

Building strong foundations

How to put foundational education for health and well-being into practice

This publication is part of a set of four briefs under the banner of *Building strong foundations*.

The other briefs are:

Brief 1: *What is foundational education for health and well-being?* (ISBN 978-92-3-100676-0)

Brief 2: *What to teach for foundational education for health and well-being* (ISBN 978-92-3-100677-7)

Brief 3: *How to include the whole school in foundational education for health and well-being* (ISBN 978-92-3-100678-4)

Published in 2024 by the United Nations Educational, Scientific and Cultural Organization (UNESCO), 7, place de Fontenoy, 75352 Paris 07 SP, France and the United Nations Children's Fund (UNICEF), 3 United Nations Plaza, New York, NY, 10017, United States of America.

© UNESCO and UNICEF, 2024

UNESCO's ISBN 978-92-3-100679-1



This publication is available in Open Access under the Attribution-ShareAlike 3.0 IGO (CC-BY-SA 3.0 IGO) license (<http://creativecommons.org/licenses/by-sa/3.0/igo/>). By using the content of this publication, the users accept to be bound by the terms of use of the UNESCO Open Access Repository (<https://www.unesco.org/en/open-access/cc-sa>).

The designations employed and the presentation of material throughout this publication do not imply the expression of any opinion whatsoever on the part of UNESCO or UNICEF concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The ideas and opinions expressed in this publication are those of the authors; they are not necessarily those of UNESCO or UNICEF and do not commit the Organizations.

Images marked with an asterisk (*) do not fall under the CC-BY-SA license and may not be used or reproduced without the prior permission of the copyright holders.

UNICEF photographs are copyrighted and are not to be reproduced in any medium without obtaining prior written permission from UNICEF. Requests for permission to reproduce UNICEF photographs should be addressed to UNICEF, Division of Communication and Advocacy, 3 United Nations Plaza, New York 10017, USA (email: nyhqdoc.permit@unicef.org).

Graphic design: UNESCO and Katharine Mugridge

Cover credit: © UNESCO/Research Institute for Languages and Cultures of Asia

Inside icon (magnifying glass): [minizen/Shutterstock.com](https://www.shutterstock.com)*

Printed by UNESCO

Printed in France

Delivering quality primary school health and well-being

In a rapidly changing world, establishing strong foundations for children is vital for their well-being and resilience. Quality education is central to this endeavour and is the key to lifelong health and success. Recognizing that children thrive in the classroom when they are in good health, it is crucial to learn about health and well-being early on in primary schools.

The Building strong foundations briefs, developed jointly by UNESCO and UNICEF, provide evidence-based guidance to support primary school-aged children to thrive through foundational education for health and well-being. Drawing from extensive research and consultations with leading experts from various fields and across the world, these briefs serve as a roadmap for education stakeholders to equip learners with the requisite knowledge and skills to navigate their current and future health and well-being needs.

The present document is the fourth of four briefs. This is an essential resource for educators seeking to deliver foundational education for health and well-being in primary schools. The document provides guidance on pedagogical approaches, teaching and learning materials, learner assessment and fostering inclusion and diversity within the classroom through case studies and good practice examples. This brief will inspire ideas to enhance the quality of foundational education for health and well-being in the classroom, and foster positive, supportive and inclusive learning experiences for all learners.

**771 million
children**
are in primary school
around the world



unesco

"Since wars begin in the minds of men and women it is in the minds of men and women that the defences of peace must be constructed"

Building strong foundations

How to put foundational education
for health and well-being into practice

Foreword

Education has the power to transform the lives of children and young people. And it starts with healthy, happy and safe learners.

With many more children now in primary school, learning about health and well-being at this level is an opportunity to advance our children's education, health and futures – building strong foundations for healthier, safer and more informed transitions into adolescence and adulthood.

Providing education on health, well-being and social relations in an age- and developmentally appropriate manner early on is crucial. It helps prevent violence and abuse, prepare children for the changes brought by puberty, foster gender equitable attitudes, improve social and emotional skills, and promote healthy relationships. The most effective way to improve health and enhance learning outcomes is to ensure close cooperation between schools, teachers, families and communities.

Curriculum-based learning on health and well-being in primary schools not only helps children acquire knowledge and skills on these topics, but also promotes safe and inclusive learning environments and fosters connections with out-of-school services and non-formal learning.

Under the banner of *Building strong foundations*, UNESCO and UNICEF have co-published four technical briefs that provide evidence-based guidance to better conceptualize and prioritize education for health and well-being, supporting children in primary schools to thrive throughout their lives. The briefs describe what foundational education for health and well-being is, how to design content, how to involve the whole school and how to put this work into practice in the classroom.

Building strong foundations demonstrates our unwavering commitment and support for the education and the health of children and young adolescents aged 5-12 through quality foundational education for health and well-being. Our hope is that these resources will be helpful for ongoing and collective efforts to achieve Sustainable Development Goals (SDGs) 3, 4 and 5 on health, quality education and gender equality.

UNESCO and UNICEF join efforts to signal the importance of helping every child build strong foundations early on, to understand their rights, learn better and lead healthy and thriving lives.



Stefania Giannini

Assistant Director-General
for Education
UNESCO

A handwritten signature in black ink, appearing to read 'Stefania Giannini'.



Robert Jenkins

Global Director,
Education and Adolescent
Development
UNICEF

A handwritten signature in black ink, appearing to read 'Robert Jenkins'.

Contents

Acronyms	8
Background	9
Introduction	9
What are the different approaches for integrating foundational education for health and well-being into primary school curricula?	10
Which pedagogical approaches can be used to deliver foundational education for health and well-being?	11
What type of teaching and learning materials can be used for foundational education for health and well-being?	13
Which learner assessment approaches can be used for foundational education for health and well-being?	18
How does foundational education for health and well-being promote inclusion and diversity?	19
Conclusion	22
Key messages from this brief	22
Acknowledgements	23
References.....	24

Acronyms

CAPS	South Africa's Curriculum Assessment and Policy Statement
CSE	Comprehensive sexuality education
FEHW	Foundational education for health and well-being
HIV	Human immunodeficiency virus
PISA	Programme for international student assessment
SGDs	Sustainable Development Goals
STIs	Sexually transmitted infections
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

Background

Children and adolescents who receive a quality education are more likely to be healthy. Likewise, children and adolescents who are healthy are better able to learn. The most effective education for health and well-being starts early and builds progressively as learners mature. Primary school foundational education for health and well-being (FEHW) programmes, tailored to learners' developmental stages and diverse needs, are critical to lay the groundwork for children and very young adolescents to experience healthy, fulfilling lives.

