Ministry of Education and Sports

REVISED GUIDELINES FOR THE PREVENTION AND MANAGEMENT OF TEENAGE PREGNANCY IN SCHOOL SETTINGS IN UGANDA

2020

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Foreword

Education is universally acknowledged as a key factor for human development. The right to education is constitutionally guaranteed for every person in Uganda irrespective of sex or other economic and social standing (Constitution of the Republic of Uganda, Article 20). Education for women and men, girls and boys widens opportunities, choices, incomes, and therefore plays a key role in lifting communities out of poverty. For women and girls, education is known to contribute to the lowering of fertility rates, delay of the age of marriage, leads to smaller family sizes and significant reduction in infant and maternal mortality rates and ultimately increased mobility and productivity of women and girls. Therefore, in addition to being a right and entitlement, for each citizen, education is one of the catalysts for growth and the economic development of any country.

Despite the enabling legal and policy framework on gender equality in education in Uganda, existing data indicates increasing cases of teenage pregnancy among adolescent girls aged 10-19 years in education institutions in Uganda. A number of factors are responsible for this worrying situation. Key among them are the increase in sexual abuse of children, poor parenting styles, lack of life skills, negative social and cultural norms among others.

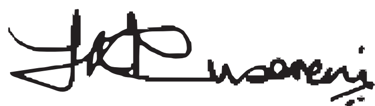
According to the Uganda Demographic and Health Survey (2016), 1 in 5 women in Uganda begins sexual activity before age 15, while 64% have sex before age 18. 1 in 4 adolescent women age 15-19 are already mothers or pregnant with their first child. Teenage childbearing is higher in rural areas (27%) than in urban areas (19%).

The Ministry of Education and Sports conducted **a study on Linkages between Teenage Pregnancy and School Dropout** in Uganda in 2015. The study established that school dropouts due to pregnancy among girls of 14 to 18 years of age are 22.3 %. A recent Violence against

Children Survey by the Ministry of Gender, Labor and Social development (2017) established that sexual violence among girls is still high at 35% and nearly half of these girls experienced sexual violence before the age of 16 years. Early teenage pregnancy has far reaching implications not only for the girl herself but also on their children, their families and society at large. World Bank (2017) states that early child bearing increases fertility and population growth, reduces women's earnings and reduces on the health of children born by young mothers. Unfortunately, only 8% of the girls that drop out of school are given a second chance to re-enroll (MoES, 2015). With the outbreak of the recent COVID -19 pandemic, this situation is likely to get worse.

The Ministry of Education and Sports in 2015 developed guidelines for the prevention and management of HIV/AIDs and unintended pregnancy in school settings in Uganda. The main purpose of the guidelines was to prevent and manage teenage/unintended pregnancy and HIV/AIDs in school settings. The guidelines for the prevention of teenage pregnancy have been revised to incorporate the re-entry aspect. Although schools have been registering cases of teenage pregnancy, there has not been a systematic way of handling these cases to conclusion. The revised guidelines therefore, stipulate the measures and steps that should be taken in the school setting to prevent and manage pregnancy and re-entry of child mothers.

I therefore urge every stakeholder to use these guidelines in order to effectively prevent teenage pregnancy, and management of re-entry of teenage mothers.



Janet K. Museveni

FIRST LADY AND MINISTER OF EDUCATION AND SPORTS

Acknowledgement

The revised guidelines on Prevention and Management of Teenage Pregnancy in School settings in Uganda is a result of a participatory process that involved nationwide consultations with District Education Officers, Head Teachers, Foundation Bodies, Management Committees, Parents, Learners, Religious and Cultural Institutions, Members of Parliament, Development Partners, Ministries of Gender, Labor and Social Development, Ministry of Health, District Local Governments and Members of Civil Society.

Special thanks go to all our development partners especially the UN-family and Irish Aid, for the technical and financial support towards the revision of these guidelines.

The Ministry appreciates the input of the members of the Health/HIV Technical Working Group, Gender Technical Working Group, and the Inter-sectoral Committee on the Elimination of Violence against Children (ISC-VACiS), the M&E working Group and the SPM.

We are also very grateful to the Ministries of Health, Gender, Labour and Social Development, Inter-religious Council and to the Parliament of Uganda for your guidance that enriched the guidelines.

We are equally indebted to the Organization of African First Ladies for Development (OAFLAD) for the support rendered during the finalization of the guidelines. May God richly reward you.

Finally, we are also very grateful to the Health/HIV and Gender Units for spearheading the revision of the guidelines.

It is my prayer that head teachers and heads of education institutions find these guidelines useful and utilize them for the benefit of adolescent mothers.

Alex Kakooza
PERMANENT SECRETARY

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Operational Definitions

The following terms are clarified as applied to school settings:

Adolescence	The period in human growth and development that occurs after childhood and before adulthood. Here defined by ages between 10 and 19 years.
Age of Consent	The stage in years at which a teen age citizen may make personal choices as stipulated in the law- 18 years of age.
Appropriateness	Mostly found to be fitting, suitable or compatible
Culture	The customs and beliefs, arts, way of life and social organisation of a particular group of people.
Defilement	Physical act of having sexual intercourse with a minor
Discrimination	Any form of arbitrary distinction, exclusion or restriction affecting a person usually but not only by virtue of an inherent personal characteristics or perceived belonging to a particular group, e.g. a learner is confined due to suspected HIV positive status, irrespective of whether or not there is any justification for these measures.
Gender Based Violence	Any act that results in physical, sexual, psychological harm or suffering to women, men and children
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
Legal aid	Representation and assistance given to manage cases with respect to the law
Litigation	A law suit for management of defilement
Management	Controlling and directing with a view to attaining a desired result
Mitigation	To lessen in force or intensity, minimize toward alleviation; the result of effective prevention and management
Prevention	Actual support and assurance of safety for a person or persons in school settings
Protection	Actual support and assurance of safety for the person or persons in a given (school) settings
Psychological or emotional violence	Any act or behavior that conveys to a child that he/she is worthless, flawed, unloved, unwanted, endangered, or of value only in meeting another's needs. It includes blaming, degrading, isolating, corrupting, exploiting, withholding affection, and belittling the child's capabilities, qualities and desires, or otherwise behaving in a manner that is insensitive or potentially harmful to the child's developmental needs or psychology.
Re-entry	Re-admit a former student/ pupil back into school after dropping out due to teenage pregnancy
Reintegration	Re-admit a former student/ pupil back into school after dropping out due to teenage pregnancy.

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
Safety Nets	Provisions/mechanisms that aim at child protection and safety in accordance with the UN conventions on the rights of the child
School	Refers to an establishment, formal and/or non-formal, 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.
School Community	All stakeholders directly associated with the school including learners, teaching and non – teaching staff, parents, PTAs, SMCs, BoGs, foundation bodies and nearby community
School Setting	An institution where formal instruction occurs in accordance with the ministry of Education and Sports calendar and may naturally apply to communities around schools
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
Talking compounds	Opportunities for free discussion and learning school settings
Teenage pregnancy	Conception that occurs to persons between the ages of thirteen to nineteen years that may be incidental. In these guidelines teenage pregnancy is extended to refer to pregnancy in girls aged between 10 and 19 years.
Values	Beliefs about what is right and wrong and what is important in life
Vulnerable	Capable of being or likely to be wounded or hurt physically or emotionally; openness to defenselessness; susceptible to temptation or corruption.
Young adult	Persons, aged between seventeen to thirty-four years
Young people	Here defined as persons aged below 24 years

Abbreviations and Acronyms

BoGs	Board of Governors
BTVET	Business, Technical and Vocational Education Training
CBOs	Community Based Organizations
CSO	Civil Society Organization
DEOs	District Education Officers
DHOs	District Health Officers
DHT	District Health Teams
ECD	Early Childhood Development
EMIS	Education Management Information System
FBO	Faith Based Organization
GBV	Gender Based Violence
IEC	Information, Education and Communication
MoES	Ministry of Education and Sports
MGLSD	Ministry of Gender, Labour and Social Development
MoH	Ministry of Health
NCDC	National Curriculum Development Centre
NDP	National Development Plan
NF	National Framework
NGO	Non-Governmental Organization
PEP	Post-Exposure Prophylaxis
PTA	Parents and Teachers Association
PTC	Primary Teacher Colleges
SRH	Sexual and Reproductive Health
SE	Sexuality Education
SMC	School Management Committee
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UN	United Nations
UNATU	Uganda National Teachers Union
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	Violence Against Children
WHO	World Health Organization

1.0 Introduction

1.1 Overview

Uganda's population is predominantly young; 37% of the total population being of school going age (6 to 19 years) while 32% are teenagers (13 to 19 years) (UNPHC, 2016). Schooling children and teenagers spend over 80% of their time at the learning institutions, thus learning institutions have an extraordinary opportunity to help millions of young people acquire health-supportive knowledge, values, attitudes and behaviour patterns that are beneficial to themselves, other children, their families and community members. In particular, learning institutions can help young people to acquire positive sexual and reproductive health knowledge and practices and to manage conflicting cultural norms and practices. Directly related to sexual and reproductive health knowledge and practices is unintended pregnancy among school girls.

