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RESEARCH AND POLICY ANALYSIS ON THE IMPLEMENTATION OF THE RE-ENTRY POLICY IN ZAMBIA

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CDC	Curriculum Development Centre
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisations
CSPR	Civil Society for Poverty Reduction
DEB/S	District Education Board/Secretary
ESA	Eastern and Southern Africa
FAWEZA	Forum for African Women Educationists in Zambia
FGD	Focus Group Discussion
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
LBCSE	Life skills Based Comprehensive Sexuality Education
MoGE	Ministry of General Education
MOH	Ministry of Health
NGO	Non-Governmental Organizations
OVC	Orphaned and Vulnerable Children
PEO	Provincial Educational Officer
REP	Re – Entry Policy
SADC	Southern African Development Cooperation
SRHR	Sexual Reproductive Health Rights
STI	Sexually Transmitted Infections
UDHR	Universal Declaration of Human Rights
UNDP	United National Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations international Children's emergency Fund
VSU	Victim Support Unit
ZDHS	Zambia Demographic and Health Survey

1.0   INTRODUCTION

1.1   Background and Policy Relevance

The Ministerial commitment on Comprehensive Sexuality Education (CSE) and Sexual and Reproductive Health (SRH) services for adolescents and young people in Eastern and Southern Africa (ESA) was made in December 2013. At this gathering, Zambia and nineteen other countries in the ESA region affirmed and endorsed their joint commitment to CSE and SRH services for young people.[1] Within this context, the countries committed themselves to strengthening HIV prevention, treatment, care and support, and Sexual and Reproductive Health and Rights (SRHR) efforts in ESA by ensuring access to good quality, comprehensive, life skills-based HIV and sexuality education and youth-friendly SRH services for all adolescents and young people while recognizing each country's socio-cultural context.

A lot of effort has since gone into integration of CSE in the education curriculum. The missing link however appears to be a comprehensive plan for the realistic implementation of CSE in order for its core objectives to be met. Several other challenges of a social, cultural, economic, geographical and structural nature impede the accessibility of CSE and wider SRHR services for young people. A study conducted a few years ago notes that in the education sector, 'teaching of sexuality education is selective, with some topics excluded as teachers respond to cultural and religious norms.'[2] These limitations in accessing information on CSE and SRH has resulted in un-planned pregnancies, high Sexually Transmitted Infections (STIs) & HIV prevalence rates, and a lack of opportunity for young people to claim their right to live full and productive lives in their communities.[3]

The centrality of the education sector therefore in demystifying various aspects of sexuality education cannot be underrated. Evidence has shown that comprehensive sexuality education can effectively delay sexual activity, reduce unprotected sex, reduce the number of sexual partners one has, and increase protection against unplanned pregnancy, STI's and HIV.[4]

There is a recognition within the Zambian Ministry of General Education (MoGE) that pregnancy among school girls is a serious problem. Young people in Zambia start having sex at a very tender age. According to the 2010 Population Reference Bureau, young people start having sex as early as 15 years. The report specifically states that 12 per cent of teenage Zambian girls and 16 percent of teenage Zambian boys start having sex before they reach 15 years, and that age 17 is the medium age for sexual debut among girls in Zambia.[5] The latest, 2013-2014 Zambia Demographic Health Survey (ZDHS), corroborates this view pointing out that 13% percent of women aged 25-49 had their first sexual intercourse by age 15 while 58 percent by age 18, and 75 percent by age 20.[6] The

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[1]   http://www.unesco.org/fileadmin/MULTIMEDIA/HQ/HIV- AIDS/pdf/ESACommitmentFINALAffirmedon 7thDecember.pdf

[2]

[3]   Strengthening access to quality comprehensive sexuality education: lessons learned and recommendations - the Tikambe Project – January to May, 2016

[4]   Strengthening access to quality comprehensive sexuality education: lessons learned and recommendations   the Tikambe Project – January to June, 2017

[5]   2010 Population Reference Bureau

[6]   CSO, 2015

fact that 71% of the women were in the 'school going age-group' says a lot about sexual activity among school going children (see table 1 below).

Table 1: Percentage of men and women ages 15 – 49 by specific exact age of first sexual debut

Current age	Percentage who had first sexual intercourse by exact age:					Percentage who never had first sexual intercourse
	15	18	20	22	25	
	WOMEN					
15-19	11.7	na	na	na	na	50.9
20-24	11.7	54.4	76.4	na	na	9.6
25-29	12.7	56.5	73.8	82.8	88.4	1.6
30-34	13.8	59.9	76.1	83.6	87.4	0.4
35-39	12.9	58.1	75.7	82.8	86.2	0.3
40-44	13.0	58.7	75.3	83.2	86.6	0.0
45-49	14.8	58.5	75.5	82.2	86.2	0.1
20-49	12.9	57.4	75.5	na	na	2.7
25-49	13.3	58.3	75.2	83.0	87.2	0.6
15-24	11.7	na	na	na	na	32.2
	MEN					
15-19	18.3	na	na	na	na	52.3
20-24	13.2	47.6	72.4	na	na	14.0
25-29	11.4	45.1	67.8	82.3	92.0	2.4
30-34	11.4	48.3	70.7	85.6	92.8	0.5
35-39	10.4	45.8	68.1	82.3	90.4	0.7
40-44	9.4	45.2	67.5	83.3	90.1	0.1
45-49	8.9	44.2	66.5	81.7	89.7	0.1
20-49	11.1	46.3	69.3	na	na	3.9
25-49	10.5	46.0	68.4	83.2	91.3	0.9
15-24	16.2	na	na	na	na	36.5
20-59	10.8	45.5	68.4	na	na	3.5
25-59	10.2	44.9	67.4	82.5	90.8	0.8

Source: ZDHS, March 2015

Girls not only start having sex earlier but they also do so with partners who are much older than themselves. This creates a disparity between boys and girls as boys would start having sex at a much later stage.[7] The adverse effects of early sexual activity, whether occurring within or outside of an early marriage, have a direct bearing on access to and participation in education especially for girls. Early marriage and childbearing to a large extent, ensures that young women do not advance in their education.

In the recent past, the Curriculum Development Centre (CDC) has been implementing the Revised Curriculum which was launched in January, 2014 partly as a mechanism to respond to the ESA commitment described above. The Revised Curriculum highlights among other aspects, the integration of Life skills Based Comprehensive Sexuality Education (LBCSE) in the relevant career subjects starting at Grade 5 to 12. This

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[7] ibid

reaffirms the Ministry's commitment to strengthening CSE in the formal education curriculum.[8]

Strategies to give young people easier access to HIV testing and other necessary medical services are also meant to be implemented. The overall goal is for adolescents and young people in Zambia to receive better sexual and reproductive health services and education, with focus on preventing new HIV infections and reducing unintended pregnancies which are a major contributor to girls' school drop-out from school.

1.2   The Re-Entry Policy in Zambia

The Right to Education is a fundamental human right. After the Beijing Conference in 1995, the Women's Movement pursued among other priorities, the education for the girl-child with a specific focus on the re-admission into school for girls who dropped out due to pregnancy.[9] This was out of a recognition of the gravity of the problem (see table 1) and also because international human rights instruments, highlight the primacy of the rights of all people. The Right to Education is stipulated in the United Nations Universal Declaration of Human Rights (UDHR), the Convention on the Rights of the Child (CRC) Article 28, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the African Charter on the Rights and Welfare of the Child, (Article 11), which Zambia is committed to.[10] At the national level, Zambia has domesticated these international provisions into education in the Education Act, 2011.[11] The Re-Entry Policy (REP) is therefore viewed by some as "one of the most important measures" towards increasing girls' access to education.[12]

In September 1997, the Ministry responsible for education announced that school girls who became pregnant would no longer be expelled, and that those that had been expelled since 1997 would be allowed to return to school.[13] This was done alongside other measures to encourage more girls to start school and complete their education. Prior to this, schools typically expelled students who became pregnant.[14]

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[8]   Ibid
[9]   FAWE, 2004
[10] http://www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx
[11] www.parliament.gov.zm/sites/default/files/.../acts/Education%20Act%202011.pdf
[12] Nkosha, Luchembe, & Chakufyali, 2013
[13] FAWE (2003)
[14] Mutombu & Muenda, 2010

Since then, there has been a noticeable increase in re-admissions of girls who fell pregnant back into the mainstream educational system (see Figure below).

