribution, and consumption of food
- Promote school feeding programs
- Allocate resources for NFEHLS

7.14 Uganda AIDS Commission

- Provide technical assistance for the design and implementation of NFEHLS
- Support government and their partners to integrate optimal health in their HIV programming
- Support key actors to integrate NFEHLS related indicators for children and young people in the HIV NSP in their plans
- Document and disseminate good practices consistent and not inconsistent with NFEHLS
- Advocate and allocate resources for the implementation of NFEHLS

7.15 Cultural Institutions

- Strengthen positive cultural values and traditional practices while advocating to change harmful practices that endanger children's health, safety, and positive life skill development
- Encourage parents to communicate with their children on education on health and life skills following NFEHLS
- Participate in the delivery of education on health and life skills for children and young people in collaboration with other partners according to NFEHLS
- Promote cultural practices, norms, taboos, values and traditional justice system and advocate for positive changes in cultural practices related to health and life skills and abuse of children
- Promote the use of traditional forms of positive discipline rather than corporal (physical) punishment that enhance moral, social and education on health and life skills to their young members of the society
- Devise positive strategies for enforcing a sense of responsibilities among parents and communities

- Liaise with local authorities in the communities to ensure that learners have a safe passage to and from school and communities
- Encourage parents to communicate with their children on NFEHLS

7.16 Private Sector

- Integrate NFEHLS education on health and life skills within their institutions
- Provide the necessary technical, technological, operational and financial support as deemed appropriate by relevant ministries, religious and cultural institutions involved in delivering NFEHLS in schools

7.17 Development partners/ Civil Society Organizations

- Provide the necessary technical, technological, operational and financial support in delivering NFEHLS approved education on health and life skills in schools
- Align their programmes and activities, materials etc. within the NFEHLS framework for approval by the respective Ministries for review and approval before usage
- Complement the role of government and other stakeholders in the implementation of education for NFEHLS approved health and life skills interventions
- Advocate for prioritizing NFEHLS education on health and life skills related concerns and interventions at national and international level

7.18 District Local Governments

- Monitor the implementation of NFEHLS education on health and life skills at district level
- Lobby for allocation of resources to NFEHLS education on health and life skills activities at district level from the central government and implementing partners
- Popularize the NFEHLS Framework at district level
- Promote the collaborations and partnership of the district with district-based implementation
- Allocate resources for education for NFEHLS health and life skills
- Compile and disseminate district education for NFEHLS health and life skills implementation reports
- Provide technical support during implementation of education on health and life skills
- Ensure health centres provide quality services for the young people
- Document good practices on education for NFEHLS health and life skills delivery among young people
- Offer promotional, preventive, curative and rehabilitative service
- Conduct medical investigation and documentation for sexually abused learners
- Protect children by providing law guidelines on the act of children who have been sexually violated and counsel them with restorative measures

8.0 INSTITUTIONAL ARRANGEMENTS FOR OPERATIONALIZING THE FRAMEWORK

i. The Ministry of Education and Sports in partnership with OAFLAD, Ministry of Health, Ministry of Gender, Labour and Social Development, Uganda AIDS Commission, Ministry of Local Government and Inter-Religious Council of Uganda will spearhead the coordination of the National Framework for Education on Health and Life Skills through a collaborative multi-sectoral approach.

ii. It's important to note that most interventions on Education on health and life skills are already in place and clearly aligned with the National Development Plan IV, National Vision 2040, Draft National School Health Policy, Education Sector Strategic Plan, Sharpened Plan and Investment Case II, National Strategy to End Child Marriage and Teenage Pregnancy, National HIV and AIDS Strategic Plan, and National Strategy to End Violence Against Children, among other sector planning documents.

iii. In order to enhance the quality and effectiveness of NFEHLS health and life skills education within and outside schools, a robust training and accreditation process for CSOs, NGOs, and other relevant stakeholders will be implemented. This is crucial for ensuring that NFEHLS health and life skills education is delivered effectively and responsibly, promoting a safe and informed environment for children and young people.