Currently, teenage pregnancy (pregnancy in girls below the age of 19 years) remains a great challenge in Uganda. In 2011, over 24% of teenagers reported to have started child bearing (UDHS, 2016). In addition to the associated health challenges, teenage pregnancy often leads to school dropout, hence loss of potential productivity which in the long run contributes to poverty. 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 2015). Thus, pregnancy is one of the main causes of girls dropping out of school. However, in some studies on re-entry of adolescent girls to school, majority of teachers and students were against retention of pregnant girls in school but supported the option of re-entry of girls into school after giving birth. This study also showed that adolescent mothers encounter "ridicule and discriminatory language" from both teachers and other students when they return to school. Further, the way schools manage teenage pregnancy varies from school to school with little (if any) oversight. Most schools expel pregnant girls; however this is on moralistic ground and not backed by any government policy, guideline or directive. Nonetheless, many affected adolescents are willing to continue with schooling till they complete the school cycle or even attain their excepted academic qualifications. Bearing on the principle of the right to education, the schools have to support these adolescents optimally till they complete the school cycles.

1.2 Legal and Policy Framework on prevention of HIV and pregnancy, and re-entry after pregnancy in learning institutions in Uganda

A) International and Regional Conventions on Rights of Children and Youth

Uganda is a signatory to various international and regional conventions and protocols relating to rights of children to health, education, environment without violence, among others. Key among these include:

- *The United Nations Convention on the Rights of the Child (UNCRC):* Consistent with the obligation under Article 24 of the Convention, the child has the right to the enjoyment of the highest possible standard of health and to have access to healthcare and medical services. In its provision of health services, the State shall place special emphasis on primary and preventative health care and public health education. Article 19 advocates for protection of children from all forms of abuse and

neglect, to provide support to those who have been abused and to investigate instances of abuse.

- *The World Programme of Action for Youth (WPAY),* (1995) requires full enjoyment by young people of all human rights and fundamental freedoms and spells out fifteen fields of action including education, health, environment and substance abuse; and
- *The Sustainable Development Goals* which have accompanying targets, including:

  Goal 3: Ensure healthy lives and promote well-being for all at all ages

  Goal 4: Ensure inclusive and equitable quality education and promote life-long learning opportunities for all;

  Goal 5: Achieve gender equality and empower all women and girls;

B) National Legal and Policy Framework on School Health

- *The Constitution of Uganda (1995),* (Chapter 4) guarantees the right of every Ugandan to fundamental human rights (Section 20); and to enjoy rights and access to high quality education (Section 34), health care services and clean and health environment (Section 39).
- *Health Sector Development Plan 2015/16–2019/2024,* which among other components, promotes adolescent and youth sexual and reproductive health (AYSRH) including the establishment or functionalization of adolescent-friendly corners at all levels of health care, and promotion of sexual and reproductive health education in schools and communities.
- *National School Health Policy for Uganda (Final Draft,* 2018), that promotes the integration of life skills-based education at all levels of education and the improvement of access to and utilization of SRH services among young people. The policy also encourages linkages between schools with health facilities to ensure access to services for those in need.
- *National Adolescent Health Policy for Uganda (2004),* this provides a framework for the development of adolescent health programs and services, including reduction of pregnancy among adolescents and improving rates of readmission into the education system for young mothers.
- *The Gender in Education Strategic Plan (2015–2020),* that aims at ensuring that all children benefit from equal educational opportunities, regardless of gender, social status, location and ability.
- *The National Strategy to End Child Marriage and Teenage Pregnancy (NSCM&TP) (2014/2015–2019/2020),* that is aimed at strengthening child protection mechanisms and upholding current legislation to encourage an environment conducive to ending child marriages and pregnancies; and in altering social and cultural norms to reduce the practice of child marriage and teen pregnancy in Uganda.
- *National Strategy for Girls' Education (NSGE) in Uganda (2014–2019).* The purpose of this strategy is to address gender inequalities, especially in the school system, that are barriers to girls' ability to complete their education.
- *Reporting, Tracking, Referral and Response (RTRR) Guidelines on Violence against Children in Schools (2015/2020),* that provides guidelines on violence against children in schools in Uganda.
- *National Sexuality Education Framework for Uganda (2018),* a framework for 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

1.3 Rationale for these Guidelines

There are many policies and guidelines including a policy on adolescent reproductive health in schools, which also highlights mechanisms needed for prevention of teenage pregnancy. Currently, however, the schools are constrained from applying these policies and directives partly due to lack of harmonized guidelines. Thus, the issuance of the current guidelines is to fill this gap. The current guidelines are based on policies, plans, frameworks and enabling guidelines that recognize and uphold the:

- Rights of all people with special focus on marginalized and vulnerable groups and those with special needs such as young girls, orphans, refugees etc
- Need for change in attitudes toward pregnant girls, their continuation in school, and subsequent re-entry to school. These attitudes are gender-biased, violate the girl child's right to education, and thus require concerted efforts to change
- Monitoring and evaluation principles needed to ensure that attitudes of the education managers, teachers and the learners have changed about the continuation and re-entry. This should include assessment of reach, coverage and practice of these guidelines.
- Need for dissemination and sensitization aimed at complex resistances including social and cultural barriers, limited awareness, and perceived negative influence of retention of pregnant girls at school

1.4 Purpose of the guidelines

The overall purpose of the guidelines is to support prevention and management of teenage pregnancy in school settings, making reference to the Draft National School Health Policy and Sexuality Education Framework, and specifically to:

1) Outline modes of service delivery within a learning institution setting that enable prevention of pregnancy among girls
2) Propose linkages for a minimum care package for prevention and management of teenage pregnancy in learning institution settings
3) Outline steps and services that should be in place to re-integrate the adolescent mothers into the learning institutions

Other guidelines, including guidelines for reporting and tracking violence against children in school shall be adopted in applying these guidelines to ensure that adolescents are supported to acquire better knowledge and skills that enhance their ability to resist pregnancy.

1.5 Who may use the guidelines?

1.4.1 Primary users- the beneficiaries in schools

Learners, teachers, tutors, instructors, lecturers, care givers, school health workers and non- teaching staff: in primary, secondary, BTVET and teacher training institutions.

1.4.2. Secondary users- the beneficiaries out of school

Parents, guardians, school owners, Parents Teachers Associations (PTAs), school management committees, boards of governors, governing councils, foundation bodies, school communities, community leader and families.

1.4.3 Tertiary Users- Policy makers and implementers

Members of Parliament, Ministers, Development Partners, Members of District Councils, Local Councils, Cultural leaders and Religious leaders, Representatives from relevant ministries (MoES and MoH, MoGLSD), NGOs/CBOs, Police the Judiciary, Religious and cultural leaders.

1.6 How to use the guidelines

This section clarifies how readers may use these guidelines. It provides step by step guidance for readers to ensure they make good use of the guidance provided.

- Foremost the user should refer to the section on purpose of the guidelines to understand its importance. Then continue with the Sections 2.0- to understand issues about pregnancy prevention, continuation at learning institutions of pregnant girls and re-entry of adolescent mothers. Finally refers to section 7 and 8 on the roles of the stakeholders and implementation arrangements as this lays out the general approach to partially reaching out to the learners in their involvement, participation and demonstrating behavior change.
- Refer to the respective section in the guideline for step-by step look at the process you will use for preventing and managing teenage pregnancy in school settings.
- You may wish to start by reading through the section and the specific subject area guidelines first, noting which ones may apply to your needs. Pay close attention to what each school level guideline proposes and your specific role in complying with the policy creating a suitable environment and the roles of others in the guideline.

1.7 Penalties for default under the provisions of these guidelines

After the approval of these guidelines, the Minister shall, by statutory instrument specify penalties for default under each guideline.

2.0 Prevention of Adolescent Pregnancy in Learning Institution Settings

2.1 Guiding Principles

Rights based approach to ensure that children's rights are protected. All children have a right to education and thus all obstacles to school completion should be removed to keep girls in the schools longer.

Positive change in perceptions and attitudes of the teachers and the community- teachers need to appreciate that they have an obligation to ensure that children under their care are supported to complete school and are also free from violence. Any act of violence against the children is arbitrary to this obligation and is punishable.