Table 1 Number of pregnancies and re-admissions by grade groups, location and province								
	Grades 1-7				Grades 8-12			
	Pregnancies		Re-Admits		Pregnancies		Re-Admits	
Provinces	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
CENTRAL	1 099	108	411	60	300	165	217	92
COPPERBELT	391	347	200	208	144	351	119	243
EASTERN	2 008	177	727	82	281	125	207	63
LUAPULA	1 037	144	441	62	277	88	169	75
LUSAKA	402	416	184	214	133	312	122	197
MUCHINGA	496	50	272	25	226	101	207	93
NORTH WESTERN	1 154	86	681	42	384	88	348	67
NORTHERN	853	90	476	60	291	96	249	71
SOUTHERN	1 470	118	810	59	312	175	257	106
WESTERN	985	71	589	66	275	98	183	73
Total	9 895	1 607	4 791	878	2 623	1 599	2 078	1 080

Source: Statistical Bulletin 2018

Contextual Analysis of the Implementation of the REP in Zambia

According to some researches done on the subject of REP in Zambia, it has been bemoaned what has been seen as 'little large-scale quantitative research done on how effective (the interventions) have been at increasing girls' education or meeting the unique needs of adolescent mothers.[15] Indeed the subject has been addressed in a piecemeal fashion with various facets examined but not in a comprehensive fashion.

One of the few studies of the REP presented in Table 1 shows girl learners' pregnancy and readmissions data by year, province, grade group, and urban/rural areas. Dividing re-admissions by a lag (prior year's) of pregnancies and gives an average of 51% readmission at primary level, an improvement from 47% in 2018, while at secondary level the readmission is at 69% in 2019 implying that the readmission policy is much more effective at secondary than primary level and that girls who become pregnant at primary school level have a higher risk of dropping out of school permanently.

In terms of provincial distributions for the provinces that we carried out the research, Eastern and North-Western Provinces topped in pregnancies at primary grades. For secondary grades pregnancies, North-western and Eastern Provinces recorded the highest. In terms of readmissions after giving birth, Eastern Province and North-Western Provinces had the highest numbers while Lusaka had the least at primary level. At secondary level North-western province reported the most while Luapula province had the least cases of 88 at urban level In terms of rural-urban divide, rural schools have more

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[15] ibid

pregnancies than urban both at primary and secondary level. Pregnancies still remain a challenge in the education system both at primary and secondary level and therefore there is need for effective remedial measures to enable girl learners complete their education. For actors like the network of CSOs working in the area of SRHR, it is essential that practical recommendations are provided to remedy the situation and to provide strong evidence for advocacy.

1.3 Objectives of the Study

The overall purpose of the study was to conduct an analysis of the Re-entry Policy in four provinces, and thereby provide some useful responses to the key questions embedded in the specific objectives below. The study also further sought to identify gaps and opportunities that exist in ensuring there is equitable access to educational services. The following were the specific objectives of the study:

i. To ascertain the utilisation of budget allocations enabling the implementation of the Re-entry Policy which will promote the return of girls who drop out of school due to early pregnancies;
ii. To assess the levels of awareness on the Re-entry Policy Guidelines in schools;
iii. To evaluate the number of pregnant girls who return to school after delivery;
iv. To fathom reasons some pregnant girls are still not going back to school despite the Policy.
v. To determine the Strengths and weakness in Implementation of Re-entry policy.
vi. To assess the uptake of ZANEC recommendations from the last monitoring exercise

2.0 STUDY METHODOLOGY

2.1 Study Approach

The methodology used was a mixed methods approach. The bulk of the data collected was qualitative (structural determinants of behavior for instance) while some quantitative findings provided perspectives from the lens of the primary actors, on the severity of the problem regarding REP adherence and practices. The quantitative data was generally collected from the various District Education Boards Secretaries (DEBS) as well as the MoGE at national level (mainly through the annual statistical bulletins and other statistical records). Qualitative data on the other hand was collected through Focus Group Discussions (FGDs) held with teachers and pupils in selected schools. Teachers from the selected schools provided their perceptions about the challenges experienced by girls in being re-integrated back into school after pregnancy. Individual interviews with girls who had been pregnant before, and had re-entered school provided first hand views and experiences while those that did not re-enter or dropped out after re-entering could not be captured despite the researchers' best efforts. Their views would have provided a suitable validation and also control group.

Besides interviews, several past research studies, policy documents and academic papers provided some helpful insights and background information on the implementation of the REP. The references section of the report gives the entire list of these documents. Where these secondary documents have been used, they have been appropriately cited.

2.2   Sampling Methods

In line with the Scope of Work provided, the consultant sampled four provinces; Luapula, Lusaka, Eastern and North-western Provinces. The selection of these provinces was based on a criteria of the levels of reported occurrence of school pregnancies (highest, medium and lowest in the entire country). At the district level, Lusaka ,Sinda, Chipata ,Lundazi, Chifunabili ,Mansa, Zambezi, Katete, Samfya, Chongwe, Kasempa and Mwinilunga were targeted and within each district, care was taken to identify government owned, community owned and private/church owned schools for purposes of comparing results. Further disaggregation was done in terms of secondary and primary schools as well as rural and urban located schools. In each district, a representative from the DEBS office, guidance teachers and/or Head teachers from the schools, parents of the girls, girls that got pregnant, community leaders, boys and girls in school, were primary respondents (see Annex 1 for the complete and detailed list).

3.0   STUDY FINDINGS

The findings of this study are presented in accordance with the two main objectives (objective a. and objective b.) outlined in section 1.3 above. A separate section provides practical recommendations based on concrete data on how the REP can be improved with those specific recommendations being directed at the primary stakeholders, i.e.; MoGE, teachers/schools, parents and the network of CSOs working in this area of CSE. The findings and the analysis that follows is complimented by findings from other studies that have been done by other researchers on the subject matter. The last objective that seeks to provide a strong basis for evidence based advocacy is mainstreamed throughout the discussions and the recommendations as potential areas of advocacy are identified and discussed. Furthermore, a separate policy paper combines these various findings into a succinct document for purposes of advocacy.

3.1   To ascertain the utilization of budget allocations enabling the implementation of the Re-entry Policy which will promote the return of girls who drop out of school due to early pregnancies.

Education is an equalizer for all human beings. The Human Development Index under the UN espouses that girls who stay longer in school are more likely to make better and well informed choices about their health compared to those who drop out. Worse still, girls who drop out of school are likely to have children who will likely die before the age of five and if they survive, their chances to have a good education and good health are compromised and slim. This makes such children to be caught in a vicious cycle of poverty. Currently in Zambia 43,000 girls drop out of school every year and out of that number 11,000 are attributed to unintended pregnancies. This is according to the Camfed 2019 report. Unfortunately, out of the girls that get pregnant, only 44per cent go back to school under the Re-entry policy from an average of 17,000 girls. From the 44 per cent, only 5 per cent of the girls that go back are able to complete their grade 12. Based on these glaring statistics, the investment case for girls in the education sector through the school re-entry policy is an important aspect worth appreciating. However, certain parameters and measures require strengthening to cushion financial misuse as well as help improve the monitoring of progress on the implementation of such programs. Firstly,

there must be investment in human resource and clearly defined budgets that can respond to effective interventions in this discourse. Therefore, an in-depth analysis on the historical perspective of the policy and the results yielded this far is the first step to help address the deficiencies. This will help measure the extent to which the allocated funds at national, provincial and sub district have had an impact. Secondly, it is important to isolate the specific budget allocated to the Re-entry policy on an annual basis. Study the trends if the allocation has been increasing or has been static and the factors that have led to increased or reduced allocation. Then study the effect of the increase in the budget or reduction to service provision or the functionality of the policy. Additionally, there must be deliberate target to key stakeholders working within this parameter and understand how they perceive the whole concept in relation to the development goals of the nation. (Camfed report of 2019, UNFPA report 2016 and 2015, UNDP report 2006 from Introduction to Development Studies by Arys.)