UNESCO led a consultative process over two years, under the banner of *Building strong foundations*, to create guidance for strengthening FEHW in primary schools. The process began with a literature review, followed by regional online consultations with around 215 stakeholders. Next, a global meeting was held, attended by 60 experts from diverse countries and sectors. The findings and recommendations of the *Building strong foundations* consultations are summarized in this set of four briefs, produced by UNESCO in partnership with UNICEF. The briefs offer guidance for ministries of education, curriculum developers, policy-makers, school management, educators and other stakeholders to plan, design and deliver quality FEHW in primary schools.

Building strong foundations briefs

Brief 1:

What is foundational education for health and well-being?

Brief 2:

What to teach in foundational education for health and well-being

Brief 3:

How to involve the whole school in foundational education for health and well-being

Brief 4:

How to put foundational education for health and well-being into practice

Introduction

Primary school education is paramount for children's development and fulfilment. **FEHW refers to the building blocks of knowledge, attitudes and skills that enable younger learners to navigate their current and future health and well-being needs.** A clear, age-appropriate and competency-based curriculum is the backbone for FEHW. For quality learning, the curriculum must be delivered through relevant pedagogical approaches and appropriate teaching and learning materials, learner-centred assessment methods and a commitment to inclusion and diversity.

This brief explores how to deliver quality FEHW in primary school classrooms. First, it examines considerations for different models of integrating FEHW into curricula. Then, it examines pedagogical approaches, teaching and learning materials for FEHW, learner assessment and how to promote inclusion and diversity through classroom-based FEHW.

What are the different approaches for integrating foundational education for health and well-being into primary school curricula?

The way that education programmes that aim to improve the health and well-being of learners at primary school programmes are integrated into national curricula will vary. The main models for integrating FEHW programmes into primary school curricula include:

- as a stand-alone subject
- integrated into carrier subjects and
- combining stand-alone and integrated approaches.

The decision of how to integrate FEHW into the curriculum is influenced by general education policies, the availability of resources – human, financial and technical, the vision and priorities of the school curriculum, timetabling issues and community support for FEHW (UNESCO *et al.*, 2018).

Each model has implications for delivering high quality classroom-based learning. For example, creating sequential and comprehensive lessons plans that progressively address health and well-being topics may be easier when FEHW is a stand-alone subject. On the other hand, when FEHW is integrated into carrier subjects, it may increase the opportunities for learners to engage with health and well-being content at different moments throughout their learning journey. An integrated approach can also encourage collaboration among diverse educators to deliver a holistic approach to health and well-being education.

Regardless of the model for curriculum integration, it is important for health and well-being to be considered a central priority for primary school curricula. If FEHW is mandatory and included in learner assessment, it can encourage teachers and learners to view the content as key to their teaching and learning experience (UNESCO, 2019; UNESCO *et al.*, 2021). In contrast, if FEHW is viewed as secondary to other core subjects, such as numeracy and literacy, teachers may skip over FEHW lessons or content. When confronted with time constraints, inadequate training, a lack of teaching materials, fear of negative reactions from parents, perceived clashes with cultural norms, personal discomfort or a lack of support from management, teachers may omit challenging or sensitive topics, despite their importance for ensuring learners' health and well-being.

Co-curricular learning, which refers to school-based activities that complement formal learning outlined in the curriculum, can support the delivery of FEHW. Examples include school clubs, peer education groups, sensitization campaigns and sports programmes. External experts and civil society organizations can help deliver co-curricular activities related to health and well-being, which expands the range of expertise that learners can access. Co-curricular activities offer the possibility to go into greater depth on certain topics if there is inadequate space in the formal curriculum to do so. However, since co-curricular activities are optional and not standardized across the school system, they should not be viewed as a replacement for curriculum-based approaches to FEHW.



Which pedagogical approaches can be used to deliver foundational education for health and well-being?

Pedagogy is the art and science of teaching. It encompasses the theory of how and why learning takes place, the practical application of teaching and how to deliver the curriculum to learners (UNESCO IBE, 2013). Learning occurs best when it is active, engaging, meaningful, socially interactive, iterative, joyful and reflective of learners' realities. This is achieved through active pedagogical approaches that involve learners in interactive and experiential learning. Active pedagogies encourage learners to participate, experiment, reflect, engage in dialogue, develop curiosity and creativity and learn through physical movement (Nesbitt *et al.*, 2023).

The most effective FEHW programmes are delivered through pedagogical approaches that address all three domains of learning – knowledge, skills and attitudes (UNESCO *et al.*, 2018). Such approaches include a mix of individual and interactive group learning experiences that connect with learners' personal experiences, interests and existing knowledge (see box below). They are gender-transformative and intentionally designed to challenge gender stereotypes. They also encourage positive, respectful and constructive social interactions among peers, teachers and other school staff.

Examples of participatory and learner-centred methods for FEHW

- Group reflection activities
- Games
- Songs
- Role playing
- Artistic representations
- Collaborative learning in small peer groups
- Project-based learning
- Experiential learning (classroom-based, outdoors or off-site)

Play-based and learner-centred methods are particularly effective for primary level learning (Parker *et al.*, 2022; Save the Children, 2022; UNESCO *et al.*, 2018). Evidence from around the world has shown that learning through play and active pedagogies improve learning outcomes, while also encouraging holistic development for children (Taylor *et al.*, 2019; Zosh *et al.*, 2017). Play-based learning for FEHW offers children the opportunity to explore and practice basic skills for their health and well-being, while also contributing to positive cognitive, physical, social and emotional development (Nesbitt *et al.*, 2023).

Good quality FEHW uses pedagogical approaches that are appropriate for learner developmental levels, abilities, learning styles and contexts and that flexibly respond to all learners' needs. This implies offering learning at a pace that meets learners' developmental needs and developing individual learning plans or alternative learning options for children requiring additional support (Save the Children, 2022).

Teacher training and support are critical for effective participatory, inclusive and gender-responsive pedagogical approaches. Teachers need to be equipped with the skills and tools to identify creative solutions for developing learner-centred lesson plans adapted to their context. This includes considerations for large class sizes, diverse learning styles, accessibility for learners with disabilities and limited resource settings, among other factors.

In some settings, learners of mixed ages may be in the same class. This may result from delayed initial entry into the school system, periods of substantive absences (for example due to inability to pay school fees, illness, conflict, etc.) or repeating grades. 'Over-age' learners in primary school classes will have different health and well-being needs than their standard-age classmates. For example, older adolescents are more likely than their young classmates to have gone through puberty, be sexually active or experience child and early marriage. In such situations, pedagogical approaches that allow small group work by age may be necessary to ensure that 'over-age' learners can access age – and developmentally – appropriate learning.