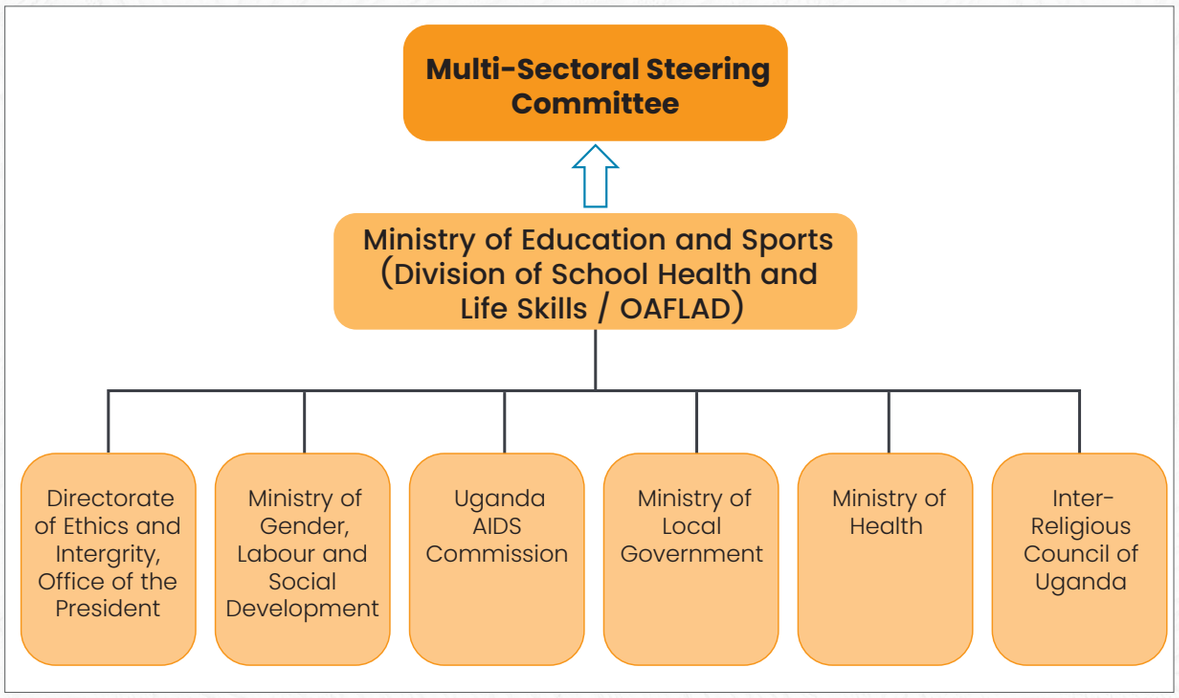
iv. In terms of delivering education on health and life skills interventions, each Ministry, Department, and Agency (MDA) will develop its own NFEHLS-aligned implementation modality through multi-sectoral collaboration.

- The **Ministry of Education and Sports** has developed NFEHLS Learning Modules for Education on Health and Life Skills and will scale up to enhance teachers' capacity to effectively deliver health and life skills messages to learners through a classroom-based and co-curricular approach into education institutions. These Learning Modules will also be adapted for implementation by other relevant MDAs
- The **Ministry of Health** will provide guidelines and technical assistance for designing and implementing NFEHLS health programs for both in and out of school, across all levels of healthcare delivery
- The **Ministry of Gender, Labour and Social Development** will work to increase NFEHLS awareness and advocate for the elimination of customs and practices that compromise the health and wellbeing of children and young people
- The **Ministry of Local Government** will ensure effective, committed, and accountable leadership that responds to the needs of stakeholders involved in NFEHLS education on health and life skills at the local government level
- The **Uganda AIDS Commission** will offer technical assistance for the design and implementation of HIV and health programs related to NFEHLS education on health and life skills for children and young people
- The **Inter-Religious Council of Uganda** will identify and review the roles of religious leaders and structures, providing training to equip them in delivering NFEHLS-aligned education on health and life skills to children and young people

8.1 NFEHLS Coordination Structure

Ministry of Education and Sports, in partnership with the Organization of African First Ladies for Development (OAFLAD), will coordinate the implementation of the Framework through a collaborative, multi-sectoral approach.

Figure 4: NFEHLS Coordination Structure



An overarching objective under delivering as multi-sectoral is to ensure the highest level of complementary funding among MDAs. The delivery of education on health and life skills will continue to have a common budget framework and mutual accountability arrangement to ensure resources are effectively utilized to empower the children and young people of Uganda to make better choices and live healthy and productive lives.

