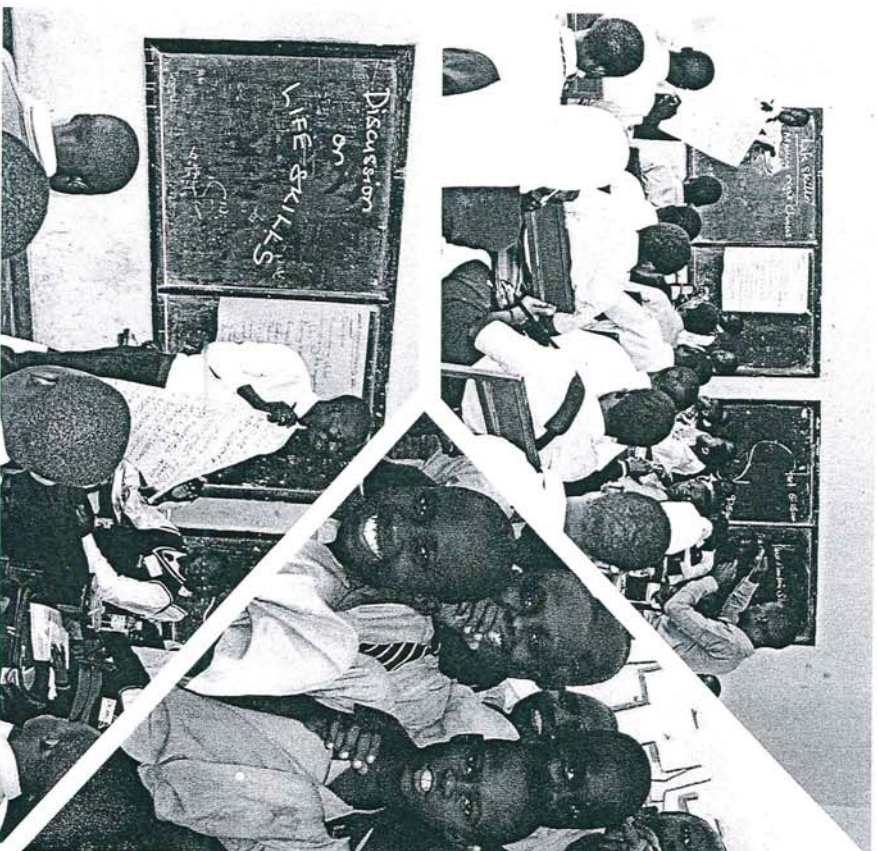




REPUBLIC OF UGANDA

MINISTRY OF EDUCATION AND SPORTS



National Sexuality Education Framework 2018

Foreword

Uganda is experiencing significant sexual and reproductive health challenges such as high cases of teenage pregnancy, early marriages, HIV and gender-based violence in schools, hence increasingly threatening the right and access to education by affecting supply, demand and quality of education in the Education Sector.

Despite the documented success in increasing awareness on responsible sexuality and reproductive health through PIASCY, there is still a gap in written materials that outline the appropriate standards for providing sexuality education in Uganda. A home-grown framework that provides guidance on sexuality education to all young people is therefore needed to protect their morals and ensure they can contribute appropriately to the nation's social and economic development.

The Ministry of Education and Sports (MoES) has developed this National Framework on Sexuality Education through wide consultations with a cross section of stakeholders. This framework seeks to create an over-arching national direction for providing young people with sexuality education in the formal education setting. The National Framework on Sexuality Education has been developed in line with existing national policies and commitments, Vision 2040, the Presidential Fast Track Initiative to End HIV as a Public Threat by 2030, the National Development Plan, the National HIV Strategic Plan and finally the Education Sector Strategic Plan.

The Ministry of Education and Sports is committed to promote sexuality education as a very important component of school health education programmes empower young people with information and life skills that are age appropriate, culturally and religious sensitive, and that enable them to make safe and healthy life choices.

The bottom line is the values in our society. As we endeavour to prepare young people for a successful adult life, we should seek to build in them the important quality of integrity. Children are not born with integrity or the behaviours associated with it, such as honesty, honour, self-respect, respect for others, social responsibility and the courage to stand up for what they believe is right. It is formed in them from a process of cultural socialization – influences from all spheres of a child's life. While we have them in school, we must ensure that students acquire these values – from adult role models and peers, and through an understanding of the principles of integrity. When students learn integrity in the classroom setting, it helps them apply similar principles to all other aspects of their lives, including their sexuality.

I take this opportunity to extend my gratitude to the development partners who supported the Ministry in the process of developing the Framework, and my staff who carried out this work and ensured that Sexuality Education is mainstreamed in the Ministry policies, programmes and activities. The framework should cause positive change for young people and contribute to the realization of quality education for all.

Sincerely,



Janet K. Museveni

FIRST LADY AND MINISTER OF EDUCATION AND SPORTS

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Acknowledgment

MINISTRY OF EDUCATION AND SPORTS

The National Sexuality Education Framework was developed as a response to the urgent need for a National Policy Framework to guide the teaching of Sexuality Education and Development and dissemination of related materials in schools.

The process of developing the National Framework on Sexuality Education was highly consultative and participatory. A variety of stakeholders were drawn from both state and non-state organizations and agencies to contribute to its formulation. These included; Government Ministries, Departments and Agencies, Education Institutions, Faith Based Organizations, NGOs, Civil Society Organizations, Development Partners, Community, Cultural and Political Leaders – both at national and local government levels. We extend our appreciation to all those who participated in developing this framework.

The Ministry of Education and Sports is greatly indebted to the First Lady and Hon. Minister of Education and Sports, Maama Janet K. Museveni, for her unflinching support and invaluable guidance in the preparation of this framework.

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Finally, we acknowledge the leadership of the Coordinator and effort of the staff of Education and Sports Sector Health/HIV Unit, as well as the HIV Technical Working Group members in coordinating, reviewing and harmonizing the input of the various stakeholders, together with the consultant.



Alex Kakooza

PERMANENT SECRETARY

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SIECUS	Sexuality Information and Education Council of the United States
SMC	School Management Committee
STD	Sexually Transmitted Disease
STF	Straight Talk Foundation
STI	Sexually Transmitted Infection
ST/D	Sexually Transmitted Infection/Disease
SYFA	Safeguard Youth From AIDS
TC	Technical Committee
UAIS	Uganda AIDS Indicator Survey
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UN	United Nations
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
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BoGs	Board of Governors
BTJET	Business, Technical and Vocational Education Training
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
CURASSE	Lower Secondary Curriculum, Assessment and Examination
DANIDA	Danish International Development Agency
DIID	Department for International Development
EAC/EALP	East African Community/AMREF Lake Victoria Partnership Programme
ECD	Early Childhood Development
EMIS	Education Management Information System
ESA	Eastern and Southern Africa
FBO	Faith Based Organization
FGM	Female Genital Mutilation
GBV	Gender Based Violence
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
MoES	Ministry of Education and Sports
MoESTS	Ministry of Education, Science, Technology 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
NSEF	National Sexuality Education Framework
PIASCY	Presidential Initiative on AIDS Strategy for Communication to Youth
PLHIV	Person Living with HIV
PLWA	Person Living with AIDS
PTA	Parents and Teachers Association
PTC	Primary Teacher Colleges
RH	Reproductive Health
RHU	Reproductive Health Uganda
RV	Raising Voices
SCU	Save the Children Uganda
SDG	Sustainable Development Goal
SE	Sexuality Education
SHEP	School Health Education Programme
SHRP	School Health and Reading Programme

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 in accordance with the Ministry of Education and Sports calendar and may naturally apply to communities around schools.

School: Refers to an establishment, formal and/or informal, for teaching and learning. 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 gender, age or level in the school setting with the purpose of meeting specific progressive ends.

Sex education: Any combination of learning experiences designed to help an individual to know how to carry out 'actual sex'; this is not covered in this framework

Sex: EITHER the biological characteristics that define humans as female / male OR 'sexual activity'. However, in the context of this framework the first definition is preferred.

Sexual Abuse: The crime or act of harming a child in a physical, sexual or emotional way.

Sexuality education: A lifelong process of acquiring information and forming attitudes, beliefs, and values about vital issues such as sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. It addresses the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, and attitudes; and developing communication skills, decision-making, and critical-thinking skills in accordance with the laws and policies of Uganda.

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 of age.

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

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

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

Youth Friendly Services: Centres, which meet certain standards (that include policies and processes that support adolescents' rights) and help the youth to meet their sexual and reproductive health needs in a friendly manner.

Youth: persons between 15 and 24 years.

Definitions of Terms Used

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

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

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

Care-givers: Applies to teaching and non-teaching staff who come in contact with pupils and students to support education programs.

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

Courtship: The time when two people have a romantic relationship before they get married.

Culture: The art or way of life including customs, beliefs and social organisation of a particular group of people.

Dating: A social meeting that is arranged between a boy and a girl, especially when a tender relationship exists or may develop.

Discrimination: Any form of arbitrary distinction, exclusion or restriction affecting a person usually but not only by an inherent personal characteristics or perceived belonging to a group in case of AIDS, a person is confined or suspected HIV positive status, irrespective of whether or not there is any justification for these measures.

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 well-being and not merely the absence of disease or infirmity.

Hormones: A chemical substance produced in the body that encourages growth or influences how the cells and tissues function.

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

Management: Controlling and directing with a view to attaining a desired result.

Mitigation: A reduction on 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 (school) settings.

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.

Reproductive Health: The well-being of a person in matters related to sex, conception and child bearing.

Safe/ Healthful 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.

School-related gender-based violence: Acts of sexual, physical or psychological violence inflicted on children/ young people in and around schools because of stereotypes and roles or norms attributed to or expected of them because of their sex or gender.

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.

It is hoped that the Framework will be used to, guide, promote and facilitate the development and delivery of sexuality education programmes in the educational system of Uganda. As such it will also be used:

- a) To guide the development of sexuality education curricula, textbooks, and programmes as well as priority setting, harmonizing messages, class lesson planning, monitoring performance and evaluating existing and new programmes.
- b) As a tool and a valuable supplemental resource for implementers of sexuality education and reproductive health programs to help them provide important learning opportunities for young people, parents/guardians, and even their own colleagues.
- c) As a basis for drawing limits and improving contents that can help promote sexuality education in the country.

Without an empowered youth Uganda will not be able to reach the 2040 Vision. The framework is set to empower the young people of Uganda to be:

- a) Better prepared to prevent and protect themselves against infections (HIV, STDs, NCD), sexual abuse, early sexual debut, teenage/unplanned pregnancies and school dropout,
- b) Able to immediately respond, mitigate and get desired relief when they are infected, abused, engaged in unplanned early sexual activities.
- c) Able to embark on recovery and rehabilitation of themselves to reduce the long-term effects of such dangerous experiences and return to an educational track.

The implementation of sexuality education as envisaged in this framework will be mainstreamed in the delivery of curricular, extra-curricular and co-curricular activities in and outside the classroom. Mainstreaming of the framework will also be achieved through ensuring that sexuality education is an integral part of the policies and practices of the school, and in the partnerships the school develops with the local community, founding bodies, affiliated religious institutions and parents. Hence the roles of schools, parents, religious institutions and cultural institutions in the delivery of sexuality education in relation to learners in schools are elaborated in the framework. While the National Curriculum Development Centre will develop the relevant syllabus and curriculum, the religious, cultural and political leaders will also be consulted and be involved in the development of such documents. Finally, this Framework will be revised from time to time as deem fit by Ministry of Education and Sports.

Executive Summary

Uganda's Vision 2040 is “*A transformed Ugandan Society from a peasant to a modern and prosperous country within 30 years*” with the goal of changing 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 34,634,650, of which 33% of this population is made up of young people below the age of 19. This youthful population is a potential opportunity and asset for driving, accelerating and sustaining economic growth and transformation envisaged in the national vision. However, it also has some challenges as these people are at a stage in their lives when they are exploring and establishing their own individual and collective identity in society. Thus, they face many sexual and reproductive health challenges, spiritual and emotional challenges, conflicting cultural norms and practices, as well as, modernization challenges. In particular, the general sexual health indicators in the country show negative trends with rising early unintended pregnancies, unsafe abortions, increasing STI, rising child abuse including gender-based violence and sexual abuse.

To-date, young people are continuously exposed to uncensored sexually explicit and obscene material which often portray inaccurate information about sex and sexuality. This is done through the internet, social media, mass media outlets such as newspapers, radio, TV, telecommunications, etc. There is also an increase in the consumption and abuse of alcohol, drugs and substances among the youths. Yet these behaviours predispose the youth to risky sexual activities that may lead them to teenage pregnancy, school dropout, acquisition of sexually transmitted infections including HIV and AIDS. In addition, young people, especially girls are exposed to sexual and gender-based violence including rape and sexually harassment. All this further underscore the need to equip the young people with appropriate knowledge, attitudes, values and skills to help safeguard their lives while they grow, develop, and learn so as to achieve their goals in life accordingly.

In the past, sexuality education in Uganda was primarily handled by parents and relatives within the cultural setting of each family and community. This was reinforced by the teaching of the religious denomination that a family and child belonged to. With time, Government started including sexuality education in the school programmes, for instance, in the School Health Education Program (SHEP), the Health Education Network (HEN), Safeguard the Youth from AIDS (SYFA), and more recently, the “Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) launched in 2003 and updated in 2015. Non-governmental Organizations (NGOs) also joined in the provision of sexuality education in and outside the school. However, due to lack of an agreed national framework to guide the delivery of sexuality education in schools, Parliament recently requested Government to streamline this situation. It is with this background that the Ministry of Education and Sports with involvement of key stakeholders and partners have developed this draft national framework.

In developing this national framework, the various sexuality education materials in Uganda and Africa and other international ones were reviewed. Views and inputs were also solicited from key stakeholders through meetings and discussions; regional and national workshops were also held. The findings were consolidated into a draft document, taking into consideration the views and opinions of the various categories of people consulted to achieve a consensus on the scope and content of sexuality education in the country.

The framework covers four important themes and provides the principles that will be upheld during the delivery of the framework. The themes include: Human Development, Relationships, Sexual Behaviour and Sexual Health, each of which is further broken down into many key topics. Values and Life skills are cross-cutting in relation to topics under each thematic area. The values that will be promoted are cultural, religious and ethical values that enhance family life, sexual and reproductive health specific to the Uganda context. The skills include abilities / proficiencies needed by an individual to;

- (a) Deal effectively with friends, family, society and one's environment in a proactive and constructive way.
- (b) Appreciate and live with one's self.
- (c) Adapt positive behaviour, values and attitudes to deal effectively with the demands and challenges of everyday life.

The learners are grouped into five categories namely: Early Childhood (3 to 5 years); Lower Primary (6 to 9 years); Upper Primary (10 to 12 years); Lower Secondary (13 to 16 years); and, A-level/Tertiary Institutions (17+). Accordingly, for each level of learning, relevant areas to be covered by development messages essential for the learners to know and the associated values and skills have been identified under each key topic within a theme. While all the four themes are covered for each group of young people, only the relevant topics are presented to a given level of learners.

youth that graduated, resulting in a youth unemployment rate⁶ of 22.3%. Thus, even if the health and HIV/AIDS related vices alluded to above were reduced or eliminated, the country would still have to continue tackling the issues of survival, transition and unemployment rates that have links with sexuality. Currently, moral decadence is rampant among the population and is slowly spilling to the young people. Hence, it will also be necessary to continue to build appropriate values, life skills, self-esteem, positive self-image and confidence through the provision of knowledge, in addition to, the need to build positive relationships among young people and the communities so that they can have healthier and satisfying adult (sex) lives, socio-economic development and livelihood.

In view of the above, it is imperative that the government, cultural, religious and community leaders, parents and civil society carry out their duties and responsibilities to prepare, empower and support adolescents and young people with the right information and skills to equip them with the tools to make safe and healthy decisions about their lives and future as they grow into future leaders, parents, entrepreneurs and drivers of the economy and Uganda as a country.

1.2. History of Sexuality Education in Uganda

Education in Uganda: Government funds 64% of primary schools and 43% of secondary schools in the country. However, most schools are founded by FBOs with 40% (pre-primary), 75% (primary), 56% (secondary) and 44% (tertiary institutions) are owned by these FBOs while government owns only 2% pre-primary, 6% primary, 9% secondary and 26% tertiary institutions respectively. The remainder are founded by the private sector and communities.

Response: Parents are the primary educators of their children, particularly in relation to sexuality education. Thus, in the past, young people used to receive sexuality education from their parents, relatives and community members. In addition, the cultural institutions have also been promoting the use of indigenous knowledge and engaging traditional systems and structures to disseminate and uphold observance of local cultural practices, norms and values relevant to sexuality. Similarly, religious institutions have been the custodian and promoters of morals and morality. However, because of on-going transformations in the communities, country and the world due to dynamic changes in local and national circumstances as well as impact of globalization, technological and economic development, the state is being demanded to play a greater role in matters of sexuality education for its young population than ever before.

Sexuality education⁷ in formal institutions of learning in the country has been through a collaborative effort of MoES and other government and non-government sectors including: the research community, the faith-based organizations, cultural organizations, parents and the learners themselves. In the 1980s⁸ the learners in the country received sexuality education through the School Health Education Program (SHEP), the Health Education Network (HEN), and many programmes such as Save the Youth from AIDS (SYFA) program. In 2003, the President of Uganda launched a campaign called “Presidential Initiative on AIDS Strategy for Communication to Youth” (PIASCY) for responding to HIV/AIDS among the school going children and youth in primary schools. In 2005, PIASCY was scaled-up to include Upper Post Primary education institutions while in 2007, the MOES developed a Guidance and Counselling Curriculum⁹. The purpose of the curriculum was to support the students, using the school/college environment, programs and resources, to acquire self-knowledge, moral values, inter-personal skills and career/vocational knowledge, necessary to enable them to choose healthy and productive life skills, sustainable throughout their lifetime⁹. Recently, NCDC developed a Life Education Learning Area Syllabus for lower secondary schools that seeks to impart a range of important skills including personal, social and health skills.