Uphold the do no harm principle- all interventions to prevent early pregnancy, discrimination of pregnant girls and adolescent mothers in schools should minimize possible longer term harm, or support the adolescent mothers and their children in ways that facilitate long-term development.

Needs driven programming: School health programmes will be designed according to and in response to the identified priority needs of the respective school communities.

Repeated exposure to information enhances understanding: A single film, lecture, or school assembly about pregnancy will not be sufficient to assure that students develop the complex understanding and skills they will need to avoid becoming pregnant. Repeated exposures that are stepped according to age should be used instead. The Sexuality Education framework clearly defines the content for each age-category.

Age-appropriateness: 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.

Preparedness, Response and Rehabilitation of Learners: Empowers the learners to be (a) better 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 situations 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 the educational track as fast as possible.

Best Interests of the Child: In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. All aspects of these guidelines are to be executed in the best interest of the learner. All pregnant girls below 18 years should be treated as children and not "small adults".

2.2 Guidelines for prevention of adolescent pregnancy among learners

The following are minimum set procedures or actions that should be undertaken to prevent pregnancy among the learners:

1. Each school shall have a school health committee (SHC) with a trained counselor who maybe a school staff or a counselor from the nearby health facility to provide general counselling to the learners, and testing for pregnancy.
2. The school shall conduct sexuality education and teach life skills using age-appropriate messages as defined in the national Sexuality Education Framework
3. The teachers shall employ learner-centered teaching and learning methods to deliver age-appropriate, gender sensitive, culturally accepted sexuality information including abstinence.
4. The school shall create early safety nets for prevention of early or unintended pregnancy in school settings including enforcing school rules, campaigns or support mechanisms for abstinence
5. The school shall implement local by-laws that prevent teenage pregnancy
6. The school shall create linkages and reporting mechanisms including legal systems to redress offender
7. The school shall engage the media to promote prevention messages for teenage pregnancy
8. The school shall create school health clubs and use life skills champions, including who ever got pregnant, for prevention of teenage pregnancy.
9. The school shall advocate and support sexuality education awareness through campaigns and competitions at both the school and community level.
10. These guidelines should be disseminated to the learners during assemblies periodically
11. The school shall have community linkage for sensitization and awareness on the dangers of teenage pregnancy.

3.0 Guidelines for management of pregnant girls in learning institution settings

3.1 Guiding Principles

Rights based approach to ensure that children's rights are protected. All children have a right to education and thus all obstacles to school completion should be removed to keep girls in the schools longer.

Building strong partnerships and linkages – supporting pregnant girls and adolescent mothers requires learning institutions to build strong partnerships and linkages with parents, the community, health-workers, the police, local leaders, civil society organizations, religious and traditional leaders and with relevant institutions. Many cases of early pregnancies are a result of sexual violence. Also, due to some cultural norms, some pregnant girls and adolescent mothers face psychological and emotion violence. Thus the need for protecting the young girls and young mothers against violence while still at school.

Positive change in perceptions and attitudes of the teachers and the community- teachers need to appreciate that they have an obligation to ensure that children under their care are supported to complete school and are also free from violence. Any act of violence against the children is arbitrary to this obligation and is punishable.

Uphold the do no harm principle- all interventions to prevent early pregnancy, discrimination of pregnant girls and adolescent mothers in schools should minimize possible longer term harm, or support the adolescent mothers and their children in ways that facilitate long-term development.

Disclosure of pregnancy-related information and confidentiality: No staff shall, knowingly, disclose the pregnancy status and related information of the learner to other learners without consent of the learner.

Needs driven programming: School health programmes will be designed according to and in response to the identified priority needs of the respective school communities.

Best Interests of the Child: In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration``. All aspects of these guidelines are to be executed in the best interest of the child. All pregnant girls below 18 years should be treated as children and not "small adults".

3.2: Guidelines for management of pregnancy in school settings

For proper management of pregnancy in school settings, all schools shall have a sub-committee of School Health Committee (SHC) led by the chair SMC or PTA and coordinated by the Senior woman/ man teacher that is responsible for handling issues of retention of pregnant girls at school and re-entry of adolescent mothers.

The following is the list of procedures or actions that should be undertaken when a girl is discovered to be pregnant:

1. All girls should be examined for pregnancy periodically, at least once termly and at well time-tabled timelines
2. When a girl is discovered to be pregnant, she shall be counseled, and the guidelines for retention or continuation at school and re-entry after pregnancy shall be discussed.
3. The girl's parents or caregivers shall be summoned to the school for the disclosure of their daughter's pregnancy status and to receive counselling. The head teacher and other teachers shall be understanding and professional in handling cases of this nature. The head teacher and other teachers shall work with parents to ensure that there is family support/social support for the pregnant girl.
4. The school and the parent/caregiver shall enter a signed agreement for the girl to re-enter school (see Annex I).
5. The SHC including a health-worker from a nearby health facility shall ensure that the parents or the caregivers and the girl receive more than one session of counselling
6. The counselor(s) together with the girl's parents or caregivers shall determine if other family members need sensitization and counselling, and if so, they will be invited to school for the counselling.
7. When it is reported or rumored that a girl is pregnant, she should be tested alongside other girls to avoid stigmatizing her. The girl should be assisted to obtain a medical report that will serve as an official documentation of the pregnancy
8. The pregnant girl shall be put on a counselling program. The school shall establish clear communication channels for other learners to report pregnancy or rumors. A communication box accessible by designated teachers can be used to collate information about pregnancy
9. The girl should go on mandatory maternity leave when she is at least three months pregnant. The school shall be flexible in allowing the girl to sit for her end of year examinations if she wishes to. For candidate classes (Primary Seven, Senior 4 and Senior 6), it is mandatory that the pregnant girl sits for her national examinations.
10. Ridicule or scorn or discrimination of the pregnant girls is considered a form of psychological and emotional violence. Thus, like other forms of Violence against children in schools (VACiS) shall be tracked and resolved using the RTRR guidelines.. The School under the leadership of the head teacher shall take measures to build its capacity to report and track violence against the pregnant girls by fellow learners, teachers and other school staff.
11. All teachers shall protect the pregnant girls and adolescent mothers from stigma and discrimination
12. The school shall keep in touch with such girls and their families so as to monitor what is happening and provide necessary moral, emotional and spiritual support. Counselling for both the girl and the parents shall be continued.
13. Both the learner and her parents shall be counseled on the importance of ensuring good outcome of the pregnancy and shall plan for return to school after delivery.
14. Efforts shall be made by the head-teacher to work with parents to establish the circumstances leading to the pregnancy and obtain information about the father. The school shall support the

parents to take action, including legal action if the father of the baby or unborn child is an adult (over 18 years). For adolescent-fathers (student-fathers) who are still at school, the school shall provide counselling.

15. Those who make girls pregnant shall be exposed as part of tracking and reporting sexual violence against children, provided it is in the best interest of the girl. For example, if teachers and other adults are involved, they shall face legal action. Known student fathers shall be required to be part of childcare and community leaders shall track their involvement in childcare.
16. Special emphasis shall be on non-discrimination and psychosocial support.
17. Schools shall map out and adopt various modes of disseminating information to the community about pregnant girl's continuation with schooling and the re-entry of adolescent mothers into school. The school shall timetable and hold an advocacy school week with activities aimed at preventing teenage pregnancies and re-entry of adolescent mothers into school.
18. The senior woman/man shall be available to receive reports of discrimination, ridicule or jokes about learners who are pregnant or adolescent mothers by fellow learners. Such violations might have happened in the community or at school, and may be reported by the learners from other schools or community members.

3.3 What happens to the child's father?

The fellow learner as a father

a. If a fellow learner is responsible for the pregnancy, he shall be counselled and his parents/caregivers invited to school for counselling. Both the boy and the parents/caregivers will sign a committal statement to support the girl and the baby (see Annex II). All schools shall monitor and document pregnancies every term. Details to track the girl will be included.
b. Similarly, the school shall develop or strengthen mechanisms of following up with the girl till she delivers and returns to school.
c. The PTA and SMC shall also play a role of home visits to the pregnant girl's or young mother's home
d. The boy shall also be given mandatory leave at the same time the girl goes on leave. This might act as a deterrent and lesson to other boys. He will only return to school after she has delivered.
e. The school shall keep records about the boy. This will be useful in tracking him. Such records will be transferred to the boy's new school in case he changes schools. For this reason, schools are required to formally check with the learner's previous school about his
f. involvement in cases of pregnancy. The previous school shall provide a copy of correct records to the new school.

An outsider as a father

a. The PTA or SMC should play a role in tracking down the person responsible for the pregnancy. If the person responsible is an adult, legal action should be taken against him.