Key MDAs will mobilize and utilize their regular and core resources to implement an agreed joint work plan and budget within the pooled funding arrangement. The Ministry of Education and Sports, School Health and Life Skills Division, will serve as the secretarial coordination entity for the Framework's implementation. It will aggregate reports highlighting key issues, achievements, lessons learned, and recommendations for future action. The report will undergo a technical review by the Core Technical Team and be presented for approval by the Multi-Sectoral Steering Committee.

a) Multi-Sectoral Steering Committee

The Multi-Sectoral Steering Committee, chaired by the First Lady and the Honorable Minister of Education and Sports, will provide strategic direction, oversight, and coordination to ensure the effective integration of health and life skills education across various sectors. This committee will review reports prepared by the Core Technical Committee, which will highlight key issues, achievements, lessons learned, and recommendations for future action. The committee is composed of all Cabinet Ministers, Permanent Secretaries, and technical members from key MDAs, including MoES, OAFLAD, MoH, MoGLSD, MoLG, IRCU, the Uganda AIDS Commission, and the Directorate of Ethics and Integrity. The Multi-Sectoral Steering Committee will convene twice a year to review progress in the implementation of the Framework and to ensure timely action on its recommendations.

b)The Core Technical Committee

The Core Technical Committee, composed of technical officers or focal persons from leading MDAs including MoES, OAFLAD, MoH, MoGLSD, MoLG, IRCU, and the Uganda AIDS Commission, will be directly responsible for following up on implementation, reviewing progress, and addressing recommendations from the Multi-Sectoral Steering Committee. The Core Technical Committee will meet monthly and quarterly, develop and agree on joint work plans that detail specific activities, timelines, and responsibilities for each agency and every quarter, achievements and plans for the next quarter will be shared. The Core Technical Committee will oversee and facilitate quarterly review meetings with all CSOs, NGOs engaged in education on health and life skills, aimed at strengthening collaboration, coordination, and reporting. The Ministry of Education and Sports, through the School Health and Life Skills Division, will consolidate and share all reports.

c)Technical Working Groups of the relevant agencies

The relevant Technical Working Groups (TWGs) from the leading agencies (MoES, OAFLAD, MoH, MoGLSD, MoLG, IRCU, and the Uganda AIDS Commission) will ensure alignment with the National Framework for Education on Health and Life Skills. They will report on education on health and life skills within an agreed results framework and subsequently submit to the Core Technical Committee.

8.2 Strengthening accountability mechanisms to ensure quality implementation and child protection:

Required Accountability Measures:

- Annual accreditation process for all organizations working with children and young pepole
- Signed partnership agreements specifying permitted activities, prohibited practices, and reporting requirements
- Mandatory quarterly trainings for all implementing partners as condition of accreditation
- Government oversight body embedded within partner organizations to monitor compliance
- Annual review and approval of all curricula, materials, and messaging before use
- Quarterly programmatic reports combined with site visits and material audits
- Clear consequences for non-compliance, including suspension or termination of partnership

Quality Assurance Structure:

- Establish core technical committee with authority to approve all materials and approaches
- Train technical committee members on evidence-based review criteria and child safeguarding standards
- Create standardized evaluation rubric for assessing program quality and fidelity
- Require pre-approval of any curriculum modifications or new materials
- Conduct regular spot-checks and unannounced site visits

9.0 MONITORING AND EVALUATING IMPLEMENTATION OF THE NATIONAL FRAMEWORK FOR EDUCATION ON HEALTH AND LIFE SKILLS

The monitoring and evaluation of the Framework will be guided by a results-based management approach, anchored in the Theory of Change and the logical results chain. A national performance tracking dashboard, using the agreed results matrix, will be developed to monitor progress on inputs, outputs, outcomes, and impact indicators across the entire program. All reporting will be disaggregated by sex, age, disability status, and geographical location.

At the start of implementation, a comprehensive Monitoring, Evaluation, Accountability and Learning framework including the implementation plan will be developed and shared with key stakeholders. These stakeholders include the Ministry of Education and Sports (MoES), Ministry of Health (MoH), Ministry of Gender, Labour, and Social Development (MoGLSD), Uganda AIDS Commission, all local governments, cultural and religious institutions, and development partners. This framework will clarify how activities will be monitored, how progress will be tracked, and how the Framework's results and impacts will be evaluated. It will also provide a timeline for monitoring and evaluation activities, specify data sources and methodologies, and assign roles and responsibilities to different actors.