Policy: In 2006, government developed the Education and Sports Sector National Policy Guidelines on HIV/AIDS in which one of the aims is to raise the knowledge base of learners, students and education managers on HIV/AIDS. A Draft School Health Policy (Annex 4) is in place waiting for approval by government. More recently, the National Vision 2040 (Annex 2) and National Development Plan¹⁰ emphasized the high rates of early marriages and pregnancies and the lack of life skills provided to the youth necessary for resisting negative peer pressures and to be able to practice safe sexual behaviour. Accordingly, NDP-II prioritized access to HIV prevention and management programs for adolescent boys and girls as a key

⁶ ANPPCAN (2011). A Situation Analysis Of Child Abuse And Neglect in Uganda. 2011. African Network For Prevention And Protection Against Child Abuse And Neglect (ANPPCAN) Uganda Chapter

⁷ Sex education is not covered in education institutions.

⁸ MOES (2007). National Guidelines for Post Primary Institutions: Guidance and Counselling Programme.

⁹ MOES (2007). Guidance and Counselling for Post-Primary Institutions. Teacher's Resource Book.

¹⁰ MoFPED (2015). Second National Development Plan (NDP-II) 2015/16 – 2019/20.

1. Introduction

1.1. Background

Uganda's Vision 2040¹ is “*A transformed Ugandan Society from a peasant to a modern and prosperous country within 30 years*” with the goal of changing 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 34,634,650², and 33% of this population is made up of young people below the age of 19. This youthful population is a potential opportunity and asset for driving, accelerating and sustaining economic growth and transformation envisaged in the national vision. However, it also has some challenges because these people are at a stage in their lives when they are exploring and establishing their own individual and collective identity in society. Thus, they face many sexual and reproductive health challenges, spiritual and emotional challenges, conflicting cultural norms and practices as well as modernization challenges. These are reflected in the general sexual health indicators for young people in the country that show negative trends with rising early unintended pregnancies, unsafe abortions, increasing STI, rising child abuse including gender-based violence and sexual abuse³. Some of these indicators are highlighted below.

Table 1: Sexual health indicators for young people in the country

Sexual Activity	HIV/AIDS	Pregnancy and School Drop-Out	Gender-Based Violence
1. Nearly a quarter of the girls in Uganda have started their menstruation by age 13 (UDHS 2002).	1. HIV prevalence among adolescent years is 1.9% for males and 2.3% (MoH, 2015) ¹¹ .	1. 25% of teenage girls are either pregnant or have already had their first child (UDHS 2016).	1. At least 98%, 76%, 74% of children aged 8-18 years interviewed have experienced physical / emotional, sexual and economic violence respectively.
2. By age 15, only 32% and 38% of young women and men between 15-24 years have never had intercourse respectively (UDHS 2016).	2. 4% of young men and women age 15-24 have already been infected with HIV (U AIS 2012).	2. Of the 28% girls (n=609) who were sexually active while still at school, 80.1% (488) got pregnant. Of this, 97% dropped out of school because of the pregnancy (MOES 2016).	2. 24% of violence occurs in schools and girls are at greater risk of abuse by males of all kinds (RV&SCU (2005)).
3. Among sexually active girls, 36% (29% in primary and 50% in secondary school) had ever used contraceptives (MOES 2016).	3. Among women aged 15-24 years who have ever had sex, those with an STI / genital discharge/sore or ulcer were 23%; for boys it was 13% (UDHS 2016)	3. Among women age 25-49, 43% were married by age 18; only 10% of men marry that young. (UDHS 2016).	3. 11.5% of students have ever suffered physical abuse or ever abused partner while 7.3% Have ever been raped or suffered any form of sexual assault EAC/ EALP (2010).
4. Condom use at last sex among University students aged 15-24 years was about 53% EAC / EALP (2010).	4. HIV prevalence was less than 1% among students aged 15-19 years, increasing to 1% (20-24 years), 3.4% (30-34 years) and 3.6% (40+ years) EAC/ EALP(2010).	4. Female students who have ever had sexual intercourse and have ever been pregnant were 5.6% and 12.9% for ages 15-19 and 20 - 24 years respectively EAC/EALP (2010).	4. Child abuse and neglect cases reported to Uganda Police January – December 2011 was 20,100 of which defilement was 38.2%.
			5. In 12 purposively selected districts from across the country, a total of 4,968 children were abused / neglected with some having experienced domestic violence (1,208), child defilement (680) and indecent assault ² (291) in 2011 ² .

Although survival and transition rates⁴ for both boys and girls are almost the same, the rates have decreased between 2011 and 2015. Survival rates declined from 32% (boys) and 31% (girls) to 30% for both boys and girls in 2015 while transition rates declined from 67% (boys) and 64% (girls) in 2011 to 53% (boys) and 52% (girls) in 2015⁵. In addition to this decline, every year a total of 400,000 youths are released into the job market after graduating. This job market is only able to provide employment to 90,000 of the 400,000

¹ Government of Uganda (2010), Uganda Vision 2040

² National Population and Housing Census 2014, Main Report

³ MoGLSD & UNICEF (2015), Situation analysis of Children in Uganda. Ministry of Gender, Labour and Social Development and United Nations Children Fund, Kampala

⁴ Survival rate to P.7 is the number of pupils that make it to primary seven in proportion to those that joined primary one seven years prior (looks at a particular cohort). Transition rate is the number of students that join senior one in proportion to the candidates that sat PLE the previous year.

⁵ Indecent assault is a situation where by an individual is under sexual attack by someone by touching, or threatening to touch them, but not raping or defiling them.

strategic action. NSP¹¹ and the NPAP¹² (Annex 5) operationalized the NDP-II priority by promoting the scaling-up of comprehensive sexual and reproductive health (SRH)/HIV programs targeting adolescents (both in and out of school) and young people in the country. Furthermore, Uganda is also committed to Sustainable Development Goal (SDG) 2015 (Annex 1) that has three goals related to sexuality education. Uganda is also a signatory to the Eastern and Southern Africa (ESA) Commitments (Annex 3) on sexuality education. The Ministers of Health and Education from 20 countries endorsed the ESA Commitment to scale up access to quality CSE as well as Sexual and Reproductive Health Services for young people. An Inter-Ministerial Committee on ESA commitment has been constituted to guide, among others, in the development of a framework for sexuality education in this country. In addition to the above, in 2017 the Presidential Fast Track Initiative for ending AIDS as a public health threat in Uganda by 2030 was launched by His Excellency, the President of Uganda. This was in line with the 90-90-90 national and global commitment¹³ in the fight against HIV/AIDS. In the road-map for implementation of this 90-90-90 target, Uganda has committed to reviewing, updating, disseminating and implementing a national sexuality education framework for in and out of school young people in the country.

Gaps in delivery of Sexuality Education in Uganda: Despite the documented successes in awareness in responsible sexuality and reproductive health and more guidance in life skills as a result of curricular, co-curricular and extra-curricular activities noted above, there is still a wide gap in effective delivery of sexuality education in the country. For instance, sexuality education has been implemented particularly in primary and secondary schools with support from development partners, CSOs, FBOs and various cultural institutions; this has been either through selected project schools or selected facility-based structures such as youth friendly corners/health centres or directly in selected communities through media and communal gatherings such as in churches, sports grounds, during funerals among others. Even the Life Education Learning Area Syllabus that has components of sexuality education only covers lower secondary schools. 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 sexuality education as discussed in this document.

There has also been lack of written material dealing with standards for providing sexuality education. Consequently, different materials, mainly developed from outside Uganda are either wholly or partially adapted to fit the context of the country, without the knowledge and approval by government¹⁴. All these underscore the need for a framework that provides clear guidelines on scope and coverage of sexuality education to all the young people in educational institutions in this country.

1.3. Purpose of a Framework for Sexuality Education

Sexuality Education (SE) in Uganda is taken to be a lifelong process of acquiring, learning and teaching acceptable information that is age, cultural and religious appropriate. SE forms attitudes, beliefs, and values about cognitive, emotional, social, interactive and physical aspects of sexuality and the evolution of the human body. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. It addresses the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values and attitudes; and developing communication, decision-making and critical-thinking skills.

This Framework therefore seeks to create an over-arching national direction for providing sexuality education in the formal education setting for young people specific to the Uganda context. This is due to the fact that government recognizes that sexuality education is essential in equipping young people with information about sexuality so as to:

- (a) Enable them to make healthy choices about their sexual and reproductive health.
- (b) Enable them utilize life-skills in developing values, attitudes and relationships that maximize their God-given potential.

¹¹ UAC (2015). National HIV/AIDS Strategic Plan 2015/16- 2019/20. Uganda AIDS Commission.

¹² UAC (2015). National Priority Action Plan 2015/16-2016/17. Uganda AIDS Commission.

¹³ UNAIDS 90-90-90 goal to end AIDS epidemic aims for at least 90% of all persons living with HIV tested and aware of their results by 2020; at least 90% of all HIV positive persons enrolled in treatment and care programs by 2020; and, at least 90% of all HIV positive persons on treatment well supported by their communities and families and adhering to treatment by 2020

¹⁴ Ahimbisibwe P (2016). At Least 100 Schools tricked into teaching sex. Saturday Monitor, May 7, 2016. Kampala.

Furthermore, the framework will also be used:

- (a) To guide the development of sexuality education curricula, textbooks, and programmes as well as priority setting, harmonizing messages, lesson planning, monitoring performance and evaluating existing and new programmes.
- (b) As a tool and a valuable supplemental resource for educators and implementers of sexuality education.
- (c) As a basis for drawing limits and improving content that can help promote sexuality education in the country.

1.4. Development of the Framework

The information-motivation-behavioural skills model guided the conceptual thinking in this work: the model postulates that when an individual is well informed, motivated to act and possess the necessary behavioural skills required to act effectively, he/she will be likely to initiate and maintain a health behaviour¹⁵. Thus, in developing this national framework the various sexuality education materials in Uganda and internationally were reviewed; these included the education materials developed by MoES, development partners and other stakeholders. The key documents included the two PLASCY documents that were developed in 2015, namely:

- (a) Enhanced PLASCY Teacher's Reference Manual for Primary Schools.
- (b) PLASCY 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 Centre.

The others included the Guidance and Counselling documents of the Ministry. These and other international documents from Africa, UN Agencies and other sources including links to web-based documents are indicated in the References at the end of this document.

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. Taking the model alluded into consideration, the information collected was consolidated into several drafts of the framework that were prepared and discussed with various categories of stakeholders from government (Parliament, MOGLSD, MOH, MOES and other MDAs), NGOs/CSOs, FBOs (Inter-religious Council of Uganda and Uganda Joint Christian Council), Cultural Institutions and youth organizations. The HIV/AIDS Technical Working Group in MoES, the Inter-ministerial Committee on reproductive and sexual health, the National HIV Prevention Committee at Uganda AIDS Commission and Office of the First Lady / Minister of Education that also houses the Organization of African First Ladies Against HIV/AIDS (Uganda) were engaged in reviewing the revised drafts. Furthermore, a delegation consisting of representatives of Members of Parliament (Chair Committee on Gender, Labour and Social Development; President of Inter-Parliamentary Union), MOGLSD, MoES, Uganda AIDS Commission, IRCU, UCDC, UN agencies, Organization of African First Ladies against HIV/AIDS (OAFILA) Uganda and the consultants made a visit to benchmark on Zambia's Sexuality Education Program and the relevant lessons learnt were integrated into the Framework.

1.5. Structure of the Framework

The framework is arranged under four sections. Section 1 gives a background to the framework including the 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.
- (c) Goals and desirable outcomes to be attained by learners.

In Section 3, the framework presents details of values, life skills and areas against which developmental messages will be expounded in the curriculum / syllabus under each level of learning, theme and topic. Finally, in Section 4, a brief discussion on how to use the framework is presented.

¹⁵ Fisher, J. D., Fisher, W. A., & Shuper, P. A. (2009). The information-motivation-behavioural skills model of HIV preventive behavior. In R. DiClemente, R. Crosby and M. Kegler (Eds). *Emerging Theories in Health Promotion Practice and Research*. San Francisco, CA: Jossey-Bass.

2. Framework for Sexuality Education for Pre-School through Tertiary Education

2.1. Principles, Values and Life Skills

Principles: The choices and approaches of designing and developing this framework and for delivering sexuality education in Uganda are influenced and guided by the following principles:

- 1) **God-fearing.** This ensures that religious and cultural values will provide the compass of what is to be taught on matters of sexuality education. This is because Uganda is a God-fearing nation with morals and virtues of an African setting.
- 2) **Parental role in child up-bringing.** This takes cognizance that basic education of every child in Uganda is a responsibility of the State and the parents of the child but that the parent or guardian is the primary educator of the child on matters of sexuality; other stakeholders complement rather than replace the role of the parent.
- 3) **Centrality of the family in child up-bringing.** This ensures that children and young people shall be taught about the significance and centrality of sexuality in the stability of family and marriage. This is because a child grows and is nurtured in the context of the family in Uganda.
- 4) **Age-appropriateness.** This provides sexuality education messaging that will be age-appropriate in respect to content, context, communication, and the consumer ---- the child. This is because there is a time and season for a child (or every person) to learn what they ought to learn; Children are children, not small adults.
- 5) **Risk avoidance.** This promotes measures for avoiding risky sexual behaviours and situations instead of creating fear among learners.
- 6) **Preparedness, response and rehabilitation of learners.** This empowers the learners to be better:
 - a) Prepared to prevent and protect themselves,
 - b) Able to immediately respond, mitigate and get desired relief when they are infected, abused, caught up in unplanned/teenage pregnancy situation and
 - c) Able to embark on recovery and rehabilitation of themselves to reduce the long-term effects of such dangerous sexual experiences and return to educational track as is figure below.

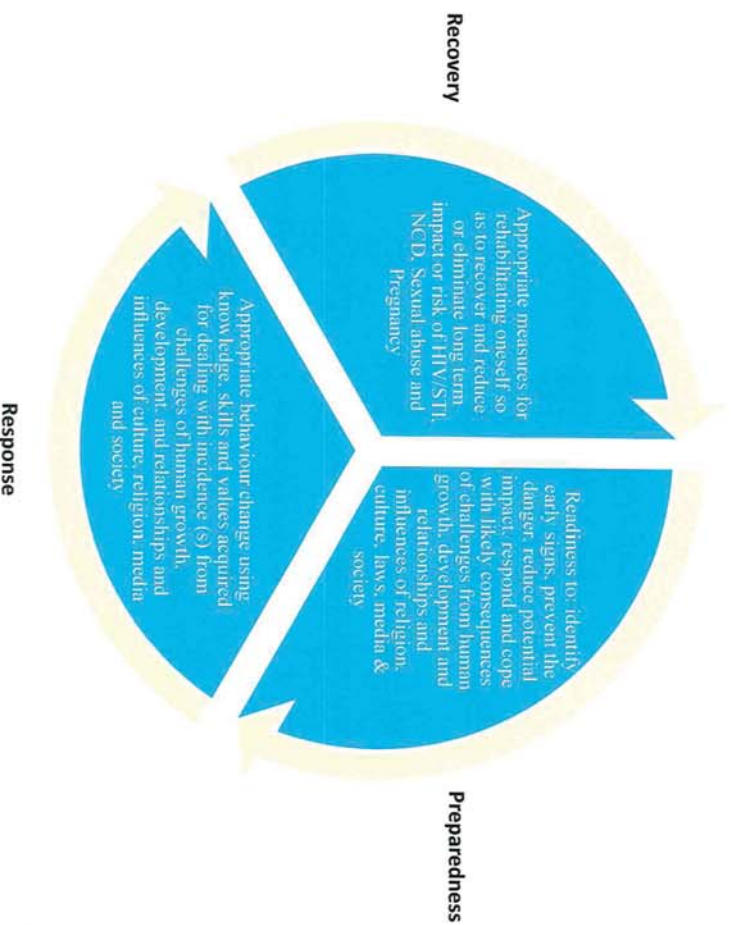


Figure 1: Empowering Young People through Sexuality Education in relation to Dangers and Management of HIV/SITs, NCDs, Sexual Abuse and Teenage/Unwanted pregnancies.

In view of the above, SE in Uganda will be child centred and anchored on values and skills-based approach that:

- (c) Takes cognizance of and upholds the rights and responsibilities of an individual learner through provision of guided knowledge and empowerment in the context of Ugandan laws and circumstances.
- (b) Addresses issues that are relevant to the situation of young people in the country.
- (c) Is sensitive to political, religious and cultural concerns within the country.

Values: The motto of Uganda is ‘For God and my Country’ which signifies the centrality of upholding the teachings of the Bible and Quran in national endeavours, including education of children. On the other hand, the 1995 Constitution of Uganda provides that the state shall promote and preserve those cultural values and practices which enhance the dignity and well-being of Ugandans. The Uganda National Culture Policy (2000) 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 are in consonance with the African Charter on the Rights and Welfare of a 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 teaching and upholding of religious, cultural and national values that will enable learners make healthy choices in life.

