

Evidence-informed Policy Brief

THE RIGHT TO RETURN

SCHOOL RE-ENTRY POLICY AND PRACTICE
FOR PREGNANT AND PARENTING ADOLESCENT GIRLS
IN EASTERN AND SOUTHERN AFRICA



Across Eastern and Southern Africa, many adolescent mothers remain excluded from school despite growing regional and national commitments to their right to education. To better understand how countries are responding to alleviate the barriers adolescent mothers face when returning to school, this brief summarises findings from a 2025 regional survey of Ministries of Education, UN agencies, and civil society on the status of school re-entry policies and their implementation.

Background

In Eastern and Southern Africa, 1 in 4 adolescent girls gives birth before they are 19.¹ Adolescent pregnancy and early motherhood have wide-ranging consequences for adolescent mothers including poorer physical and mental health outcomes, school drop-out and limited economic opportunities.^{2,3,4,5,6} Children of adolescent mothers also face higher risks of poor growth and health outcomes and lower cognitive development.^{7,8}

Too many adolescent mothers in Eastern and Southern Africa face barriers to returning to school. Despite strong national, regional and global commitments to girls' education, pregnancy continues to interrupt learning for millions, with long-term consequences for them and their children. For school-going girls, higher education levels are linked to positive health and well-being outcomes both in adolescence and later in life.^{9,10} Parental education – especially maternal education – has lasting benefits in child health and life expectancy.^{11,12} In contrast, early pregnancy often leads to temporary or permanent school dropout. This is reinforced by stigma and discrimination from teachers and peers¹³, as well as weak or inconsistent school policies.^{14,15,16,17} Without completing school, young women are less able to access further education and training, drastically limiting their opportunities for quality, higher-income and formal employment.¹⁸ Adolescent pregnancy and school dropout are associated with an increased risk of HIV acquisition, subsequent pregnancy, and increased sexual risk behaviours.^{10,19}

While preventing early and unintended pregnancy remains a core health, development and rights priority, education systems must ensure that pregnancy does not result in permanent exclusion from schooling.

Following the 1st Pan-African Conference on Girls' and Women's Education in Africa in 2024, the African Union (AU) called upon all Member States to prioritise girls and women's education, in line with regional commitments²⁰, including Agenda 2063 and the Maputo protocol. The call specifically recognised the rights of pregnant adolescents and adolescent mothers, asking Member States to ensure they can access both formal and informal learning pathways such as STEM (science, technology, engineering, and maths) education and Technical and Vocational Education and Training (TVET).

The AU's call to action is an important step towards realising the rights of pregnant and parenting adolescent girls to quality education. Understanding how countries are responding is critical to advancing the right to education for every girl. To this end, UNICEF and UNESCO co-designed a regional survey of ministries of education, UNICEF and UNESCO country offices,



“Ensure [adolescent mothers] are participating in formal education and access[ing] informal learning opportunities, including in STEM education and TVET, benefiting from multiple alternative learning pathways.”

Call for Action & Recommendations of the 1st AU Pan-African Conference.

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and civil society organisations across 21 countries in Eastern and Southern Africa with the Accelerate Research Hub, a research collaborative at the Universities of Cape Town and Oxford. This brief offers a snapshot of current school re-entry policies for pregnant and parenting adolescents, and identifies the actions needed to strengthen policy and implementation.

Methods

This evidence-informed policy brief highlights key findings from a regional mixed-methods study using online surveys conducted with 18 Ministries of Education, 31 UNICEF and UNESCO country offices, and 67 civil society organisations (CSOs) across 21 countries in Eastern and Southern Africa, as well as analysis of policy documents from countries that have school re-entry policies. Surveys examined the presence of policies, implementation status and resourcing, interventions that support implementation of policy, conditions for school re-entry, as well as barriers and facilitators to policy development and implementation. Policy documents were analysed using a content–context–actors–process framework to examine policy content, stakeholder roles, and implementation pathways in a consistent and comparable way²⁰.

Key Findings

School re-entry policy landscape

Just over half (11 of 21 countries; 52%) of Eastern and Southern African countries reported having a specific school re-entry policy for pregnant and parenting adolescents. (Figure 1).