Furthermore, we ought to study the systems for fund allocation and management and how this trickles down to provinces and the criteria in place. Because sometimes, certain provinces will receive large chunks of the budget to the detriment of the most needy areas. These in most cases could be districts or provinces that lack proper representation or lack back up information that can enable them to argue their case and influence positive actions that can facilitate in flow of funds to abate the situation. Therefore, studying the funding trends overtime, studying the systems in place for management of resources and the case study for cases to measure whether they are reducing or on the increase is the starting point. This will however be anchored on the creation of a good rapport with the Ministry of Education. Effective mobilization of key stakeholders from the grassroots involving children, parents, religious leaders and traditional leadership and likeminded organizations can be brought into the equation in order to galvanize efforts and enhance the voices that help contribute towards addressing gender inequalities as espoused by SDG 3,4 and 5. Further arguments must be on the commitment by the Government to regional and international protocols towards harnessing the demographic dividend as enshrined in the African Union 2033 Agenda. So the community engagement meetings may also be important to measure if they know about the policy and how much is given per district or school and how this support is accessed. If not, you give information and provide platforms for engaging duty bearers after you build their capacity in Social Accountability.....which is a tool for transformation and empowerment for the governed through knowledge and skills building for citizenry participation.

3.1.1 Experiences of young mothers upon returning to school

In conducting this study, a total of 20 girls from 9 primary schools and 14 secondary schools were interviewed. These are girls who after taking time off from school to give birth, returned to pursue their studies at the same schools they had been previously. Of these respondents, 5 had been impregnated by a fellow pupil, 8 by an adult outside of the school and 7 by teachers. They represent all the twelve districts visited. Generally, the study findings showed that girls who returned to school encountered challenges arising from the negative perception among fellow learners, and the lack of support from teachers and parents upon re-entering school. The respondents described emotional instability that they experienced due to lack of professional counseling and that they faced a lot of rejection from their own family members and friends. As one teacher in a primary school

in Sinda District put it, the girls who fall pregnant "fear the teachers and pupils." because at times their fellow pupils laugh at them including teachers who make fun of them during lessons which makes them fear to go back to school. This consequently affected their school performance. These findings corroborate what Mutombu and Muenda, in their 2010, Review of the Re-entry Policy, found in their own study on this subject that 'many girls continue to face social, financial, and practical challenges in returning to school after giving birth.'[16]

Unfortunately in this study, the girls who did not return to school could not be accessed despite several attempts made by the research team to reach out to them. The researchers however observed that 50% of girls who had not returned to school named lack of financial support as their main reason for not returning, while 10% cited stigma and the way that they would be treated by other students. Quite importantly, 53% of those who did not return to school but expressed interest to do so said they would prefer to go to a different school, primarily because of the stigma they feared they would face at their former school.[17]   Consequently, Mwansa, in his 2011 study came to the damning conclusion that despite the policy being put in place in Zambia, an increasing number of girls do not return to school after giving birth. He attributed this to social, economic and cultural factors as the most commonly cited reasons for this failure.[18]

3.1.2 The main Causes of early pregnancies.

Teens who become pregnant often come from families of low socio-economic status. Growing up, these children mostly come from families who are suffering from poverty and do not have all the necessary resources to raise their children. These children grow up to have low educational goals and successes because of the lack of involvement from their own parents. These young kids are then predisposed to a negative environment and end up with less ambition to succeed in school and begin making friendships with other teens who are going through similar situations as them. It is these groups of teens who begin to experiment with drugs and alcohol and do not do very well in school.

Low socio-economic status is further linked to low levels of family connectedness. This means that children/youth growing up in these homes do not have strong role models or individuals to look up to or learn from. Within these low socio-economic status families, abuse is often prevalent and predisposes youths to unsafe and troubling conditions. Whether the child is being abused or witnessing domestic abuse, adolescents are being separated and disconnected from their families which might lead to poor decision making. This lack of family connectedness pushes youth away from confiding in the adults within their homes but towards other troubled youth experiencing similar challenges.

With their lack of education and knowledge about reproduction, these teens engage in unprotected and unsafe sexual activity. These teens do not know about the available contraceptives nor do they explore available options. Even if the adolescents have some form of contraception, they are using them incorrectly, which makes them useless during

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[16] Mutombu and Muenda, 2010
[17] Ibid
[18] Mwansa, A. 2011

sexual activity. These teens simply engage in intercourse at very young ages, and may have multiple partners which further leads to increased chances of pregnancy and STIs.

Table 2 below demonstrates the occurrence of pregnancies and readmissions by grade in all the 10 provinces of the country in 2019.

Table 2   Number of pregnancies and re-admissions by grade groups, location and province Statistical bulleting 2019

| | Grades 1-7 | | | | Grades 8-12 | | | |
| | Pregnancies | | Re-Admits | | Pregnancies | | Re-Admits | |
Provinces	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
CENTRAL	1 099	108	411	60	300	165	217	92
COPPERBELT	391	347	200	208	144	351	119	243
EASTERN	2 008	177	727	82	281	125	207	63
LUAPULA	1 037	144	441	62	277	88	169	75
LUSAKA	402	416	184	214	133	312	122	197
MUCHINGA	496	50	272	25	226	101	207	93
NORTH WESTERN	1 154	86	681	42	384	88	348	67
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SOUTHERN	1 470	118	810	59	312	175	257	106
WESTERN	985	71	589	66	275	98	183	73
Total	**9 895**	**1 607**	**4 791**	**878**	**2 623**	**1 599**	**2 078**	**1 080**

A few parents that understood the predicament of the young mothers gave unreserved support towards their education. The girls however in both FGDs and individual interviews observed that the home environment for most girls was not supportive of the girls who chose to return to school after birth. Results also showed that the girls who re-entered school reported of being stigmatized for having a child while being in school at the same time. The girls mentioned that they were perceived as morally tainted and would be called names. Pre-marital pregnancy is seen as an immorality and little effort is made in addressing the factors that lead to pregnancy among school girls in the first place. This finding is in line with what Musonda Luchembe S was able to establish that the girls he interviewed reported that while at school, they felt stigmatized by their friends and teachers through derogatory remarks such as addressing them by their children's names: "Bana Mary (Mother of Mary), aunt Lucy etc." which made them feel out of place.[19]

Peer pressure was found to be one of the underlying reasons why girls engaged in sexual relationships and consequently ended up pregnant. FGD with both boys and girls revealed that girls liked receiving gifts and money. As a result, girls preferred dating older men who had money to spend on them. Among those girls who had re-entered school, they claimed that their reason for having a boyfriend was the desire for companionship and mutual friendship. As one of the re-entered girls in Sinda District responded when asked why she had got a boyfriend:

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[19] ibid

"I decided to have a boyfriend so that I could have someone to chat with and make me feel good…especially at home when parents get mad at me, I would look forward to his phone call and he would make me feel good".

Though not the only reason, her response is indicative of the failures of the family structure that exist at household level.

It can be concluded that although the policy had given the girl-child a chance to return to school upon giving birth, the environment within the school and societal judgments largely remained unfavorable for the full implementation of the policy. The study further established that there was no tracking system of the young mothers in the context of the REP. Consequently, it is very difficult to determine, other than for those girls who re-enter or fail to re-enter their former schools, how many actually re-enter school at other schools for instance.