These values are summarized in the table below:

Table 2: Uganda’s Religious, Cultural, and Ethical Values

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

Life skills: Life skills are abilities / proficiencies needed by an individual to:

- (a) Deal effectively with friends, family, society and one’s environment in a proactive and constructive way.
- (b) Appreciate and live with oneself and others.
- (c) Adapt positive behaviour, values and attitudes to deal effectively with the demands and challenges of everyday life.

The life skills that are relevant to sexuality include the following:

- | | | |
|-------------------------|----------------------------|--|
| 1) Analysing the Media | 7) Effective Communication | 14) Self-awareness |
| 2) Assertiveness | 8) Effective Negotiation | 15) Self-control |
| 3) Conflict Resolution | 9) Goal-setting | 16) Self defense |
| 4) Coping with emotions | 10) Help-seeking behaviour | 17) Self-worth / esteem |
| | 11) Journaling | 18) Time management |
| 5) Coping with stress | 12) Leadership | 19) Health-seeking behaviour |
| 6) Decision-making | 13) Refusal Skills | 20) Soft skills –Workplace / employability |

Under each of the life skills, the framework will cover importance/value of the skill, why an individual may lack the skill, and strategies for acquiring and utilizing the skill and indicators for measuring the level of the skill acquired by the learners.

2.2. Key Themes, Topics and Areas of Coverage by Development Messages

Key Themes: The framework is organized into four key themes, each of which encompasses one essential area of learning for young people. They are: Human Development, Relationships, Sexual Behaviour and Sexual Health.

Topics: Each key theme is broken down into a number of specific topic areas i.e. individual subjects that need to be covered in order to sufficiently address each key theme so that the learners may achieve the desired outcomes or life behaviours.

Table 3: Framework for Sexuality Education - Key Themes and Topics

<u>Key Theme 1</u>	<u>Key Theme 2</u>
Sexuality and Human Development <ol style="list-style-type: none"> 1. Knowing oneself. 2. Male and female Reproductive Anatomy and Physiology. 4. Puberty. 5. Human Reproduction. 6. Body Image and sexuality. 	Sexuality and Relationship <ol style="list-style-type: none"> 1. Types of Love (versus Lust). 2. Dating and Courtship. 3. Preparing for long-term relationship. 4. Good versus bad Relationships. 5. Marriage and Family.
<u>Key Theme 3</u>	<u>Key Theme 4</u>
Sexuality and Sexual Behaviour <ol style="list-style-type: none"> 1. Sexual abstinence and faithfulness. 2. Gender Based Violence and Sexual abuse. 3. Deviant Sexual Behaviours. 	Sexuality and Sexual Health <ol style="list-style-type: none"> 1. Menstrual health and hygiene. 2. Prevention of pregnancy. 3. Importance of Antenatal and Postnatal Care. 4. Abortion and Risks associated with it. 5. Sexually Transmitted Infections/Diseases (STI/Ds). 6. HIV and AIDS. 7. Care and Support of people suffering from STI/Ds (including HIV). 8. Non-communicable diseases and Sexuality (e.g. Obesity, diabetes, etc.).

Targets of Education covered in the Framework: As stated in the goal, this Framework is particularly targeted to learners in educational institutions. The educational system in Uganda categorises learners in five separate age-groupings which reflect stages of development during the education life of a learner. The levels are:

- 1) Early Childhood: - 3 to 5 years; for pre-primary learners in nursery.
- 2) Lower Primary: - 6 to 9 years; from Primary 1 to 4.
- 3) Upper Primary: - 10 to 12 years; from Primary 5 to 7.
- 4) Lower Secondary: - 13 to 16 years; from Senior 1 to 4.
- 5) A-level/Tertiary Institutions: - 17+ years; senior 5 to 6 students, tertiary institutions of learning i.e. colleges, institutes and universities.

Table 4: Justification for Sexuality Education at Different Education Levels

LEVEL	AGE LIMITS	EDUCATION STATUS	JUSTIFICATION
1	3-5 Infants	Early childhood / Pre-primary / Nursery	<ul style="list-style-type: none"> • SGBV begins in families and ECD centres • Exploratory sexual plays and gender roles and behaviours start early • Exposed to sexual acts and materials
2	6-9 Childhood	Lower Primary P1-P4	<ul style="list-style-type: none"> • SGBV increases • Increased exposure to ICT, media, sexual acts and materials
3	10-12 Young Adolescence	Upper Primary P5-P7	<ul style="list-style-type: none"> • Majority of girls have started menstruating
4	13-16 Adolescence	Lower Secondary S1-S4 & Tech. & Voc. Schools	<ul style="list-style-type: none"> • High Pregnancy • High drop out
5	17+ Young Adult	Upper Secondary S5-S6 & Tertiary, Colleges, Institutes, Universities	<ul style="list-style-type: none"> • Increasing independence • Increasing access to service providers • Search for lifetime and marriage partners & work

As noted earlier, to-date, children are exposed to different forms, frequencies and levels of physical (corporal punishment, hitting, kicking, shaking or throwing, scratching, pinching, biting, pulling hair, boxing, burning, making one stay in uncomfortable positions etc.), emotional (shouting, insulting, cursing, calling names, threatening with abandonment, being locked out of the house, etc.) and sexual violence (giving unwanted attention, being exposed to adults having sex or being sexual, being forced to touch adults in sexual ways, being forced to have sex etc.) in their homes and at school. This includes young people at a tender age of less than five years; these young people at 3-5 years also engage in exploratory sexual play that may include gender roles and behaviours. At ages 6-9 there is a likelihood of more exposure to SGBV, ICT and media (e.g. cartoons in television programmes that are not generally censored). Hence, the framework targets all the five groups but with different focus and emphasis in content and coverage for each.

Coverage of Developmental Messages: For each topic, the Framework presents areas to be covered by developmental messages appropriate for each of the levels of education in the country; developmental messages are brief statements that contain the specific information young people need to learn/know.

2.3. Strategic Priority Policy Goals and Outcomes for the NSEF

The over-arching goal of this Sexuality Education Framework is to provide young people in formal education settings with adequate and age-appropriate values and skills-based information about their sexuality in accordance with the country's national, religious, and cultural values. The specific priority Policy goals are:

- 1) To ensure our young people have increased access to age-appropriate information about Sexuality and related Health risks – information that is informed by Uganda's national values.
- 2) To increase young people's resilience to reject and resist temptation of engaging in risky sexual relationships and behaviours.
- 3) To promote healthy behaviours such as sexual abstinence and health-seeking behaviours.
- 4) To strengthen the centrality of the family; especially parents and/or guardians, as the primary go-to educator on matters of Sexuality Education of the Child.
- 5) To make the environment in Educational Institutions safe for learners where they feel protected from all forms of sexual abuse and violence; including sexual harassment and exploitation.
- 6) To build young people's ability to manage the influence of the media in a healthy manner.

7) Lastly, to increase young people's ability of making values-based responsible life-choices pertaining to their sexuality.

Desirable Outcomes: Against the above priority Policy goals, the intended Outcomes for Sexuality Education Framework are outlined in Table 5 below.

Table 5: Intended Outcomes of Uganda's National Sexuality Education Framework

SEXUALITY AND HUMAN DEVELOPMENT OUTCOMES	SEXUALITY AND RELATIONSHIPS OUTCOMES
<ol style="list-style-type: none"> 1. Develop a positive body-image throughout life. 2. Exercise talents and strengths in pursuing one's purpose in life. 3. Practice appropriate positive reproductive health-seeking behaviour throughout life. 4. Cope with body changes in one's sexual and reproductive development throughout life. 5. Apply values and skills in dealing with the influence of the Arts/Media, peers, family, religion, culture, and civil society on gender expectations throughout life. 	<ol style="list-style-type: none"> 1. Relate with self and others in a respectful manner. 2. Appreciate how perceptions of gender and power influence relationships. 3. Apply values and skills when initiating and ending relationships with others. 4. Utilize a values-based approach when making choices relationships, marriage and family. 5. Practice life-skills when faced with influencers of relationships such as the Arts/Media, peer, religion, culture, and civil society.
SEXUALITY AND SEXUAL HEALTH OUTCOMES	SEXUALITY AND SEXUAL BEHAVIOUR OUTCOMES
<ol style="list-style-type: none"> 1. Practice menstrual hygiene. 2. Correct use of prevention methods for STD/Ds transmission and pregnancies if sexually active. 3. Demonstrate positive health-seeking behaviours pertaining to sexual and reproductive health. 4. Utilize skill in engaging with the Arts/Media to support people living with STD/Ds (including HIV/AIDS). Commit to sexual abstinence and marital faithfulness. 	<ol style="list-style-type: none"> 1. Commit to premarital sexual abstinence and marital faithfulness. 2. Respond appropriately to potential or actual incident of gender-based violence and sexual abuse. 3. Practice skills that will enable one to avoid any form premarital sexual activity. 4. Appreciate how sexual behaviour is influenced by perceptions of gender and power. 5. Design interventions to counter the Arts / Media and peers influencing sexually deviant behaviour among young people.

3. Key Themes, Topics, Development Message Areas, Skills and Attitudes by Level of Education

3.1. Level 1: Pre-Primary (3 to 5-year olds).

Level 1: Early childhood, ages 3 through 5; pre-primary.

3.1.1. Sexuality and Human Development (3 to 5-year olds)

Learning objectives:

- 1) To identify him/herself as either a boy or girl.
- 2) To recognize the forms of unacceptable body-touch.
- 3) To practice safe play and sufficient rest.

Table 6: Sexuality and Human Development (3 to 5-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Knowing oneself	<ol style="list-style-type: none"> 1) All people are created equal in God's image as unique and special. 2) What makes an individual have a unique identity? 	<ul style="list-style-type: none"> • Self-awareness. • Self-esteem. • Refusal skills. 	<ul style="list-style-type: none"> • Mankind is created and purposed by God. • Love for God, self and others.
Male and female reproductive anatomy and physiology	<ol style="list-style-type: none"> 1) Knowing that boys and girls are created with unique "private parts". 2) Unacceptable forms of body-touch by self or other people. 	<ul style="list-style-type: none"> • Self-awareness. • Refusal skills. • Self-esteem. 	<ul style="list-style-type: none"> • Mankind is created and purposed by God • Justice.
Body Image and Sexuality	<ol style="list-style-type: none"> 1) Importance of proper nutrition. 2) Benefits of proper rest and safe play. 	<ul style="list-style-type: none"> • Self-esteem. • Time management. • Goal-setting. 	<ul style="list-style-type: none"> • Responsibility. • Self-control. • Creativity and innovativeness.

3.1.2. Sexuality and Relationships (3 to 5-year olds)

Learning objectives:

- 1) To know the various roles of members of a nuclear family.
 - 2) To explain what to be loved, cared for and protected means for a child.
 - 3) To tell the difference between good and bad friendships.
 - 4) To appreciate how beliefs about male and female influence relationships between boys and girls.
- Aware of the influence of the Arts/Media, peers, religion, and culture on one's behaviour.

Table 7: Sexuality and Relationships (3 to 5-year olds).

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Marriage and Family	<ol style="list-style-type: none"> 1) What are nuclear and extended family? 2) Main relationships in the family. 3) Roles, and responsibilities of different family members. 4) Identity and location of one's home and parents/primary caregiver. 5) Lawful family, religious, and cultural values in the family. 	<ul style="list-style-type: none"> • Self-awareness. • Effective communication. • Help-seeking behaviour. 	<ul style="list-style-type: none"> • Responsibility. • Social harmony.
Types of love	<ol style="list-style-type: none"> 1) Right to be loved, cared for, and protected as a Child. 1) Appropriate expression of one's needs as a child. 2) Caring for others 	<ul style="list-style-type: none"> • Self-awareness. • Effective communication • Refusal skills. 	<ul style="list-style-type: none"> • Mankind is created and purposed by God. • Love and care for self and others. • Respect for family life.
Good versus Bad Relationships	<ol style="list-style-type: none"> 1) Friends and why they are important. 2) Characteristics of good and bad friends 3) How to get away from bad friend 4) When and where to report a bad friendship. 5) Influence of the Media/Arts, peers, religion, and culture on one's behavior. 	<ul style="list-style-type: none"> • Assertiveness. • Effective communication. • Refusal skills. • Decision-making skills. 	<ul style="list-style-type: none"> • Love and care for others. • Moral uprightness and sound character. • Social harmony. • Justice and fairness in dealing with others.

3.1.3. Sexuality and Sexual Behaviour (3 to 5-year olds)

Learning objectives:

- 1) To describe the different forms of Child abuse.
- 2) To know how to respond in the event of a potential or actual abuse.

Table 8: Sexuality and Sexual Behaviour (3 to 5-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Gender based violence and Sexual Abuse	<ol style="list-style-type: none"> 1) "Private parts" of a child's body. 2) Body-touches that are inappropriate. 3) Types of child abuse and potential abusers. 4) When, Where and whom to report to in the event of any form of abuse. 	<ul style="list-style-type: none"> • Self-awareness. • How to protect oneself (running, making an alarm). • Help-seeking behaviour. 	<ul style="list-style-type: none"> • Mankind is created and purposed by God. • Preserving purity. • Justice.

3.1.4. Sexuality and Sexual Health (3 to 5-year olds)

Learning objectives:

- 1) To participate in regular physical exercise.
- 2) To maintain personal hygiene.
- 3) To keep environment hygienic.
- 4) To be aware of when and where to seek for help from if one is unwell.

Table 9: Sexuality and Sexual Health (3 to 5-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Non-communicable diseases and sexuality	1) Personal hygiene and common illnesses.	<ul style="list-style-type: none"> Self-awareness. Self-control. Time management. 	<ul style="list-style-type: none"> Protection of life. Responsibility.
	2) Environmental hygiene and common illnesses.		
Health-seeking Behaviour	3) Proper nutrition		
	4) Importance of physical exercise and rest for one's personal wellbeing.		
Health-seeking Behaviour	1) Knowledge of nearest Health facility, school or place of worship.	<ul style="list-style-type: none"> Decision-making. Help-seeking behaviour. Effective communication. Self-control. 	<ul style="list-style-type: none"> Responsibility. Protection of life. Responsibility and self-control.
	2) When, where, and whom to report to in the event of ill-health.		

3.2. Level 2: Lower Primary (6 To 9-Year Olds)

Level 2: childhood, ages 6 through 9; lower primary i.e. Primary 1 to 4.

3.2.1. Sexuality and Human Development (6 to 9-year olds)

Learning objectives:

- 1) To identify his / her talents and strengths.
- 2) To understand the forms of unacceptable body-touch.
- 3) To appreciate the changes in male and female body during puberty.
- 4) To practice habits of good body image.
- 5) To refuse negative influence of the Arts/Media and peers on perceptions of one's sexuality.

Table 10: Sexuality and Human Development (6 to 9-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Knowing oneself	1) Knowing what Knowing oneself means; and its importance.	<ul style="list-style-type: none"> Assertiveness. Goals-setting. Self-awareness. 	<ul style="list-style-type: none"> Mankind is created & purposed by God. Love for God, self & others.
	2) Appreciation that each person has unique God-given talent and strengths.		
Knowing oneself	3) Identification of one's talents and strengths		
	4) How to exercise one's talents and strengths.		

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Male and female reproductive anatomy and physiology	<ol style="list-style-type: none"> How to tell the difference between male and female external body parts. Appreciation of why some body parts are considered to be “private” in Uganda’s context. Ways of protecting one’s body from abuse. Unacceptable forms of body touch. Where and when to report unacceptable body touch. 	<ul style="list-style-type: none"> Assertiveness. Refusal skills. Self-awareness. Help-seeking behaviour. 	<ul style="list-style-type: none"> Justice. Love and care for self as well as others. Mankind is created & purposed by God. Respect for humanity.
Puberty	<ol style="list-style-type: none"> What puberty means; and when it starts in girls / boys. Appreciating the different body changes in males and females during puberty. How to prepare for puberty as a girl / boy. Understanding that gender roles differ with the onset of puberty. What health-seeking behaviour is; and its importance. Identifies good health-seeking behaviours. 	<ul style="list-style-type: none"> Decision-making. Help-seeking behaviour. Health-seeking behaviour. Self-awareness. Self-control. 	<ul style="list-style-type: none"> Mankind is created & purposed by God. Responsibility. Self-control. Virginity.
Human reproduction	<ol style="list-style-type: none"> Identifying the reproductive organs in the male and female bodies. What pregnancy is and its duration. Dangers of teenage pregnancy. 	<ul style="list-style-type: none"> Decision-making. Help-seeking behaviour. Self-awareness. 	<ul style="list-style-type: none"> Mankind is created and purposed by God. Reverence for sanctity of life.
Body-image and Sexuality	<ol style="list-style-type: none"> Appreciating what body image is; and its importance. Difference between positive and negative body images. How good habits such as good nutrition, exercising, and rest improve body-image. How the Arts/Media and peers influence body-image. 	<ul style="list-style-type: none"> Analysing the media. Goal-setting. Self-control. Self-esteem. 	<ul style="list-style-type: none"> Mankind is created & purposed by God. Love for self. Responsibility. Self-control.

3.2.2. Sexuality and Relationships (6 to 9-year olds)

Learning objectives:

- To explain the types of love.
- To categorize good and bad relationships.
- To outline the types of marriages and families in Uganda.
- To appreciate how beliefs about male and female influence relationships between boys and girls.