The teacher as a father

a. The teacher should be expelled and legal action taken appropriately.

4.0 Management of school re-entry after pregnancy

4.1 Guiding Principles

Rights based approach to ensure that children's rights are protected. All children have a right to education and thus all obstacles to school completion should be removed to keep girls in the schools longer.

Building strong partnerships and linkages – supporting pregnant girls and adolescent mothers require learning institutions to build strong partnerships and linkages with parents, the community, health-workers, the police, local leaders, civil society organizations, religious and traditional leaders and with relevant institutions. Many cases of early pregnancies are a result of sexual violence and also due to some cultural norms. Some pregnant girls and adolescent mothers face psychological and emotional violence. Thus, need for protecting the young girls and young mothers against violence while still at school requires a multi-sectoral approach

Positive change in perceptions and attitudes of the teachers and the community- teachers need to appreciate that they have an obligation to ensure that children under their care are supported to complete school and are also free from violence. Any act of violence against the children is arbitrary to this obligation and is punishable.

Uphold the do no harm principle- all interventions to prevent early pregnancy, discrimination of pregnant girls and adolescent mothers in schools should minimize possible longer term harm, or support the adolescent mothers and their children in ways that facilitate long-term development.

Disclosure of pregnancy-related information and confidentiality: No staff shall, knowingly, disclose the pregnancy status and related information of the learner to other learners without consent of the learner.

Needs driven programming: School health programmes will be designed according to and in response to the identified priority needs of the respective school communities.

Best Interests of the Child: In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. All pregnant girls below 18 years should be treated as children and not "small adults".

4.2: Guidelines for management of school re-entry

The following is a minimum list of procedures or actions that shall be undertaken when an adolescent mother/her parents presents for admission or re-admission to the school:

1. Once the adolescent mother's baby is at least six months, she shall be allowed to be admitted back to school unconditionally.

2. The parents shall seek re-admission of their daughter to school when the baby is at least six months. Head teachers shall provide the necessary help in this regard. In case of any problem, the DEOs or MEOs shall assist.
3. All schools shall prioritize the admission of the young mothers/girls after pregnancy and parents/ caregivers shall report the school that has refused to admit their daughter to the district education officer.
4. Head-teachers, District and Municipal Educations Officers shall assist such girls to be re-admitted to other schools to avoid stigma.
5. Other girls in the school shall be counseled on consequences of early sexual behavior, adolescent sexuality, negative peer influences, building self-confidence and self-esteem.
6. Ridicule or scorn or discrimination of the adolescent mothers is considered a form of psychological and emotional violence. Thus, like other forms of violence against children in schools (VACiS) shall be tracked and resolved using RTRR guidelines on VACiS. The School under the leadership of the head teacher shall take measures to build its capacity to report and track violence against the adolescent mothers.
7. Both the learner and her parents shall be counseled on the importance of attending post-natal care and child health clinics
8. Remedial classes shall be arranged when the adolescent mother asks for them or when the teachers deem them necessary, and in the best interest of the adolescent mother.
9. As far as possible, the school administration shall allow the adolescent mother to rejoin school at the level where she left.
10. The SHC, the school administration and the senior woman shall avail counselling services including psycho-social support and life skills coaching to reduce the likelihood of similar circumstances happening again.
11. The adolescent mothers shall be told about their roles and responsibilities as students/pupils and as mothers, and the school rules against indiscipline and irresponsible sexual behavior.
12. Schools shall map out and adopt various modes of disseminating information to the community about pregnant girl's continuation with schooling and the re-entry of adolescent mothers into school. The school shall timetable and hold an advocacy school week with activities aimed at preventing teenage pregnancy.
13. The senior woman/man shall be available to receive and appropriately resolve reports of discrimination, ridicule or jokes about adolescent mothers by fellow learners. Such violations might have happened in the community or at school, and may be reported by the learners from other schools or community members.
14. The school shall support adolescent mothers to link to community support structures for child care, and economic support and strengthening services

5.0 Implementation of the guidelines

5.1 Introduction

The implementation of these guidelines requires a multi-sectoral approach with comprehensive and effective linkages between the various stakeholders. The key ministries- Education and Sports (MoES), Health (MoH) and Gender, Labour and Social Development (MGLSD) need to work together to operationalize effective linkages at national, district, county, sub-county, community, and school levels. The main operational structure is well laid out in the National School Health Policy Draft 2018. This is summarized below as required in the context of prevention of teenage pregnancy in learning institution settings.

- At a **National level a School Health Coordination** (NSHC) team will be constituted by staff from MoES, MoH, MGLSD and Ministry of Local Government, and other stakeholders.
- At the district level, a **District School Health Committee** (DSHC) or **Municipal School Health Committee** (MSHC) will be constituted by the DEO/MEO, DHO/MHO, DCDO, DHE, local council secretary for health, relevant CSOs, and other stakeholders.
- While the **School Health Committee** (SHC) shall be formed by members from SMC, PTA, school staff (head-teacher, senior woman/man teacher), Health-worker from the nearest health facility, religious leaders, and other stakeholders.
- Further, a sub-committee of **School Health Committee** (SHC) led by the chair SMC or PTA and coordinated by the senior woman/man that is responsible for handling issues of retention of pregnant girls at school and re-entry of adolescent mothers.

These committees will ensure that the following are in place or are initiated into existence.

1) **Guidance and technical support from Ministry of Health (MoH)** MoH is responsible for providing guidance and technical assistance to partner organizations and line ministries implementing ASRH programs, coordinating programs nationally, promoting the scale-up of ASRH programs, setting service standards and ensuring the integration of adolescent health into existing programs. Together, with MoES, MoH should ensure that health facilities, notably the public and private not for profit health facilities initiate or strengthen their links with schools in their catchment areas to facilitate referrals, support supervision, joint planning and budgeting, among others.

2) The school-health facility linkage system exists: The schools and the health facilities in the healthcare catchment area shall initiate or strengthen a referral and communication linkage system as described in the School Health Policy. Such a system shall include:

   i) The health facility designating health professionals to supervise the health services delivery at the school. Such a staff shall be competent in the general counselling, and provision of psycho-social support.

   ii) The school shall train the senior woman and senior man teachers in general counselling and provision of psycho-social support.

iii) All learning institutions shall establish an integrated health club of the learners to address existing and emerging health issues of the learners as elaborated in the BRMS. Each institution shall develop mechanisms for sustainability of these clubs in line with the guidelines for the formation, management and strengthening of school clubs. The senior woman/man teacher, the school matron and other teachers shall offer counseling services with provision for referral to health facility.

iv) As part of Continuous Professional Development (CPD), personnel providing health services in schools, tutors, teachers and instructors will be equipped with counseling, and psycho-social support skills as well as skills to identify learners that need these services, and motivated to provide such services regularly.

3) **The community participation and structures aimed at prevention of teenage pregnancy and early marriages, and social change to reduce stigmatization of pregnant adolescents, and re-entry to school of adolescent mothers are in place.**

Various social norms and circumstances promote early marriages and pregnancies, and need to be addressed. In many settings, when a teenager gets pregnant, early marriage becomes her only option. Further, there are misconceptions about the continuation of pregnant girls or re-entry of adolescent mothers, notably that retention promotes promiscuity among young girls. Thus,

a) The NSHC, DSHC, MSHC and SHC should develop strategies to reach the communities aimed at correcting these misconceptions.

b) The NSHC, DSHC, MSHC and SHC should develop programs to help pregnant girls and adolescent mothers overcome shame and stigma to stay or return to school, and to improve economic status of their households.

c) The NSHC, DSHC, MSHC and SHC shall develop and encourage appropriate sensitization and behavior change programs that target attitude change among the teachers, the learners, the parents/caregivers, religious leaders, the police and the general community about continuation/retention of pregnant girls in schools or re-entry of adolescent mothers.

d) MoES and MGLSD, the CSOs, and development partners should design communication and sensitization programs through the existing community structures and CSOs to promote or step up the promotion of the social norm change against early marriages, gender-based violence, and to promote continuation/retention of pregnant girls at school and re-entry of girls to school after delivery, among other issues.

e) The schools shall map out and adopt various modes of disseminating information about advantages of keeping girls in school and prevention of teenage pregnancies to the parents/caregivers, the local leaders and religious leaders in their communities.

4) **The dissemination of the current guidelines is initiated and continuously done by MoES, MoH, DLG, Municipals, and the learning institutions**

The main channel for provision of knowledge and skills for the learners and the teachers is through the curriculum. Thus, the curriculum and other relevant delivery means will be reviewed and revised to ensure that teachers are adequately equipped to offer knowledge and skills to adolescents on preventions of teenage pregnancy. The necessary materials will be produced while teachers will be re- oriented accordingly.