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ANNEXES

ANNEX 1: Description of Life Skills

A. Skills of effective decision-making

The skills of effective decision-making are in a cluster of four close-knit skills each depending on the other. Every decision has some risk factors with it if the person is to move on in life. Hence, the person making a decision has to consider both the process of decision-making and the outcome as equally important to the impact on the person who makes the decision. The following are the skills in the category of effective decision-making:

1. Problem Solving

This is the ability to realize and recognize the problem exists, then identifying possible solutions, after which the individual considers strategies of overcoming the problem.

2. Creative thinking

This is the ability to find new/innovative ways of solving a problem or dealing with a situation. It is the ability to recognize that a particular way of dealing with an issue may never work always, hence, the saying, *"there are many ways to skin a cat."* If one way proves ineffective, others can be employed.

3. Critical Thinking

This is the ability to transcend the face value of a situation/problem or issue when trying to reach a solution. The person will have the ability to scrutinize/analyse with the purpose of finally identifying the most appropriate solution.

4. Decision- making (Steps of)

This is a process which combines all the three skills above to help an individual to always take caution before making choices in all spheres of their lives. The same steps can be used when developing the skills of effective decision-making in another person.

Describe the problem/issue or situation in own words
Explore all the possible options to overcome the problem
Choose the most appropriate option
Identify the advantages and disadvantages of the option taken
Do it (if the advantages outweigh the disadvantages in number or weight)
Evaluate the outcomes of the option taken.

Developing skills of effective decision-making among children because it builds the sense of responsibility and ownership towards one's actions and words.

B. Skills of knowing and living with oneself

1. Self esteem

This is the value a person attaches to him/herself. Self-value is where a person feels they are special and precious, capable and lovable. This self-esteem enables a person to appreciate who they are and to recognize the fact that they are different from others is what makes them unique and different, and therefore, of priceless (beyond price) worth. Everybody has a value. This value is not tangible nor can it be put in monetary terms.

Self-esteem enables a person to develop valuable opinions about him/herself. This positive opinion keeps the person above destructive criticism from other people, while accepting positive criticism with dignity. It also helps the person accept all physical body features about him/her as special. They will not try to distort or change what they cannot about these parts but will be contented. A person can have either high or low self-esteem. Self-esteem also promotes one's self confidence and self-worth.

2. Self-awareness

This is the ability to 'understand yourself'. A person with self-awareness has developed the skill of genuinely appreciating his/her weaknesses and strength - the ability to accept that their weaknesses are a setback to self-development and to interpersonal relationships. Hence, the person will try to improve on the weak areas in his/her life while reinforcing their strong aspects. Such a person knows and acknowledges their limitations wherever they occur.

3. Coping with stress

Stress has to do with the mind. It is the discrepancy between one's wish and what is reality at any given time. Stress can be caused by imaginary or real circumstances. The person exerts pressure on their mind beyond its capacity to cope. This causes a 'mental overload'. If this overload remains constant or increases over a long period of time, the physical body will begin registering the effects from the tension through a number of ways.

4. Coping with emotions

Emotions are feelings. These feelings can be both positive and negative. Feelings cannot be seen except through overt behaviour and the impact of such behaviour on others. Hence, human beings are capable of exhibiting good and bad feelings or emotions. Whether good or bad, our feelings can hurt others and destroy their self-esteem. Therefore, we need to be careful how we show our emotions in the presence of others.

C. Skills of knowing and living with other people

The skills of knowing and living with other people are sometimes referred to as social skills. These are the skills that enable an individual to adapt to their environment and to live harmoniously with others around them. These skills greatly depend on how well adjusted the person may be with him/herself first *(see skills of knowing and living with oneself on Table 4).* How do we live with others with minimum or no conflict? We need to develop social skills. The Government of Uganda and UNICEF selected the following 8 social skills to be developed in schools.

1. Effective Communication

To say what you mean and mean what you say. A person who has effective communication as a skill uses both non-verbal and verbal communication in a complementary way. Hence, the person has the ability to deliver a message without the possibility of the receiver changing its original form/sense. The message should have the following characteristics:

- Clear
- Easy to interpret
- Understandable

2. Peer Pressure Resistance

Peer pressure resistance has 2 components:

- The ability to refuse bad ideas /acts passed to you by your age mates
- The ability to retain respect for the peers even after refusing to be influenced by undesirable persuasion

A person with skills of resisting bad peer influence will have an agenda for his /her life. This life plan helps in determining what to do, when to do it and why it should be done. Hence, this person will need other skills in the process of resisting peer pressure, for example, the skill of assertiveness. Therefore, peer pressure resistance can be defined as the ability to refuse bad ideas or acts passed to you by your peers.