Table 11: *Sexuality and Relationships (6 to 9-year olds)*

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Types of love (versus lust)	1) Different kinds of friends (male or female, boyfriend or girlfriend, good or bad, younger and older).	<ul style="list-style-type: none"> • Effective communication. • Analyse the media. • Self-awareness. 	<ul style="list-style-type: none"> • Love for God, self, & others. • Mankind is created & purposed by God. • National consciousness and patriotism.
	2) Basis of friendships (trust, honesty, sharing, empathy, solidarity and respect and appreciation of each other) and characteristics of a good friend.		
	3) Types of love: agape (<i>love of and for God</i>), philos (<i>friendship love</i>), and storge (<i>love among family members</i>) meaning and the characteristics of each.		
	4) Differentiating love from lust and crush (infatuation).		
	5) What it means to love God.		
	6) What the motto of Uganda, “For God and My Country”, means.		
	7) What the Arts/Media and peers portray as “love”.		
Preparing for long-term Relationships	1) What the term relationship means; and that human beings are relational.	<ul style="list-style-type: none"> • Effective negotiation. • Effective communication. • Analysing the media. • Decision-making. 	<ul style="list-style-type: none"> • Obedience to parents. • Social harmony. • Accountability & respect.
	2) Appreciating the importance of healthy friendships.		
	3) What peer-pressure is; its pros and cons.		
	4) The importance of being open about one's relationships.		
	5) Appreciating that boys and girls relate differently.		
	6) How the Arts/Media and peers influence perception of relationships.		
	7) Contribution of long-term relationships in achieving one's life-purpose.		
Good versus Bad Relationships	1) Acceptable and unacceptable behaviour by friends and strangers.	<ul style="list-style-type: none"> • Decision-making. • Assertiveness. • Analysing the media. • Effective communication. 	<ul style="list-style-type: none"> • Love and care for others. • Honesty, truthfulness & integrity. • Social harmony.
	2) Qualities of good and bad relationships.		
	3) How to initiate and end relationships.		
	4) How the terms confidentiality, privacy, and secrecy influence relationships.		
	5) Negative peer pressures.		
	6) Identifying ways in which the Arts/Media and peers influence perceptions about good or bad relationships.		

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Marriage and Family	1) What family means; and its types (<i>nuclear, extended, single parent, child-headed home</i>).	<ul style="list-style-type: none"> • Self-awareness. • Goal-setting. • Decision-making. 	<ul style="list-style-type: none"> • Accountability & respect. • Respect for family life. • Mankind is created & purposed by God. • Obedience to parents.
	2) What marriage means; and its lawful forms in Uganda.		
	3) Knowing that family is not Man's idea; it was instituted by God.		
	4) Knowing that parents/guardians have the primary responsibility to take care of children.		
	5) Needs, roles and responsibilities of different family members		
	6) Reasons and effects for changes in makeup of individual families over time.		
	7) Identifying an abusive family environment.		
	8) Identifying the rights and responsibilities of a child in the family.		

3.2.3. Sexuality and Sexual Behaviour (6 to 9-year olds)

Learning objectives:

- 1) To appreciate the importance of virginity and sexual abstinence.
- 2) To identify where and when to report potential or actual incident of gender-based violence and sexual abuse.
- 3) To refuse to engage in unacceptable sexual behaviour and attitudes.
- 4) To commit to sexual abstinence.

Table 12: Sexuality and Behaviour (6 to 9-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Sexual abstinence and marital faithfulness	1) What virginity and sexual abstinence are; and their importance.	<ul style="list-style-type: none"> • Decision-making. • Goal-setting. 	<ul style="list-style-type: none"> • Mankind is created and purposed by God.
	2) Appreciating that virginity and abstinence apply to both boys and girls.	<ul style="list-style-type: none"> • Refusal skills. 	<ul style="list-style-type: none"> • Purity and morality.
	3) Resisting situations that may make one lose his/her virginity.	<ul style="list-style-type: none"> • Analyses the media. 	<ul style="list-style-type: none"> • Faith, hope and contentment.
	4) What pornography is, its forms, and the dangers it brings.		<ul style="list-style-type: none"> • Virginity.

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Gender based violence and Sexual abuse	1) What school-related gender-based violence is; its forms and signs. 2) What sexual abuse is; its forms and signs. 3) Types of common abusers committing gender-based violence, sexual abuse and harassment 4) Perceptions of gender and power that influence sexually abusive behaviour. 5) Awareness of the tactics child sexual abusers may use to entice young people.	<ul style="list-style-type: none"> Assertiveness Effective communication Help-seeking behaviour Refusal skills 	<ul style="list-style-type: none"> Justice Purity & morality Social responsibility
	1) What unacceptable sexual behaviour means; and includes. 2) Where to report unacceptable sexual behaviour.	<ul style="list-style-type: none"> Health-seeking behaviour Coping with emotions 	<ul style="list-style-type: none"> Responsibility Purity and morality
Deviant Sexual Behaviour			

3.2.4. Sexuality and Sexual Health(6 to 9-year olds)

Learning objectives:

- 1) Understand what menstruation is about.
- 2) Appreciate the importance of sexual abstinence.
- 3) Identify the types of foods that a pregnant mother needs to eat to have a healthy pregnancy.
- 4) Understand the main ways of transmission and prevention of STDs (including HIV/AIDS).

Table 13: Sexuality and Health (6 to 9-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Menstrual health and hygiene	1) Understanding the term menstruation and its importance. 2) Understanding menstruation as a normal phase of female development into womanhood. 3) The importance of body hygiene especially for the genitalia. 4) Common personal hygiene problems and common hygiene problems in the environment and ways of dealing with them 5) The signs of poor general body hygiene. 6) Where and when to seek for information about menstruation.	<ul style="list-style-type: none"> Self-awareness. Coping with emotions. Coping with stress. Health-seeking behaviour. 	<ul style="list-style-type: none"> Mankind is created and purposed by God. Patience and perseverance.
Prevention of pregnancy	1) What sexual abstinence means. 2) What the term pregnancy means. 3) Understanding that there is an appropriate time to become a mother or father. 4) Risks associated with becoming pregnant when still a child. 5) Importance of committing oneself to sexual abstinence.	<ul style="list-style-type: none"> Self-awareness. Self-control. Goal-setting. Self-esteem/worth. 	<ul style="list-style-type: none"> Purity and morality. Virginity. Faithfulness. Responsibility and self-control.

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
The importance of antenatal and postnatal care	<ol style="list-style-type: none"> 1) Why it is important for one to consistently eat a balanced diet. 2) The different types of foods required for one to grow healthy. 	<ul style="list-style-type: none"> • Self-awareness. • Decision-making. 	<ul style="list-style-type: none"> • Creativity and innovativeness. • Mankind is created and purposed by God.
Abortion and risks associated with it	<ol style="list-style-type: none"> 1) Knowing that life of every human being begins at conception. 2) Appreciating that every human being is created and uniquely purposed by God. 3) Understanding that God has the prerogative of life and death lies with God. 4) Recognizing that God has a special love for children. 5) Committing oneself to sexual abstinence. 	<ul style="list-style-type: none"> • Self-esteem/worth. • Decision-making. • Goal-setting. 	<ul style="list-style-type: none"> • Mankind is created and purposed by God. • Protection of life.
Sexually transmitted infections and diseases (STI/Ds)	<ol style="list-style-type: none"> 1) What sexually transmitted infections/diseases (STI/Ds) are; and the organisms that cause them. 2) Understanding that the surest way to prevent STI/Ds is through sexual abstinence; including kissing! 3) Examples of STI/Ds in Uganda; and their symptoms. 4) When and where to seek help from in regard to STI/Ds. 	<ul style="list-style-type: none"> • Health-seeking behaviour. • Decision-making. • Effective communication. 	<ul style="list-style-type: none"> • Purity and morality. • Virginity. • Responsibility. • Self-control.
HIV and AIDS	<ol style="list-style-type: none"> 1) What HIV and AIDS are, how it is spread (including MTCT) and prevented. 2) Myths and misconceptions about how HIV is transmitted. 3) Appreciating that sexual abstinence is the surest way of primary prevention of HIV transmission. 4) Appreciating that laboratory testing of blood as the only way knowing one's HIV-status. 5) How to care for PLWHA without getting infected. 6) Importance of proper nutrition and treatment for PLWHA to have quality lives. 7) Positive and negative influence of the Arts/Media in the fight against HIV/AIDS amongst young people. 8) The role of family and religious leaders in the management of HIV/AIDS amongst young people. 	<ul style="list-style-type: none"> • Health-seeking behaviour. • Decision-making. • Refusal skills. • Analysing the media. 	<ul style="list-style-type: none"> • Virginity. • Responsibility. • Self-control. • Love and care for others.

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Care and Support of PLHIV	<ol style="list-style-type: none"> 1) How to avoid infection when helping a person living with HIV and AIDS 2) Myths about caring for young people living with HIV and AIDS 3) Stigma and discrimination of persons living with HIV and AIDS 4) Types of stigma and discrimination experienced by adolescents living with or affected by HIV and AIDS 5) Referrals for care and treatment services that enhance the effectiveness of prevention in several ways. 	<ul style="list-style-type: none"> • Self-control. • Effective communication. 	<ul style="list-style-type: none"> • Love for God, self and others. • Love and care for others. • Protection of life.
Non-communicable diseases and sexuality	<ol style="list-style-type: none"> 1) Definition and types of disability 2) Respect for those with disability 3) Why disability is not a barrier to growth and development 4) Dangers of violence and injuries 	<ul style="list-style-type: none"> • Self-awareness. • Self-control. 	<ul style="list-style-type: none"> • Love for God, self and others. • Love and care for others. • Protection of life.

3.3. Level 3: Upper Primary (10 to 12-year olds)

Level 2: Young adolescence, ages 10 through 12; Upper primary i.e. Primary 5-7.

3.3.1. Sexuality and Human Development (10 to 12-year olds)

Learning objectives:

- 1) To define a purpose for one's life.
- 2) To maintain personal hygiene during puberty.
- 3) To set personal boundaries to keep one away from all forms of sexual activity.
- 4) To commit to sexual abstinence.
- 5) To recognize how influencer's such as family, religion, culture, peers, and the Arts/Media influence perceptions about one's sexuality.

Table 14: Sexuality and Human Development (10 to 12-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Knowing oneself	<ol style="list-style-type: none"> 1) Knowing one's talents, strengths, and weaknesses. 2) Knowing what character means; and its influence in life. 3) Appreciating what life-purpose is about; and its importance. 4) Setting one's personal boundaries and goals. 5) Factors that cause one to have a wrong self-perception. 6) The influence of family and religion on self-perception. 	<ul style="list-style-type: none"> • Self-awareness. • Refusal skills. • Goal-setting. • Journaling. • Analysing the media. 	<ul style="list-style-type: none"> • Mankind is created & purposed by God. • Responsibility. • Self-control. • Love for God, self & others.
Male and female reproductive anatomy and physiology	<ol style="list-style-type: none"> 1) The functions of the different organs of the human reproductive system. 2) Identifying the symptoms of poor body hygiene 3) The myths, misconceptions, and misinformation about the human reproductive organs. 4) Where and when to seek help in case of a personal hygiene problem. 	<ul style="list-style-type: none"> • Self-awareness. • Decision-making. • Refusal skills. • Help-seeking behaviour. 	<ul style="list-style-type: none"> • Mankind is created and purposed by God. • Responsibility.
Puberty	<ol style="list-style-type: none"> 1) Appreciating the differences in body-changes and feelings for boys / girls during puberty. 2) Understanding that male and female hormones differ and affect body-changes differently during puberty. 3) How to cope with romantic feelings during puberty. 4) Common myths, misconceptions, and misinformation about puberty. 5) The unique health needs and health-seeking behaviours of pre-teens. 6) How to practice personal hygiene during puberty. 7) Understanding that during puberty, family and societal expectations for boys and girls begin to change. 	<ul style="list-style-type: none"> • Decision-making. • Assertiveness. • Self-awareness. • Self-control. 	<ul style="list-style-type: none"> • Mankind is created and purposed by God. • Patience and perseverance. • Purity and morality. • Responsibility. • Self-control. • Virginity.

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Human reproduction	<ol style="list-style-type: none"> 1) What ovulation, fertilization, and conception, mean in relation to pregnancy. 2) What sexual intercourse means; and its implications for teenagers. 3) Understanding what personal boundaries are; and their importance in abstinence from all forms of sexual activity. 4) Understanding that sexual abstinence is the most certain way of avoiding STDs and unwanted pregnancy. 5) Appreciating the role of religious, family and community values in influencing personal decisions about sexual activity. 	<ul style="list-style-type: none"> • Decision-making. • Help-seeking behaviour. • Refusal skills. • Self-control. 	<ul style="list-style-type: none"> • Mankind is created & purposed by God. • Purity and morality. • Responsibility. • Virginity.
	<p>Body image and Sexuality</p> <ol style="list-style-type: none"> 1) Appreciating the factors that influence one's body image. 2) Why changing own body through gaining/losing weight, surgery, or drugs is unhealthy and may have negative consequences. 3) Ways in which the Arts/Media, peers, and culture influence one's body image. 4) How pornography negatively affects body image. 5) The effects of physical exercise, hobbies, and rest on one's body and body-image. 6) How to overcome negative body image. 	<ul style="list-style-type: none"> • Analysing the media. • Coping with emotions. • Goal-setting. • Journaling. • Self-awareness. 	<ul style="list-style-type: none"> • Faith, Hope, and contentment. • Love and care for self as well as others. • Responsibility. • Self-control.

3.3.2. Sexuality and Relationships (10 to 12-year olds)

Learning objectives:

- 1) To describe the characteristics of agape love.
- 2) To identify the qualities of good relationships.
- 3) To participate actively in activities against gender-based violence.
- 4) To explain how the Arts/Media, peers, religion, and culture influence relationships.
- 5) To appreciate that different religions and cultures in Uganda have various rites of passage that lead to marriage.

Table 15: Sexuality and Relationships (10 to 12-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Types of love (versus lust)	1) Value of friendship and how to choose friends	• Assertiveness	• Love for God, self & others
	2) Importance of leisure and how to select or reject leisure activities that affect physical, moral, cultural, social development and religious growth	• Decision-making	• Purity and morality
	3) Knowing what ludus (<i>flirting</i>), eros (<i>romantic love between males and females</i>), and phlautia (<i>selfishness or pride</i>) types of love mean and the characteristics of each.	• Effective communication	• Virginity and faithfulness
	4) Knowing the characteristics of agape love.		
	5) Knowing what lust and infatuation are; and their characteristics, and forms.		
	6) Myths, misconceptions, and misinformation about gender-based violence as a form of love.		
	7) Concept and benefits of sexual purity and abstinence.		
	8) Committing oneself to sexual purity and abstinence.		
Dating and courtship	1) Understanding that attraction to the opposite sex is natural; and males and females are attracted by different things.	• Coping with emotions	• Mankind is created and purposed by God
	2) Understanding what dating relationships are; and why they are not good for pre-teens.	• Coping with stress	• Self-control
	3) The influence of family and religion on the issue of dating.	• Self-awareness	
	4) How to resist the pressures that drive pre-teens into dating relationships.	• Refusal skills	
	5) Appreciating the importance of open communication with a trusted adult about one's dating relationships.	• Goal-setting	
	6) Appreciating the importance of boundary-setting when relating with someone you are attracted to already.		
	7) Where and when to seek help when dealing with hurt about a dating relationship.		
Preparing for long-term relationships	1) Awareness that true love waits for the right time.	• Effective communication	• Honesty, truthfulness and integrity
	2) Understanding the benefits of long-term relationships.	• Decision-making	• Social harmony
	3) Appreciating that males and females express themselves differently in relationships.		• Accountability and respect
	4) Appreciating that mutual values and interests are the foundation of long-term relationships.		
	5) Skills for building long-term relationships.		
	6) How relationships can positively or negatively influence one's life-purpose.		
	7) Risks associated with having hidden (secretive) relationships.		

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Good versus bad Relationships	<ol style="list-style-type: none"> 1) Assessing one's relationships as either good or bad. 2) Awareness that sex can be used to manipulate relationships. 3) Understanding what gender-based violence means; and its various forms. 4) Understanding that all forms of gender-based violence are unlawful in Uganda. 5) Situations that may lead one into bad relationships. 6) How to initiate and end a relationship. 7) Identifying traditionally assigned gender roles for boys and girls / males and females in the society and effects of abiding to the gender roles 8) The role of the Arts/Media, culture, and religion on gender roles in relationships. 	<ul style="list-style-type: none"> • Decision-making • Assertiveness • Analysing the media • Refusal skills • Coping with emotions 	<ul style="list-style-type: none"> • Honesty, truthfulness and integrity • Responsibility and self-control
	Marriage and Family <ol style="list-style-type: none"> 1) Pros and cons of marriage, types of marriage, right time of marriage and right marriage partner 2) Roles of parents, family, religion and culture in marriages 3) The lawful types of marriages in Uganda. 4) Lawful cultural traditions in one's culture leading to marriage. 5) Qualities of family environment suitable for holistic child development. 6) Understanding what separation or divorce means; and their causes and implication on parents and children involved. 7) Ways in which the Arts/Media portray marriage and family. 8) Dangers associated with child marriage. 	<ul style="list-style-type: none"> • Decision-making • Refusal skills • Coping with emotions • Coping with stress 	<ul style="list-style-type: none"> • Mankind is created & purposed by God • Respect for family life • Accountability & respect • Social harmony

3.3.3. Sexuality and Sexual Behaviour (10 to 12-year olds)

Learning objectives:

- 1) To be aware of the myths, misconceptions, and misinformation about virginity and sexual abstinence.
- 2) To identify the forms and signs of gender-based violence and sexual abuse.
- 3) To keep communication open between self and a trusted adult when faced with sexual feelings.
- 4) To understand the effect of the Arts/Media and peers in premature sexualizing of children.