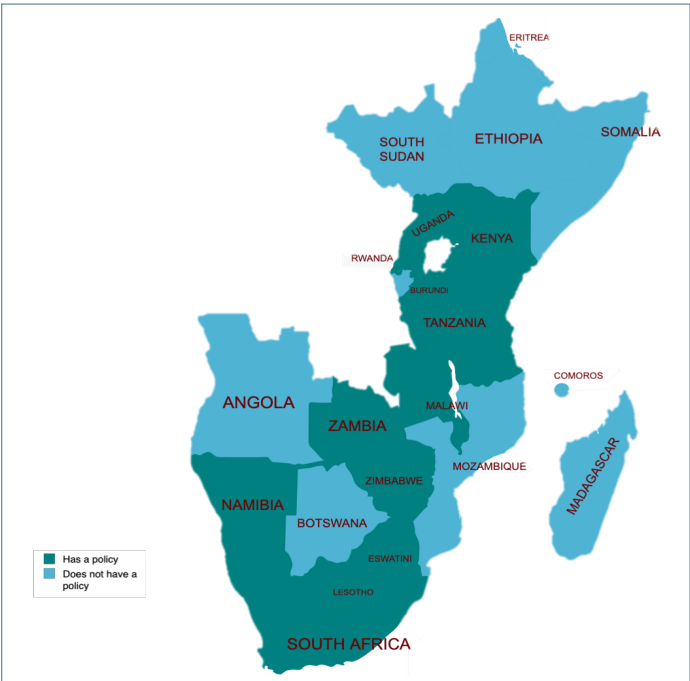
“52% of countries reported having a specific school re-entry policy.”

Of the ten countries with policies and who answered the survey, six (60%) reported dedicated budget commitments to support policy implementation, three (30%) reported issuing implementation guidelines to accompany the policy, and only two countries (20%) reporting having both.

Six countries (60%) reported conditions in place for school re-entry:

- ▶ Three countries (50%) noted that schools are guided by the advice of a healthcare provider or medical reports.
- ▶ One country (17%) reported pregnant girls leave school one month before giving birth and return to school three months post-birth.
- ▶ Two countries (33%) reported adolescent mothers can return six months post-birth.

Figure 1: Presence of school re-entry policies in Eastern and Southern Africa Region



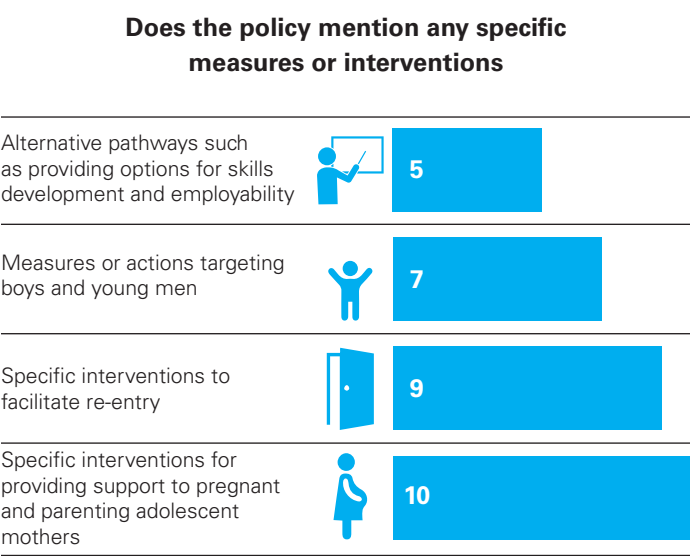
In countries with re-entry policies, six ministries of education (60%) reported policies were fully implemented across all schools in all districts, and three (30%) reported partial implementation (majority of schools in select districts). Comparatively, CSOs reported lower rates of full implementation (15%), and partial implementation (39%), and minimal implementation in select schools or districts (46%) (Table 1).