3. Friendship formation

The ability to strike a friendship or make meaningful linkages immediately in any situation to enable a person to find his/her way around with minimum difficulties. The person with friendship formation skills will have the ability to make meaningful linkages with others without dwelling on differences as a barrier. Such a person is trustworthy and respectful towards others.

4. Empathy

Empathy is defined to mean one's ability to step into another's situation and experience it from that person's perspective. Appropriate use of the skill provides a launching pad to the person in a difficult situation to enable him/her rise above the situation and live a meaningful life again.

5. Conflict Resolutions (Non-Violent)

Conflict is a misunderstanding between two parties while resolutions are rules or guidelines set to solve the misunderstanding. A person can be said to have skills of conflict resolution if he/she has the ability to manage situations, which may be volatile or explosive without resorting to violence. The non-violent conflict resolution skill employs other skills and can never stand on its own.

6. Interpersonal Relationship

This is the ability to get along with others for a purpose even without necessarily being friends. Each gets along with the other for that purpose not because they are close friends. Hence, this inter (between) relationship simply means:

- The ability to associate with others
- The ability to meaningfully interact with others around you
- The ability to cooperate with others

7. Assertiveness

This is the ability to know what you want and to stand for it even when everybody thinks otherwise. This is a skill which cuts across all other skills. It is the individual's ability for being consistent, firm, or principled. Such a person is said to have self-confidence and respect.

8. Negotiation

This is the ability to effectively articulate what you stand for and the reasons why you prefer your stand to that of others. It involves one's ability to listen to and respect other people's views or opinions, compare them with your own and determine whether you can make any concessions or not. Whatever the outcome, the parties concerned will respect it and maintain respect for each other.

Negotiation as a skill can never stand alone, but will always be in the company of self-esteem, assertiveness, non-violent conflict resolution and problem solving, among others.

ANNEX 2: Glossary

Adolescence: The period in human growth and development that occurs after childhood and before adulthood.

Appropriateness: Mostly found to be fitting, suitable, or compatible.

Age-appropriateness: Refers to the principle that educational materials, activities, and expectations should be tailored to align with the age and typical developmental level of learners. This means that the curriculum, teaching methods, and assessments must be designed to meet the unique needs and abilities of learners at different ages and stages of development.

Career: The series of jobs that a person has in a particular area of work, usually involving more responsibility as time passes.

Caregivers: A person who is very closely attached to the child or adolescent and responsible for their daily care and support. Primary caregivers include parents, families, and other people who are directly responsible for the child or adolescent at home. They also include carers outside the home, such as people working in learning institutions.

Conflict: A situation in which people or groups are involved in a serious disagreement or argument.

Culture: The customs and beliefs, arts, way of life, and social organization of a particular group of people.

Gender Based Violence: Refers to physical, sexual, emotional/psychological and economic violations which are subjected to individuals and/or group of persons based on social expectations of men and women. The following are forms of GBV: Physical violence which includes battering and beating, sexual violence which include; rape, child sexual abuse, defilement, and incest, sexual assaults, sexual harassment, harmful traditional practices such as Female Genital Mutilation, child marriage and forced marriage and dowry related violence; emotional and psychological violence such as verbal abuse, humiliation and confinement; economic violence such as denial of assets, economic livelihoods and denial to provide basic scholastic requirements.

Grooming: The things that one does to keep one's clothes and hair clean and neat.

Health Education: Refers to any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.

Health workers: Persons trained and permitted to provide healthcare services.

Health: A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Hormones - Chemical substances produced in the body that encourage growth or influence how the cells and tissues function.

Hygiene: The practice of keeping oneself and one's living and working areas clean.

Life Skills Health Education: This is a child-centered and activity-oriented learning of abilities for adaptive and positive behavior that promote physical, mental, and social wellbeing and competence to empower adolescents and young people to take more responsibility for their actions and effectively deal with the demands and challenges of everyday life.[8]

Life Skills: A set of psychosocial and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, and empathize with others.

8 WHO; Life Skills Education (1993): https://iris.who.int/bitstream/handle/10665/338491/MNH-PSF-96.2.Rev.1-eng.pdf

Management: Controlling and directing to attain a desired result.

Mitigation: A reduction in how unpleasant or serious something is.

Policy: Broad statements or laws to serve in decision-making.

Protection: Actual support and assurance of safety for the person or persons in a given setting.