Table 16: Sexuality and Sexual Behaviour (10 to 12-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Sexual abstinence and marital faithfulness	1) The different pressures boys and girls face regarding abstinence.	• Time management	• Mankind is created and purposed by God
	2) The benefits of being sexually abstinent and the challenges of non-abstinence as a teenager.	• Decision-making	• Purity and morality
	3) Myths, misconception, and misinformation about teenage sexual activity.	• Coping with emotions	• Faith, hope and contentment
	4) How to avoid engagement in any form of sexual activity (including masturbation).	• Analyses the media	• Virginity
	5) Positive and negative influence of the Arts/Media on sexual abstinence and virginity.		
	6) Positive and negative influence of one's family and peers about sexual abstinence.		
	7) Committing oneself to abstinence from any form of sexual activity.		
Gender based violence and Sexual abuse	1) Causes, drivers and consequences of gender-based violence, sexual abuse and harassment	• Analysing the media	• Justice
	2) How to detect potential online sexual abusers.	• Decision-making	• Social responsibility
	3) Recognizing and avoiding common places where child sexual abuse and school related gender-based violence and sexual abuse is likely to take place.	• Refusal skills	• Hard work for self-reliance
	4) Importance of reporting potential incidents of sexual abuse.	• Help-seeking behaviour	• Creativity and innovation
	5) How, where, and when to seek help medical and psychosocial support in the event of sexual abuse.		• Responsibility and self-control
	6) Ways of reducing the risk of sexual abuse to oneself and others.		
	7) Concepts of gender (equality, discrimination)		
Deviant Sexual Behaviour	8) Gender and sexual norms		
	9) Social, economic and political roles, rights, entitlements, responsibilities, obligations associated with being female and male		
	1) What deviant sexual behaviour means; and examples of such.	• Help-seeking behaviour	• Responsibility
	2) Factors that influence perception of what sexual deviance is.	• Health-seeking behaviour	• Purity and morality
	3) Awareness of the criteria that are used to determine a sexual behaviour as deviant.	• Coping with emotions	
	4) Appreciating that curiosity about sex is a normal part of growing in adolescence.		
	5) Importance of learning about sexual deviancy.		
	6) Importance of keeping open-communication with a trusted adult when faced with sexual feelings and unusual behaviour /attitude.		
	7) The role of the Arts/Media and peers in prematurely sexualizing children.		

3.3.4. Sexuality and Sexual Health (10 to 12-year olds)

Learning objectives:

- 1) To prepare for menstruation appropriately.
- 2) To appreciate the risks and consequences associated with abortions.
- 3) To recognize that there are behaviours which put someone at a higher risk of contracting STDs (including HIV).
- 4) To commit to sexual abstinence.

Table 17: Sexuality and Sexual Health (10 to 12-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Menstrual health and hygiene	1) Understanding how the body feels before the on-set of menstruation.	<ul style="list-style-type: none"> • Self-awareness. • Coping with emotions. 	<ul style="list-style-type: none"> • Mankind is created and purposed by God
	2) Preparing appropriately for one's monthly menstrual periods.	<ul style="list-style-type: none"> • Coping with stress. 	<ul style="list-style-type: none"> • Patience and perseverance
	3) Myths, misconceptions, and misinformation about menstruation.	<ul style="list-style-type: none"> • Health-seeking behaviours. 	<ul style="list-style-type: none"> • Social responsibility
	4) How to maintain personal and environmental hygiene during menstruation.	<ul style="list-style-type: none"> • Goal-setting 	
	5) Importance of good nutrition and rest during menstruation.		
	6) Knowing the signs of poor menstrual hygiene.		
	7) When and where to seek medical attention in case of a menstrual hygiene health issue.		
Prevention of pregnancy	1) Importance of sexual abstinence in the pursuit of one's goals in life.	<ul style="list-style-type: none"> • Self-awareness • Self-control 	<ul style="list-style-type: none"> • Purity and morality
	2) How to cope with sexual desires and pressures during abstinence as a teenager.	<ul style="list-style-type: none"> • Goal-setting 	<ul style="list-style-type: none"> • Virginity
	3) The consequences associated with teenage pregnancy.	<ul style="list-style-type: none"> • Coping with emotions 	<ul style="list-style-type: none"> • Responsibility
	4) Factors that may predispose one to teenage pregnancy.	<ul style="list-style-type: none"> • Refusal skills 	<ul style="list-style-type: none"> • Self-control
	5) Appreciating abstinence from sexual intercourse as the primary method of preventing pregnancy.		
	6) Myths, misconceptions, and misinformation about teenage pregnancy.		
	7) How to avoid situations that may lead one into engaging in premarital sex.		
	8) The significance of teenager-and-parent relationship in preventing teenage pregnancy.		
	9) Government policy on pregnancy while at school.		

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
The importance of antenatal and postnatal care	<ol style="list-style-type: none"> 1) The difference between antenatal and postnatal care. 2) Risks associated with pregnancy among adolescents. 3) Extra care that a pregnant woman must take in her health. 4) The health benefits that the baby in the womb gets when the mother is nutritionally healthy. 5) Where and when antenatal and postnatal care services are offered. 	<ul style="list-style-type: none"> • Health-seeking behaviours. 	<ul style="list-style-type: none"> • Protection of life.
	<ol style="list-style-type: none"> 1) What abortion means. 2) Risks and consequences associated with abortion. 3) Recognizing approaches of communicating to a trusted adult (e.g. parent, guardian, relative, teacher, religious leader) about an unintended pregnancy. 4) Understanding the religious and cultural perspectives on abortion in Uganda. 5) Committing oneself to sexual abstinence. 	<ul style="list-style-type: none"> • Decision-making • Effective negotiation • Refusal skills 	<ul style="list-style-type: none"> • Purity and morality. • Protection of life.
Abortion and risks associated with it			
Sexually transmitted infections and diseases (STI/Ds)	<ol style="list-style-type: none"> 1) Factors that may predispose a person to the risk of STI/Ds. 2) Myths, misconceptions, and misinformation about STI/Ds. 3) Effects of untreated STIs on a person including a PLHIV. 4) Understanding that the surest way to protect oneself against STI/Ds is through sexual abstinence. 5) Knowing that engaging in sexual intercourse at an earlier age puts one at higher risk of certain STDs e.g. cancer of the cervix in girls. 6) Communicating easily to a trusted adult in case one is suffering from an STI/D. 	<ul style="list-style-type: none"> • Health-seeking behaviour • Decision-making 	<ul style="list-style-type: none"> • Purity and morality. • Virginity. • Responsibility. • Self-control

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
HIV and AIDS	1) Factors and behaviours that increase one's risk of contracting or spreading HIV.	• Health-seeking behaviour	• Purity and morality.
	2) What MTCT of HIV means; how it occurs, and ways of managing it.	• Decision-making	• Virginity.
	3) Myths, misconceptions, and misinformation about HIV/AIDS among young people.	• Self-awareness	• Responsibility
	4) Appreciating sexual abstinence as the surest way to prevent HIV transmission.	• Analysing the media	• Self-control.
	5) Understanding that HIV/AIDS has no cure, but its symptoms can be managed for quality life.		
	6) Stages in progression from HIV infection to AIDS		
	7) What stigma is; its forms and how to overcome it.		
	8) Where and when to go for appropriate help.		
	9) Positive and negative influence of the Arts/Media and peers in the fight against HIV/AIDS amongst young people.		
	10) Roles of family, religious, and cultural institutions in response to HIV/AIDS amongst young people.		
Care and Support of PLHIV	1) Effects of HIV and AIDS on family structure, family roles and responsibilities	• Help-seeking behavior.	• Love and care for others.
	2) Importance of knowing and disclosing/sharing one's HIV status	• Effective communication	• Respect for humanity and environment.
	3) Benefits, barriers, forms, challenges and consequences of disclosure /non-disclosure for young people		• Social responsibility
	4) Types of medicines that people with HIV or AIDS can take to help them stay healthier and live a quality life		• Forgiveness
	5) Promoting and supporting adherence to ART and positive living		• Protection of life
Non-communicable diseases and sexuality	1) Importance of seeking medical attention immediately when one suspects something is wrong with his/her sexual or reproductive organs	• Self-awareness. • Effective communication	• Reverence for the sanctity of life.
	2) Self-examination of the breasts		• Love for God, self and others.
	3) Non-communicable and infectious diseases that can affect reproductive organs		• Protection of life.
	4) Importance of physical exercise and rest		
	5) Causes of disability		
	6) Myths, misconceptions and misinformation about disability and sexuality		
Health seeking behaviour	1) What health seeking behaviour is and its challenges among young people	• Self-awareness • Self-control	• Protection of life.
	2) Factors that influence health seeking behaviour among youth	• Health seeking behaviour	• Justice and fairness in dealing with others.
	3) Sexual and reproductive health rights and services for young people in Uganda	• Help seeking behaviour	

3.4. Level 4: Lower Secondary and Technical and Vocational Schools (13 to 16-year olds)

Level 4: Adolescence, ages 13 through 16; Lower secondary & Technical and Vocational Schools
i.e. Senior 1-4;

3.4.1. Sexuality and Human Development (13 to 16-year olds)

Learning objectives:

- 1) To work on deliberately forming one's character.
- 2) To cope with risky behavioural vulnerabilities during puberty.
- 3) To identify where and when to seek appropriate reproductive health services.
- 4) To work towards set SMARTER (Specific, Measurable, Achievable, Realistic, Time-bound, Enjoyable, and Relevant) life-goals that are based on values and life-skills.
- 5) To resist negative influence from family, religion, culture, peers, the Arts/Media, and civil society.

Table 18: Sexuality and Human Development (13 to 16-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Knowing oneself	<ol style="list-style-type: none"> 1) What character formation is; and how to do it. 2) Factors such as religion, culture, peers, family, arts / media: and their influence on formation of one's character. 3) Identifying and nurturing one's talents and strengths actively and improving on the weaknesses 4) Cooperating with others to accomplish common goals. 5) Working actively towards attainment of one's SMARTER goals. 	<ul style="list-style-type: none"> • Assertiveness. • Decision-making. • Goal-setting. • Self-awareness. 	<ul style="list-style-type: none"> • Sound character. • Mankind is created & purposed by God. • Responsibility.
	<ol style="list-style-type: none"> 1) Awareness that one's sex is biologically determined. 2) The role of hormones in influencing emotions during puberty. 3) Religious and cultural rites of passage and their significance 4) How reproductive organs of males and females mature during puberty. 5) Myths, misconceptions, and misinformation about early sexual intercourse. 	<ul style="list-style-type: none"> • Assertiveness. • Decision-making. • Refusal skills. • Self-awareness. • Self-control. 	<ul style="list-style-type: none"> • Love and care for self as well as others. • Mankind is created & purposed by God. • Responsibility. • Self-control.
Male and female reproductive anatomy and physiology			
Puberty	<ol style="list-style-type: none"> 1) Risky situations and risks associated with sexual activity during puberty. 2) Unique health needs and health-seeking behaviours of adolescents. 3) Concretizing personal values to guide one during decision-making in relation to sexuality. 4) Family and societal gender expectations for adolescents. 	<ul style="list-style-type: none"> • Assertiveness. • Decision-making. • Refusal skills. • Self-control. • Help-seeking behaviour. • Health-seeking behaviour. 	<ul style="list-style-type: none"> • Purity and morality. • Responsibility. • Self-control. • Virginity.

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Human reproduction	<ol style="list-style-type: none"> 1) Symptoms of pregnancy; and the health risks associated with teenage pregnancy. 2) Challenges associated with becoming a biological parent while still a teenager. 3) Various methods of preventing pregnancy; and the effectiveness of each. 4) Myths, misconceptions, and misinformation about premarital sexual activity. 5) The influence of the Arts/Media, peers, and civil society in shaping perceptions about teenage sexual activity. 6) Where and when to seek appropriate reproductive health services. 	<ul style="list-style-type: none"> • Decision making. • Help-seeking behaviour. • Refusal skills. • Self-awareness. • Self-control. 	<ul style="list-style-type: none"> • Responsibility. • Self-control. • Reverence for the sanctity of life. • Virginity.
Body image and Sexuality	<ol style="list-style-type: none"> 1) Religious and cultural influences on one's body image. 2) Appreciating that one's body image develops throughout life. 3) Knowing what substance and drug abuse mean; and their effects. 4) Factors that predispose one to indulge in substance and drug abuse. 5) Behavioural-addictions associated with negative body-image. 6) When and where to seek help from in the event of addictive behaviour. 	<ul style="list-style-type: none"> • Self-awareness. • Self-esteem/worth. • Analysing the media. • Decision making. • Help-seeking behaviour. 	<ul style="list-style-type: none"> • Contentment. • Mankind is created & purposed by God. • Responsibility. • Self-control.

3.4.2. Sexuality and Relationships (13 to 16-year olds)

Learning objectives:

- 1) To defend acceptable cultural gender roles and beliefs.
- 2) To resist sexual pressure and advances from peers and adults.
- 3) To explain how the Arts/Media and peers influence relationships.
- 4) To evaluate risks and consequences associated with teenage pregnancy.
- 5) To appreciate that gender beliefs influence one's choice of relationships.

Table 19: Sexuality and Relationships (13 to 16-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Types of love (versus lust)	1) What love, infatuation and lust mean	• Analyse the media.	• Purity & morality.
	2) Factors that may lead young people into early sexual activity.	• Goal-setting.	• Virginity & faithfulness.
	3) Coping with the emotions of sexual desires.	• Assertiveness.	• Mankind is created & purposed by God.
	4) How focusing on one's purpose in life helps in resisting sexual lust and infatuation.		
	5) ways in which the Arts/Media peers, religion and culture portray love and sexual lust		
	6) Committing oneself to sexual abstinence.		
Dating and courtship	1) Understanding that males and females express emotions differently, but should be appropriately expressed.	• Coping with emotions.	• Mankind is created and purposed by God.
	2) How the Arts/Media, peers, and culture influence one's perception about dating.	• Coming with stress.	• Self-control.
	3) Setting boundaries that prevent one from engaging in inappropriate dating relationships or any forms of pre-marital sexual activity.	• Refusal skills.	• Love and care for self and others.
	4) How to use appropriate skill to get out of a dating relationship respectfully.	• Goal-setting.	• Responsibility.
	5) The importance of shared values in any relationships.		
	6) Symptoms of emotional hurt from a relationship; and how to cope.		
Preparing for long-term relationships	1) How the arts /media peers, religion, culture, and civil society influence choice of relationships.	• Effective communication.	• Honesty, truthfulness, & integrity.
	2) The role of value system in formation of long term relationships influence of long-term relationships on one's life one's relationships -purpose.	• Refusal skills.	• Responsibility.
	3) Myths, misconceptions, and misinformation such as pre-marital sex as factors that maintain long-term relationships.	• Analysing the media.	• Self-control.
	4) Advantages and disadvantages of Cross cultural marriages and cross border/inter-racial marriages.	• Decision-making.	• Accountability & respect.

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Good versus Bad Relationships	<ol style="list-style-type: none"> 1) Abusive and manipulative relationships. 2) Ways in which gender inequality is driven by men and women. 3) Community and Society perception of gender norms and roles and their consequences. 4) Factors that contribute to one falling into bad relationships. 5) Forms of gender violence and discrimination 6) How to respond to gender violence and discrimination in relationships 7) How to end abusive relationships. 8) Exploitation of young people by duty bearers, role models, and seemingly Good Samaritans 9) How the Arts/Media, culture, and religion influence one's perception about relationships. 10) Committing oneself to sexual purity and sexual abstinence in relationships. 	<ul style="list-style-type: none"> • Decision-making. • Assertiveness. • Analysing the media. • Refusal skills. 	<ul style="list-style-type: none"> • Honesty, truthfulness & integrity. • Responsibility. • Self-control. • Purity & morality.
	Marriage and family <ol style="list-style-type: none"> 1) The origin of the concept of marriage and family. 2) Religious, cultural and arts/media influences on quality of marriage and family. 3) Risks and consequences associated with child and teenage marriage. 4) Signs of gender-based violence in marriages and families. 5) Where, when, and how to seek for help in case of abusive relationships. 6) Rights, roles and responsibilities of parents in a family and society. 7) Myths, misconceptions, and misinformation about marriage and family. 8) Identify factors influencing child bearing and up-bringing. 9) Responsibilities associated with parenting. 10) Cultural and religious norms and practices relating to parenting. 	<ul style="list-style-type: none"> • Effective negotiation. • Decision-making. • Refusal skills. • Help-seeking behaviour. 	<ul style="list-style-type: none"> • Mankind is created & purposed by God. • Respect for family life. • Social responsibility.

3.4.3. Sexuality and Sexual Behaviour (13 to 16-year olds)

Learning objectives:

- 1) To understand the role each gender has in making sexual abstinence work.
- 2) To recognize that beliefs about gender and power influence sexually abusive behaviour.
- 3) To seek timely intervention as soon as sexually deviant behaviours and attitudes are identified.