How this looks in practice

Play-based learning for primary school relationships, health and sexuality education in Greece

In Greece, skills-based health education is a compulsory component of the national primary school curriculum since 2021. In 2016, a play-based relationships, health and sexuality education programme, named *Play with Frixos*, was developed for pre-school and early primary school-aged children (ages 5 to 8). The programme was designed in response to several reported cases of child sexual harassment and abuse, prompting widespread support for the education sector to adopt a robust, evidence-based approach to prevent such incidents in the future. It was piloted in schools in Crete until 2018 and has since been rolled out more broadly.

The programme comprises five modules covering personal, social and health-related issues. The first module focuses on the body, where children learn the correct names for body parts, including genitals, how to care for their bodies and personal hygiene, changes that occur as they grow up, and relevant social norms. The second module guides learners in understanding the difference between personal and public spaces, examining social codes of behaviour and communication in both online and offline spaces. The third module explores interpersonal relationships, with a specific focus on family relationships. The fourth module helps learners develop social and emotional skills. The fifth module helps students understand inappropriate behaviour related to their bodies and how to protect themselves from sexual harassment.

The programme uses active and experiential pedagogies centred around a character named Frixos – a small, friendly hedgehog. Through interactive and creative exercises and games, learners establish a two-way relationship with Frixos, who serves as a friend and guide on health and relationships issues. The *Play with Frixos* manual provides guidance for educators on delivering various educational activities, including role-playing, letter writing, expressive arts, small group discussions, movement-based games, and poetry, among other methods.

The programme's implementation was assessed through focus groups with teachers, where educators noted that the programme enabled them to address previously overlooked sensitive issues. They found this type of teaching to be important, innovative, and challenging. After delivering the programme, teachers observed notable changes in learners' knowledge and attitudes, specifically regarding body parts, self-awareness, self-esteem and trust building.

Teachers noted that the programme provided learners with tools for improved communication on relationships and sexuality topics both at home and in school. Additional insights from parents whose children participated in the programme indicated that the majority felt the cognitive goals were achieved. Parents considered the programme useful for themselves, not just their children. They emphasized the need for more systematic education on relationships and sexuality issues in primary school, particularly related to sexual abuse and harassment. Lastly, parents expressed confidence in the school to carry out this type of education.

The *Play with Frixos* programme received the Award of excellence and innovation in sexuality education from the World Association of Sexual Health in 2019.

Source: Based on Gerouki *et al.*, 2019; Gerouki *et al.*, 2020; Vitalaki *et al.*, 2023.

For further information, see: <https://www.axeptsafecarefreechildren.org/epsilonkappapialphaiotadeltaepsilonupsilontaiotakappaomicron-epsilonupsilonlambdaiotakappaomicron---educational-materials.html>.

What type of teaching and learning materials can be used for foundational education for health and well-being?

Appropriate teaching and learning materials are important for quality learning. Primary school is often taught by generalist teachers, who are responsible for teaching a range of subjects. Many teachers may not have received training on health and well-being education. Teaching and learning materials, such as textbooks, audio-visual aids, games, illustrated cards, digital teaching tools and kinds of teaching aids, can support teachers to feel better equipped to deliver FEHW.

In several studies, teachers identified the lack of teaching aids and materials as a common barrier to the delivery of FEHW programmes (UNESCO 2019; UNESCO and Guttmacher Institute, 2019). When standard teaching and learning materials are not available, teachers may opt to use materials sourced outside of the education system, including from the internet. This may lead to the use of materials that are not age-appropriate, up-to-date or context-specific, or aligned with the curriculum (UNESCO 2019).

High quality teaching and learning materials for FEHW support children's engagement and active learning. They are age-, culturally- and developmentally-appropriate. They are also available in a variety of formats for children with different needs and backgrounds. These materials contain simple, clear language, including instruction in the mother-tongue, when appropriate. Guidance on the correct and appropriate terms for body parts is especially important for FEHW. Teaching materials should be gender-transformative and should ensure that the images, language and messaging do not reinforce harmful gender norms. They should also promote inclusion and diversity and be free from stereotypes and prejudices (UNESCO IIEP, 2023).

Given the important role that parents and caregivers play in the health and well-being of primary school-aged children, it can be helpful for teaching materials to include guidance for teachers on how to engage with parents and caregivers, and tools that foster positive child-caregiver communication about health and well-being issues.





How this looks in practice

Grow & Know puberty books

An example of useful teaching materials comes from the Columbia Mailman School of Public Health, in collaboration with *Grow and Know*. These partners created puberty books for learning in and out of the classroom that are contextualized for various country settings. These illustrated books are grounded in the social, cultural and economic context of the countries in which they are used, and they incorporate factual guidance alongside real-life stories of girls and boys captured through research.

To develop new materials in each country, a five step systematic model is followed: 1) local stakeholders are engaged to obtain formal approvals; 2) a participatory research process is conducted with adolescents reflecting on their pubertal transition and with adults who interact in adolescents' lives; 3) a draft of the book is shared with stakeholders for feedback and with a team of professionals to draft a translated and illustrated version; 4) field testing is conducted with stakeholders, including teachers, caregivers and the target age group; and lastly 5) the book is distributed and submitted for review and approval by the government.

The target learners are aged 10 to 14, with an average literacy level for their grade level. The books are designed to be read on their own by young learners as a supplementary reader. An additional intent is to encourage reading and books as a source of knowledge.

Some of the books include two languages on each page, the local language and English. English alone is used when published in English-speaking countries. Oftentimes following initial publication, numerous local language editions are created, such as Ethiopia which currently has 10 language versions, each language paired with English on a page to enhance literacy. Locally designed illustrations complement the text to enhance readership.

In Sierra Leone, *Grow and Know* partnered with the non-governmental organization CODE and the Ministry of Education to develop teacher training guidance with lesson plans, to support a simplified model of delivering puberty education. Teachers welcomed the addition of these lesson plans, which integrated quiet reading of puberty books into the existing curriculum. They also valued short training sessions on puberty, which helped boost their confidence in teaching the subject.

Each book is approved by the national Ministry of Education and distributed through schools or through out-of-school youth programmes. Over two million copies have been distributed, with e-versions available in some locales.

Source: Based on Sommer and Schmitt, 2023. Available under [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)

For further information, see: www.growandknow.org/our-model.





How this looks in practice

Scripted lesson plans for FEHW

Scripted lesson plans provide detailed guidance for teachers on what and how to teach specific classes. They are developed by educational authorities—at school, district or national level—and provide scripted language to guide the delivery of classroom lessons. When accompanied with teacher training, scripted lesson plans help teachers to teach with confidence and fidelity to the curriculum. These types of lesson plans can be particularly useful in settings where teachers have had inadequate teacher training on subjects that are considered complex or sensitive and/or on active pedagogical approaches.

