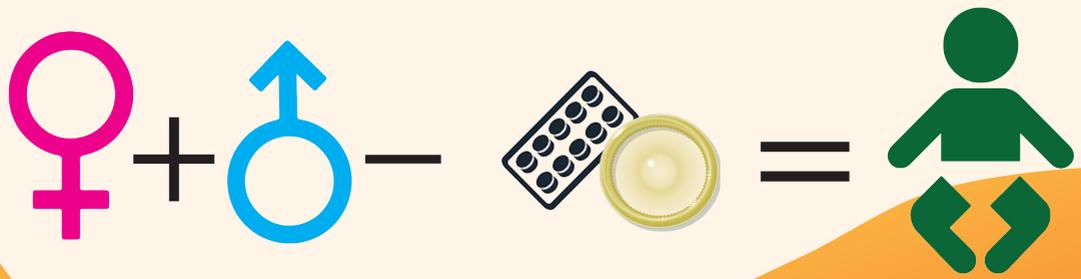


Department of Basic Education

Policy on the Prevention and Management of Learner Pregnancy in Schools

ABRIDGED VERSION



**DEPARTMENT OF BASIC EDUCATION POLICY
ON THE PREVENTION AND MANAGEMENT OF
LEARNER PREGNANCY IN SCHOOLS
ABRIDGED VERSION**

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
CToP	Choice of Termination of Pregnancy
CSE	Comprehensive Sexuality Education
DBE	Department of Basic Education
DOH	Department of Health
DHET	Department of Higher Education and Training
DSD	Department of Social Development
EMIS	Education Management Information System
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IPET	Initial Professional Education of Teachers
ISHP	Integrated School Health Policy
LO	Life Orientation
M&E	Monitoring and Evaluation
NGO	Non-Government Organisation
SBST	School Based Support Team
SGBA	School Governing Bodies Association

SGB	School Governing Body
SMT	School Management Team
SRHR	Sexual and Reproductive Health Rights
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SAPS	South African Police Service
SDG	Sustainable Development Goals

DEFINITION OF TERMS

Abortion: The deliberate termination of a pregnancy, usually before the embryo or fetus is capable of independent life. In medical contexts, this procedure is called an induced abortion and is distinguished from a spontaneous abortion (miscarriage) or stillbirth.

Adolescents: These are persons aged between 10 and 19 years. This shall be the working definition in the Policy

Age Appropriate: This is suitability of information and services for people of a particular age, and in the case of the Policy, particularly in relation to adolescent development.

Child: This is an individual who has not attained the age of 18 years.

Child Abuse: Child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five sub-types can be distinguished — physical abuse, sexual abuse, neglect and negligent treatment, emotional abuse and exploitation.

Comprehensive sexuality education: An age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgemental information to enable learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education provides opportunities for individuals to explore their own values and attitudes and to build decision-making, communication and risk-reduction skills about many aspects of sexuality

Gender Based Violence: Gender Based Violence is violence (which can take the form of physical, sexual, psychological or economic harm) directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately.



Sexual and reproductive health: Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity.

Sexual, Reproductive Health and Rights: The exercise of control over one's sexual and reproductive health linked to human rights and includes the right to:

- Reproductive health as a component of overall health, throughout life cycle, for both men and women;
- Reproductive health decision-making, including voluntary choice in marriage, family formation, determination of the number, timing and spacing of one's children, right to access information and means needed to exercise voluntary choice;
- Equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender; and
- Sexual and reproductive health security, including freedom from sexual violence and coercion, and the right to privacy.

Sexual Health: A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual Offence: This includes defilement, rape, incest, sodomy, bestiality and any other offence prescribed in The Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007).

Sexuality: It is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.

Unintended Pregnancy: An unintended pregnancy is a pregnancy that is either unwanted, such as the pregnancy occurred when no children or no more children were desired. Or the pregnancy is mistimed, such as the pregnancy occurred earlier than desired.