Table 20: Sexuality and Sexual Behaviour (13 to 16-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Sexual abstinence and marital faithfulness	1) Sexual abstinence and its immediate, short-term, and long-term benefits in one's life and society	• Time management.	• Mankind is created and purposed by God.
	2) The influences that tempt teenagers to engage in various forms of sexual activity.	• Goal-setting.	
	3) The influence of religion, family, culture, gender, arts/media, peers and civil society in upholding sexual abstinence from any form of sexual activity	• Refusal skills.	• Purity and morality.
	Identifying when a relationship is fast-moving toward any form of sexual activity.	• Coping with emotions.	• Faith, hope, and contentment.
	4) Adopting ways of resisting engagement in any form of sexual activity.	• Analyses the media.	• Virginity.
	5) Using skill to communicate to friends about one's choice of sexual abstinence.	• Effective communication.	
	6) Devising meaningfully ways of utilizing one's leisure time without engaging in any form of sexual activity.		
Gender based violence and Sexual abuse	7) Committing oneself to abstain from any form of sexual activity.		
	1) Understanding that respectable adults, relatives, and those in authority are potential sexual abusers.	• Help-seeking behaviour.	• Purity & morality.
	2) How to help protect oneself against the possibility of being forced into sex (avoiding alcohol and other drugs that impair decision-making, and by developing assertiveness skills)	• Decision-making.	• Justice.
	3) Strategies for preventing, reducing and responding to gender-based violence and sexual abuse	• Refusal skills.	• Protection of life.
	4) Tools that can help protect individuals in potential sexual assault situations (learning self-defence techniques, assessing whether a situation may be dangerous, avoiding alcohol and other drugs, and developing assertiveness skills)		
	5) How beliefs about gender and power influence sexually abusive behaviour.		
	6) Resisting unwanted sexual pressure and advances from peers and adults.		
Deviant Sexual Behaviour	7) Understanding what date-rape means; situations that may expose one to date-rape.		
	8) The importance of post-exposure prophylaxis against HIV in the event of defilement.		
	1) Understanding that being sexualized early in life predisposes one to sexually deviant behaviour later in life.	• Help-seeking behaviour.	• Responsibility.
	2) Risks and associated with sexual deviancy.	• Health-seeking behaviour.	• Purity and morality.
	3) Understanding that sexually deviant behaviour may lead into harmful or destructive behaviours.		• Protection of life.
	4) The importance of early and timely interventions as soon as sexually deviant behaviour and attitudes are noticed.		
	5) Where and when to seek help upon noticing sexually deviant behaviour or attitude in others.		

3.4.4. Sexuality and Sexual Health (13 to 16-year olds)

Learning objectives:

- 1) To recognize the role of males (including teachers) in menstrual hygiene management.
- 2) To understand the different effective methods of preventing pregnancy.
- 3) To identify where and when to seek help from in the event of post-abortion effects.
- 4) To appreciate the various effective methods of preventing STI/D (including HIV) transmission.
- 5) To commit to sexual abstinence and marital faithfulness.

Table 21: Sexuality and Sexual Health (13 to 16-year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Menstrual health and hygiene	1) Estimating one's menstrual periods correctly	• Self-awareness.	• Mankind is created and purposed by God.
	2) Different phases of the menstrual cycle.	• Coping with emotions.	• Patience and perseverance.
	3) Abnormal occurrences during menstruation and their causes.	• Coping with stress.	• Social responsibility.
	4) How to prepare for menstruation.	• Health-seeking behaviour.	• Creativity and innovativeness.
	5) Proper disposal of used sanitation materials during menstruation.	• Goal-setting.	
	6) Maintaining personal hygiene during menstruation.		
	7) The roles of boys and men in menstrual hygiene.		
Prevention of pregnancy	1) Sexual abstinence and prevention of pregnancy.	• Self-control.	• Purity and morality.
	2) Risks associated with teenage pregnancy	• Goal-setting	• Virginity and faithfulness.
	3) Pros and cons of the various methods of preventing teenage pregnancy	• Self-esteem/worth.	• Responsibility and self-control.
	4) Myths, misconceptions, and misinformation about prevention of teenage pregnancy	• Refusal skills.	
	5) Where, how and when to seek for help regarding prevention of pregnancy	• Help seeking behaviour.	
The importance of antenatal and postnatal care	1) Understanding the demands of being a father or mother while still chronologically young.	• Health-seeking behaviour.	• Protection of life.
	2) The importance of antenatal care and postnatal care.	• Self-awareness.	• Responsibility and self-control.
	3) What the antenatal and postnatal care packages in Uganda entail.	• Decision-making.	• Patience and perseverance.
	4) Why nutrition elements such as iron and folic acid are critical during pregnancy.	• Goal-setting.	
	5) Complications that teenage mothers may face during child-birth.	• Refusal skills.	
	6) Why it is important for a pregnant mother to deliver under the supervision of qualified medical personnel.		
	7) Myths, misconception, and misinformation about antenatal and postnatal care.		
Abortion and risks associated with it	1) What the Laws of Uganda say about abortion.	• Effective communication.	• Protection of life.
	2) The likely short, medium and long-term physical, mental, and social health effects of abortion.	• Conflict resolution.	• Patience and perseverance.
	3) Recognizing approaches of communicating to a trusted adult (e.g. parent, guardian, relative, teacher, religious leader) about an unintended pregnancy.	• Coping with emotions.	• Social harmony.
	4) Applying skills to counsel young people out of opting for abortion.	• Coping with stress.	
	5) Post-abortion care services that are available in Uganda's reproductive health package.	• Health-seeking behaviour.	
	6) Where and when to seek help from in the event of post-abortion effects.		

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Sexually transmitted infections and diseases (STDs)	<ol style="list-style-type: none"> 1) How STIs can be transmitted. 2) STDs and mother-to-child transmission. 3) Understanding that the surest way to protect oneself against STDs is through sexual abstinence. 4) Other different methods of preventing transmission of STDs and their effectiveness. 5) Recognizing that STDs may cause temporary or permanent damage to one's health, including death. 6) Positive and negative influence of the Arts/Media, religion, culture, gender, peers, and civil society in the fight against STDs amongst young people. 7) Seeking for help from a health facility in the event of an STD. 	<ul style="list-style-type: none"> • Health-seeking behaviour. • Coping with stress. • Analysing the media. 	<ul style="list-style-type: none"> • Purity and morality. • Virginity. • Responsibility. • Self-control.
HIV and AIDS	<ol style="list-style-type: none"> 1) Sexual activity/behaviours and HIV spread 2) Appreciating sexual abstinence as the surest way to prevent its transmission. 3) Other various methods of preventing transmission of HIV and their effectiveness. 4) MTCT of HIV, how it occurs, and ways of preventing it. 5) Post-exposure prophylaxis (PEP) and its importance. 6) Common illnesses/ opportunistic infections that affect people with HIV or AIDS. 7) Why women/girls, men/boys are affected by HIV/AIDS differently. 8) Factors affecting adherence to ART and positive living. 9) Adherence and its importance in living a better life for PLWHA. 10) Supporting persons affected by and infected with HIV/AIDS. 11) Positive and negative influences of religion, culture, gender perceptions, civil society, Arts/Media and peers in the fight against HIV/AIDS amongst young people. 	<ul style="list-style-type: none"> • Health-seeking behaviour. • Coping with stress. • Analysing the media. 	<ul style="list-style-type: none"> • Purity and morality. • Virginity. • Responsibility. • Self-control.
Care and Support of PLHIV	<ol style="list-style-type: none"> 1) Effects of stigma and discrimination against PLHIV 2) Benefits of positive living by PLHIV 3) How to support the HIV positive 4) Importance of knowing where and how to access AIDS support groups and networks of and for people living with HIV 	<ul style="list-style-type: none"> • Effective communication. • Help seeking behaviour. 	<ul style="list-style-type: none"> • Love and care for others. • Love for God, self and others. • Social responsibility. • Social harmony and solidarity.
Non-communicable disease (NCD) and sexuality	<ol style="list-style-type: none"> 1) What NCDs are and their effect on one's sexuality. 2) Factors that predispose one to NCDs. 3) Strategies for preventing, reducing and responding to NCDs among young people 	<ul style="list-style-type: none"> • Self-control. • Help seeking behaviour. • Effective communication. 	<ul style="list-style-type: none"> • Protection of life. • Love and care for others. • Responsibility and self-control.

3.5. Level 5: Upper Secondary and Tertiary Institutions (17+ year olds)

Level 5: Young adults, ages 17 and above; Upper secondary i.e. senior 5-6; tertiary institutions of learning i.e. colleges, institutes and universities.

3.5.1. Sexuality and Human Development (17+ year olds)

Learning objectives:

- 1) Evaluate his / her performance on the life-goals set earlier on.
- 2) Practice good health-seeking behaviours pertaining to reproductive health.
- 3) Establish effective mentoring relationship with a mentor.
- 4) Formulate counter-arguments against myths, misconceptions, and misinformation about sexual and human development.
- 5) Examine the influence of family, religion, culture, and society on one's gender expectations in adulthood.

Table 22: Sexuality and Human Development (17+ year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Knowing oneself	1) Influence of knowing oneself on self-image.	• Analysing the media.	• Sound character.
	2) Influence of the Arts/Media, family, religion, civil society and culture in Knowing oneself by young people.	• Assertiveness.	• Responsibility.
	3) Mentoring and its role in knowing oneself.	• Goals-setting.	• Self-control.
	4) Identifying desirable qualities in an effective mentor and mentoring relationship.	• Refusal skills.	
	5) Establishing an effective mentoring relationship.	• Self-awareness.	
	6) The influence of gender on Knowing oneself.		
Male and female reproductive anatomy and physiology	1) Awareness of some disorders associated with development of sexual organs.	• Help-seeking behaviour.	• Love and care for self as well as others.
	2) Where to seek medical help from if there is a disorder of development of sexual organs.	• Self-awareness	• Mankind is created & purposed by God.
Puberty (and menopause)	1) The influence of religion, culture, and society on gender expectations in adulthood.	• Goal-setting	• Mankind is created & purposed by God.
	2) Appreciating what menopause and andropause (male menopause) are and their symptoms.	• Help-seeking behaviour	
	3) Causes (natural and artificial causes) of menopause and andropause.	• Self-control	
	4) How menopause affects the body, emotions, sexuality, and relationships.	• Health-seeking behaviour.	
	5) How to cope with menopause.		
	6) Where and when to seek help in the event of abnormal onset of menopause.		
	7) Identifying the unique health needs and health-seeking behaviours in adulthood.		
Human reproduction	1) Positive reproductive health-seeking behaviour in adulthood.	• Decision-Making.	• Responsibility.
	2) What infertility means and its symptoms.	• Help-seeking Behaviour.	• Reverence for the sanctity of life.
	3) The danger signs in pregnancy; when and where to seek medical attention.	• Self-Awareness.	
	4) The important role of spousal-support during pregnancy.		
	5) Awareness of the services contained in the Uganda Reproductive Health package.		
	6) The influence of family on gender expectations in adulthood.		

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Body image and Sexuality	1) The influence of societal gender expectations on one's body image in adulthood.	• Analysing the media.	• Mankind is created & purposed by God.
	2) Appreciating that there is more to a person's like ability than physical appearance.	• Goal Setting.	
	3) The symptoms of addiction to the Arts/Media and its influences on body image.	• Self-awareness.	• Responsibility.
	4) Myths, misconceptions, and misinformation about body-image.	• Journaling.	• Social harmony.
	5) How one's body-image may lead to deviant sexual behaviour.		

3.5.2. Sexuality and Relationships (17+ year olds)

Learning objectives:

- 1) To analyse the role of gender and power in relationships.
- 2) To apply personal values in concretizing one's purpose in life.
- 3) To commit to pre-marital sexual abstinence and marital faithfulness.
- 4) To utilize the Arts/Media and civil society to advocate against all forms of gender-based violence.
- 5) To appreciate the role of strong marriages and families in national development

Table 23: Sexuality and Relationships (17+ year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Types of love (versus lust)	1) Committing oneself to sexual purity and abstinence.	• Analyse the media.	• Purity & morality.
	2) Championing sexual purity and abstinence.	• Effective communication.	• Virginity.
	3) Creating a purpose in life that is hinged on agape love.	• Goal-setting.	• Faithfulness.
	4) Utilizing the Arts/Media as advocacy platforms for sexual purity and abstinence.	• Assertiveness.	• Mankind is created & purposed by God.
Dating and courtship	1) What courtship is; and its importance.	• Coping with emotions.	• Self-control.
	2) Various world views about the concepts of dating and courtship.	• Coming with stress.	• Love and care for self and others.
	3) Where and when to seek counsel before getting in and during courtship.	• Refusal skills.	• Responsibility.
	4) Preparing oneself appropriately for courtship.	• Goal-setting.	• Virginity.
	5) Applying appropriate skill to end courtship when necessary.		• Purity and morality.
	6) Resisting engagement in any form of premarital sexual activity during courtship.		
Preparing for long-term relationships	1) Influence of power and gender in long-term relationships.	• Effective communication.	• Honesty, truthfulness, & integrity.
	2) Assessing one's progress in accomplishment of life-purpose.	• Refusal skills.	• Responsibility.
	3) Committing oneself to abstinence from all forms of sexual activity in relationships.	• Analysing the media.	• Self-control.
	4) Managing power and gender dynamics in long-term relationships.	• Goal-setting.	• Purity and morality.

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Good versus bad Relationships	<ol style="list-style-type: none"> 1) Mitigating the influence of bad relationships on one's life-purpose. 2) Identifying Gender bias and discrimination and how to reduce them 3) Acknowledging gender norms, roles and inequalities 4) Accommodating and working around existing gender differences and inequalities 5) Speaking out against various forms of gender-based violence in relationships. 6) Formulating healthy ways of ending bad-relationships. 7) The value of premarital sexual abstinence and marital faithfulness in stability of marriage and family. 8) Protecting self and peers against gender-based abusive relationships. 	<ul style="list-style-type: none"> • Decision-making. • Analysing the media. • Refusal skills. 	<ul style="list-style-type: none"> • Honesty, truthfulness, and integrity. • Purity and morality. • Integrity, moral uprightness, and sound character.
	<ol style="list-style-type: none"> 1) Understanding the influence of religion, culture, the Arts/Media on gender-roles in marriage. 2) Efficient use of time between family responsibilities and career pursuits. 3) Standing up against all forms of gender-based violence in marital relationships. 4) Laws associated with marriage and divorce in Uganda 	<ul style="list-style-type: none"> • Self-awareness • Effective communication • Goal-setting • Time management 	<ul style="list-style-type: none"> • National consciousness & patriotism • Respect for family life • Social responsibility

3.5.3. Sexuality and Sexual Behaviour (17+ year olds)

Learning objectives:

- 1) To develop sexual abstinence messages that are cognizant of mindful of the influence of gender and power on sexual behaviour.
- 2) To resist all forms of sexual harassment that affect both males and females.
- 3) To work with the Arts/Media and peers to messages that aim at premature sexualisation of young children.

Table 24: Sexuality and Sexual Behaviour (17+ year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Sexual abstinence and marital faithfulness	<ol style="list-style-type: none"> 1) Identifying gender and power factors in the sexual behaviour of males and females. 2) Reasons why adults who are sexually active may choose to become sexually abstinent. 3) Dangers of cohabiting and transactional/cross-generational sex 4) Promises of rewards and use of aphrodisiacs, alcohol, narcotics etc. in sex. 5) Influence of religion, culture, civil society, the Arts/Media on perceptions of marital faithfulness. 6) Committing oneself to premarital sexual abstinence and marital faithfulness. 7) Championing sexual purity and marital faithfulness. 	<ul style="list-style-type: none"> • Analyses the media. • Effective communication. • Coping with emotions. 	<ul style="list-style-type: none"> • Purity and morality. • Social responsibility. • Faith, hope, and contentment • Faithfulness.

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Gender based violence and Sexual abuse	<ol style="list-style-type: none"> 1) What sexual harassment is; and its signs. 2) How perceptions of gender and power influence sexual harassment behaviour. 3) Recognizing the various forms of sexual harassment that affect both males and females. 4) Situations that may predispose one to sexual harassment and other forms of sexual abuse from peers and superiors. 5) Demonstrating skill in dealing with incidents of potential or actual sexual harassment. 6) Where and when to seek help from in the event of potential or actual incident of sexual abuse. 7) Understanding the regulations and guidelines about gender-based violence, sexual abuse, harassment and harmful practices in one's institution of learning and/or workplace. 8) Laws of Uganda that deal with sexual harassment and other forms of gender-based violence and sexual abuse 9) Ways of advocating for the elimination of gender-based violence and stereotypes 	<ul style="list-style-type: none"> • Refusal skills. • Help-seeking behaviour. • Effective negotiation • Assertiveness. 	<ul style="list-style-type: none"> • Justice. • Love for self and others. • Protection of life.
Deviant Sexual Behaviour	<ol style="list-style-type: none"> 1) Identifying the warning signs of sexually deviant behaviour. 2) Identifying the common forms of sexual deviance in teens and youths. 3) The role of family and societal values in determining what sexually deviant behaviour is. 4) Responding appropriately to an incident of sexually deviant behaviour by a child, adolescent, and youth. 5) Where and when to take a young person involved in sexually deviant behaviour or attitude. 6) Engaging the Arts/Media, religious, cultural, and civic leaders to address the sexualisation of young children. 	<ul style="list-style-type: none"> • Help-seeking behaviour. • Health-seeking behaviour. 	<ul style="list-style-type: none"> • Responsibility. • Justice. • Purity and morality.

3.5.4. Sexuality and Sexual Health (17+ year olds)

Learning objectives:

- 1) To promote the roles parents, families, schools, and communities in menstrual hygiene.
- 2) To resist the temptation of carrying out an abortion in the event of an unwanted pregnancy.
- 3) To appreciate the various methods of preventing unwanted pregnancies and STD/D (including HIV) transmission.
- 4) To apply skill to support persons living with STI/DS (including HIV/AIDS).
- 5) To commit to sexual abstinence and marital faithfulness.