Reintegration: Re-admit a former student /pupil back into school after dropping out due to teenage/ unintended pregnancy, HIV/AIDS-related stigma and discrimination, etc.

Safe School Environment: Is one that protects learners and staff against immediate injury or disease and promotes prevention activities and attitudes against known risk factors that might lead to future disease or disability.

Safety nets: Provisions/ mechanisms that aim at child protection and safety.

School Community: All stakeholders directly associated with the school including learners, teaching and non–teaching staff, parents, PTAs, SMCs, BoGs, foundation bodies, and nearby community.

School Health Package: Offer of health-related programmes to school communities including prevention, promotion, treatment, and referrals; it focuses on health education, quality health services, and advocacy for positive health lifestyles.

School Health: All strategies, activities, and services offered by, in, or in association with schools that are designed to promote students' physical, emotional, and social development.

School setting: An institution where formal educational instruction occurs per the Ministry of Education and Sports calendar and may naturally apply to communities around schools.

School: Refers to an establishment, formal and/or non-formal, for teaching and learning. The school includes all educational institutions; pre-primary, primary; post-primary institutions, tertiary educational institutions, non-formal educational institutions, government-aided and non-government-aided for, and not-for-profit institutions.

Segregated: Separated according to sex, age, or level in the school setting with the purpose of meeting specific progressive ends.

Sex: Biological characteristics that define humans as female/male.

Sexual Abuse: The crime or act of harming a person through unwanted sexual activity or abusive sexual behaviour resulting in physical, sexual or emotional damages.

Social Etiquette: The formal rule of correct or polite behaviour in society.

Stakeholders: Persons, groups, entities and representatives, and interest parties.

Standards: Minimum expected level of achievement or a rule or principle that is used as a basis for judgment.

Substance abuse: A maladaptive pattern of use indicated by continued use despite knowledge of having a persistent or recurrent social, occupational, psychological, or physical problem that is caused or exacerbated by the use or by recurrent use in situations in which it is physically hazardous.

Target group: Persons for whom the Framework shall apply or be applicable.

Teen: A young person of teen age between thirteen and nineteen years.

Teenage/unintended pregnancy: Conception that occurs to persons between the ages of thirteen to nineteen years that may be incidental.

Unacceptable behaviours: Refers to actions or conduct by learners that disrupt the learning environment,

violate school policies, or infringe upon the rights and safety of others.

Values: Beliefs about what is right and wrong and what is important in life.

Violence: As per the Uganda Children Act (Amendment) 2016: "Violence" means any form of physical, emotional, or mental injury or abuse, neglect, maltreatment, and exploitation, including sexual abuse, intentional use of physical force or power, threatened or actual, against an individual which may result in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.

Vulnerable: Capable of or likely to being wounded or hurt physically or emotionally; openness to defenselessness; susceptible to temptation or corruption.

Young people: Persons between 15 and 24 years (WHO).

ANNEX 3: PRIORITIZING OPTIMAL HEALTH STRATEGIES

3.1 The Optimal Health Model

The Optimal Health Model (O'Donnell, 2009) represents a comprehensive, research-based public health approach that eliminates risks and promotes the highest attainable standard of health by emphasizing health risk avoidance, protective factors, and positive health behaviors within Uganda's cultural values, family, and faith traditions.

Core Premise: Optimal health prioritizes best possible health attainment for each person, achieved through complete physical, mental, emotional, social, and spiritual wellbeing, supported by strong families, communities, and value systems promoting human flourishing.

3.2 Movement Toward Optimal Health

The model is built on continuous population movement away from risk toward optimal health. Individuals exist along a health continuum from high risk to low risk to no risk. Effective public health interventions catalyze movement toward the safest 'no risk' zone while reinforcing healthy behaviors for those already practicing them.

Three Critical Zones:

- **High Risk Zone (Red):** Young people engaging in behaviors threatening health, education, and future. Goal: empower movement toward lower risk through education, support, and skill-building.
- **Low Risk Zone (Orange):** Young people who have reduced some risk factors but not yet achieved optimal health. Need continued support to reach no-risk zone.
- **No Risk Zone - Optimal Health (Green):** Young people practicing healthy behaviors protecting them from harm, including refraining from sexual activity until marriage, avoiding substance use, and making choices supporting wellbeing. These young people need reinforcement to maintain healthy status.