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1. PREAMBLE

The perennially high rates of learner pregnancy in South Africa are a significant challenge for national development, the agenda of the Department of Basic Education (DBE), and the learners who become pregnant during the school years (e.g. limiting their ambitions, personal growth and opportunities for rewarding careers).

This Policy provides a foundation to reduce and manage the incidence of learner pregnancies and their adverse effects for the learners and, more broadly, for the education system. Specifically, the Policy provides guidance for reducing unintended and unwanted pregnancies; managing the pre- and post-natal effects for affected learners; limiting associated stigma and discrimination; and, as importantly, retaining and re-enrolling affected learners in school. The agenda is to ensure the accessible provision of information on prevention; care, counselling and support; frameworks for impact mitigation; termination of pregnancy (CToP).

This Policy is underpinned by the Constitutional right of children to basic education and the right of pregnant learners to continue and complete their basic education. Specifically, a pregnant learner must be allowed to remain in school during her pregnancy and to return as soon after giving birth as is appropriate for both the learner and her child. The learner's school management is required to make reasonable accommodation of the learner; meaning allowance, as necessary, of short- to medium-term absences from school and an undertaking to retain the learner's place in the school.

Critical to the success of this policy is the engagement of parents and communities in its implementation. The school, family and broader community has an obligation to ensure the continued education of the affected learner and to support her during and after the pregnancy. Expulsion or exclusion from school is not an option. The policy commits the DBE and other role players to providing Comprehensive Sexuality Education (CSE) as a crucial contribution to safeguard the sexual and reproductive health of all learners. The aim of CSE



is to ensure that learners are able to make conscious, healthy and respectful choices about relationships and sexuality. It provides an age-appropriate, culturally-relevant and right-based approach to sexuality and relationships, explicitly addresses issues of gender and power, and scientifically accurate, practical information in a non-judgemental way. Effective CSE responds to the specific context and needs of learners, in order to contribute to reducing the incidence of learner pregnancies Sexually-Transmitted Infections (STIs), including the Human Immunodeficiency Virus (HIV). The incidence of these health risks may be reduced by delayed sexual debut, abstinence and/or access to condoms and their appropriate and effective usage. Accordingly, this Policy which is focused specifically on learner pregnancies, should be read in conjunction with the DBE Policy on HIV, STIs and TB to understand the need for synergy in the implementation of both policies.

This Policy addresses *what* is required rather than *how* this will be achieved. The operationalization of this Policy is guided by the Implementation Plan. The Implementation Plan details steps for achieving the goals and objective of the Policy.

This Policy is informed by international and regional obligations, commitments and targets. These include the Sustainable Development Goals (SDGs) of universal primary education and gender equality in education, the African Charter on the Rights and Welfare of the Child and its specific provisions on learner pregnancy and the right to education, and the Eastern and Southern Africa (ESA) Ministerial Commitment on comprehensive sexuality education and youth-friendly SRH services. The ESA Commitment requires South Africa to scale up and increase access to quality CSE and adolescent and youth-friendly SRH services, to eliminate all HIV infections among learners and other young people, to reduce early and unintended pregnancies, and to eliminate gender-based violence and child marriage.

2. POLICY ALIGNMENT

The Policy is aligned to existing policies and strategies of other Government departments in the Social Sector and, therefore, must be applied in conjunction with the following:

- 2.1 The Constitution of the Republic of South Africa, 1996 (Constitution);
- 2.2 South African Schools Act, 1996 (Act No. 84 of 1996);
- 2.3 Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996);
- 2.4 The Employment of Educators Act, 1998 (Act No. 76 of 1998);
- 2.5 Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000);
- 2.6 Child Support Grant as contained in the Social Assistance Act, 2004 (Act No. 13 of 2004);
- 2.7 The Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007) (Sexual Offences Act);
- 2.8 Children's Act, 2005 (Act No. 38 of 2005);
- 2.9 Notice 361 of 2010 Department of Basic Education National Policy Act 27 of 1996 Policy on Learner Attendance;
- 2.10 Integrated School Health Policy, 2012;
- 2.11 National Contraception Clinical Guidelines, 2012;
- 2.12 Department of Basic Education National Policy on HIV, STIs and TB for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in the Basic Education Sector, 2017;
- 2.13 The National Development Plan, 2030.