Table 1: Implementation status of school re-entry policies

	Ministries of Education	Civil Society Organisations
Full implementation (All schools in all districts)	6 of 10 countries with policies (60%)	6 of 39 CSOs from 11 countries with policies (15%)
Partial implementation (majority of schools in select districts)	3 of 10 countries with policies (30%)	15 of 39 CSOs from 11 countries with policies (39%)
Minimal implementation (select school in select districts)	-	18 of 39 CSOs from 11 countries with policies (46%)
Other	1 of 10 countries with policies (10%)	-
Missing	1 did not respond	-

Of ten governments who have policies and answered the survey, all (100%) reported having specific interventions in place to support pregnant and parenting adolescents. Almost all countries (9, 90%) have interventions focused on facilitating re-entry, more than half (7, 70%) reported having measures that target boys and young men, and half (5, 50%) have alternative pathway programmes (Figure 2).

Figure 2: Presence of interventions that support pregnant and parenting adolescent girls



Examples of interventions to support pregnant and parenting adolescents include life skills training, provision of financial and material support (through external funding), psychosocial and counselling support, and referrals for health services, such as antenatal care. Alternative pathway interventions include skills development opportunities, vocational training, and support with internship placement. Measures or actions targeting learners who are the fathers include paternal leave provisions as well as referrals to psychosocial support and counselling.

Examples of interventions to support pregnant and parenting adolescents:

- Life skills training
- Provision of financial and material support
- Psychosocial and counselling support
- Referrals for health services, such as antenatal care.

School re-entry policy development

In countries without a school re-entry policy, the following **barriers** to *developing* a policy were reported:

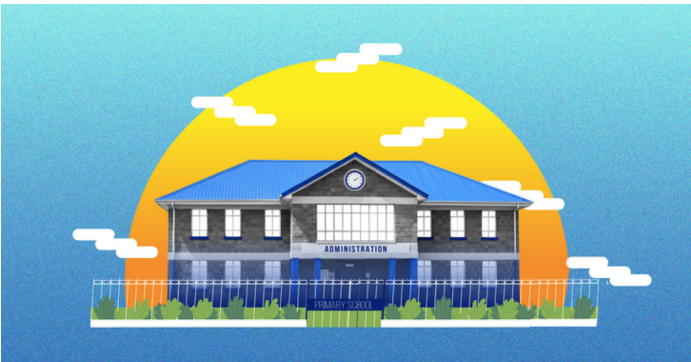
- **Lack of coordination** across government ministries and with key partners, including CSOs and schools.
- **Misalignment with existing legislation**, resulting in delays to policy finalisation.
- **Lack of evidence and data** to justify policy development and inform policy content.

The following were identified as **facilitators** in moving policy development forward:

- **Financial and technical assistance** was viewed as essential, with dedicated funding required not only for policy design but also for infrastructure, reintegration programmes, and social services.
- **Stronger advocacy** efforts that raise awareness of the social and economic benefits of girls’ education, address misconceptions, and build support for policy development can further motivate re-entry policy development.
- **Stakeholder engagement** through coordinated partnerships across government, NGOs, and CSOs, supported by community dialogue and high-level engagement with policymakers

“Continuous advocacy work and (...) training to raise awareness [amongst] community and educational organization leaders [to show] the impact of educated women on [the] national economy and the problems that face adolescents who drop out [of] school due to giv[ing] birth and becom[ing] pregnant”.

(Ethiopia)



“The current national education information management system does not capture pregnant and mothering adolescents. Thus, the development of policy needs to be evidence-based to address the actual need for that particular area.

(Somalia)

“Societal attitudes towards teenage pregnancy or school dropouts remain negative, discouraging many from re-enrolling. Re-entering students often face discrimination and isolation from peers, teachers, and the community... Deeply rooted cultural beliefs in some regions view teenage pregnancy as shameful, leading families to oppose the re-entry of affected girls”.

(Kenya)

- **Limited policy awareness** amongst stakeholders, including educators, school officials, families and pregnant and parenting adolescents resulting in inconsistent implementation of re-entry policies.

“Many students and educators are unaware of the policy, resulting in inconsistent support and missed opportunities for successful reintegration.”

(Tanzania)



School re-entry policy implementation

For countries with a school re-entry policy, **barriers** to implementing the policy were reported as follows:

- The most common barriers across countries are **cultural and religious norms** at the community, school, and household levels that are misaligned with school re-entry of pregnant and parenting adolescent girls. Even where there has been progress at the highest policymaking levels, and re-entry policies have been developed, discriminatory attitudes and beliefs fuel stigma and resistance to permitting re-entry after pregnant and parenting girls. Re-entry is often rejected due to societal norms that view adolescent pregnancy as a transgression, with concerns that allowing re-entry could influence other students to fall pregnant or be seen as an endorsement of bad behaviour and early sexual debut.