It is important that scripted lesson plans are designed and rolled out in such a way as to build on teachers' expertise, foster their creativity and to support them to identify ways to ensure that the needs of learners, in all their diversity, are met.

Examples of scripted lessons plans for FEHW include:

- In South Africa, the Department of Basic Education developed scripted lesson plans to assist educators to teach classroom-based sexuality education within the Life Skills and Life Orientation curricula. The scripted lesson plans align with *South Africa's Curriculum Assessment and Policy Statement (CAPS)* and draw from the United Nations *International technical guidance on sexuality education (2018)*. The scripted lesson plans offer well-structured, clear and detailed guidance for classroom activities, including specific instructions on lesson timing, language usage, and terminology. They were designed to support teachers to effectively deliver lessons on topics that might otherwise be uncomfortable to teach, such as healthy relationships, sexuality and how to make choices that contribute to safe and healthy lives. Primary and secondary school teachers were trained on the use of the scripted plans and were provided with accompanying learning and teaching materials to facilitate classroom teaching.
- UNESCO, UNFPA and Advocates for Youth worked together in Eastern and Southern Africa to develop a set of 14 individual scripted lesson plans of 45 minutes each, to support school-based delivery of comprehensive sexuality education to learners aged 9 to 15. They cover topics such as anatomy and physiology, contraception, healthy relationships, increasing awareness of child marriage, managing peer pressure, pregnancy, puberty, STIs and HIV among others.

Source: Based on Advocates for Youth, 2016; Couralet, 2022; Department of Basic Education of South Africa, 2019; UNESCO IIEP, 2022a.



Digital tools for FEHW

While the digital divide persists across regions and within countries, access to technology and digital media is growing globally, and children are accessing the internet at increasingly younger ages (UNICEF, 2017a). In addition, an increasing number of schools are connected online, and teachers are seeking safe and effective digital learning tools.

Digital education tools refer to a range of information and communication technologies, such as interactive websites, mobile phone applications, virtual classroom platforms and social media platforms. Digital tools use a range of technologies and methods to reach and interact with learners, from simple animated videos to interactive quizzes or chatbots powered by artificial intelligence (UNESCO, 2020a).

In contexts with good access to connectivity and devices, digital education tools can offer several advantages for FEHW, including: anonymity and personalized responses; new forms of interactive learning; support for teachers to address sensitive issues; tailored education for specific groups of learners who may not be adequately served through class-room based learning (e.g. reaching learners with disabilities through accessible digital formats); and connecting teachers and learners with health and protection services (UNESCO, 2023b). Studies on the use of digital tools for certain types of FEHW have shown that they can have a positive effect on the development of relevant attitudes, skills and knowledge (UNESCO, 2020b). When choosing digital tools for classroom-based FEHW, it is important to ensure they are age-appropriate, contain evidence-based content and respond to specific learning objectives in the curriculum.

While the use of digital tools offers important opportunities, it also creates risks for learners, including exposure to harmful content and online bullying, abuse and gender-based violence. FEHW programmes should include content about digital literacy and online safety and security to help younger learners engage with digital tools safely. Developing digital literacy and critical thinking skills in conjunction with promoting FEHW online tools is important to help learners discern reliable online resources from harmful ones.

Excessive screen time¹ can have negative consequences on children's health and well-being, including impacts on brain development. Excessive screen time is also associated with social isolation, obesity and anxiety (UNICEF, 2017a). Furthermore, large-scale international assessment data, such as that provided by the Programme for International Student Assessment (PISA), suggest a negative link between excessive use of information and communication technology and academic performance (UNESCO, 2023b). FEHW programmes should encourage moderate use of digital technology to mitigate these health concerns.



¹ There is no clear consensus at a global level about the definition of excessive digital use. The threshold varies depending on a child's age, individual characteristics, culture and life context. It is also influenced by the purpose for digital use and the type of content that is accessed. However, some studies have suggested that children's digital use of some platforms beyond 5 to 7 hours per day can contribute to negative health and well-being outcome (UNICEF, 2017a).



How this looks in practice

AMAZE: Age-appropriate digital tools for learning about bodies, health and development

AMAZE harnesses the power of digital media to provide children and young adolescents around the globe with accurate, age-appropriate, affirming, and honest education on puberty, health and development. Led by the non-governmental organization, Advocates for Youth, the *AMAZE* initiative has developed 1,100 short, animated videos and other digital resources available in 60 languages, in partnership with organizations around the world.

AMAZE videos aimed at 10 to 14 year olds, cover topics such as puberty, healthy relationships, safety (including consent, sexual assault and bullying), pregnancy and reproduction, and sexually transmitted infections, including HIV. Topics align with national and international curriculum standards, as well as inputs from experts and *AMAZE* youth ambassadors around the world. The videos can be used directly by adolescents and also as classroom teaching tools. Lesson plans and conversation starters for parents accompany some of the videos. An international content and strategy committee advises content and dissemination strategies, drawing from expertise in public health, education, adolescent development, and sexuality education.

In addition, a series of *AMAZE jr.* videos and resources exist for parents of young children ages 4 to 9. They help parents and caregivers teach their children about bodies, health and development, allowing them to choose age-appropriate content for their child's growth and development.

The original *AMAZE* videos were produced for adolescents in the United States and a strong global interest prompted adaptation of the resources for countries in Asia and the Pacific, Latin America and the Caribbean, the Middle East and North Africa, sub-Saharan Africa and Europe. The adaptation process varies, often involving aligning video content to the local context, including the national curriculum and existing programmes at the local, district or national levels. Consultations are also held with local educators, adolescents, health and education specialists and other stakeholders during the adaptation process.

AMAZE resources are used in a variety of ways across various contexts and at different levels of scale. Partnerships with governmental institutions, multi-lateral agencies, non-profit organizations, youth associations, and individuals are central to these efforts. For example, in South Africa, *AMAZE* videos are reaching thousands of adolescents through regular broadcasting on educational television by the Department of Basic Education. In rural Namibia, the Young Women's Empowerment Network, led by young women living with and affected by HIV, use videos in local languages and sign language to deliver school-based educational sessions, including two schools for learners with disabilities. These sessions reached 2,240 adolescent girls over eight months in 2023. In Ecuador, videos have been adapted along with comic books developed with the Ministry of Education for use in schools. The resources are accessible for teachers at the national level through a digital platform. In China, *AMAZE* videos adapted with UNESCO have garnered millions of views through social media, while in Mongolia, the YAH VE platform for youth hosted by UNFPA has secured over 39,000 followers and social media efforts have resulted in over 1 million views in just two months in 2024.

Author: Nicole Cheetham, Director of International Youth Health and Rights Division, Advocates for Youth.