3.1.3 Reasons some pregnant girls are still not going back to school despite the Policy

As noted earlier, the study was not able to locate and interview the girls that did not return to school after falling pregnant and consequently, lost out on the first person views of the girls themselves regarding the reasons they fail to return to school. However, secondary respondents provided responses through KIIs and FGDs as to why some girls fail to re-enter schools besides the issues raised in section 3.1.1 above.

The school based respondents noted that there was a possibility of under-reporting of girls who fall pregnant because in some cases, the girls simply drop out when they realize that they are pregnant and as such, the school authorities never get to know the reason for dropping out. Community based respondents equally made a similar observation and observed that from their observations, there were a lot more girls who get pregnant and drop out of school. These observations are corroborated by the study conducted by Mutombo and Muenda which noted that:

…..it is clear that a majority of adolescent mothers are not returning to school after giving birth. The REP does not appear to be having as great an impact as it could on adolescent mothers' ability to continue their education after giving birth; additional support systems are likely needed to address the barriers that prevent many adolescent mothers from returning to school.[20]

Clearly, as argued earlier, the poor support systems at all levels, was a major determinant of the girls not returning to school despite knowing about the REP. Some of these support systems include sharing the burden of taking care of the baby who is highly dependent on the mother's care especially in the first few years of life. The boys or men responsible for the pregnancy on the other hand were rarely available to support the young mother. This situation therefore forced many of the young mothers to find means of generating some income in order to support the growth of the baby especially in poor households. In extreme cases, parents were said to be actively encouraging their daughters who fall

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[20] Statistical bulleting 2019

pregnant or marry so as to escape the responsibility of taking care of additional mouths in the home but also for others, to avoid the 'shame' of their daughter falling pregnant at a young age and outside of wedlock.

Table 3 Number of pregnancies and re-admissions by grade group from 2012 to 2019; Statistical bulleting 2019

		Year								2019/18 % change
		2012	2013	2014	2015	2016	2017	2018	2019	
Primary schools	Pregnancies	12 753	12 500	13 275	11 989	11 765	10 684	11453	11 502	-7.7
	Re-admissions	4 915	4 492	5 322	5 217	5 423	5 527	4917	5 669	2.6
Secondary schools	Pregnancies	2 096	2 428	3 103	3 136	3 457	2 956	3576	4 222	42.8
	Re-admissions	1 086	1 337	2 069	2 047	2 230	2 052	2488	3 158	53.9

Ignorance of the provisions of the REP also played a significant part in the failure of girls to re-enter schools after giving birth. For instance, most respondents did not know how many times one may re-enter or how long they were allowed to stay away from school (on maternity leave) let alone how long that leave is supposed to be after a girl gives birth. For those who knew the provisions of the policy, the learners in primary school were more conscious than those in secondary schools. Girls generally had more information on pieces of the policy that they knew, whilst most boys had little knowledge.

The age range of girls at the time they fall pregnant is largely between 15 and 22 years of age. The girls themselves surprisingly made the decision to stop going to school when they fell pregnant. All the girls interviewed reported that the girls who fall pregnant feel that they have betrayed their parents' trust and let themselves down. They also noted that there was a sense of fearfulness of their parents' reaction, uncertainty about their lives, and in most cases, there was no one to confide in or to guide them when they discovered they were pregnant.

In addition, the third party respondents said that the girls drop out of school and fail to re-enter due to failure of the guidance system in schools. The girls therefore felt that the support system even within the school set up was not supportive and thus, they had 'nowhere to turn' when confronted with bullying and name calling that often occurs when the young mother returns to school. Although the support systems in the school are inadequate in both urban and rural schools, it was not surprising that the girls from rural schools who decided to return to school found it a little easier to settle back in than those in urban areas. This is because, in rural settings, the mean age of girls in schools was a little higher than in urban schools and the extended family system is a little stronger than in the urban areas.

The Government of the Republic of Zambia commissioned a Re-Entry guideline that found that girls are more likely to return to school if they informed the administration of their pregnancy before leaving, stayed in school past the first trimester, and were 20 years of age or older.[21] Data however is generally scanty on the effects of the REP and these data challenges regarding availability of adequate data on girls who are getting pregnant while in school at district and school level means that the issue of pregnancy is probably

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[21] Ibid

underestimated in terms of the likely effect it has on girls' education.

Though not investigated at great depth, there appears to be a relationship in the disparity between the manner in which the person responsible for a girl's pregnancy is treated and the girl herself. The boy or man responsible is not treated with the same level of loathing as the girl – a situation which can have significant psychological effects on the girl and lead to her making the decision not to re-enter school. Although the REP also obliges schools to ensure a paternity leave (for the child's father in the case that it is a school boy) of the same length as the maternity leave to facilitate joint caretaking of the infant,[2223] it is rare that the boys get any disturbance in their education endeavors. During the visit at Matero girls secondary school in Lusaka district, one of the re-entered girls by the name of Abigail during her interview mentioned that "some of the reasons why the pregnant girls do not go back to school is because their fellow pupils make fun of them including teachers and as such others decide not to return to school."

3.1.4 Support systems for girls who fall pregnant in school

According to the respondents at school level, there were a lot more mechanisms for dealing with pregnancy that is detected in schools than supporting those children who are found to be pregnant. For instance, some schools (mission schools particularly) have not subscribed to the Re-entry Policy and simply expel the girls who fall pregnant. Most schools across all regions conduct periodic check-ups for pregnancy and consequently, it is not unusual for girls who discover that they are pregnant to simply drop out of school and not go through the embarrassment of acknowledging that they are pregnant and therefore filling in forms that would allow then to access leave until the baby is born. Consequently, it was reported that some girls go as far as aborting or enrolling in a different school after giving birth.

Some respondents indicated that when a girl fell pregnant and in an examination class, school authorities often left the affected pupil until she completed her exams not only on "humanitarian grounds" but also because of the policy provisions. Although there are some gaps, it was recorded during the study that the school support systems in Eastern Province provided a stronger supportive atmosphere as evidenced by their acceptance of girls who wished to re-enter as well as the provision of counseling services to them via the school guidance office. All girls who returned to school indicated that they received counselling before (with class and group assembly by the school management), during and after pregnancy from the school guidance counsellor's office and at the nearest health centers.

Further analysis however showed that some teachers, especially male teachers, opposed to the re-entry of young mothers as they argued that the re-entering young mothers struggled to catch up with their school work after being away from school for a long time. However, female teachers were more supportive of the re-entry of girls. For example, one guidance teacher from Ndola District argued that concentration was possible since the girl would have given birth already. Another female teacher argued that the girls should be allowed to re-enter because they would have learned through painful experience, the consequences of their actions and therefore would unlikely repeat the mistake of getting pregnant while in school. Other progressive teachers from a secondary school in Ndola

supported the re-entry of girls because, according to them, "most of the pregnancies were accidental or emanated from abuse and occurred to adolescents who could still become better people later in life." This however did not negate the fact that child upbringing could be unsettling to the young mother probably more than a pregnancy.

Teachers in primary schools were proportionately ahead of their secondary school counterparts in supporting re-entry at 95% and 90% respectively. There were no major differences between teachers in government schools or community schools as over 92% supported re-entry. However, teachers in day schools were more receptive at 94% as compared with those in boarding schools at 90% while those in both day and boarding schools that supported re-entry were 90%. Again, it appeared teachers in private schools were more conservative both in relation to retention and re-entry policy.

It was also noted in group discussions that most parents were not tolerant of their children once they fell pregnant. This led to a majority of the girls to lose out on the parental support and consequently failure to re-enter school. Most of the girls who were chased away ended up looking up to the father of the child or doing odd jobs in order to support their babies as teen single mothers. Teachers in all the four provinces (Lusaka, North- Western, Eastern and Luapula) indicated that the biggest hindrance to girls staying in school were their parents. As one teacher put it, "parents rooted in outdated traditional practices that directly undermine the child's fundamental human right to education. As a result, they tend to decide on behalf of the child and literally force the child to get married". Even the withdrawal of parental support forced the girls into early marriages.