- **Insufficient resource allocation** is another major barrier to implementation, with most schools lacking the infrastructure and support services needed to accommodate pregnant and parenting adolescents.

In contrast, key **facilitators** to support school re-entry policy implementation included:

- **Advocacy and engagement** with governments and CSOs working together to promote awareness, understanding, and acceptance of re-entry policies. Beyond supporting government efforts, CSOs also play a key role in engaging schools and communities to combat discrimination and foster inclusive environments.

“We need to continue with the advocacy and education of our communities to ensure that they understand the provisions of this important policy”.

(Namibia)

- **Capacity-building** of school officials responsible for policy roll out including training on stigma reduction, inclusive school environment, and responding to the diverse needs of pregnant and parenting adolescents.
- **Multi-sectoral partnerships and collaboration** including linkages between schools and health facilities, coordinated efforts between government sectors, engagement with communities and schools, and private-sector engagement — to provide integrated support for re-entry.

“These girls often face overlapping issues related to their age, pregnancy, parenthood, and the need to continue their education or career development. By addressing the multi-faceted needs of pregnant and parenting adolescent girls, the re-entry policy can help them overcome the unique challenges they face and set them on a path toward academic, social, and economic success. Providing holistic, inclusive, and supportive environments – both in schools and within communities – empowers these young women to thrive as both learners and mothers”.

(Lesotho)

- **Comprehensive academic, social, and financial support packages** including flexible learning options (accelerated programmes, evening or distance classes), and measure to reduce financial barriers? including scholarships, subsidized school supplies, and conditional cash transfers.

School re-entry policy analysis

- **Re-entry is permitted** across the policies reviewed once the learner has given birth and can provide medical confirmation that both mother and infant are healthy, and evidence that safe childcare arrangements are in place. Some policies specify timelines, such as re-entry six months after delivery or within one year, while others allow a more flexible return without imposing mandatory leave, with schools and families often required to sign a commitment or re-admission agreement to support reintegration.
- **Training and capacity-building provisions are included in five policies, with three having commitments to pre-service and in-service teacher training on guidance, counselling, and how to support learner-parents.** Only two country policies provide specific descriptions of the training content.
- **Monitoring and evaluation (M&E) mechanisms are referenced** in seven policies at a high level. Four policies offered structured frameworks, indicators, or reporting obligations –for example, stating that education ministries “will monitor implementation” or that schools “must keep records.” This highlights limited guidance in both M&E and associated training.
- **Five policies mention specific actors as responsible for funding,** leaving the resource commitments for implementation unclear across most contexts. These policies identified ministries of education as the primary bodies responsible for financing re-entry implementation, often noting collaboration with health ministries, social services, and development partners.
- **Policies infrequently outline the responsibilities of fathers** beyond identifying the biological father or involving male learners in counselling or support. Explicit provisions for adolescent boys who become fathers are limited, with only a few policies acknowledging their role in prevention and support or stipulating accountability measures and mandatory leave alongside the mother.
- **Most policies identify the roles of key stakeholders.** For example, schools tasked with providing counselling and follow-up, parents responsible for supporting re-entry, and ministries responsible for coordination and oversight. However, guidance on how actors should carry out these responsibilities is limited.

Key consideration for stakeholders

Ministries of Education and other government stakeholders can support by:

- **Investing in implementation capacity and resources.** Allocate dedicated budgets and issue clear implementation guidelines to ensure re-entry policies are fully operationalised in both existing policies and policies in development. Investments should include school infrastructure, reintegration programmes, childcare, alternative learning pathways and social services that enable pregnant and parenting adolescent girls to continue their education. Define clearly the funding responsibilities at national and subnational levels to ensure policies are resourced beyond design, including for training, support services, and supervision, with considerations for sustainable financing.
- **Leading national, subnational and regional-level efforts to reduce stigma and discrimination through awareness and training.** Institutionalise gender-sensitive training for teachers, school officials, local officials, and community leaders to eliminate discriminatory attitudes. Implement national and community-wide awareness campaigns to promote positive norms and support the re-entry and retention of pregnant and parenting adolescent girls. Ensure guidance is included in national policies and implementation guidelines for engaging adolescent boys and young men, including counselling on fatherhood and positive relationships.
- **Strengthening comprehensive support systems for pregnant and parenting adolescents.** Existing policies and implementation guidelines as well as those in development, should provide for holistic support that addresses both educational and caregiving needs. This should include access to childcare, psychosocial support, flexible learning pathways, and financial assistance and ensure clear referral pathways to health and social services for pregnant learners, including through peer provider and mentorship models, to broaden support offered to young mothers.
- **Standardising re-entry procedures and improving dissemination.** Develop clear, standardised re-entry procedures—including timelines, required documentation, and roles of schools and districts—in existing policies and those in development and ensure these are widely disseminated to teachers, learners, caregivers, and communities.
- **Fostering multi-stakeholder partnerships.** Convene education, health, gender, social protection and finance sectors at national and local levels to jointly plan, implement and monitor school re-entry policies. Leverage collaboration with schools, health facilities, CSOs, and communities to

create coordinated, wrap-around support for adolescent mothers. These partnerships reduce duplication, leverage resources, and address the multiple challenges girls face.

- **Strengthening data and evidence to drive accountability.** Integrate data to monitor pregnancy, re-entry, attendance and completion rates, and monitor school-level compliance with policy. Use monitoring and evaluation data to inform policy adjustments, guide resource allocation, and track progress toward equitable school re-entry.

Implementing partners (including schools, CSOs, community actors) can support by:

- **Strengthening practical implementation of re-entry policies at the school and community level.** Inform learners and families about policy provision and available support. Ensure teachers, school staff, and CSO partners understand and consistently apply guidelines, and provide technical support, materials, and training to support implementation.
- **Leading stigma reduction initiatives in school and community.** Implement targeted awareness and behaviour-change initiatives with teachers, parents, learners (including boys and young men), and community leaders to promote positive, inclusive norms, that challenge discriminatory practices and showcase positive examples of adolescent mothers successfully continuing their education.
- **Strengthening case management and follow-up.** Support schools and communities to develop systems for following up with pregnant and parenting learners—and to provide continuous support through re-entry, retention, and completion.
- **Providing comprehensive integrated services for pregnant and parenting adolescents.** Offer integrated, stigma-free support, including flexible learning options, childcare services, psychosocial counselling and peer support groups, and clear referral pathways to health and social services. CSO partners can fill gaps through direct service delivery, while schools can serve as an accessible point of entry and coordination hub. Schools, CSOs, health facilities, and community structures should work together to create coordinated responses.
- **Generating evidence and supporting advocacy.** Collect and share data on re-entry, retention, and learner needs, identify barriers, and document effective practices. CSOs and UN partners can support schools with data tools, research, and analysis. This evidence should inform advocacy to reduce stigma, strengthen services, and increase investments in programmes that improve outcomes for adolescent mothers.

Conclusion

The findings of this regional review show both the progress and persistent gaps in supporting pregnant and parenting adolescent girls across Eastern and Southern Africa. While several countries have established school re-entry policies, implementation remains uneven, under-resourced, and constrained by stigma, limited awareness, and constrained support systems. Realising the full potential of these policies requires clear procedures, coordinated delivery across sectors, trained and supported teachers, comprehensive services for pregnant and mothering adolescents, and robust monitoring and accountability.

The African Union's 2024 call to action on girls' and women's education underscores the urgency of this work. Member States committed to ensuring that pregnant adolescents

and adolescent mothers can access and complete their education—an essential step towards achieving the goals of Agenda 2063 and upholding the rights enshrined in the Maputo Protocol. This evidence brief provides a 2025 regional snapshot to guide that commitment from principle to practice.

Ensuring that adolescent mothers can return to, remain in, and complete their education is both a fundamental human right and a strategic investment in sustainable development. By acting now—through strong policies, coordinated systems, and sustained resources—governments, partners, and communities can deliver on the AU mandate and ensure that every adolescent mother in Eastern and Southern Africa has the opportunity to learn, grow, and thrive.

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