For further information, see: <https://amaze.org/world-map/>; <https://amaze.org/africa/>; <https://amaze.org/es/>.

Which learner assessment approaches can be used for foundational education for health and well-being?

Learner assessment allows teachers to understand the extent to which learners are achieving expected objectives and is critical to identify areas of improvement for teaching and learning. The questions included in assessments often end up directing what is taught in classrooms. Assessment choices can therefore be as important as curriculum and pedagogy.

In many contexts, the culture of competitive, high-stakes exams is a cause of stress, anxiety, and sometimes distress for primary school learners. The pressure of meeting expectations of academic excellence and the fear of failure can be detrimental for children's well-being and hinder learning. Applying a holistic and flexible approach to learner assessment can help to foster more positive learning experiences, while promoting improved mental health and psychosocial well-being (UNESCO, 2024a).

Key characteristics for learner assessment of FEHW programmes are described below.

- **Three main domains of learning (knowledge, attitudes, skills):** Since FEHW has a strong focus on affective and skills-based learning, learner assessment should extend beyond traditional evaluative knowledge-based assessment (see box on the right). This includes developing skills-based, competency-based and non-academic assessment frameworks.
- **Child-friendly and adolescent-friendly:** Age- and developmentally appropriate methods for primary school-aged children should be used to assess FEHW progress and outcomes.
- **Continuous and supportive:** Learner assessment is not limited to summative exams. It is designed as a continuous and supportive process that helps learners to thrive. On-going formative assessment is particularly relevant for FEHW.
- **Engage parents and caregivers:** Since parents and caregivers play a central role in their children's health and education, it is advantageous to involve them in learner assessment. This includes sharing their child's progress and providing opportunities for parents to share feedback on what they observe at home in relation to the learning objective addressed in the classroom. Feedback from caregivers helps teachers to develop individual plans to address learners' specific needs and to provide caregivers with recommendations on how to support the learning process of their children.

Examples of learner assessment approaches and tools

- **Knowledge:** Multiple-choice questions, self-assessment, oral exams, written questions and answers, posters or other visual art representations, etc.
- **Attitudes:** Attitude measurement scales and tools, open-ended questions and closed questions, rating assessment, 360-degree feedback, etc.
- **Skills:** Observation-based rating scales or checklists, close-ended questions, role playing and simulations, case study analysis, checklists and observation, competency-based interviews, etc.
- **Behavioural intent:** Close-ended questions, case studies, simulations, checklists, etc.

Source: Based on UNESCO, 2024a. Available under [CC-BY-SA 3.0 IGO](#); UNESCO IIEP, 2022b. Available under [CC-BY-SA 3.0 IGO](#).

For summative assessments of FEHW, it can be helpful to ensure that FEHW topics are included in standard exams – either as a stand-alone subject or through integrating FEHW content into examinable carrier subjects. Making FEHW examinable can ensure better coverage of the full range of content (UNESCO, 2019; UNESCO *et al.*, 2021). However, in many contexts, standard summative exams focus primarily on evaluating knowledge. For a more robust assessment of FEHW, it is important to also include formative assessment approaches that focus on skills and attitudinal outcomes (UNESCO, 2019). Formative assessment practices can assist teachers and learners to work collaboratively to improve learning via practices of self-reflection, peer feedback and teacher feedback (UNESCO, 2024b).

At the national level, education authorities should ensure that health and well-being outcomes are included in standard learner assessment frameworks, and that the proper tools for and approaches to learners' assessments are systematically incorporated in schools. This needs to be accompanied by pre-service and in-service training and support for teachers and school inspectors.

How does foundational education for health and well-being promote inclusion and diversity?

Inclusion and diversity are overarching principles for the delivery of FEHW. This is in line with the global commitment to leaving no one behind as a core principle of the 2030 Agenda for Sustainable Development. The education sector has an important responsibility to ensure inclusive and equitable quality education. The curriculum should act as both a mirror and a window, enabling learners to see themselves reflected and also granting them insights into experiences beyond their own (UNESCO, 2023a).

Inclusive education aims to gradually change the whole education system, so that every education setting and educator recognizes the value of diversity – including disability, gender, sexual orientation, ethnicity, linguistic background or socio-economic status, among others – and integrates that perspective across the full education system (UNESCO, 2021). Multiple and intersecting forms of discrimination can generate and reinforce inequalities and younger learners might face structural discrimination, depending on their context, based on their age and other elements mentioned above. Discrimination and exclusion are rooted in structural factors, often related to deeply held social and gender norms and beliefs. As such, transforming those factors takes time and sustained effort.

Ensuring that schools are fully inclusive requires actions on different fronts and of different levels of complexity, and therefore should be envisioned as a continuous process (UNESCO IIEP, 2021). This process involves a transformation of the school, not only in its physical environment but in all aspects of learning, such as curriculum, pedagogy, learning strategies, assessment and teacher training, among others. Children and adolescents' chances to learn and thrive, in the context of a diverse society, are influenced by several factors, both personal or contextual, that need to be acknowledged and addressed to provide them with what they need to succeed.

Promoting diversity and inclusion at school provides school management and teachers with valuable information of learners' needs and gives them an opportunity to bring adequate solutions, improve decision-making processes and allocate resources better (WHO and UNESCO, 2021). The *Making every school a health-promoting school: Implementation guidance* (WHO and UNESCO, 2021) highlights the importance of a culture of inclusion that fosters learners' participation and empowers them.

Resources for diversity and inclusion

- The *Guide for ensuring inclusion and equity in education* is a tool offering practical support to governments to assess how equity and inclusion can be incorporated into policies, analyse the actions needed to improve policies and monitor progress. This tool contains an assessment framework that evaluates four key dimensions: concepts; policy statements; structures; and systems and practices (UNESCO, 2020c).
- The *Reaching out to all learners* guide offers resources to review national policies, lead inclusive school development and develop inclusive classrooms (UNESCO IBE, 2016).
- *Welcoming diversity in the learning environment: Teachers' handbook for inclusive education* developed by UNESCO Bangkok is a practical resource to help teachers and teacher educators to gain an understanding of the multiple issues of inclusion in their day-to-day work and to acquire competencies that facilitate inclusive pedagogy (UNESCO, 2021).
- *Inclusive Education - Including children with disabilities in quality learning: what needs to be done?* is a short document that provides guidance on what governments can do to create inclusive education systems (UNICEF, 2017b).
- *On the road to inclusion* highlights the key findings from a joint initiative by UNESCO International Institute for Educational Planning and UNICEF on disability-inclusive education (2018 – 2019). The report outlines a definition for inclusive education, presents a framework for disability-inclusive education, summaries key takeaways from a series of roundtables, shares challenges and opportunities and proposes a way forward (UNESCO IIEP and UNICEF, 2019).