More enlightened parents however, were able to support their children throughout the pregnancy and after delivery. Examples of such parents were the parents of two girls from Mansa, attending Mansa secondary school, which is in an urban area. One of the girls received full support and counsel by her mother who is a youth counsellor. The other received support from her father who explained the Re-entry Policy to her and made sure she got back in school. This, however, was not the case with most girls in rural areas as they were married off or if they returned to school, they still rarely had such support.

3.1.5   The levels of awareness on the Re-entry Policy Guidelines in schools

In general, a pregnant school girl meets with one of three outcomes: expulsion from school, re-entry, and continuation. Almost all the girls report that they did not know about the Re-entry Policy prior to falling pregnant. During FGD, both boys and girls expressed ignorance of the provisions of the policy though a few indicted that they were aware of its existence.

There are still strong beliefs in the schools and community at large about the place of sex and sexuality. Girls said that they would not buy or carry around a condom for fear of stigma and said that it was the boy's job. They happened to be more afraid of the cultural implications of carrying around condoms than they feared STI's or early pregnancy. Boys seemed more open to the idea of acquiring forms of contraception from the pharmacy and the local health centers. This would suggest that awareness reforms would be more effective if they focused on making boys advocates for sexual and reproductive health or changing the perception of girls on self-love and safety.

In all the schools, all of the girls that had become pregnant thought that the policy was a good initiative as it accorded the girl child the opportunity to continue with her education despite early motherhood. A few respondents in the FGD (both teachers and learners) expressed concern about the potential dangers of abusing the policy. They felt, as mentioned in the above section, that learners might misconstrue the policy for permission to be promiscuous. This view point indicates that the beneficiaries (schools, communities and learners) have not fully grasped the intent of the policy and is a call for more sensitization by the MoGE.

Furthermore, most of the girls said that they had not received SRH education from school or at home. Interviews with parents collaborated this view, thus suggesting that there was insufficient education on safe sex practices at home. Cultural beliefs and practices play an important role to this effect as it is still considered a taboo for many parents to speak openly with their children on matters of sex and sexuality with their children.[24] This responsibility is instead left with school teachers and the local health centers as the only place where such information is obtainable. Interviews with local health center personnel revealed that they have limitations in their direct access to the young people in the communities as health centers rely on people going to the facility to access services. They also indicated that they lacked resources to do pregnancy screenings (such as pregnancy kits) and transportation to reach remote areas.

The guidance teachers interviewed reaffirmed this in all schools. They indicated that they did not carry out sensitizations on the Re-entry Policy because they felt that girls would take advantage of that knowledge and use it as carte blanche permission to get pregnant whenever since they would be 'allowed back in school, according to the Guidelines for the Re-Entry Policy in the rare event that a girl applies for Re-Entry more than once, the School should be flexible and re-admit the pupil and the girl should be provided with the necessary counselling. This position is collaborated by another study which concluded that some policymakers and school administrators fear that REPs encourage teen pregnancy by "rewarding" teens for becoming pregnant, or by removing the deterrent aspect that bans on returning to school had as others have claimed that such policies encourage second pregnancies.[25]

3.1.6   Views of various stakeholders on re-admission of girls into school

Essentially stakeholders like CSOs are receptive to the policy and view it as progressive towards gender parity. Government as a stakeholder argues that the policy is aimed at empowering girls and facilitate realization of girls Right to education and protection. Parents as key stakeholders equally feel this policy is positive and helps address the inertia or stagnation of girl's education in comparison to the old position by government whereby pregnant girls were not allowed to continue with their education In fact, in the Kaunda regime, girls could only go back to school through private schools and this was under a program dubbed 'special' hence most girls who attended such schools were highly stigmatized and this consequently affected continuation of school. Although the special classes were also aimed at increasing the absorption capacity of pupils in

[24] www.unaids.org/en/resources/presscentre/featurestories/2016/.../20161109_zambia
[25] Mutombu & Muenda, 2010

secondary schools in view of limited places, most people that attended such classes were girls who had dropped out of school due to pregnancy.

Given the above scenario, the reentry policy has had merits than not having it. Girls are easily integrated in school than in the past. School authorities and victims have come to appreciate this support. However in some cases, sensitization has not been done effectively. This has limited the accessibility to education among ignorant parents and children. The absence of Continuum measures to help improve knowledge and skills commensurate the emotional support required for victims to save for the Guidance and counseling department, has rendered the re-entry policy program ineffective. The political will is there but lacks the financial and human resource investment to match the desired outcomes of the policy. With the shrinking funding space at national level due to external debts and inability to mobilize internal resources for investment in the education sector, key stakeholders can play a role in ensuring that the policy is implemented in line with the set guidelines and therefore, advocacy can be used as a conduit in this discourse.

Donor agencies like UNESCO and UNICEF have an interest in the matter, their views have been instrumental in helping analyze the validity of assertions that the reentry policy has yielded positive results than previous approaches. Given their influence on such matters and their reservation on this debate authenticates by their research, it will be prudent to rely on their recommendations that have been advanced as blue prints to making the policy even more effective.

3.1.7 Practices in implementing REP and SRH

The implementation of the REP and broader SRH, according to the study findings was found to be wanting in many respects. However, nearly all the schools interviewed in all districts revealed that information on SRH was provided to the learners at both the school assembly and classroom levels. In addition, teachers were encouraged to integrate sexual and reproductive health education in their lesson plans for different subjects. There was also sharing of the provisions of the policy through drama and poetry in schools.

For example in Eastern Province, awareness around the REP also came from the Forum of Women Educationists in Zambia's (FAWEZA) Community Action Groups (CAGs). The organisation also helped with tracking of learners. All schools interviewed reported a lack of tracking system for learners that had dropped out of school.

On the other hand though, the main weakness was the limited levels of awareness of the policy itself even among teachers who were expected to be a lot more knowledgeable. The implementation of the policy as such was equally found to have several gaps. On the basis of interviews with the girls who re-entered school for instance, the counselling aspects, such as the girls receiving counsel before being taken for medical examination, about the next steps once they were found to be pregnant, etc.; were missing. Girls generally therefore tended to be fearful. Those who were not strong ended up dropping out of school completely in some instances. Furthermore, girls were not counselled after the medical examination. The counselling is equally rarely extended to the boys (in the case of a fellow pupil being responsible for the pregnancy) either. Consequently, some boys have continued to impregnate more than one girl and they have not been forced to face the consequences of their actions. The Guideline for Re-Entry Policy states that all schools

must have a counselling committee headed by trained counsellors, and should include in the timetable counselling on sexual and gender relations and reproductive health to reduce incidences of teen pregnancies. The school administration should ensure that Re-Entry Policy is disseminated at assembly on a regular basis. Sensitisation should particularly be done at beginning of the school year when the pupils reports to school.

On the part of parents, the policy and current SRH education practices were described as leaving out the role of parents in SRH. There is need for parents to commit to counselling their girl child who falls pregnant and to demonstrate love towards her while also assuring her of their support towards re-entering school. The negative attitude of most parents was said to be a major destabiliser in the pregnant girls' education.

Furthermore, the requirements of the policy were rarely followed to the letter or even known. Consequently, different schools when asked about the provisions of the policy had different interpretations about how to deal with aspects of a girl's pregnancy situation. These differences in implementation practice make it quite confusing for both the girls and the parents of the girls. The actions of mission schools and some private schools for instance, that have decided not to be bound by the provisions of the policy or have failed to provide SRH education, makes it very difficult to have a comprehensive approach to implementation of the policy.

On the part of the government, through the MoGE, the limited allocation of funds to support the rollout of the policy may have contributed greatly to the disparities in knowledge about the policy.[26] Consequently, actions were taken in schools and in households which were contrary to the provisions of the policy. Some researchers have gone so far as to allege that the poor engagement of stakeholders in formulating the policy let alone implementing it, has contributed greatly to some of the implementation challenges being encountered now.[27] The policy's lack of legality for instance, made it possible for mission schools to refuse to implement it to this day.