3.3 Two Essential Components

3.3.1 Empowering Movement Away from Risk

For young people engaged in risky behaviors, the Framework provides:

- **Education:** age-appropriate information about health, educational, economic, and social consequences
- **Skills:** Refusal skills, communication, critical thinking, and decision-making to resist pressure
- **Support:** Environments where young people feel empowered to change, supported by families, teachers, health workers, and leaders
- **Starting Over:** Affirming that sexually active young people can choose to delay sexual activity until marriage, significantly reducing risks
- **Harm Reduction:** For those unable to immediately achieve risk-free status, providing accurate information and services that reduce harm while encouraging continued movement away from risk to optimal health.

3.3.2 Reinforcing Healthy Behaviors

Critically important: The majority of Ugandan young people are not engaged in sexual behaviors. These young people deserve strong affirmation and reinforcement to maintain healthy choices.

Public health messaging must:

- **Affirm choices:** Explicitly recognize that delaying sexual activity and making healthy choices are normal, achievable, and worthy of respect
- **Build confidence:** Help young people feel proud and equipped to maintain decisions despite pressure
- **Create support:** Ensure families, schools, communities, and faith groups actively reinforce

healthy behaviors

- **Counter false narratives:** Correct misconceptions that "everyone is doing it"
- **Provide persistence tools:** Equip young people with skills to navigate relationships and maintain standards, including accountability groups.

3.4 Key Concepts for Uganda

3.4.1 Holistic Wellbeing

Optimal health requires attention to interconnected dimensions:

- **Physical:** Nutrition, hygiene, disease prevention, development free from STIs, HIV, and teen pregnancy
- **Mental/Emotional:** Cognitive development, critical thinking, emotional regulation, resilience, self-esteem
- **Social:** Healthy relationships, family formation, parent-child connectedness, community belonging, social skills
- **Spiritual:** Faith connection, moral development, purpose, values, human dignity

3.4.2 Risk Avoidance as Optimal Health Standard

The model prioritizes primary prevention (risk avoidance) over secondary prevention (risk reduction) because avoiding risk altogether produces better outcomes than reducing risk.

For Uganda's young people, this means:

- **Optimal Health:** Abstinence until marriage is the safest approach, a public health standard supported by research
- **Timing Matters:** Delaying sexual debut allows maturity and leads to better educational and economic outcomes
- **Partner Limitation:** Limiting lifetime partners dramatically reduces STI/HIV risk, Uganda's proven principle
- **Substance Avoidance:** Avoiding alcohol and drugs protects brain development and decision-making

Important: While risk avoidance is optimal and the primary message, the Framework recognizes some young people face circumstances requiring compassionate support, accurate information, and appropriate services while encouraging movement toward optimal health.

3.4.3 Uganda's Proven Success

Between 1991-2001, Uganda achieved one of the world's most dramatic HIV prevalence declines (15% to 5%) through ABC (Abstinence, Be Faithful, use Condoms), with emphasis on delaying sexual debut and reducing partners. Research confirms these behavioral changes, not condom use alone, accounted for Uganda's success.

This Framework builds and updates that legacy by:

- Reaffirming behavior change as the foundation of public health success
- Applying risk avoidance principles to teen pregnancy, child marriage, and STIs
- Integrating Uganda's cultural values, families, and faith as protective factors
- Positioning Uganda to lead Africa in young people's health through evidence-based, family focus, religiously and culturally appropriate strategies.

3.5 Applying the Framework

3.5.1 For Most At-Risk Populations

The model especially protects Uganda's most at-risk young people: orphans and children in difficult situations, in and out-of-school, girls at risk of child marriage, children and young people in high-HIV areas, and adolescents who have experienced violence. The Framework ensures no child is left behind through differentiated approaches while maintaining the aspirational goal of optimal health for all.

3.5.2 Multi-sectoral Implementation

Achieving optimal health requires coordinated effort:

- **Health:** Prevention, treatment, risk avoidance information, skills, mental health support
- **Education:** Life skills education, teacher training, safe schools, school clubs, retention programs
- **Community:** Health awareness, parent education, young people clubs, economic empowerment, culture and social education
- **Faith:** Leaders as champions, health messages in religious education, marriage preparation, parent education and empowerment
- **Legal:** Child protection enforcement, defilement prosecution, child marriage prevention
- **Media:** Positive messaging, role modeling, campaigns correcting misconceptions.

3.6 Alignment with National Priorities

The model supports Vision 2040 (healthy, educated, productive human capital), NDP IV (enhanced human capital development), SDGs (health, education, gender equality), Geneva Consensus Declaration (women's health, strong families, national sovereignty), and strategies to end child marriage, mental illness, teenage pregnancy, malnutrition, violence against children and HIV.