Some strategies to ensure that diversity and inclusion are integrated when implementing FEHW are described below.

- **Raise awareness and provide training.** Encouraging teachers, learners, caregivers and the wider community to challenge their own values, attitudes, and understanding of diversity and inclusion is the first step to achieve a real transformation of schools (UNESCO, 2021). It is vital to help stakeholders internalize the concept that every child deserves to grow in environments that protect and promote their health, well-being and safety.
- **Apply inclusion frameworks.** Use tools to assess inclusivity in your school (see box on previous page) and gain an understanding of what the ideal inclusive school looks like. This can be helpful to set short, mid-term and long-term goals (UNESCO, 2021).
- **Assess curricula using an inclusion lens.** The school curriculum, pedagogical methods and materials should be critically assessed using an inclusion lens (UNESCO, 2021). This will allow school managers and teachers to identify gaps and incorporate the health and well-being education needs of diverse learners across curricula, pedagogical methods and materials. Inclusion and diversity should be mainstreamed throughout the curriculum. For younger learners to respect and celebrate diversity, it is important to feature respect, love and care in the curriculum (UNESCO, 2023a).
- **Create a school inclusion team.** Such a team helps learners, teachers, caregivers and head teachers work together towards fostering diversity and inclusion in the school (UNESCO, 2021). These teams can be a way to better understand the health and well-being needs of children that are often not heard due to their gender, disability, economic background or other characteristics.
- **Observe and listen to learners.** Encourage educators and relevant school staff to observe the barriers and hazards that learners face daily. Incorporate these observations into plans for creating safe and inclusive learning environments.
- **Involve additional support.** Engage people in the community that can support the plans for making the school more inclusive. This includes linking the school to services in the community, ensuring experts are onboard or engaging volunteer assistant teachers, physical therapists, counsellors and other specialized support (UNESCO, 2021; S4YE, 2023).
- **Focus on the system.** This includes stressing the need for policies that foster inclusion, quality teacher training, adopting a whole-school approach and creating a safe space for learning.
- **Adapt delivery formats to both in-school and out-of-school settings.** Children in vulnerable situations who cannot access schools should be able to benefit from education on health and well-being. The United Nations *Guidance on Out-of-School Comprehensive Sexuality Education*, for example, provides specific recommendations for delivering this topic to children with disabilities, indigenous children, children in humanitarian settings and children with diverse sexual orientations or gender identities, among others (UNFPA, 2020).
- **Embrace diversity as a value and as an opportunity.** Diversity enriches the learning experience of all children by bringing different perspectives, abilities and life experiences to the learning process. It helps all learners to develop acceptance and understanding of one another's personalities, talents, strengths and differences through interactions.

If all children grow up experiencing inclusion and diversity within their school, they are more likely to understand the importance of ending or preventing discrimination in their community and country.

– UNESCO, 2021



How this looks in practice

Strengthening cross-sector coordination for disability-inclusive education in Ghana

In 2015, the Ministry of Education in Ghana introduced the *Inclusive Education Policy* with two broad goals: 1) enhance access and participation of children with disabilities at school; and 2) improve the well-being and learning outcomes for children with disabilities. With support from UNICEF, the Ministry of Education and the Ghana Education Service led the implementation of this policy, along with a broad range of state and non-state actors. These included the Ministry of Health, the National Council for Persons with Disability, the Ministry of Gender, Children and Social protection, and the Ghana Federation of Disability Organisations.

Implementation of the policy entailed developing early-grade school-based health screening to identify learners' health, nutrition and disability needs and provide appropriate services. It also includes capacity building for Ghana's child protection system to address the needs of children with disabilities and their families. With cross-sector coordination as a central principle, other actions included improvements to the social welfare data management system, integration of data on children with disabilities for education planning, increased family and community engagement in children's learning and social needs, especially for children with disabilities and social and behaviour change initiatives in favour of inclusive education.

One example of the policy's positive results is in the rural Builsa North Municipal District of Ghana. School management committees, parent-teacher associations and municipal representatives were sensitized on the importance of cross-sectoral services and school-based health screenings, including for children with disabilities. Non-governmental organizations, traditional and religious leaders, and government officers from multiple sectors, including agriculture, health, social welfare and law enforcement collaborated to develop a cross-sectoral plan for integrated service provision in the district. Overall, 30,068 children were reached with early health screenings for nutritional needs, oral health, hearing and vision, and cognitive and behavioural development. These assessments helped to detect various disabilities at an early stage and provide appropriate interventions, including assistive devices for children with disabilities.

Key lessons learned from the implementation of the inclusive school policy include:

- Develop advocacy campaigns jointly with social and behaviour change initiatives to increase knowledge and demand for community-based services. Organizations of persons with disabilities should be involved in such efforts
- Establish platforms for cross-sector collaboration and invest in capacity building for cross-sectoral actions
- Disseminate information about government policies on inclusive education among educators and parents in dedicated spaces.

Author: Education Section, Ghana Country Office, UNICEF.



Conclusion

The key ingredient for effective delivery of FEHW is ensuring that school systems, teachers and communities are committed to the health and well-being of primary school-aged learners, keeping the needs, rights and developmental potential of learners at the centre. FEHW offers both young learners and the wider society a variety of benefits, which can only be achieved through ensuring quality delivery. Adopting tailored pedagogical approaches, employing appropriate tools and materials and regularly assessing learning are vital for quality implementation and continual improvement of FEHW programmes. Additionally, teachers must be adequately supported within inclusive school environments that are health promoting in general. Teachers need positive and supportive working conditions to be sure that they can make a profound difference in the lives of their learners.

Younger learners need and have the right to learn in stimulating and inclusive environments that prepare them for life. Using a diversity and inclusion lens is essential when implementing FEHW programmes as these programmes are a pillar that cover the health, well-being and education needs of learners in all their diversity, and they help ensure that no child is left behind.

Every effort that goes into a greater understanding of how to better deliver foundational education for health and well-being programmes at primary schools, and to ensure this knowledge is meaningfully used, is well worth it.