Until recently, teachers who made school girls pregnant often walked away with little or even no censure. This scenario had created the impression that teachers are above the law. Fortunately, through the teaching professional Act, the Courts usually support teacher dismissals if the teacher has an affair with a pupil.

Practices and attitudes around SRH remain those of fear especially on the part of the young people. Consequently, the boys and girls interviewed indicated that it was rare that a girl came up to the school authorities to report that she was pregnant because she would be consumed with fear of the repercussions. Usually, such reporting was made by one of the following:

I.   Class/school mates
ii.   A teacher who notices a change in behaviour (withdrawn and taciturn)
iii. The sports teacher who notices physical appearance and lack of agility
iv.   Parents/guardians after a girl decides to stay away from school
v.   Hospital/clinic staff who discover pregnancy when pupil is being examined for a

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[26] http://genderlinks.org.za/programme-web-menu/zambia-re-entry-policy-puts-girls-back-in-school-2011-09-30/
[27] Mwansa A, 2011

suspected illness

    vi.   The matron (in a boarding school) through routine checks on girls.

As a matter of fact, the most common means of detecting pregnancies was by mere observation (60%), routine screening (33%) and reports by parents or other pupils (6%). None of the respondents said that they reported themselves to the school authorities. The attitude of fear certainly seems to be quite significant suggesting that the girls are quite uncomfortable to share even with their own parents, information that relates to their SRH issues.

3.2   The number of pregnant girls who return to school after delivery

3.2.1 Knowledge of the policy's provisions

The Provincial Education Officers (PEOs) and District Education Board Secretaries (DEBS) all had specialized knowledge concerning the policy provisions. However, stakeholders below this level (head teachers, guidance teachers, class teachers, learners themselves, their parents and the community), their knowledge of the REP varied significantly. For instance, while all the 15 Head teachers interviewed had heard of the policy, only half could articulated its provisions. Most guidance teachers were ignorant about the details of the policy provisions and what documents needed to be given to the pregnant girl so as to facilitate the girl's leave for purposes of maternity and eventual re-entry.

Furthermore, none of the head teachers interviewed said they were in possession of a copy of the policy document or commitment forms. In addition, none of the school administrators could say, with a high level of certainty, how many times the learners could re-enter the school or provide the length of maternity leave.

There are several other provisions in the policy beyond matters of pregnancy. For instance, part B of the policy guidelines addresses issues of re-admission of girls and boys who drop out for other reasons other than pregnancy situations. Unfortunately though, most interviewees talked to seemed to be fixated on re-entry after pregnancy and there is a danger (although no exhaustive study has been conducted yet on this matter), that these other girls and boys can fall through the cracks. Furthermore, none of the schools had the resources to conduct measures aimed at strengthening re-admission such as campaigns, peer tracking, etc. In a similar vein, Part C of the guidelines provides for admission of missing out/out of school children and it would be worth investigating how well this is taking place.

3.2.2 Strengths and weaknesses in implementation of the REP

All respondents talked to indicate that there were clear gaps in the manner the policy was formulated and its eventual implementation. They observed that the MoGE was not placing sufficient emphasis on equipping teachers to adequately respond or address to the provisions of the policy. This was particularly visible in the manner in which the policy was announced at national level without adequate preparation and training on such matters as counselling and procedure to be followed. They further reported that the policy should have put in place mechanisms for following up those who for some reason decided

not to return to school after giving birth.

Musonda Luchembe who studied this subject earlier noted that the lack of involvement (in formulation of policies) eventually affects the ownership of the policies at school level. He argues that policy leaders often underestimate the importance of large numbers of mid-level bureaucrats and school-level educators who will influence the form which policies take in practice. He goes on to argue that 'under some circumstance the actors can block or reverse policies when they reach local levels.'[28] Indeed during his research, when teachers were invited to recommend improvements in the policy formulation process, they responded that:

'There was nothing they could recommend because their views and contributions are in most cases not taken.'[29]

Policy makers rarely develop a process for implementation of their policy formulations – the people at the receiving end of the policy are simply expected to make it work in practice. In the case of the REP however the guidelines were developed in 2012 but the level of knowledge at school and community level is still quite low.

A concern was repeatedly raised by the respondents on the possibility of abuse of the policy by the girl children, who would take it as a carte blanche right to be promiscuous because after all, they would be "allowed back into school anyway". In fact, some teachers complained that the re-entered girls (and boys) became disrespectful and rude because they felt that they were at the same level as teachers in terms of parenting. Other concerns raised were that re-entered children are out of school for a long time and ended up lagging behind in class. This created stress on the teacher who was compelled to pay extra attention to such learners. Due to these scenarios, some teachers interviewed suggested that re-entered girls should have their own institution specifically meant for them.

While there is merit in these concerns raised by teachers, it also points to the underlying problem of

THE CASE FOR BUY-IN

A circular by the Education Secretaries of grant aided schools entitled "Guidelines and Regulations Governing Aided Educational Institutions", states the following:

The Re-entry Policy pronounced by the Ministry of Education is received with mixed feelings by churches running Aided Educational institutions. In the first place, churches as key stakeholders were neither consulted nor communicated to through the Educational Secretaries who would have referred the policy to the proprietors, the managing agencies or the Board of management

(Catholic Secretariat, 2007:2)

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[28] Ibid
[29] Ibid

gross misunderstanding arising from poor orientation/training on the provisions and intent of the policy. It also exposes the weak support structure in the school environment (issue of holistic counselling for instance) and the low investments in resources made to ensure that policies are successful. Health workers showed overall support in the implementation of the policy. However, they were hamstrung by resource limitations and infrastructure gaps in providing youth friendly services. The other challenge that the respondents revealed was related to some policies at school level that did not allow them to freely distribute forms of contraception to the learners. They termed the practice by schools as retrogressive to health workers' efforts.

Overall, the attitudes towards the implementation of the policy were favorable. However, the stakeholders interviewed reported that the announcement and rollout of the policy was hastily done.

4   RECOMMENDATIONS

4.1   Recommendations to the MoGE

- While the REP was a critical step in establishing females' right to return to school after giving birth, more should be done to actively encourage adolescent mothers to continue their education. This includes providing the necessary support structure in the school by allocating sufficient resources for counselling, sponsorship schemes for girls to minimise their dependence on men for basic necessities, and access to health services;
- Government should build strong synergies for awareness raising through SRHR between schools and Clinics this will allow in striking a balance between recognising that young people in schools are or can be engaged in sexual activity while at the same time discouraging risk taking behaviour that leads to pregnancy;
- To encourage re-entry, a lot more investment in training people especially at school level on how to fully implement the provisions of the REP guidelines is essential. Guidance and Counselling teachers should be the primary targets of this training. This should go hand in hand with working collaboratively with other government agencies such as the Victim Support Unit (VSU) to ensure that perpetrators of under-age child pregnancies are punished in line with available laws; and also to have at least 1 guidance counsellor per school who will be specialised for this purpose.
- Encourage parents and guardians to be more supportive of the policy and more importantly their children who get pregnant or drop out of school for one reason or the other. The education of parents on the provisions of the policy and particularly the role that they can play in supporting its successful implementation should be prioritised;
- The policy has taken care of the young mother to return to school, however, it does not look into the plight of the newly born child as some young mothers fail to go back to school because they have no one to leave the child with or money to get formula for the baby. A holistic support system should be considered to ensure that the girls are not hindered from returning to school purely because they lack resources to take care of the child;
- There should be specific legislation to support the implementation of the policy (especially in private and mission schools) and as a way to enforce the universal right to education for all children.
- MoGE must ensure circulation of the Re-entry Policy to all schools (perhaps this recommendation should go under the recommendation for training/orientation). A holistic approach to include the other components of the policy in the training to avoid people viewing the policy as only focused on bringing pregnant children back to school

4.2   Recommendations to CSO's supporting the MOGE's efforts in SRHR

- Increase awareness activities on CSE in schools so as to compliment the efforts around the REP, as most respondents did not know in depth, the content or provisions of the policy. An awareness campaign on the purpose of the policy and its provisions is required for pupils, teachers and parents;
- Devise mechanisms of rewarding and encouraging more girls to return to school

after birth. This could be for instance, developing a support strategy for the babies while they are at school;

- Use available evidence, including this report, to engage with various government agencies and departments to plug the gaps in policy formulation and implementation, resource provision and support systems for both boys and girls; and

- Advocate for the implementation of the policy in its entirety (beyond re-entry arising from pregnancy). Lobby for greater attention to be placed on implementation of part B and C of the guidelines as well.