Schools will make necessary arrangements to involve other stakeholders to interact with adolescents as resource persons in providing information on prevention of teenage pregnancy.

The DSHC and SHC will map out and adopt various modes of disseminating information in collaboration with other stakeholders such as media organizations. Such modes may:

i) Develop, publish and run in suitable media, multi-media messages for prevention and management teenage pregnancies in school settings.

ii) Create an advocacy school week with activities for prevention and management of teenage pregnancies in schools. During this week, implement competitive school plays, art exhibitions, essays and other performing arts to show pregnancy prevention and management messages for school settings

iii) Develop translated messages into selected local languages for prevention and management of teenage pregnancies.

iv) Record and play media messages from leaders; religious, cultural and community for prevention and management of pregnancy in school settings.

v) Organize dialogues of school/student leaders to adopt the guidelines in the student and pupil's routine school life.

vi) Organize teenage pregnancy prevention and management competitions and quizzes in the school.

vii) Teacher re-orientation and training so that they can handle issues of pregnancy in school appropriately

viii) Sensitization of the public and especially foundation bodies on the guidelines

ix) Read the guidelines of prevention of teenage pregnancy and management to the teachers and the learners at least once every term.

5) Ensure that counselling services are available at school to support the change of attitudes of teachers and learners. This should also be targeted at addressing stigma related to school girl pregnancy. Guidance and counseling sessions should be clearly indicated on the school time table.

6) The MoES and the DSHC or MSHC have effectively reached all teachers and school staff to equip them with knowledge of supporting pregnant girls and adolescent mothers

i) The MoES and the DSHC or MSHC should design sensitization and awareness programs for all the education managers, teachers and school staff, and the whole school community in the district or the municipality. This can also be done through continuous education and pre-service training; and a cascading model of teacher training.

ii) The head-teachers shall ensure that their teachers and staff are appropriately trained; re-tooling of teachers to support pregnant girls, and adolescent mothers overcome stigma and discrimination

iii) The ministry shall mainstream the sexuality education into the curriculum.

5.2 Mobilization of the Actors, roles and responsibilities

The guidelines will be disseminated as widely as possible, particularly to schools, lower local governments and local leaders. The actors and users of these guidelines will be mobilized and sensitized to secure their insight about the purpose and importance of the guidelines, their intended roles and reaffirming their commitment to implement the guidelines. This will be done through a number of ways ranging from use of the mass media, community awareness, consultative workshops, to dissemination meetings and formal trainings. This will also offer an opportunity to establish any gaps and challenges that may affect the optimal implementation of the guidelines and put in place mechanisms to address the problems.

The table below gives a list of some of the key actors and their roles and responsibilities.

A) Key actors at national level

Key Actor	Roles and responsibilities
Ministry of Educations and Sports	a) Review the school curriculum and to incorporate sexuality education and life skills training b) Re-tool teachers on how to support pregnant girls, and adolescent mothers overcome stigma and discrimination c) Mainstream the prevention teenage pregnancy in the curriculum of teacher training, instruction and education d) Publish and disseminate the guidelines on Prevention and Management of teenage pregnancy in schools e) Ensures that the DLG and municipal local governments develop and regularly implement an advocacy/ creation of awareness week, that is culturally sensitive, and community need driven f) Ensures that the schools and school administration adhere to the guidelines g) Ensure the collection of accurate, up- to-date and disaggregated data on the incidences of pregnancy, circumstances that led to pregnancy, school re-entry and as well as data on the effectiveness of existing programmes and approaches h) Ensure full access to facilities and records and inspection of all school facilities, permit unannounced visits, and include the holding of private consultations with children and staff on sexual violence against children in schools i) Oversight, coordination, monitoring and evaluation, supervision and implementation of guidelines j) Periodic review of the guidelines
Ministry of Gender, Labour and Social Development	a) Allocate resources for eliminating violence against children b) Provide policy directions and formulation on sexual and gender-based violence c) Supervision and monitoring and evaluation of implementation of guidelines d) Foster a positive and progressive attitudes and perceptions on child rights; on sexual violence against children, right to education and right to health e) Advocate and train parents, communities on sexual violence against children and responsibilities on protection of children against sexual violence and early marriage f) Build linkages with MoES and development partners to develop and encourage community level programs or structures that support child care and economic strengthening of households with pregnant girls and adolescent mothers. g) Promote positive parenting and male engagement in prevention of violence against children
The Ministry of Health (MoH)	a) Provide policy directions and formulation b) Supervision and monitoring and evaluation of implementation of these guidelines c) Allocate resources and ensure delivery of quality SRH services including medical check-ups

Key Actor	Roles and responsibilities
Ministry of Information and National Guidance	a) Promote the right of access to information and records in the possession of the State or any public body b) Encourage media; print (newspapers), audio (radios and television) and visual to educate the community on girl child's right to education, retention of girls at school and re-entry of adolescent mothers c) Ensure that media reports on sexual violence against children, stigma and discrimination against pregnant girls and adolescent mothers reflect children's views and experiences, avoid sensationalism and ensure respect for the right to privacy and right to education d) Develop public awareness campaigns, media coverage and publicity on sexual violence
Ministry of Internal Affairs	a) Ensure that the perpetrators of sexual violence against children are held accountable, including serving their sentences in line with the children (amendment) Act 2016 b) Prevent and detect crimes including violence against children in and around the school c) Keep track and share information on perpetrators of sexual violence in line with the RTRR guidelines d) Provide adequate protection for children in schools including child mothers by preventing compromising information as the investigations go on.

B) Key actors at district level

Key Actor	Roles and responsibilities
District Education officer/Municipal education officer	a) Promote and increase awareness about the importance of the guidelines b) Coordinate district-wide activities for promoting the use of the guidelines c) Provide technical support to schools in use of the guidelines d) Ensure that schools implement the guidelines e) Conduct regular monitoring, evaluation and data collection on use of the guidelines
District Health Officer/Municipal medical officer	a) Promote and increase awareness about the importance of the guidelines b) Ensure that health systems implement the guidelines c) Conduct regular monitoring, evaluation and data collection on use of the guidelines
District Community Development Officer	a) Promote and increase awareness about the importance of the guidelines b) Provide technical support to community-based workers in use of the guidelines c) Ensure that community-based workers implement the guidelines d) Conduct regular monitoring, evaluation and data collection on use of the guidelines

C) Key actors at health facility level

Health -workers	a) Oversee the implementation of SRH at schools, and prioritize delivery of SRH services to learners b) Carry out pregnancy testing, confirmation of pregnancy and sexual violence cases c) Provide most update information on growth and development d) Provide health care, counselling, psychosocial support to pregnant girls and adolescent mothers e) Provide expert evidence oaths to support legal processes on SGBV f) Resource Persons for school health clubs g) Support pregnant girls and adolescent mothers to access support from community structures, CSOs, NGOs and others

D) Key actors at school level

Key Actor	Roles and responsibilities
Foundation Body/ BoGs/ SMC/PTA	a) Put in place school rules and regulations for protection of adolescents against sexual practices b) Oversee the compliance with school rules and regulations c) Put in place strategies for counselling, psychosocial support, and child protection d) Put in place strategies for reintegration of adolescent mothers to the school e) Put strategies in place to ensure that attitudes of all the teachers, tutors or instructors in the institution are aligned and hence unbiased towards pregnant girls and adolescent mothers f) Disseminate these guidelines to the wider community g) Advocate for the children's rights, responsibilities including right to complete school by the pregnant girls and adolescent mothers
School Health Committee	a) Do needs assessment and identify staff to be developed in the area of sexuality education b) Facilitate planning and resource mobilization for school health activities including the advocacy week c) Facilitate the formation of school health clubs d) Ensure smooth referral of learners from schools to the health facilities e) Ensure linkages with other SHCs in the district f) Initiate and enforce school health by-laws and guidelines in the educational institution g) Protection of the rights of learners/students within and outside the educational institution h) Engage the community and community leaders in prevention of pregnancy, changing the attitudes of the community toward pregnant girl retention at school and re-entry of adolescent mothers, and violence against children
School Health Sub-Committee on pregnancy and re-entry of adolescent mothers	a) Screen and support pregnant girls or adolescent mothers to reintegrate into the learning institution b) Ensure that cases of discrimination and ridicule of the pregnant girls and adolescent mothers by teachers or fellow learners are investigated and appropriately resolved. Notably with a warning and attitude change counselling c) Create or strengthen linkages between the teachers, health workers and the Children and Family Protection Unit police officers d) Develop strategies to ensure that the boy/man responsible for the girl's pregnancy are contributing toward the girl and the baby's welfare e) Collaborate with key agencies with mandate to ensure law and order such as the police, courts of law to ensure that justice or prosecution is executed, if required f) Develop strategies to ensure safety nets for the adolescent girls
Head teacher	a) Adopt and implement these guidelines in the school b) Enforce school rules and regulations for protection of adolescents against sexual practices c) Collaborate with other actors like CSOs, NGOs, the police, local leaders and responsible families d) Support the family of the pregnant girl to trace the boy/man responsible for pregnancy e) Monitor attitudes of all the teachers, tutors or instructors in the institution and ensure that they are aligned and hence unbiased towards pregnant girls or adolescent mothers f) Ensure strict compliance with school rules and regulations on prevention of sexual practices g) Compile data on adolescent pregnancies and adolescent mothers and report to the DSHC h) Collaborate with key agencies with mandate to ensure law and order such as police and courts of law to ensure that justice or prosecution is executed, if required i) Develop strategies to ensure safety nets for the adolescent girls j) Discuss the guidelines for continuation/retention of pregnant girls and re-entry of adolescent mothers with all the learners, the affected girls or boys and their parents or caregivers k) Advocate for the Children's rights including right to complete school by the pregnant girls and adolescent mothers