Key messages from this brief

- 1. Quality education for health and well-being is delivered through active pedagogical approaches, along with appropriate teaching and learning materials, learner-centred assessment methods and a commitment to inclusion and diversity.**
- 2. Learning occurs best when it is engaging, meaningful, socially interactive, iterative and joyful. The most effective FEHW programmes are delivered through interactive, learner-centred and play-based methods.**
- 3. High quality teaching and learning materials for FEHW are age-, developmentally- and culturally-appropriate; available in accessible formats for children with diverse needs and backgrounds; and contain simple, clear language, including instruction in the mother-tongue, where appropriate.**
- 4. Learner assessment for FEHW should extend beyond traditional knowledge-based assessment and include child-friendly skills-based, competency-based and non-academic assessment frameworks. Assessments should be positioned within a broader system of continuous and personalised support for all learners.**
- 5. Inclusion and diversity are critical pillars of effective FEHW. Action should be taken to ensure that the curriculum, school environment, pedagogical approaches and teaching and learning materials are accessible for all learners and respect diversity.**

Acknowledgements

UNESCO and UNICEF extend deep appreciation to the dedicated individuals from numerous organizations who contributed to the development of these briefs. UNESCO's Section of Health and Education led the overall technical direction of this project, under the guidance of Joanna Herat and Kathleen Chau, with support from Leonie Werner. We acknowledge the active contribution of all the participants in the global and regional consultations that informed the development of the briefs.

Specifically, we thank the following contributors:

- **Torchlight Collective** for conducting the desk review.
- **IWORDS Global** for facilitating the consultations and preparing drafts of the briefs, specifically Daniela Martínez, Luis Alcalá, Marcela Rueda Gomez and Mónica Ropaín.
- **UNICEF**, for overall partnership and contributing to the consultations and briefs, including Emma Hamilton-Clark, Mira Jeyacala Thevan, Patricia Landínez González, Shiraz Chakera and Wycliffe Otieno.
- **Esteemed committee of experts** for their peer review of the briefs: Christian Bergeron (Ministry of Education, Canadian province of Quebec), Lucía Verdugo (UNESCO Guatemala), Mercy Peloewetse (Ministry of Education, Botswana), Raisa Cacciatore (Family Federation of Finland), Sanderijn Van der Doef (independent psychologist and sexologist), Sarah Morgan (Save the Children) and Zoya Ali Rizvi (Ministry of Health, India).
- Colleagues at UNESCO Headquarters: Arushi Singh, Elodie Khavarani, Elsa Burzynski, Linnea Renton, Lisa Muszynski, Radhika Mittal, Sylvain Séguy, and Yongfeng Liu from the **Section of Health and Education**; and colleagues from the **Section for Global Citizenship and Peace Education**, the **Section of Education Policy**, and the **Section of Education for Inclusion and Gender Equality** for peer-reviewing the briefs.

This brief was made possible through the generous financial support of the Governments of **Sweden** and **Norway**.

References

- Advocates for Youth. 2016. *Regional lesson plans: A set of individual scripted lesson plans for comprehensive sexuality education in East and Southern Africa*. [online]. www.advocatesforyouth.org/serc-for-professionals/regional-lesson-plans-a-set-of-individual-scripted-lesson-plans-for-comprehensive-sexuality-education-in-east-and-southern-africa/ (Accessed 2 February 2024).
- Coualet, P.-E. 2022. *Language of instruction, scripted lessons and accelerated learning in the Central African Republic*. (Country case study prepared for the *Global Education Monitoring Report 2022 Spotlight on basic education completion and foundational learning in Africa*). Paris: UNESCO. <https://unesdoc.unesco.org/ark:/48223/pf0000383164>.
- Department of Basic Education of South Africa. 2019. *Sexuality education in life skills. Scripted lesson plans. Grade 4 educator guide*. Pretoria. https://pdf.usaid.gov/pdf_docs/PA00Z3NM.pdf.
- Gerouki, M., Vitalaki, E., Triamataki, A. and Mavraki, D. 2019. *What parents have to say on a sex education program implementation*. 12-15 October 2019. WAS2019 Conference in Mexico City, Mexico (Poster presentation) [unpublished].
- Gerouki, M., Vitalaki, E., Triamataki, A. and Mavraki, D. 2020. *Play with Frixos. Relationships, health and sexuality education programme for pre-school and early primary school-age children*.
- Nesbitt, K. T., Blinkoff, E., Golinkoff, R. M. and Hirsh-Pasek, K. 2023. Making schools work: An equation for active playful learning. *Theory Into Practice*, Vol. 62, No. 2, pp. 141-154. <https://doi.org/10.1080/00405841.2023.2202136>.
- Parker, R., Thomsen, B. S. and Berry, A. 2022. Learning through play at school – A framework for policy and practice. *Frontiers in Education*, Vol. 7, pp. 1-12. <https://doi.org/10.3389/educ.2022.751801>.
- S4YE. 2023. *Implementation: Delivering life skills training. Adolescent girls initiative. A resource guide*. [online]. www.s4ye.org/agi/html/Implementation_Delivering_Life_Skills_Training.html (Accessed 11 May 2023).
- Save the Children. 2022. *The quality learning framework 2022*. London: Save the Children. <https://resourcecentre.savethechildren.net/pdf/QLF-Technical-Document-2022.pdf>.
- Sommer, M. and Schmitt, M. L. 2023. Taking stock: An adaptable research and partnership model for developing puberty education in 10 countries. *Global Health: Science and Practice*, Vol. 11, No. 3, pp. 1-12. <http://dx.doi.org/10.9745/ghsp-d-22-00498>.
- Taylor, M.E. and Boyer, W. 2020. Play-based learning: Evidence-based research to improve children's learning experiences in the kindergarten classroom. *Early Childhood Education Journal*, Vol. 48, pp. 127-133. <https://doi.org/10.1007/s10643-019-00989-7>.
- UNESCO. 2019. *Facing the facts: The case for comprehensive sexuality education*. (Global Education Monitoring Report Policy Paper 39). Paris: UNESCO. <https://unesdoc.unesco.org/ark:/48223/pf0000368231>.
- UNESCO. 2020a. *Using digital tools to support classroom-based sexuality education*. Paris: UNESCO. License: CC-BY-SA 3.0 IGO. <https://unesdoc.unesco.org/ark:/48223/pf0000383112>.
- UNESCO. 2020b. *Switched on: Sexuality education in the digital space*. Paris: UNESCO. <https://unesdoc.unesco.org/ark:/48223/pf0000372784>.