4.3   Recommendations to Schools

- There is need for increased awareness and flexibility in schools regarding youth friendly services. Girls need to be educated on prevention of pregnancies through collaboration with health facilities in terms of outreaches is helpful in this regard

- Some private and mission schools need to reconsider their position on expelling girls who get pregnant from schools and align their policies with the REP;

- School administrations should do more to stamp out the mockery and name calling that often affects negatively the highly impressionable girls when they return to school after maternity leave;

- Schools can afford, even without significant financial support from the MoGE, to provide counselling services for adolescents during pregnancy, after giving birth, and upon returning to school as a way of supporting them during this transition time. Clarity in terms of having such counselling sessions (that would encompass issues of sex and sexuality) are included in the school time table would help to place the sessions at the core of the learning environment rather than the periphery. By providing learning materials to the girls even while they are on maternity leave, they can continue studying on their own during this time they are away from school and as a result lessen the burden of 'catching' up when they return. The schools can equally ensure that teachers' negative attitudes towards girls who get pregnant or return to school after maternity are addressed.

- Schools should develop an information system to track the progress of girls that seek leave due to pregnancy in order to enhance the re-entry levels which currently appear to be quite low.

- Schools can play a leading role in engagements with the parents/guardians of the girls who drop out of school due to pregnancy or other reasons. This could enhance the levels of re-entries as parents appreciate the value of education for their children and collaborate with teachers to ensure that this happens.

4.4   Recommendations to parents and guardians

- Parents and guardians need to orient themselves on the provisions of the REP and invest more of their time in enhancing the education of their children despite the pregnancy situation. The change in attitude among parents is central in determining how far the girls who get pregnant can ultimately go with their education. Other than that, a greater acceptance of contraception as a method of preventing pregnancy, open and honest discussion on sex and sexuality with their children and a supportive home environment can go a long way in preventing pregnancy as much as enhancing the education of the girls; and,

- Parents and guardians should moderate their anger about their girl child's pregnancy with pragmatism. This calls for looking at the pregnancy of their daughters not as a curse but rather an opportunity to show love and support to their child bearing in mind the bigger picture that if the girl fails to get a good education, her prospects reduce and she can potentially be a bigger burden later.

4.5   Recommendations to Learners

- Both boys and girls should take a keen interest in using available resources on SRH issues that are provided through the mass media, schools, health facilities' youth friendly corners, NGOs, etc. There is quite a lot of information already which if well utilised, can substantially benefit the learners.

4.6   Recommendations to ZANEC

- ZANEC should also do some activities that involve sensitization in all the districts of Zambia so that everyone can be at the same level in terms of understanding the policy.
- ZANEC should run programmes or education platforms in the new districts so such information of the re-entry policy can be benefited by the districts too.
- There is a need to engage Government as well as other ZANEC member organisations in ensuring that the Re-entry Policy is not just on paper but that the intended target group (learners, parents/guardians, school managers, health facilities) understands the policy for smooth implementation.
- And that calls for massive policy sensitisation at   District, Provincial and National level
- There is a need for ZANEC and its members to mobilise resources key in conducting activities that support the policy implementation such as some training on the re-entry policy to the pupils and also the general teachers.
- In future ZANEC may want to consider allocating more resources (time and money) towards research for in depth interrogation of the matters are being researched on.

5.0   CONCLUSIONS

There is need to support and encourage girls that fall pregnant to return back to school so as to help them in meeting their responsibilities. The REP is generally seen as a progressive policy that is capable of addressing the serious disparities that exist in actualising the right to education for all citizens. Internationally, Zambia has been cited as a best example for implementing the policy. Representatives from a number of countries in the region, including Malawi, Botswana and South Africa have come to Zambia to learn about policy implementation.[30] There is little debate about its value and importance. What this study has however shown is that there are still major weaknesses in the manner it is implemented and the levels of awareness of the processes that need to be taken in actualising its implementation. There are many challenges of a social, cultural, financial and structural nature that need to be addressed first of all, to reduce the occurrence of pregnancy, but also to provide a supportive environment for learners who find themselves in an unfortunate place of teen pregnancy, out of school or dropping out for one reason or the other.

The policy, as has been seen through this study goes beyond merely seeking to address issues of girls who get pregnant while in school. A holistic approach to addressing boys' and girls' SRH challenges is essential and the report has made several proposals to that effect. Importantly however is ensuring that all the key stakeholders i.e.; parents/guardians, the pupils themselves, the government (MoGE) and teachers are all speaking the same language when it comes to addressing this problem.

The study has raised several matters that can be further investigated. For instance, the issue of whether girls who re-enter school perform worse off than their counterparts who did not have to leave school as a result of maternity leave. There are also underlying issues of what might be seen as selective treatment between boys and girls due to a pregnancy situation or the over emphasis on addressing matters of pregnancy and minimal focus on out of school children or girls dropping out for other reasons. It would also be beneficial to identify and better understand both the factors that enable some adolescent mothers to return to school and the barriers, in the same contexts while others fail to do so. Another researcher has argued, and rightly so, that data on the number of students who return to school after a pregnancy, data on how long they remain in school should be collected, in order to assess retention rates and whether they are able to complete school at the same rates as their peers. Together, this information can form the basis for shaping policies and programs that adequately meet the educational needs of adolescent mothers.[31] It appears therefore that there are several threads that can benefit from further research.

On the part of the network of partners supporting the MoGEs SRHR efforts, this report and the accompanying policy paper provide an opportunity to engage with different stakeholders for a comprehensive approach to addressing the challenges of particularly female learners in schools.

The REP alone may not be sufficient to drive a substantial increase in educational attainment among adolescent mothers therefore, both mothers and learners must ensure that they are able to remain in school just as their peers.

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[30] Mwansa, A., 2011
[31] ibid

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The Teaching Profession Act

The Camfed 2019 Report

ANNEX

Annex 1:Study Respondents -

Province	District	Sampled Schools	Sample Key Informants	Respondents (schools)
Lusaka	Lusaka	1. Kamwala High 2. St Patrick Missions School 3. Arakan Girls Secondary school	Director Planning - MOGE PEO representative DEB Representative 2 guidance teachers/headteachers 2 parents of girls adolescent girls in school 1 community leader	FGD for teachers FGD for pupils (girls) FGD for pupils (boys) 2 girls who have re-entered 2 girls who re -entered and then dropped out 1 girl who never re-entered
	Chongwe	4. Matero Secondary	DEB Representative 1 guidance teacher/headteacher 2 parents of girls adolescent girls in school 1 community leader	FGD for teachers FGD for pupils (girls) FGD for pupils (boys) 2 girls who have re-entered 2 girls who re -entered and then dropped out 1 girl who never re-entered
Eastern	Sinda	1. Seya Day secondary 2. Kapandula Primary 3. Nyamtuma Primary	DEB Representative 1 guidance teacher/headteachers 2 parents of girls adolescent girls in school 1 community leader	FGD for teachers FGD for pupils (girls) FGD for pupils (boys) 2 girls who have re-entered 2 girls who re -entered and then dropped out 1 girl who never re-entered
Eastern	Chipata	1. Tigone Secondary 2. Dam View Secondary 3. Godar Primary School 4. Mphamba GRZ School	PEO Eastern DEB Representative 2 guidance teachers/headteachers 2 parents of girls adolescent girls in school 1 community leader	FGD for teachers FGD for pupils (girls) FGD for pupils (boys) 2 girls who have re-entered 2 girls who re -entered and then dropped out 1 girl who never re-entered
	Lundazi Katete	1. CCAP Secondary School 2. Feni Secondary School 3. Chikando Secondary School	DEB Representative 1 guidance teacher/headteacher 2 parents of girls adolescent girls in school 1 community leader	FGD for teachers FGD for pupils (girls) FGD for pupils (boys) 2 girls who have re-entered 2 girls who re -entered and then dropped out 1 girl who never re-entered
Luapula	Chifunabuli	• Kakote Basic School	Teacher/headteacher 1 guidance	FDG for teacher/pupils