Key Actor	Roles and responsibilities
Senior woman/man teacher	a) Provide adolescents with tailored information on prevention of pregnancy, and counsel against dangers of bad sexual practices b) Provide support and counselling to the pregnant girls and adolescent mothers, and their parents c) Counsel girls and prepare them for termly checks and tests for pregnancy d) Discuss the guidelines for continuation of pregnant girls and re-entry of adolescent mothers with all the learners, the affected girls or boys and their parents/ caregivers e) Track and follow-up cases of discrimination, ridicule or stigmatization of pregnant girls and adolescent mothers f) Liaise with school nurse (or health facility nurse for schools without nurses) to conduct the pregnancy tests g) Advocate for the Children's rights including right to complete school by the pregnant girls and adolescent mothers
Teachers/Tutors/ Instructors	a) Enforce school rules and regulations for protection of adolescents against sexual practices b) Ensure protection of learners against acts or situations that potentially result in pregnancies c) Treat all learners the same way without any negative biases toward girls, pregnant girls, and adolescent mothers d) Offer age-appropriate sexuality education and guidance e) Help the senior woman/man teacher to offer guidance and support to affected learners f) Ensure learners do not discriminate, ridicule or make jokes about pregnant girls, adolescent mothers either within or outside the institution premises g) Cooperate with key agencies with mandate to ensure law and order such as the police, courts of law to ensure that justice or prosecution is executed, if required h) Use teaching strategies that ensure operationalization of the current guidelines
School nurse	a) Provide adolescents with age appropriate information on prevention of pregnancy, and counsel against dangers of bad sexual practices b) Work with the Senior Woman teacher to conduct pregnancy tests at least once a term c) Keep confidential records on cases and pregnant girls d) In liaison with other members of the SHC including the head teacher, senior (wo)man teacher, health facility nurse, will manage the pregnant girls and nursing mothers e) Together with the senior woman/man teacher and the head teacher manage the referral process for pregnant girls
Learners	a) Report incidences or violations of school rules and regulations b) Attend health education and sexuality education sessions c) Adapt and practice knowledge and skills on prevention of pregnancy d) Avoiding situations that make them vulnerable to pregnancy e) Children should be aware of their rights, responsibilities and obligations at all times f) Children should report cases of discrimination to the relevant stakeholders and seek support from designated support in case of any form of sexual violence g) Respect the rights of other children and adults h) Should not discriminate, ridicule or make jokes about fellow learners on grounds of pregnancy, motherhood, or any other grounds
School health clubs	a) Fora for peer-sharing of information on prevention measures and practices against pregnancy b) Resource centre for relevant materials (print, audio, video, etc.) on school health

E) Key actors at community level

Key Actor	Roles and responsibilities
Family	a) Protection and safety of adolescents against practices that result in pregnancy b) Liaise with school authorities in ensuring compliance with school rules and regulations on protection c) Seek appropriate support services for the pregnant girl or the adolescent mother d) Ensure that the pregnant girl or adolescent mother receives relevant support to return to school e) Provide the much-needed support to children especially to girls to check on the sexual abuse and exploitation of girls by big boys, teachers and other men in the community under the disguise of providing material support to girls. f) Guide and caution children against strangers and relatives who are potential perpetrators of violence. g) Encourage siblings to support and protect (watch over each other) while at school. h) Collaborate with the learning institution, police, health facility and the family of the male offender to resolve the pregnancy case
SMC/PTA (as community- school linkage facilitators)	a) Coordinate with the schools in collecting information on circumstances leading to the pregnancy b) Follow up on legal action and inform the teachers c) Track and report or address community level violence (psychological violence) against adolescent mothers
Members of the Community	a) Encourage community discussions to identify and educate community members on negative cultural and religious norms and practices that perpetuate gender-based violence b) Take measures to ensure that children are safe on their way to and from schools. c) To strengthen social support mechanism to protect children in schools against violence d) Adopt community strategies such as name and shame, exposure of perpetrators of violence against children.
Cultural or traditional institutions	a) Advocate for positive changes in cultural practices to eliminate gender bias and violence against girls b) Advocate for community members to have their collective "eyes on the children", identify children at risk of sexual abuse and refer cases of child abuse to relevant institutions such as probation and welfare officers, c) Devise positive strategies for enforcing a sense of responsibilities among parents and communities, d) Community mobilization for information broadcasting/campaign
Community level Local Governments (LGs)	a) Identification of pregnant girls and adolescent mothers and ensuring their protection b) Support the dissemination of these guidelines to community members c) Discourage cultural practices that violate children's rights. d) Adopt community strategies such as name and shame, exposure of perpetrators of violence against children. e) Advocate for positive changes in cultural practices to eliminate gender bias and violence against children f) Advocate for the Children's rights including right to complete school by the pregnant girls and adolescent mothers g) Coordination with other authorities including community policing h) Coordinate with the schools in collecting information on circumstances leading to the pregnancy i) Follow up on legal action and inform the teachers j) Resource person for school health club

Key Actor	Roles and responsibilities
Uganda Police Force –CFPU and The Sexual Gender Based Violence & Child related Offences Department	a) Investigate reported cases of violence against children thoroughly b) Produce comprehensive reports to court on cases of criminal nature of sexual violence against children including filling in the PF form correctly c) Protect the child survivor against intimidation by culprit or preventing compromising information as the investigations go on d) Resource Person for school health clubs
Courts (Family and Children Court)	a) Get lawyers to represent the child survivors of sexual violence b) Handle cases to conclusion c) Strong judgments for the perpetrators according to the existing laws to discourage the practices d) Speedy handling of reported cases and decide on support for the pregnant girl or adolescent mother and the baby e) Ensure child friendly procedures for handling cases of sexual violence against children
Community Based Workers and VHT	a) Mobilize adolescents for participation in peer-sharing corners/sessions b) Popularize the guidelines within the community c) Coordinate community-based actors to pregnancy prevention initiatives d) Resource Persons for school health clubs e) Advocate for the children's rights including right to complete school by the pregnant girls and adolescent mothers
Civil Society Organizations	a) Support local government to disseminate and popularize the guideline b) Collaboration with schools to implement these guidelines c) Supporting parenting girls in coping mechanism for their well being d) Implement good practices e) Resource person to school health clubs f) Advocate for the Children's rights including right to complete school by the pregnant girls and adolescent mothers

6.0 Monitoring and Evaluation

Results-based monitoring, evaluation and reporting system will be used to ensure efficiency and effectiveness in the implementation of the guidelines on prevention and management of teenage pregnancy in school settings. This will ensure that intended results are tracked, with transparency and accountability in the use of limited resources, and timely corrective actions are executed.

6.1 The M&E Framework

The framework for monitoring and evaluation will comprise:

(i) The Logical Framework, including the objective of the guideline on management of teenage pregnancy in schools and school re-entry after pregnancy, key activities, expected outcome, measurable indictors, means of verification and the assumptions, attached as Annex III.

(ii) The M&E Matrix, including the indicators and targets as given in Table below.

(iii) Monitoring and Evaluation Methods, that include both the quantitative and qualitative data collection using surveys, use of the data in the Education Management Information System, monitoring and evaluation reports and school level reports, school level audits and inspections, and meeting minutes. Interview guides, semi-structured questionnaires and check-lists will be used for data gathering.