- UNESCO. 2020c. *Towards inclusion in education: Status, trends and challenges: The UNESCO Salamanca Statement 25 years on*. Paris: UNESCO. License: [CC-BY-SA 3.0 IGO](https://creativecommons.org/licenses/by-sa/3.0/). <https://unesdoc.unesco.org/ark:/48223/pf0000374246>.
- UNESCO. 2021. *Welcoming diversity in the learning environment: Teachers' handbook for inclusive education*. Paris: UNESCO. License: [CC-BY-SA 3.0 IGO](https://creativecommons.org/licenses/by-sa/3.0/). <https://unesdoc.unesco.org/ark:/48223/pf0000384009>.
- UNESCO. 2023a. *Safe, Seen and Included. Report on school-based sexuality education*. Paris: UNESCO. License: [CC-BY-SA 3.0 IGO](https://creativecommons.org/licenses/by-sa/3.0/). <https://unesdoc.unesco.org/ark:/48223/pf0000387610>.
- UNESCO. 2023b. *Global education monitoring report, 2023: technology in education: a tool on whose terms?* Paris: UNESCO. License: [CC-BY-SA 3.0 IGO](https://creativecommons.org/licenses/by-sa/3.0/). <https://unesdoc.unesco.org/ark:/48223/pf0000385723>.
- UNESCO. 2024a. *Why the world needs happy schools: Global report on happiness in and for learning*. Paris: UNESCO. License: [CC-BY-SA 3.0 IGO](https://creativecommons.org/licenses/by-sa/3.0/). <https://unesdoc.unesco.org/ark:/48223/pf0000389119>.
- UNESCO. 2024b. *Mainstreaming social and emotional learning in education systems. Policy guidelines*. Paris: UNESCO [forthcoming].
- UNESCO and Guttmacher Institute. 2019. *From ideas to action: Addressing barriers to comprehensive sexuality education in the classroom*. Technical brief. Paris: UNESCO and Guttmacher Institute. <https://unesdoc.unesco.org/ark:/48223/pf0000371091>.
- UNESCO IBE. 2013. *Glossary of curriculum terminology*. Paris: UNESCO International Bureau of Education. <https://unesdoc.unesco.org/ark:/48223/pf0000223059>.
- UNESCO IBE. 2016. *Training tools for curriculum development: reaching out to all learners: a resource pack for supporting inclusive education*. Paris: International Bureau of Education. <https://unesdoc.unesco.org/ark:/48223/pf0000243279>.
- UNESCO IIEP. 2021. *Disability inclusive education and learning*. UNESCO International Institute for Educational Planning Learning Portal. [online]. <https://learningportal.iiep.unesco.org/en/issue-briefs/improve-learning/disability-inclusive-education-and-learning> (Accessed 11 May 2023).
- UNESCO IIEP. 2022a. *Teacher guides and lesson plans*. UNESCO International Institute for Educational Planning Policy Toolbox. [online]. License: [CC-BY-SA 3.0 IGO](https://creativecommons.org/licenses/by-sa/3.0/). <https://policytoolbox.iiep.unesco.org/policy-option/teacher-guides-and-lesson-plans/> (Accessed 11 May 2023).
- UNESCO IIEP. 2022b. *Student learning assessments*. UNESCO International Institute for Educational Planning Policy Toolbox. [online]. License: [CC-BY-SA 3.0 IGO](https://creativecommons.org/licenses/by-sa/3.0/). <https://policytoolbox.iiep.unesco.org/policy-option/student-learning-assessments/> (Accessed 29 March 2024).
- UNESCO IIEP. 2023. *Learning and teaching materials*. UNESCO International Institute for Educational Planning Learning Portal. [online]. <https://learningportal.iiep.unesco.org/en/issue-briefs/improve-learning/learning-and-teaching-materials> (Accessed 11 May 2023).
- UNESCO IIEP and UNICEF. 2019. *On the road to inclusion: highlights from the UNICEF and IIEP Technical Round Tables on Disability-inclusive Education Sector Planning*. Paris: UNESCO. License: [CC-BY-SA 3.0 IGO](https://creativecommons.org/licenses/by-sa/3.0/). <https://unesdoc.unesco.org/ark:/48223/pf0000372193>.
- UNESCO, UNAIDS, UNFPA, UNICEF, UN Women, and WHO. 2018. *International technical guidance on sexuality education: An evidence-informed approach*. Paris: UNESCO. License: [CC-BY-NC-ND 3.0 IGO](https://creativecommons.org/licenses/by-nc-nd/3.0/). <https://unesdoc.unesco.org/ark:/48223/pf0000260770>.

- UNESCO, UNICEF, UNAIDS, UNFPA, WHO, and UN WOMEN. 2021. *The journey towards comprehensive sexuality education: Global status report*. Paris: UNESCO. License: [CC-BY-SA 3.0 IGO](https://unesdoc.unesco.org/ark:/48223/pf0000379607). <https://unesdoc.unesco.org/ark:/48223/pf0000379607>.
- UNFPA. 2020. *International technical and programmatic guidance on out-of-school comprehensive sexuality education (CSE)*. New York: UNFPA. <https://www.unfpa.org/featured-publication/international-technical-and-programmatic-guidance-out-school-comprehensive>.
- UNICEF. 2017a. *The state of the world's children 2017. Children in a digital world*. New York: UNICEF. www.unicef.org/media/48581/file/SOWC_2017_ENG.pdf.
- UNICEF. 2017b. *Inclusive education. Including children with disabilities in quality learning: what needs to be done?* Geneva: UNICEF Regional Office for Europe and Central Asia. https://www.unicef.org/eca/sites/unicef.org.eca/files/IE_summary_accessible_220917_brief.pdf.
- Vitalaki, E., Gerouki, M., Mikeli, M., Mavraki, D. and Triamataki, A. 2023. *Speaking the “unspeakable”! Teachers’ opinions on a sexuality education program*. 2-5 November 2023. 26th Congress of the World Association for Sexual Health “Bridging the gaps” in Antalya, Türkiye (Oral Presentation) [unpublished].
- WHO and UNESCO. 2021. *Making every school a health-promoting school. Implementation guidance*. Geneva: WHO and UNESCO. License: [CC BY-NC-SA 3.0 IGO](https://www.who.int/publications/i/item/9789240025059). www.who.int/publications/i/item/9789240025059.
- Zosh, J., Hopkins, E., Jensen, H., Liu, C., Neale, D., Hirsh-Pasek, K., Solis, L. and Whitebread, D. 2017. *Learning through play: a review of the evidence*. (White paper). Copenhagen: The LEGO Foundation. License: [CC BY-NC-SA 3.0](https://creativecommons.org/licenses/by-nc-sa/3.0/). https://cms.learningthroughplay.com/media/wmtlmbe0/learning-through-play_web.pdf.



unesco

United Nations
Educational, Scientific
and Cultural Organization

unicef 
for every child

BRIEF

4

Building strong foundations

How to put foundational education for health and well-being into practice

The *Building strong foundations* briefs provide evidence-based guidance on foundational education for health and well-being in primary schools. They serve as a roadmap for education stakeholders to help children learn about health and well-being early on, equipping them with the knowledge and skills needed to navigate their evolving needs and building strong foundations for healthy and thriving lives.

The present document is the fourth of four briefs. It provides guidance on pedagogical approaches, teaching and learning materials, learner assessment and fostering inclusion and diversity within the classroom through case studies and good practice examples.

