

## **Abstract Programs/Interventions:**

### **Addressing the ban of pregnant girls from school: Planning interventions responding to the needs of adolescent girls in Sierra Leone**

*Author: Philippe Lust-Bianchi (M.P.S.), Team Leader Gender, Adolescents and Youth, UNFPA Sierra Leone  
Co-Author: Bannet Ndyanabangi (MD, MSc, Dr. Med.), Sierra Leone, UNFPA Country Representative*

#### **IMPACT OF EBOLA ON THE EDUCATION SECTOR**

The Ebola Virus Disease (EVD) outbreak was declared in Sierra Leone on Monday 25 May 2014 by the Government of Sierra Leone. The disease quickly spread to the capital Freetown and Kenema district. By July, more than half of all districts had reported at least one case of Ebola. As of 15 June 2015, 8 649 cumulative confirmed cases have been reported in Sierra Leone, including 3 553 deaths. Case incidence started to decline after a peak in November–December, and has more or less stabilised since February (WHO, 15 /06/2015). This marked a drastic turn of events that would overrun and overturn gains recorded in all spheres of life of the country. Health services, education, livelihood, agriculture, food and security, economic and social wellbeing have been and continue to be drastically affected. The outbreak of EVD has placed an unprecedented pressure and burden on the already weak health care system and is undermining the achievement of the MDGs.

Maternal and newborn health is a flagship programme of the Government of Sierra Leone as reflected in the Agenda for prosperity. Some progress was being made to reduce the maternal and infant with the implementation of the Free Health Care initiative and other programs. Despite these efforts, Health indicators are amongst the worst in the world : Infant mortality (92/1,000); Maternal mortality (1,165/100,000), adolescent pregnancy (28 % of 15-19 girls) with 40% of maternal mortality directly resulting from adolescent pregnancies.

In September 2014, when children were due to return to school after the summer break, the Government took the decision not to reopen schools, with a view to contain the spread of the deadly virus and protect schoolchildren from contracting it. However, this created another risk to children and adolescents. The consequence were devastating essentially leading to the loss of a whole academic year and jeopardizing the continuation of many school children, particularly adolescent girls, who will never return to school after such a long break. Before the Ebola outbreak in Sierra Leone, primary attendance rates were 73% for boys and 76% for girls, and at secondary school just 40% for boys and 33% for girls. In light of the secondary impact of the EVD outbreak, these statistics are threatened further, reversing recent educational gains.

However, as the number of new EVD cases reduced drastically, around 1.8 million children in Sierra Leone have started returning to school on the 14 of April after an eight-month break due to Ebola. The Government of Sierra Leone and development partners are working to ensure that children are safe.

The Epidemic has had a particularly negative impact on adolescent girls. The compound effects of the virus on the health system, the pervasive effects of sexual violence as well as the disruptions in the normal lives of communities have contributed to an increase in adolescent pregnancy. The Ministry of Education recently conducted a survey on pregnant girls in selected chiefdoms and already identified 1 037 school girls that have become pregnant since the beginning of the outbreak. It is to be expected that at least 3 000 school girls are concerned.

## **RESPONDING TO THE BAN OF PREGNANT SCHOOL GIRLS**

On the 2<sup>nd</sup> April 2015, the Ministry of Education published a position paper indicating that girls who are visibly pregnant are not allowed in the school setting.

As a result of the Development Partners' advocacy and pressure, the Government of Sierra Leone expressed commitment that the special needs of adolescent girls who have become pregnant during the Ebola crisis needed to be taken into account and responded to. The Ministry of Education officially indicated that following services needed to be provided to pregnant school girls during the time of their pregnancy:

- Set up of special modalities for pregnant girls to continue their education on core subjects, so that they can reintegrate formal education after pregnancy,
- Provision of health information and access to maternal and neonatal health services, GBV and psychosocial support

The Ministry of Education, Science and Technology (MEST), the Ministry of Health and Sanitation (MoHS) and the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) committed to collaborate with development partners to ensure that a comprehensive package be delivered to pregnant adolescent school girls so that they can continue their education, delivery safely, return to school after delivery and be protected from harm and violence.

UNFPA and UNICEF are providing technical assistance to the Government of Sierra Leone to design a programme addressing this matter. The goal of the intervention is to ensure access to education for pregnant schoolgirls, in particular guaranteeing their return or integration into formal education, supporting their recovery and rehabilitation from sexual violence as well as elevating the status of marginalized girls in communities.

The purpose of the programme is to develop activities over the transition period to support pregnant girls at risk of school drop-out, and maternal and new-born mortality through interventions that provide formal education, psychosocial support, referrals to access health services including ante-natal care and safe delivery including maternal and new-born interventions.

Expected outcomes:

1. Pregnant adolescent school girls receive a comprehensive package (formal education, health information and services, psychosocial support) that contributes to their safe delivery and return to school after giving birth as well as to the safe development of the babies born to adolescent girls.

The following outputs will contribute to achieving the above-mentioned expected outcome:

- **Output 1: Formal education provided to pregnant adolescents**
- **Output 2: Beneficiaries receive a comprehensive package of SRH information and services as well as referral for facility delivery:**
- **Output 3: Beneficiaries receive psychosocial support as well as counselling and identified cases of SGBV are referred to services**
- **Output 4: Effective social mobilization and community engagement to get all children including adolescent pregnant girls back into school**
- **Output 5: A sustainable and evidence-based coordination system is developed by the Government to supervise and monitor intervention and to generate lessons-learned**

### **COLLECTING DATA ON PREGNANT SCHOOL GIRLS FOR PLANNING PURPOSES**

The collection of data on pregnant school girls is a key requirement to undertake a sustainable and quality intervention as planned by the Government of Sierra Leone. However, while the data is urgently needed so that activities can start quickly, the type of information is very sensitive and the need for a confidential and non-judgemental approach is fundamental. Moreover, data will need to be collected for the whole country so that all pregnant girls can be supported.

To respond to this challenge, UNFPA proposed to use the existing decentralized structure of the Ministry of Education, Science and Technology, with support from the EVD contact tracing mechanism, in chiefdoms that do not currently have active cases. The District Officers of the key Ministries (Ministry of Education, Ministry of Health and Ministry of Social Welfare) played a central role of coordinating the activities of the contact tracers, ensure appropriate liaison with individual schools and be directly responsible of the quality of data reported. Ministry of Social Welfare also provided support in ensuring that the sensitive data collected is appropriately managed to ensure confidentiality and protection of the privacy of the identified girls.

Data collection is being completed as this abstract is submitted and data on more than 12 000 pregnant adolescent girls has been collected. This data will be analysed and validated by stakeholders at the end of August. A full analysis can be presented at the 7th African Population Conference, if this abstract is selected.