Table 25: Sexuality and Sexual Health (17+ year olds)

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Menstrual health and hygiene	1) The relationship between menstrual hygiene and vulnerability to reproductive tract infection.	• Self-awareness.	• Justice.
	2) Communicating to younger people about menstrual hygiene.	• Health-seeking behaviour.	• Social responsibility.
	3) Good workplace practices for menstrual-hygiene by employers and employees (males and females).	• Goal-setting.	• Creativity and innovativeness.
	4) The roles of parents, families, schools, and communities (including males) in menstrual hygiene.		
Prevention of pregnancy	1) The effectiveness of the various approaches one may use to avoid indulging in premarital sex.	• Self-control.	• Faith, hope and contentment.
	2) Appropriate measures to prevent pregnancy in the event that one has been raped.	• Goal-setting.	• Virginity and faithfulness
	3) Offering psycho-social support to someone pregnant in the advent of an unwanted pregnancy.	• Decision-making.	• Responsibility.
	4) Committing oneself to premarital sexual abstinence while still single and marital faithfulness when married.	• Coping with stress.	
	5) Referral to services related to sexual and reproductive health.		
The importance of antenatal and postnatal care	1) The importance of seeking for psychosocial support as an expectant mother or father.	• Health-seeking behaviour	• Protection of life.
	2) Poor health outcomes commonly associated with babies born to teenage mothers.	• Decision-making	• Love and care for self and others.
	3) The different ways an expectant father can support his expectant mother.	• Coping emotions • Coping with stress	• Responsibility and self-control.
Abortion and risks associated with it	1) The various world views about abortion.	• Effective negotiation.	• Mankind is created and purposed by God.
	2) Applying skills to counsel young people out of opting for abortion.	• Goal-setting	• Protection of life.
	3) Committing oneself to a world view that upholds the dignity of every form of human life.	• Coping with emotions.	• Responsibility and self-control.
	4) The signs of post-abortion physical and psychological health effects.	• Coping with stress.	
	5) Where and when to seek medical help in the event of post-abortion psychological and other effects.	• Health-seeking behaviour.	

Topic	Areas to be Covered by Development Messages	Life-Skills to be Developed	Values to be Developed
Sexually transmitted infections and diseases (STIs)	<ol style="list-style-type: none"> 1) Predisposing factors and symptoms of cancer of the cervix. 2) Good health-seeking behaviours for prevention and treatment of STIs/Ds. 3) Committing oneself to sexual abstinence and marital faithfulness. 4) Other different methods of preventing transmission of STIs/Ds and their effectiveness. 5) Becoming a reliable source of accurate information pertaining to prevention and support for young people and peers against STIs/Ds. 6) Influencing the Arts/Media positively in the fight against STIs/Ds. 7) Engaging with civic, religious, and cultural leaders in the management of STIs/Ds. 	<ul style="list-style-type: none"> • Health-seeking behaviour • Analysing the media. • Effective negotiation skills. • Decision – making. 	<ul style="list-style-type: none"> • Purity and morality. • Virginity. • Social Responsibility. • Creativity and innovativeness.
	<ol style="list-style-type: none"> 1) Applying behavioural change communication effectively in preventing the spread of HIV. 2) Leveraging religious, political, and cultural practices that promote prevention of HIV spread. 3) Championing the cause against HIV/AIDS-related stigma. 4) Mobilizing PLWHA to become change-agents for behaviour change in prevention of HIV-spread. 5) Awareness of the national frameworks and strategies Uganda has instituted to help combat HIV/AIDS. 6) Utilizing the Arts/Media to support PLWHA. 7) Participating in family, religious, cultural, or civic activities in response to HIV/AIDS. 	<ul style="list-style-type: none"> • Health-seeking behaviour. • Analysing the media. • Effective negotiation skills. 	<ul style="list-style-type: none"> • Purity and morality. • Virginity. • Social Responsibility. • Creativity and innovativeness.
HIV and AIDS	<ol style="list-style-type: none"> 1) Ways of enhancing PLHIV in advocating for their rights 2) Ways in which young people can contribute to the fight against HIV/AIDS (by: staying safe from HIV/AIDS; acquiring knowledge and skills on HIV/AIDS; educating others on HIV/AIDS; going for VCT; donating blood, living positively; fighting stigma and discrimination) 3) Ways in which PLHIV can be important educators and mobilizers of young people in addressing their own vulnerability to HIV/AIDS 	<ul style="list-style-type: none"> • Effective communication. • Effective negotiation. • Self-control. • Analysing the media. • Help seeking behaviour. • Goal setting • Advocacy skills. 	<ul style="list-style-type: none"> • Love and care for others. • Purity and morality. • Virginity and faithfulness. • Responsibility and self-control. • Patience and perseverance. • Social responsibility. • Social harmony and solidarity.
Care and Support of PLHIV	<ol style="list-style-type: none"> 1) Importance of older men to be regularly tested for prostate cancer and other health issues 2) Importance of adult women to be regularly checked for breast, cervical, uterine, and ovarian cancer 	<ul style="list-style-type: none"> • Self-control • Help seeking behaviour • Effective communication. 	<ul style="list-style-type: none"> • Protection of life. • Love and care for others. • Responsibility and self-control.
Non-communicable disease and sexual health			

4. Using the Framework

4.1 How to Use the Framework

Use of Framework by Education Sector: Provision of sexuality education as contained in this framework will not be through a standalone subject. Rather, it will be achieved through:

- a) Integration into the policies and practices of the school, and in the partnerships the school may develop with the local communities and parents.
- b) Mainstreaming it in core subjects within the curriculum at the different levels of education, including the delivery of religious education and extra-curricular and co-curricular activities in and outside the classroom.

This means that the coverage of this framework will be an integral part of the lessons at pre-primary, primary, secondary and tertiary institutions of learning. Integration of sexuality education will therefore take place in the context of each subject, teaching process, school family, learners' club activity, games, sports, weekly duty responsibilities, student leadership/responsibilities and other related services within the school curriculum, extra-curricular or co-curricular agenda and school talking environments¹⁶. Physical education and sports, music, dance, drama and play are activities that children engage in and are another major mode of communication, expressing feelings, emotions and aspirations of the learners that can be used for integrating and delivering the messages on sexuality education envisaged in this framework with appropriate gender sensitivity.

Participatory teaching/delivery techniques including brainstorming, peer to peer education, gallery walk, creative writing, learning corners, facilitated discussions, group work, role play, critical incident, learning games, problem tree analysis, guided personal reflection, storytelling, case studies, testimonies, community outreach, field visits, and role model visits will be variously used by teachers and facilitators in conducting sexuality education covered in this framework. Furthermore, to the extent possible, the teachers and facilitators will also explore the use of ICT in delivering the messages. In general, however, when delivering Sexuality Education, the teacher / facilitator should take cognizance of the type of disability that some of his/her learners with special needs in education may have so that all topics including sensitive ones may be covered and delivered in an appropriate and inclusive way.

Use of Framework by Parents: The family (parent, guardian, siblings, aunts, uncles and the elders) is the foundations of a community and cornerstone of society. As such, the family has the primary role and responsibility in providing their children with appropriate sexuality education. When a parent provides sexuality education to his/her child, it provides an opportunity for the information being taught at school to be reinforced in the family home. In this regard, the 1995 Constitution provides that it shall be the duty of every citizen to promote responsible parenthood. On the other hand, the African Charter on the Rights and Welfare of a Child (1990) states that parents, and where applicable legal guardians shall have a duty to provide guidance and direction in the exercise of their (Children's) rights having regard to the evolving capacities and best interest of the child. Taking cognizance of this, the parents are expected to complement school-based sexuality education by imparting age-appropriate individual, family and community social, cultural and religious values, skills and practices as necessary. Parents will also play a key role in monitoring and evaluating the implementation of the framework through their active engagement as members of Parent and Teachers Associations (PTA) of Primary Schools, Board of Governors of secondary schools, Councils of Universities and other tertiary institutions of learning. Guidelines on appropriate parenting in the context of sexuality education will be prepared jointly by the relevant Ministries, including MOES, MoGLSD, MoH etc.

Use of Framework by Religious Institutions: Clergy members (e.g. priests, pastors, imams and the religious) have a unique role in supporting sexuality education in schools¹⁷. The influence and authority religious leaders hold in communities allow them to speak from the theological foundation of respect for human dignity and wholeness. Sexuality education that is factually inaccurate, ignores the realities of adolescent life, puts young people at unnecessary risk for disease and unintended pregnancy tend to ignore religious values and endanger the lives of the learners. This is morally wrong¹⁸. Considering that the foundation bodies of most of the education institutions in this country are faith based, the role of religious leaders as

16 USAID (2016). Draft Environmental, Health and Safety Guidelines for School Talking Environments Presented to HIV/AIDS Technical Working Group of Ministry of Education and Sports on October 28, 2016. Kampala. Obulam/United States Agency for International Development. October 2016. Kampala.

17 RISMJH (2008). An Open Letter to Religious Leaders on Sexuality Education. Religious Institute on Sexual Morality, Justice, and Healing. www.religiousinstitute.org

18 RISMJH (2007). An Open Letter to Religious Leaders on Adolescent Sexuality. Religious Institute on Sexual Morality, Justice, and Healing. www.religiousinstitute.org

models, mentors, and advocates for social justice and dignity in the implementation of this framework need not be overemphasized.

The clergy will play a pivotal role during the development of the relevant curricular and educational materials for this framework. In implementation, the clergy members are also expected to complement school-based sexuality education by promoting age-appropriate moral, spiritual and sexual health to learners based on their faith traditions and religious values, experiences and practices. Furthermore, the religious institutions will actively participate in the monitoring and evaluation of the implementation of this framework.

Use of Framework by Cultural Institutions: Culture plays a pivotal role in shaping the attitudes and beliefs of people. In Uganda, the Policy on Culture¹⁹ provides languages, oral traditions, performing arts, music, festive events, rituals, social practices, traditional craftsmanship, knowledge and practices concerning nature should be passed on from one generation to the next. There is no Ugandan community that does not belong to a cultural institution. Hence, in the context of implementing this sexuality education framework, cultural institutions and leaders will be expected to complement school-based activities by promoting cultural practices, norms, taboos, values and traditional justice system as well as appropriate punishments and sanctions that enhance moral, social and sexual health education to their young members of the society.

Use of Framework by Civil Society Organizations: CSOs have been delivering sexuality education without proper guidance from government. Hence, the CSOs/NGOs will be required to align their curricular, co-curricular and extra-curricular programmes and activities, materials etc. with this framework for approval by MOES before usage.

Use of Framework by the Private Sector: Many schools are owned by the private sector, for profit. This is particularly true of secondary and tertiary institutions of learning. It will therefore be incumbent upon such proprietors to ensure that sexuality education is delivered within their institutions. In the past, academic performance was of greater priority at the expense of holistic provision of education to the learners in such institutions.

4.2 Institutional Arrangements for Operationalizing the Framework

- a) The MOES will be entirely responsible for the implementation of the framework among the in-school youths. Other public-sector ministries (e.g. MOGLSD, MoH, Ministry of Information, Ministry of Local Government, etc.) and their departments and agencies (e.g. Uganda Communication Commission, Uganda Broadcasting Corporation etc.) will be called-upon to provide a supportive and complementary role as indicated in the framework. Accordingly, MOES will ensure that appropriate mechanisms are put in place for referrals so that learners can receive further counselling, guidance and services as deemed appropriate. The respective non-education sector ministries, departments and agencies concerned will provide the necessary in or out of school services to the learners according to their respective mandates.
- b) The National Curriculum Development Centre (NCDC) will therefore use the framework as a basis for developing the appropriate curriculum, text books and messages. In this regard, the MOES will ensure that the curriculum and syllabus are developed by NCDC in very close collaboration with religious institutions, parents and CSOs while the tools for monitoring and evaluation are prepared by the standards agency accordingly. The dissemination of the framework, curriculum and syllabus developed will also be the responsibility of MOES and its associated departments and agencies.
- c) The Ministry will also ensure that the curricula for teacher training institutions including Universities are revised to incorporate this framework. Accordingly, the in-service teachers will be sensitized and empowered to deliver the curriculum that will be produced. Religious institutions will actively engage in the monitoring and evaluation of the implementation of this framework.
- d) Non-State Actors such as NGOs and CSOs will be involved in provision of curricular, co-curricular and extra-curricular activities relevant for implementing this framework. There materials shall be accredited people being delivered for utilization in Educational Institutions of any level. The approved materials will be shared with the appropriate cultural and religious as well as community leaders and school authorities in the areas of operation. Appropriate sanctions will be imposed on any Non-State Actors that engage in delivery of Sexuality Education outside this Framework.

¹⁹ MoGLSD (2006). The Uganda National Culture Policy. Ministry of Gender, Labour and Social Development. Kampala

4.3 Monitoring and Evaluating the Implementation of the Sexuality Education Framework

These indicators for monitoring and evaluating the effectiveness of this National Sexuality Education Framework are informed by the six (06) cardinal Principles upon which the design of the Framework is founded; namely: (i) God-fearing, (ii) Parental role, (iii) Centrality of the family, (iv) Age-appropriate messaging, (v) Risk avoidance, and (vi) Preparedness, responsiveness, and rehabilitation of learners.

The Key M&E Indicators for the Framework shall be:

- 1) Proportion of Educational Institutions in a District that have in place documented guidelines which are consistent with the NSEF in respect to safeguarding learners against all forms of violence, abuse, exploitation, stigma, and sexual harassment.
- 2) Proportion of Educational Institutions in a District that provided structured age-appropriate values-based life skills Sexuality Education knowledge-sharing to their respective learners in all age-groups using the NSEF within the last twelve (12) months.
- 3) Proportion of Educational Institutions in a District that conducted at least one structured training for their employees about values-based life skills Sexuality Education using the NSEF in the last twelve (12) months.
- 4) Proportion of Basic and Secondary Educational Institutions in a District that held at least one structured training about values-based life skills Sexuality Education with the parents and/or guardians of learners in the Institution using the NSEF in the last twelve (12) months.
- 5) Proportion of learners in Primary Four, Primary Seven, Senior Four, and Tertiary Institutions or their equivalent Grade Levels; that have the desired minimum level of knowledge about Sexuality Education consistent with the NSEF.
- 6) Proportion of Educational Institutions in a District that report a new case of sexual harassment of a learner in the last Academic Term or Semester.
- 7) Proportion of Educational Institutions in a District that report a new case of teenage pregnancy in the last Academic Term or Semester.
- 8) Proportion of learners aged nine (09) year and above in an Educational Institution that commit to abstinence from risky sexual behaviors by signing a Commitment Card for the very first time in the last twelve (12) months.
- 9) Proportion of learners aged nine (09) years and above in an Educational Institution that have abstained from engaging in risky Sexual behaviors for at least twelve (12) months or more.
- 10) Proportion of learners aged nine (09) years and above in an Educational Institution that have abstained from engagement in risky behaviors; in particular, alcohol and substance abuse.
- 11) Proportion of parents and/ or guardians in an Educational Institution that talk with their child about Sexuality-related matters at least twice in the last twelve (12) months.
- 12) Proportion of Educational Institutions in a District that offered structured rehabilitative support (and counseling) to learners affected by issues related with Sexuality in the last Academic Term or Semester.

In addition,

- a) MOES will include sexuality education in its routine monitoring and support supervision activities (b) teachers will conduct formative and summative assessment as they teach sexuality education (c) UNEB will cover sexuality education in the examination processes of Uganda
- b) UBOS will collect data on relevant indicators during the regular population-based surveys such as Uganda AIDS Indicator Survey and Uganda Demographic and Health Survey.

To enhance utilization of the monitoring and evaluation findings alluded to above, the findings will be disseminated as widely as possible. Sexuality Education will also feature prominently in the Annual Sectoral Performance Review Report of MoES.

References

1. Ahimbisibwe P (2016). At Least 100 Schools tricked into teaching sex. Saturday Monitor, May 7, 2016. Kampala.
2. Biddlecom A., Awusabo-Asare K. and Bankole A (2009). Role of Parents in Adolescent Sexual Activity and Contraceptive Use in Four African Countries. International Perspectives on Sexual and Reproductive Health, Vol35 (2), June 2009
3. BZGA (2010). Standards for Sexuality Education in Europe: A Framework for Policy Makers, Educational and Health Authorities and Specialists. Federal Centre for Health Education. 2010. Cologne
4. Cross-Cultural Foundation (2010). Culture in Governance Ugandan experiences Does it work? The Cross-Cultural Foundation of Uganda, 2010. Kampala
5. Dr. Abroo Aman Andrabi (2011). Ethical values in Islam: Particular reference with Prophet Muhammad's (Peace & blessings be upon him) Mission.
6. FAMPLAN (2008). The Jamaica Task Force Committee for Comprehensive Sexuality Education. The Jamaica Task Force Committee for Comprehensive Sexuality Education. Jamaica.
7. Government of Uganda. Laws of Uganda – Chapter 120: The Penal Code Act.
8. Government of Uganda. Laws of Uganda – Chapter 251: The Marriage Act.
9. Government of Uganda. The HIV and AIDS Prevention and Control Bill, 2010. Passed by Parliament on 13/05/2014
10. Government of Uganda. The Anti-Homosexuality Bill, 2009. Passed by Parliament on 20/12/2013
11. Government of Uganda. The Anti-Phonography Bill, 2011. Passed by Parliament on 19/12/2013
12. Government of Uganda. The Prohibition and Prevention of Torture Bill, 2010. Passed by Parliament on 26/04/2012
13. Guidelines for Comprehensive Sexuality Education in Nigeria (Lagos, Nigeria: Action Health Incorporated and Sexuality Information and Education Council of the United States, 1996.)
14. Habenicht, D J (2000). 10 Christian Values that every Kid Must Know. www.rhpa.org
15. Langa S (2016). Information Paper on Comprehensive Sexuality Education (CSE). Family Life Network. Apr 28, 2016. Unpublished. Kampala
16. MoE (1997). Integrated Population and Science for Primary Schools in Uganda –PUPIL'S BOOK. National Curriculum Development Centre
17. MoE (1997). Integrated Population and Social Studies for Primary Schools in Uganda –PUPIL'S BOOK. National Curriculum Development Centre
18. MoES (1999). Uganda Primary School Curriculum Volume I: English, Integrated Science, Mathematics and Social Sciences. NCDC
19. MoES (2000). Teacher's Guide to Uganda Primary School Curriculum, Volume I. NCDC.
20. MoES (2005). A Resource Book for Primary School Guidance and Counselling. Ministry of Education and Sports/USAID.
21. MoES (2006). PLASCY: A Students' Handbook for Upper Lower Post Primary Education a ND Training. Ministry of Education and Sports. Kampala.
22. MoES (2007). Guidance and Counselling for Post-Primary Institutions. Teacher's Resource Book
23. MoES (2007). National Guidelines for Post Primary Institutions: Guidance and Counselling Programme.
24. MoES (2009). Supporting Children in the Era of HIV and AIDS- Primary School Teacher's Guide. Ministry of Education and Sports/USAID/UNITY
25. MoES (2010). Primary Five Curriculum: English, Integrated Science, Local Language, Mathematics, Religious Education and Social Studies - SETS 1&2
26. MoES (2011). Life Skills Curriculum for Primary School Teachers in Uganda
27. MoES (2011). Life Skills for Primary Schools in Uganda: A Teacher's Handbook. Ministry of Education and Sports.
28. MoESTS (2015). Guidelines for Prevention and Management of HIV/AIDS and Teenage/Unintended Pregnancy in School-settings of Uganda.