3.7 Implementation Principles

To effectively operationalize the model:

- **Start Early:** Begin age-appropriate education in early childhood
- **Engage Families:** Equip parents as primary educators with schools as partners
- **Train Stakeholders:** Build capacity across teachers, health workers, community and faith and cultural leaders
- **Create Safe Environments:** Protect children from exploitation, violence, and harmful influences
- **Provide Holistic Content:** Address all dimensions of health: physical, intellectual, emotional, social and spiritual wellbeing
- **Measure Movement:** Track delayed sexual debut, increased number of young people who establish boundaries (reduced recency), reduced multiple partners, reduced teenage pregnancy, decreased HIV/STIs, significant increases in knowledge, attitudes, self-efficacy, and increased protective factors.
- **Adapt Contextually:** Tailor to local cultures while maintaining core principles
- **Sustain Commitment:** Invest long-term because behavior change requires sustained effort
- **Celebrate Success:** Recognize communities showing movement toward optimal health
- **Remain Vigilant:** Evaluate effectiveness, adapt strategies, resist external pressures compromising sovereignty.

The Optimal Health Model provides Uganda a powerful, research-based framework honoring religious and cultural values, engaging families, protecting the most at-risk, and empowering young people to achieve their fullest potential. By emphasizing both movement away from risk and reinforcement of healthy behaviors, this approach positions Uganda to achieve dramatic improvements in adolescent health outcomes while serving as a model for Africa and the world.

ANNEX 4: SIGNED STATEMENT OF COMMITMENT

NATIONAL FRAMEWORK ON EDUCATION FOR HEALTH AND LIFE SKILLS

STATEMENT OF COMMITMENT

We, the National Taskforce/Steering Committee for Optimal Health, gathered here on the **27th day of March, 2025**, at the African Village Hotel, Mukono, in a retreat organized by the Office of the First Lady of the Republic of Uganda.

Recognizing the high level of accountability and responsibility we hold in nurturing and supporting the younger generation and families, to attain the highest level of holistic growth and development.

Having held deliberations in a 3-Day Retreat to review the proposed 2018 National Sexuality Education Framework, and having drawn commitments to address the issue of educating children and families on health and life skills.

Now, Hereby Commit to the following resolutions:

1. That we shall develop a ***single*** overarching National Framework, to coordinate the national efforts and response to educating children aged 3 to 17+ years and families on Health and Life Skills.
2. That the National Framework shall be re-named: "***The National Framework on Education for Health and Life Skills***."
3. That we shall work *collaboratively* with both state and non-state stakeholders across sectors to integrate the National Framework *principles* into national policies, legal instruments, programs, plans, budgets, and practices.
4. That we shall ensure *holistic implementation* of an Optimal Health and Life Skills approach, to move children away from risk to *no risk behavior*.
5. That we shall ensure the development of a *Curriculum* to facilitate a uniform approach to the implementation of the National Framework.
6. That we shall guarantee *consistency* in messaging and communication, to ensure *alignment* with the National Framework, in all matters of educating children and families on Health and Life Skills.

Page **1** of **3**

Therefore, by signing this statement, we reaffirm our *unified agreement* and *commitment* to the above.

Signed:

Dr. Jane Ruth Aceng,

Minister of Health

Lilly Rose Akello,

Minister of State for Ethics and Integrity

Hon. Sarah Opendi,

Tororo District Woman MP, Chairperson, Uganda Women Parliamentary Association

Dr. Diana Atwiine,

Permanent Secretary, Ministry of Health

Aggrey D. Kibenge (PhD),

Permanent Secretary, Ministry of Gender, Labor, and Social Development

Kedrace R. Turyagyenda (PhD),

Permanent Secretary, Ministry of Education and Sports

Dunstan Balaba,

Permanent Secretary, Directorate of Ethics and Integrity

Ruth Senyonyi (PhD),

Chairperson, Uganda AIDS Commission

Msgr. Charles Kasibante,

Board Chairperson, Inter-Religious Council of Uganda

Dr. Evelyn Christine Nabunya,

Executive Director, Mulago Women's Hospital

Mrs Betty Byanyima,

Executive Director, Global Leadership Summit - Uganda

Beatilda Bisangwa,

Executive Director, OAFLAD

Janet K. Museveni,

First Lady and Minister of Education and Sports



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