MoES and other line ministries will routinely undertake monitoring and evaluation for data collection, documentation and reporting and review of application of the guidelines in a school setting and resulting behaviour change among the adolescent learners and teachers. The SHC shall report on the number of community individuals reached with information on continuation/retention of pregnant girls in schools and re-entry of adolescent mothers in the school term. This will be through PTA/SMC meetings in the community, working with local councils, school advocacy week or working with religious leaders. The school head-teacher or designate shall fill in Form 3 in Annex I and school records sheet in Annex II.

6.2 Reporting formats

Reporting formats and reporting lines to feed into a national data resource for prevention teenage pregnancy in school settings is expected as determined by the MoES. Analysis of data and reporting formats to synthesis results shall be adopted to ensure a synthesized national data reported annually. Both termly and annual reports from schools to the districts will be used in analysis and results disseminations.

6.3 Review of the guidelines

The guidelines may be reviewed at the discretion of MoES and other ministries with reference to older versions of the guidelines made in an agreed review cycle ensuring that they remain alive relevant and responsive to shifting aspects and needs. Amendments to the guidelines may be proposed and documented for deliberations that result in improvements in the guidelines segregated to meet needs at various levels. An amendment log and serializing of amended versions of the guidelines shall be determined by the MoES.

Monitoring and Evaluation Results Matrix for Implementation of the Guidelines for Prevention and Management of Teenage Pregnancy in School Settings in Uganda

Result	Performance Indicators/ measures	unit of measure	Baseline	Target	Frequency	Means of verification	data source/ method	Responsibility for data collection	Comments/ Assumptions
Outcome Level									
Intended Result: Increased retention, completion and achievement rate for adolescent girls in school.	%age of girls to total enrolment (upper primary and secondary levels, BTVET & Post Primary)	%			Annually	▪ Education Sector School Census reports ▪ EOC gender and equity reports ▪ UDHS reports ▪ UBOS Census report ▪ MoFPED Budgets reports ▪ District monitoring reports ▪ District annual performance reports	▪ MoEs-EPPAD, ▪ District ▪ UNEB ▪ UBOS ▪ EOC	▪ Statistics and CIM Depts-MoES ▪ DEO's Office	Timely computation of the indicator figures by the EPPAD/ Statistics section
	Survival rate to grade 7 by sex	%			Annually				
	P.7 Completion rate by sex	%			Annually				
	P7 Pass rate by sex	%			Annually				
	S1 Transition rate by sex	%			Annually				
	Survival rate to S.2 by sex	%			Annually				
	S.4 Completion rate by sex	%			Annually				
	S.4 Pass rate by sex	%			Annually				
	Transition rate to S.5	%			Annually				
Output Level									

<table>
<tr><th>Result</th><th>Performance Indicators/ measures</th><th>unit of measure</th><th>Baseline</th><th>Target</th><th>Frequency</th><th>Means of verification</th><th>data source/ method</th><th>Responsibility for data collection</th><th>Comments/

Assumptions</th></tr>
<tr><td rowspan="9">1. Prevention of pregnancy among school girls</td><td>Schools with copy(s) of the guidelines</td><td>No.</td><td></td><td></td><td>Bi-annual</td><td rowspan="9">▪ District annual performance reports
▪ School monthly reports
▪ School club reports
▪ School accountability reports
▪ School inventory reports
▪ School health committee reports</td><td rowspan="9">DEO’s office

Head teacher’s office</td><td rowspan="9">MoES

DEO

Head teacher, SWT/ SMT, Club Patrons, SMC/BOGs</td><td rowspan="9"></td></tr>
<tr><td>District and school level staff oriented on the guidelines</td><td>No.</td><td></td><td></td><td>Bi-annual</td></tr>
<tr><td>Schools with School Health Committee (SHC)</td><td>No.</td><td></td><td></td><td>Bi-annual</td></tr>
<tr><td>Schools with rules and regulations on teenage pregnancy</td><td>No.</td><td></td><td></td><td>Bi-annual</td></tr>
<tr><td>Proportion schools with clear support mechanisms for abstinence</td><td>No.</td><td></td><td></td><td>Bi-annual</td></tr>
<tr><td>Schools with clear systems and reporting mechanisms for VACiS</td><td>No.</td><td></td><td></td><td>Bi-annual</td></tr>
<tr><td>Schools with functional School Health Clubs</td><td>No.</td><td></td><td></td><td>Bi-annual</td></tr>
<tr><td>Schools with clear records of school and community level sexuality education awareness interventions, campaigns and competitions</td><td>No.</td><td></td><td></td><td>Bi-annual</td></tr>
<tr><td>Schools with a talking environment on prevention of teenage pregnancy</td><td>No.</td><td></td><td></td><td>Bi-annual</td></tr>
</table>

Result	Performance Indicators/ measures	unit of measure	Baseline	Target	Frequency	Means of verification	data source/ method	Responsibility for data collection	Comments/ Assumptions
2. Improved management of pregnancy in school setting	Schools conducting termly examination for pregnancy	No.			Bi-annual	▪ District health reports ▪ School Guidance and Counselling files ▪ Children's school file ▪ Case management Register ▪ School Time Table ▪ Community engagement reports	▪ DHO's office ▪ CBO's office ▪ DEO's office ▪ RDC's Office ▪ Head teacher's office	▪ RDC ▪ DHO ▪ DEO ▪ Head teacher, ▪ SWT/ SMT ▪ Parents ▪ SMC/ BOGs	
	Schools with a trained SWT/SMT in charge of guidance and counselling	No.			Bi-annual				
	Schools with signed agreements and commitments for girls to re-enter school	No.			Bi-annual				
	Schools with evidence of guidance and counselling and psychosocial support for pregnant girl	No.			Bi-annual				
	Schools with a communication box used to collect information about pregnancy	No.			Bi-annual				
	Schools with case management register on teenage pregnancy cases (RTRR records)	No.			Bi-annual				
	Schools with clear schedules (time table) of activities aimed at preventing teenage pregnancies and re-entry for adolescent mothers into school	No.			Bi-annual				
	Pregnant young girls or young mothers visited at home by school authorities	%			Bi-annual				
3. Increased re-entry of girls after pregnancy	Schools with re-entry records	No.			Bi-annual	▪ School admission records ▪ District health reports ▪ School Academic performance reports ▪ School club reports	▪ Head teacher's office ▪ SWT/ SMT office	▪ DEO ▪ Head teacher, SWT/ SMT, Parents SMC/ BOGs	
	Adolescent mothers allowed to re-enter school	%			Bi-annual				
	Parental involvement in seeking re-entry for their children after giving birth	%			Bi-annual				
	Adolescent mothers attending post-natal care and child health clinics upon re-entry	%.			Bi-annual				
	School with evidence of remedial lesson support to adolescent mothers after re-entry	No.			Bi-annual				
	Adolescent mother participating in school leadership and mentoring activities	%			Bi-annual				

Appendices

Annex I: Forms I – III for records on pregnancy

Form 1: Promise of support by the father or parents of the father of the unborn child

I/We (“we” in the case of school boy and the caregivers) ___________________________ do hereby promise to support the baby mother (Name:____________________________) both financially and materially until the child is 18 years of age. I/We also promise to assist the girl’s parents/caregivers in ensuring that she returns to school after delivery.

Name of the school boy/man responsible for the pregnancy ____

Address____

DOB ______________________________________ Grade (if in school) ___________________________

Location details ____

Phone number and address ____

Signature___________________________________ Date: _____________________________________

Name of parents/caregivers (where applicable): ____

Father ______________________________________ Mother ______________________________________

Date: ____

Copied to:

Girl’s parents/caregivers
The girl
The school file
The health facility file

Form 2: Commitment by the parents/caregivers of the girl to re-entry to school

I/We, the parents/Caregivers of ____ do hereby promise to ensure that she returns to school after delivery within one year after delivery.