29. MoESTS (2009). PIASCY Post Primary Education and Training Manual. Ministry of Education and Sports. Kampala.
30. RV&SCU (2005). Raising Voices and Save the Children in Uganda, 2005 as quoted in MOES (2014). Reporting, Tracking, Referral and Response (RTRR) Guidelines on Violence against Children in Schools. May 2014
31. MoESTS (2015). A Guide to PIASCY Handbooks for Primary School Teachers. Ministry of Education, Science, Technology and Sports. Kampala.
32. MoESTS (2015). Enhanced PIASCY Teacher's Reference Manual for Primary Schools. Ministry of Education, Science, Technology and Sports. Kampala.
33. MoESTS (2015). PIASCY Teacher's Reference Guide for Post Primary Education and Training Institutions. Ministry of Education, Science, Technology and Sports. Kampala.
34. MOESTS (2016). A Study on Linkage between Pregnancy and School Dropout in Uganda Study Report. Ministry of Education, Science, Technology and Sports and Forum for Women Educationalists-Uganda. August 2016. Kampala
35. MOESVTEE (2013). Comprehensive Sexuality Education Framework (Grades 5-12). The Curriculum Development Centre. Ministry of Education, Science, Vocational Training and Early Education. October 2013. Lusaka, Zambia.
36. MoFPED (2015). Second National Development Plan (NDPII) 2015/16 – 2019/20.
37. MoGLSD (2006). The Uganda National Culture Policy. Ministry of Gender, Labour and Social Development. Kampala.
38. Mutoni H (2016). Where will your child get sex education? Sunday Vision. November 6, 2016. Kampala.
39. Muzaale F and Sabano J (2016). First Lady Advocates end to Adolescent Pregnancies. Daily Monitor, October 18, 2016. Kampala
40. NCDC O. Life Education Learning Area Syllabus. Lower Secondary Curriculum, Assessment and Examination Reform Programme. National Curriculum Development Centre. Kampala.
41. OOP (2013). The National Ethical Values Policy. Office of the President, Directorate for Ethics and Integrity. Kampala.
42. Otagi S (2016). Minister Tips on Sex Education. Daily Monitor. Monday July 18, 2016. Kampala.
43. Path (2003). Life Planning Skills – A Curriculum for Young People in Africa: Uganda Version 2003 – FACILITATORS MANUAL & PARTICIPANTS WORKBOOK.
44. Path (2003). Life Planning Skills – A Curriculum for Young People in Africa: Uganda Version 2003 – PARTICIPANTS WORKBOOK.
45. PIASCY (2003). PIASCY Teacher's Manual. Assembly Messages and Activities for Primary 3-4 and Primary 5-7. Ministry of Education and Sports. Kampala.
46. Prof. Dr. Ahmet Akgunduz (undated). Norms and Values in Islam. Rector of the Islamic University of Rotterdam
47. RISMJH (2007). An Open Letter to Religious Leaders on Adolescent Sexuality. Religious Institute on Sexual Morality, Justice, and Healing. www.religiousinstitute.org
48. RISMJH (2008). An Open Letter to Religious Leaders on Sexuality Education. Religious Institute on Sexual Morality, Justice, and Healing. www.religiousinstitute.org
49. Shtarkshall R A., Santelli J S and Hirsch J S (2007) Sex Education and Sexual Socialization: Roles for Educators and Parents. Perspectives on Sexual and Reproductive Health. Vol. 39(2), June 2007
50. SIECUS (2004). Guidelines for Comprehensive Sexuality Education: Kintergarten-12th Grade, Third Edition. Sexuality Information and Education Council of the United States. Washington, 2004.
51. SRHA O. Teachers' Guide. Sexual Reproductive Health and Rights Alliance Uganda.
52. The Holy Bible
53. The Holy Quran
54. UAC (2015). National HIV/AIDS Strategic Plan 2015/16- 2019/20. Uganda AIDS Commission.
55. UAC (2015). National Priority Action Plan 2015/16-2016/17. Uganda AIDS Commission.

56. Uganda Bureau of Statistics and ORC Macro. 2001. Uganda DHS Ed Data Survey 2001: Education Data for Decision-making. Calverton, Maryland U.S.A.: Uganda Bureau of Statistics and ORC Macro.
57. Uganda Bureau of Statistics (UBOS) and ICF International Inc.(2012). Uganda Demographic and Health Survey 2011. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.
58. Uganda Bureau of Statistics (UBOS) and ICF. 2018. Uganda Demographic and Health Survey 2016. Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF.
59. UNESCO (2009). International Guidelines on Sexuality Education: An evidence informed approach to effective sex, relationships and HIV/STI education
60. UNFPA (2014). UNFPA Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender. United Nations Population Fund, 2014 New York.
61. USAID (2013). Life Skills Education for Adolescents and Youth; Facilitator's Manual. AVSI, Kampala.
62. USAID (2016). Draft Environmental, Health and Safety Guidelines for School Talking Environments Presented to HIV/AIDS Technical Working Group of Ministry of Education and Sports on October 28, 2016. Kampala. Obulamun/United States Agency for International Development. October 2016. Kampala.
63. Whittaker A (2010). Parent-Child Communication: Promoting Sexually Healthy Youth. Advocates for Youth. www.advocatesforyouth.org
64. WHO (2008). Promoting Adolescent Sexual and Reproductive Health through Schools: An Information Brief. World Health Organization. September 2008. Geneva

Annexes

Annex 1: Sustainable Development Goals

Goal 3. Ensure healthy lives and promote wellbeing for all at all ages.

- 1 By 2030, end the epidemics of AIDS and combat hepatitis, and other communicable diseases.
- 2 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing.
- 3 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
- 4 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

- 1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.
- 2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.
- 3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university.
- 4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship.
- 5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.
- 6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy.
- 7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development.

Goal 5. Achieve gender equality and empower all women and girls

- 1 End all forms of discrimination against all women and girls everywhere.
- 2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
- 3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.
- 4 Ensure universal access to sexual and reproductive health and reproductive rights as agreed, in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

The following are some few excerpts depicting the commitment of Government in pursuing policies, strategies and programmes that enhance the life of young people in Uganda as in Uganda Vision 2040.

- 1 To improve the quality of the population over the Vision period, Uganda will focus on creating a more sustainable age structure by reducing the high fertility rate through increased access to quality reproductive health services, keeping all children of school going age in school with more emphasis on the girl child. In addition, government will focus on building an efficient health delivery system. These strategies will be supplemented with incentive-oriented population control policies as has been the case in the developed economies.
- 2 All effort will be made to ensure gender responsive policies, programmes and actions. Because of our history of women being left behind the development process due to socio-cultural factors, deliberate effort will be made to enable women to equally participate in education and skills development.
- 3 Furthermore, because of women's unique biological and gender roles especially of child bearing and rearing, the state will put in place deliberate policies and programmes to facilitate them to play these roles as well as participating in the development process.
- 4 The total elimination of harmful and non-progressive socio-cultural practices that affect the health, wellbeing and progress of both men and women will be tackled during the 30-year period to allow and give opportunity to every Ugandan to fulfill their desired potential and live a life of dignity. These include among other; the elimination of practices such as female genital mutilation (FGM), Gender based violence, early marriages, child sacrifice, denial of the right to education and participation in employment.
- 5 To facilitate the goal of reduction of fertility among Ugandan women to about 4 children per woman, deliberate effort will be made to keep all girls and boys of school going age in school.

Annex 3: Eastern and Southern African (ESA) Ministerial Commitment on Sexuality Education.

The Ministers of Education and Health from 20 countries in Eastern and Southern Africa, gathered in Cape Town, South Africa on 7 December 2013, working towards a vision of young Africans who are global citizens of the future who are educated, healthy, resilient, socially responsible, informed decision-makers and with the capacity to contribute to their community, country and region, came out with the following Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern African (ESA):

- 1 Work together on a common agenda for all adolescents and young people to deliver comprehensive sexuality education and youth-friendly SRH services.
- 2 Urgently review - and where necessary amend - existing laws and policies on age of consent, child protection and teacher codes of conduct to improve independent access to sexual and reproductive health services for adolescents and young people and protect children.
- 3 Make an AIDS-free future a reality by investing in effective, combination prevention strategies to build on current declines in HIV prevalence amongst young people in the region as well as addressing underlying structural factors including poverty and a lack of livelihoods.
- 4 Maximise the protective effect of education through Education for All by keeping children and young people in school which reduces HIV risk, maternal mortality and improves gender equality, whilst ensuring access to educational opportunities for those living with HIV or adolescent and young women who may be pregnant.
- 5 Initiate and scale up age-appropriate CSE during primary school education to reach most adolescents before puberty, before most become sexually active, and before the risk of HIV transmission or unintended pregnancy increases.
- 6 Ensure that the design and delivery of CSE and SRH programmes includes ample participation by communities and families - particularly adolescents, young people, civil society and other community structures including faith-based organisations.
- 7 Integrate and scale up youth-friendly HIV and SRH services that take into account social and cultural contexts to improve age-appropriate access to and uptake of high quality SRH services.
- 8 Ensure that health services are youth-friendly, non-judgmental, and confidential and reach adolescents and young people when they need it most.
- 9 Strengthen gender equality and rights within education and health services including measures to address sexual and other forms of violence, abuse and exploitation in and around school and community contexts whilst ensuring full and equal access to legal and other services for boys and girls, young men and women.
- 10 Mobilise national and external resources by exploring new, innovative finance mechanisms and seeking technical and financial support from national and international sources to fulfill these commitments.

Guiding principle: Every child and youth shall have a right to quality health and education services.

Sexuality Education: As part of curricular for health education and life skills education, sexuality education will be provided to include gender, special needs, sexual health, HIV, sexuality, relationships, communication and negotiation skills, self – respect, non – discriminatory attitude, intimate – partner violence, puberty and menstrual hygiene, reproduction, contraception and prevention of teenage pregnancy, unsafe abortion and young people to know their own rights. Health education and life skills will be key avenues to enable learners acquire the necessary skills both for prevention and avoiding such situations that would lead to teenage pregnancy, rape, sexual harassment, harmful cultural practices, sodomy, disease and infertility.

All educational institutions in collaboration with school communities will have in place measures to prevent teenage/early pregnancies. The MoES in collaboration with MoH will provide guidelines on managing cases of school girls that happen to get pregnant but prefer to continue with their education both during pregnancy and upon giving birth. Special emphasis will be on non-discrimination and psychosocial support.

Tobacco, Alcohol, Substance and Drug Use and Abuse: This issue shall be addressed, and the school curriculum shall cover areas including knowledge of dangers of tobacco, alcohol, drug and substance abuse and appropriate attitudes and behaviour for prevention of abuse.

All institutions shall provide counselling services to address the social and psychological needs of students. All institutions shall also abide by the national policies, regulations and standards prohibiting tobacco use such as Control of Tobacco in Africa (CTA) and BRMS; the institutions' rules and regulations shall specify strict adherence to these policies, regulations and standards.

Hygiene: Hygiene promotion will be strengthened through health education and life skills.

Curative services: Essential curative services shall be provided within/for the school community by a qualified health worker. Children under chronic care should be supported by the school for adherence and where necessary make timely referral. The services offered include:

- (a) Communicable diseases: Treatment of Uncomplicated malaria, STI Screening and management, Diarrhoea, Skin infections, Support adherence for those on chronic care, URTI.
- (b) Non – Communicable Diseases: Although a majority of non-communicable diseases occur during adulthood they can as well manifest early in life. The non-communicable disease includes: Cancers, Sickle cell Anaemia, Asthma hypertension, Heart diseases and diabetes.

Annex 5: The National Strategic Plan for HIV/AIDS 2015/16-2019/20 and Priority Action Plan

NATIONAL HIV/AIDS STRATEGIC PLAN 2015/16- 2019/20

Objective: To Increase Adoption of Safer Sexual Behaviours and Reduction in Risky Behaviours.

Key Action: Scale-up comprehensive sexual and reproductive health (SRH)/HIV programs targeting adolescents (both in and out of school) and young people.

NATIONAL PRIORITY ACTION PLAN (NPAP) 2015/16-2017/18

Strategic Action: Scale-up age- and audience-appropriate social and behavioural change interventions including abstinence (A) and being faithful (B) to reach all population groups with targeted HIV prevention messages.

- Interventions approved for MoES: Implement school-based interventions for all adolescents addressing gender equality, prevention of violence & comprehensive sexuality education
- Expand provision of quality education, counselling and linkage to SRHR services to all tertiary education institutions

Strategic Action: Integrate social support and protection issues in education sector programs (including school health and reading programs, PLASCY, curricular and extracurricular activities).

- Interventions approved for MoES: Provide sanitary information and accelerated access to services and commodities for the girl child in school.
- Build capacity of teachers, and counsellors to be able to handle the special needs of children living with HIV in schools.
- Develop, disseminate and implement guidelines on how to integrate HIV/AIDS in the school curriculum (teachers and learners).

Strategic Action: Ensure that HIV/AIDS is mainstreamed in the curriculum of Education Institutions at all levels.

- Interventions approved for MoES: Revise the curriculum, teaching materials and policies on LSSSE in schools and teacher/tutor training institutions

Strategic Action: Address socio-cultural and economic drivers of the epidemic through strategic engagement of the media, civil society organizations, religious, cultural, and political institutions in the HIV prevention effort.

- Interventions approved for MoES: Implement school-based interventions for all adolescents addressing gender equality, prevention of GBV & comprehensive sexual education.
- Conduct community and school-based interventions for boys at an early age to adopt safer behaviours.

HIGHLIGHTS OF THE NATIONAL INTEGRATED EARLY CHILDHOOD (NIECD) POLICY

Vision: All children in Uganda from conception to 8 years grow and develop to their full potential.

Mission: To ensure equitable access to quality and relevant ECD services for holistic development of all children from conception to 8 years.

Objectives:

- 1 To harmonize existing ECD Policy related goals, objectives and strategies and initiatives within and across all sectors.
- 2 To set, improve and align standards for ensuring access to well-coordinated, quality, equitable and including ECD services within and across sectors.
- 3 To build and strengthen capacity of systems and structures to deliver integrated quality and inclusive ECD programmes.

Target Groups

The policy targets all children, including the vulnerable and marginalized, from conception to eight years of age, under for definitive categories.

- 1 Conception to birth
- 2 Birth to three years
- 3 Three to six years, and
- 4 Six to eight years

Guiding Principles

- 1 Family and Community Engagement: Families, parents and caregivers have the primary mandate for the care and upbringing of young children. Family will thus be the first line of response in ECD service delivery.
- 2 Rights based approach: The government's commitment to the UNCRC mandates ECD as a right and obligates government to protect the rights of young children to security, basic nutrition, health care and education.

Strategic Directions

- 1 Early Childhood Care and Education: Establish ECD centres at every primary school and support community-based centres
- 2 Child Protection: Advocate for the widespread acceptance and observance of the UNCRC
- 3 Promote national identity for all young children right from birth
- 4 Primary Health Care, Sanitation and Environment: Preventative healthcare for children
- 5 Family Strengthening and Support: Promote parenting and child support programs
- 6 Communication, Advocacy and Resource Mobilization: Develop and implement a comprehensive and sustainable National Integrated Early Childhood (NIECD) communication strategy.

MoH (2015). Status of adolescent services. Power point presentation by Barbara Asire, STD/AIDS Control Program, Ministry of Health, Kampala

Walckena, E.J., D. Muhangi, S. Munywiny, F. Matovu, E. Awich, I. Ddumba Nyanzi, J. Kayiwa, J. Akello, P. Mubiri, J. Muliugo, A. Autebi, M. Ruiz-Rodriguez, (2016). The State of the Ugandan Child – An Analytical Overview. Kampala/Washington DC: USAID/OED



REPUBLIC OF UGANDA

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