Luapula	Mansa /Samfya	• Mutende Combined School • Mansa Secondary • Holy Trinity Girls Secondary	2 parents of girls adolescent girls in school 1 community leader	2 girls who have re-entered 2 girls who re-entered and then dropped out 1 girl who never re-entered
North Western	Zambezi Kasempa Mwinilnga	1. Zambezi Primary 2. Zambezi Secondary School 3. Kasesi Secondary	DEB Representative 1 guidance teacher/headteacher 2 parents of girls adolescent girls in school 1 community leader	FGD for teachers FGD for pupils (girls) FGD for pupils (boys) 2 girls who have re-entered 2 girls who re -entered and then dropped out 1 girl who never re-entered

Annex 2:   Data Collection Tools

GENDER MONITORING TOOL FOR THE RE-ENTRY POLICY-ZANEC 2020

Questions for Discussion In this column a number questions of activities/indicators aimed at improving implementation of the policy are raised and can be probed if not explained by respondent	Answer (progress made-score excellent ,good, fair or poor, constraints, causes)	Proposed action to Redress the situation	Comment
Awareness About the Re-entry Policy 1. What is the level of awareness of the Re-entry policy? 2. Have you conducted sensitization activities on the re-entry policy in the school and community? 3. Who was targeted? and How many people were reached by the sensitization project 4 Does the school guidance and counseling committee conduct sensitization activities on ASRHR, gender and early pregnancy	Indicate the answers and score how much has been achieved on this indicator so far?	Indicate proposed action to improve the situation including recommendations for various stakeholders	This is the column in which any other information may be collected including what approaches worked well or did not work well/lessons learnt

5. Does MOGE sensitize and distribute sensitization materials on the re-entry and other policies to guidance teachers in your school? 6. How has been the implementation of CSE? Have you faced any challenges in implementing it?	30		
This section is for the School Management **Adherence to Re-entry Guidelines and procedures and creating a better school environment** 1. Does the school administration follow all the laid down procedures for re-entry (maternity leave by 7 months pregnant or on request, documents required to be signed, letter of re-admission, transfer, signed parental/boy committal forms etc.) 2. Does the school administration give the pregnant pupil all the documents she needs to carry as she proceeds on maternity leave (e.g. medical certificate, letter to parents/guardians, letter of re-admission to school etc.? 3. Does the school admin maintain accurate records of the girl, the person responsible for the pregnancy and a medical report confirming pregnancy?			

4. What elements of the policy have not been followed by the school administration?	31		
5. Is there a guidance and counseling unit			
6. Are the guidance teachers trained by MOGE in counseling?			
7. Is there a trained female counselor who counsels girls? Is every pregnant girl counseled?			
8. Does the school have a communication box on pregnancy related cases			
9. Does the school conduct routine medical check-ups for all girls at the beginning of the term?			
10. Does the school have a data management system where information on pregnancies is stored?			
11. Does the school keep detailed records of boy/man responsible for the pregnancy?			
12. Does the School have the safe-guarding policy?			
This section is for the Guidance and Counselling Teacher Statistics at different monitoring stages			
1. What is the enrollment rate for girls and boys?			
2. What is the drop-out rate in the school by sex			

3. What % of the girls drops out due to pregnancy?	32		
4. How many girls inform the school administration about the pregnancy?			
5. How many girls receive adequate documentation form the school as they proceed on maternity leave?			
6. How many girls re-enter the school system after delivery of the baby?			
7. How many girls have become pregnant for the second time and offered counseling and re-entry again?			
8. What are the challenges related to re-entry for the girls admitted to your school?			
9. What is the progression rate for girls and boys from the start of the monitoring period?			
10. Have there been cases where pregnant girls have been transferred with or without requesting			
11. Does the school maintain a data collection sheet every term for monitoring teenage pregnancy?			

This Section is for the School Manager **When Outsider or Teacher is Involved in Impregnating the Girl**	33		
1. Does the school have a sheet for entering the full details of the perpetrator? 2. Do the school's guidance and counseling and gender equity units assist the pregnant girls in tracking the man responsible for the pregnancy? 3. Does the school attempt to connect families of minors to legal and social entities such as ZP VSU, YWCA and National Legal Aid Clinic for women for additional support? If Yes do you make follow ups on how the case is being handled 4. Does the school report cases of defilement to the VSU and legal system in a uniform way for every similar case? 5. Are there structures within the school where the girls can feel safe to report abuse cases? 6. Does the school have safe houses were they keep abused girls? If no how do you ensure that the abused girls are being protected.			

7. Does the school have the Safe Clubs and what activities are being conducted in those clubs?			
8. How many teachers are involved in impregnating pupils in the period under consideration?			
9. Explain what disciplinary action was taken by the school admin and MOGE on erring teacher in each case?			
10. Did the affected girls always submit a written statement implicating the teacher in the matter? If not, Why?			
This section is for the PEO's or DEBS **Implementation of Re-entry Policy Guidelines at MOGE LEVEL** 1. How often does MOGE hold training for guidance and counseling teachers? 2. How often does the ministry produce and distribute relevant materials and packaged messages for counseling boys and girls? 3. Has the ministry availed the relevant policy documents on re-entry to your school? 4. Is the documentation of good practices in implementing the re-entry policy going on as planned			

5. How far has the curriculum development center gone in incorporating ASRHR and gender relations in the education curriculum?							
6. How many sensitization and training activities have been done for top education managers, middle, lower level learners and communities							
7. How many times has MOGE monitored your school to obtain data on pregnancy, re-entry, and transfers on the basis of pregnancy?							

Mansa District

Number of Pregnancies and Re-admissions by Grade in Primary and Secondary Schools (2017-2019)

Year	GRADES																	
	4		5		6		7		8		9		10		11		12	
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
2017	0	0	6	0	11	09	32	0	21	09	44	40	4	03	21	34	24	08
2018	0	0	4	0	17	3	35	21	36	11	59	15	10	03	12	16	9	11
2019	6	1	7	4	16	6	43	11	45	10	57	27	8	03	15	23	22	27

NB: *the overall total number of Pregnancies and Readmissions in Primary and Secondary Schools*

From 2017 to 2019 in Mansa District is as follows:

Year	Pregnancies	Re-admissions
2017	163	103
2018	182	80
2019	219	112

Number of Pregnancies and Re-admissions by Grade in Sampled Secondary Schools (2017-2019)

Year	Mutende Secondary										Mansa Secondary										Holy Trinity									
	8		9		10		11		12		8		9		10		11		12		8		9		10		11		12	
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
2017	0	0	0	0	0	0	2	1	3	0	0	0	0	0	1	0	3	2	7	1	0	0	0	0	0	0	1	1	0	0
2018	0	0	0	0	2	0	3	0	2	1	0	0	0	0	2	0	2	7	4	5	0	0	0	0	0	0	0	0	0	0
2019	1	0	0	0	2	1	1	1	2	2	0	0	2	0	0	0	2	2	1	3	0	0	0	0	0	0	0	0	1	0

Key

P – Pregnancies
R – Re-admissions