Name of the parents/Caregiver ____

Mother/caregiver 1 ____

Address ____

Signature ______________________________________ Date: ______________________________________

Form 3: School records

Section 1: Details of the school: ____

____

Name of the school: ____

Address of the school: ____

Type of school: Community/Private/Public ____

Section 2: Biodata

Details of the female learner ____

____

Name ____ Grade ______________________________

DOB ____

Name of parents/caregivers ____

Home address ____

Status: Orphan (single/double)/Not orphan ____

Other details ____

____

Expected date of delivery: ____________________ Expected date of leaving school _______________

Expected date of re-entry to school ____

School re-admitted to ____

Relevant Reasons ____

____

Section 3: Details of the boy/male responsible for pregnancy

Name ____ DOB ______________________________

Status: ☐ Teacher / ☐ school staff ☐ School boy / ☐ fellow learner

Male relative ____

Outsider ____

Address ____

Occupation ____

Place of work ____

Section 4: Number of counselling sessions attended

The girl ____

The boy ____

The girl's parents/caregivers ____

Other information ____

Parent/caregiver commitment ____

____

I/We ____ do hereby promise that my/our daughter

__________________________________will return to school after delivery.

Annex II: Data collection on early pregnancy

Name of the school	
District	
Ownership	
Type of school – day, boarding, mixed	
Pregnancy rates	
Date: Class	
Number of girls in class	
No. of girls pregnant by the end of term	
No. of young mothers (former students) who returned to school (here/elsewhere)	
No. of young mothers who came for admission to the school	
No. of girls during this term made pregnant by:	
Fellow students	
Teachers	
Male relatives	
Other men/boys – outsiders	
Factors affecting effective implementation of guidelines of retention	
- Re-entry	
- Suggested/implemented solutions	

Annex III: Logical M&E Framework

LOGICAL FRAMEWORK FOR PREVENTION PREGNANCY IN SCHOOL SETTINGS

Narrative Summary	Objectively Verifiable Indictors (OVI)	Means of Verification (MOV)	Assumptions
Results Health Education for all	• % reduction in pregnancy rates in school settings • % reduction in school dropout due to pregnancy related reasons • % reduction in all forms of discrimination and stigma against pregnant girls or mothers in schools	• UDHS reports • UBOS Census report • EMIS reports • MoES National survey • DSHC/MSHC monitoring reports	
Purpose To provide a supportive environment that harbors zero incidence of teenage pregnancy in school settings and reintegration of adolescent mothers	• % increase in completion rates by the girl child. • % increase in girls pass rates • % of teachers actively advocating for pregnant girl retention at school • % of parents participating in school meetings and programmes • % of parents participating in promotion of prevention of pregnancy among school going children. • % increase in the re-entry of teenage mothers in schools	• EMIS reports • MoES National survey • DSHC/MSHC monitoring reports • Educational Sector Annual performance reports • Minutes of the school general meetings and attendance lists • School management committee meeting minutes • Statistical Abstract	• Proper record keeping at the school • Funding available for monitoring
Output • An appropriate monitoring mechanism put in place and documented with the records arranged in quarterly reports • Sector policies and guidelines on teenage pregnancy put in place • NSHC, DSHC, MSHC, SHC, and sub-committees put in place • Professional counselling services for pregnant girls, and adolescent mothers • Resources well mobilized for implementing the programmes • unintended pregnancy and re-entry measures integrated into the existing education system as well as the planning process. • Capacity of the district and school staff well developed to implement the guidelines • Community sensitized about pregnancy • Bye-laws and ordinances instituted in place to support prevention and continuation of teenage mothers at school • Implementing partners including CSOs providing technical support to the school as well as to the community on prevention of teenage pregnancy. • Talking compound in place with messages that depicts prevention of teenage pregnancy • Committee for monitoring the programme put in place • Trained pupils and parents on prevention of teenage pregnancy related issues • Measures put in place to sensitize teachers, parents and learners against discrimination of pregnant girls, and adolescent mothers • Measures put in place to track and manage discrimination of pregnant girls, adolescent mothers	• Evidence of SE integration in curriculum for the learners • Evidence of SE integration in curriculum for the teachers/tutors/ instructors • Evidence of school-friendly healthcare and reporting mechanism in place • Copies of guidelines distributed to the teaching staff and the parents of the pupils. • Evidence of psychosocial support and child- protection in school settings • The number of district and school staff who attended the capacity development training exercise • Number of sensitization meetings conducted with the community in advocating for prevention of unintended pregnancy • Number of girls reintegrated into school after teenage pregnancy • Supportiveness of the school physical environment to prevent and manage teenage pregnancy e.g. with talking compounds • Frequency of school clubs' involvement in community sensitization per term on issues related to sexual violence, pregnancy and retention of pregnant girls at school • Evidence of reporting for health activities conducted in the school	• Monitoring and evaluation reports • Sensitization reports • Stakeholders willingness to implement the guidelines • Advocacy reports • School reports • Reports from stakeholders supporting and advocating for prevention of teenage pregnancy in school settings.	• Availability of funds for sensitization activities • The sector policy formations for prevention and management of teenage pregnancy are approved • Political commitment/ good will

Narrative Summary	Objectively Verifiable Indictors (OVI)	Means of Verification (MOV)	Assumptions
Activities • Form SHC sub-committee that handles cases of pregnant girls and adolescent mothers • Initiate or strengthen health facility school linkages on SRH services, management of pregnant girls and adolescent mothers • Schools and health facilities to work jointly on managing the affected learners • Design and deliver age-appropriate and culturally-sensitive, values-based Sexuality Education Integrate prevention of teenage pregnancy programmes into existing education systems and planning processes • Train all teachers, police officers and health-workers in managing in-school pregnant girls and adolescent mothers, and the associated stigma • Organize school advocacy week and other community level sensitization sessions on retention of pregnant girls at school and reintegration of adolescent mothers • Coordinate all stakeholders and partners concerned HIV/AIDS prevention and management of girl child mothers • Participate in monitoring and evaluation of the implementation of these guidelines • Creation of talking compound with messages that promotes HIV prevention and safety as well as teenage pregnancy in schools • Help develop bye-laws and ordinances to curb issues related to teenage pregnancy and sex abuse • Train community coaches and members of SMC and PTA to sensitize the community and advocate for retention of pregnant girls at school and reintegration of adolescent mothers; campaign against early marriages • Conducting health checks for the pupils at school • Establish the circumstances under which pregnancy occurred	**Inputs** • Training and IEC materials • Financial resources • Human resource • Technological resources (Computers, furniture, etc.)	**Verification** • Work plans • Financial records • Activity work plan	• Adequate financial resource base to facilitate policy formulation & implementation processes • Adequate skilled human resource to help in the technical areas of prevention of unintended teenage pregnancy • Political will to advocate for the HIV and teenage pregnancy prevention • Participation of stakeholders in consultative workshops • All stakeholders are well coordinated

Annex IV: List of institutions and partners that have engaged with the process of developing these guidelines

S/N	INSTITUTIONS/AGENCIES AND MINISTRIES
1	UN- FAMILY ▪ UNFPA ▪ UNICEF ▪ UN-WOMEN ▪ UNESCO
2	IRISH AID
3	UK-AID
4	USAID
5	SIDA
6	NON-GOVERNMENT ORGANISATIONS ▪ FORUM FOR AFRICAN WOMEN EDUCATIONALISTS(FAWEU) ▪ PLAN INTERNATIONAL ▪ WORLD VISION ▪ TRAILBLAZERS MENTORING FOUNDATION ▪ CONCERN FOR THE GIRL CHILD ▪ STRAIGHT TALK FOUNDATION ▪ RAISING VOICES ▪ ORGANISATION OF AFRICAN FIRST LADIES FOR DEVELOPMENT ▪ INTER-RELIGIOUS COUNCIL ▪ SAVE THE CHILDREN ▪ REPRODUCTIVE HEALTH UGANDA ▪ ANTIHILL FOUNDATION
7	MEMBERS OF PARLIAMENT ▪ UWOPA ▪ COMMITTEE ON CHILDREN
8	MAKERERE UNIVERSITY – SCHOOL OF WOMEN AND GENDER STUDIES
9	KYAMBOGO UNIVERSITY-DIRECTORATE OF GENDER
10	MINISTRIES ▪ MINISTRY OF GENDER, LABOR AND SOCIAL DEVELOPMENT ▪ MINISTRY OF HEALTH ▪ MINISTRY OF INTERNAL AFFAIRS- UGANDA POLICE(FAMILY AND CHILD PROTECTION, DEPARTMENT OF SEXUAL OFFENSES

S/N	INSTITUTIONS/AGENCIES AND MINISTRIES
12	TECHNICAL WORKING GROUPS OF MINISTRY OF EDUCATION AND SPORTS ▪ GENDER TECHNICAL WORKING GROUP ▪ HEALTH AND HIV TECHNICAL WORKING GROUP ▪ BASIC EDUCATION WORKING GROUP ▪ INTER-SECTORAL COMMITTEE ON VIOLENCE AGAINST CHILDREN ▪ MONITORING AND EVALUATION WORKING GROUP ▪ SECTOR POLICY MANAGEMENT WORKING GROUP ▪ EDUCATION SECTOR CONSULTATIVE COMMITTEE
13	DISTRICT LOCAL GOVERNMENTS
14	SCHOOLS HEADS AND SENIOR MEN AND WOMEN TEACHERS
15	TEACHER TRAINING INSTITUTIONS(PTCS AND NTCS)

Irish Aid
Government of Ireland
Rialtas na hÉireann

unicef
for every child