3. POLICY GOAL

The goal of the Policy is to:

Reduce the incidence of learner pregnancy through the provision of quality comprehensive sexuality education and access to adolescent and youth-friendly SRH services and by promoting the Constitutional Rights of learners to education which, in the case of pregnant learners, includes right not to be excluded from school as a result of pregnancy and birth and provision of a supportive environment for the continuation of learning.

This goal is supported by specification of four objectives to be achieved and which are the foci of the Implementation Plan. The objectives are:

- 3.1 To provide SRH services, including access to effective contraceptive technologies in association with social sector partners, to enable learners to make informed choices, avoid unintended pregnancies or, as necessary, to obtain abortions.
- 3.2 To ensure the return and retention of learners, following child birth, into an appropriate grade in their schools.
- 3.3 To facilitate access for pregnant learners to ante-natal care through collaboration with social sector partners and NGOs.
- 3.4 To ensure that schools provide a stigma-free, non-discriminatory and non-judgemental environment for pregnant learners and those with babies, to support their physical and psychological health and dignity.

4. SCOPE OF APPLICATION

The Policy applies directly and indirectly to all:

- Learners;
- Educators;
- Principals;
- SMTs;
- SGBs;
- SBSTs;
- DBE staff;
- Other service providers and NGOs directly involved in the prevention and management of learner pregnancies in the basic education system at all public and independent schools in the Republic of South Africa

5. GUIDING PRINCIPLES

The Principles of this Policy, which may be revised from time to time where necessary through the issuance of a Concession Document, are cross-cutting and should serve as absolute points of reference for the interpretation and application of the Policy. The Principles include:

- 5.1 Access to Education:** Every female learner of school age has the Constitutional right to basic education and may not be denied access on the basis of her pregnancy, termination thereof, or consequent motherhood.
- 5.2 Gender Equality:** Every learner has the right to gender equality and may not be discriminated against or denied access to basic education on the grounds of gender. Application of this Policy will be sensitive and responsive to the needs of female learners in particular, and will recognise their particular vulnerability to GBV and abuse.
- 5.3 Access to Comprehensive Pregnancy Prevention:** Every learner has the right, as set out in The Children's Act of 2005 and Choice on Termination of Pregnancy Act, 1996, to access the means to protect themselves from unintended pregnancy, STIs or HIV before and after their pregnancy.
- 5.4 Access to Comprehensive Sexuality Education:** Every learner in the basic education system has the right to quality, age-appropriate CSE, in order to make informed choices about their sexual health, orientation and safety.
- 5.5 Access to Sexual and Reproductive Health Services:** Every learner in the basic education system has the right to access SRH services, as set out in The Children's Act, 2005.
- 5.6 Counselling, Care and Support:** All pregnant learners and those with babies have the right to access health and social services available in either schools or through referral to the DBE's social sector partners. This will include access to appropriate counselling, care and support or active referral to providers of these services. The rights of access and associated referrals are detailed in the Implementation Plan.

- 5.7 Stigma and Discrimination** Every pregnant learner and those with babies will be assisted fairly and impartially and will be protected from all forms of stigma and discrimination.
- 5.8 Dignity, Privacy and Confidentiality:** Application of the policy will ensure realisation of the rights of every pregnant learner in the basic education system, to protection of their dignity, privacy and confidentiality regarding their pregnancy and related health. No person within the basic education system will disclose information relating to a pregnant learner without their written consent or, if they are under the age of 12 years old, the written consent of their parents or guardians.
- 5.9 Reasonable Accommodation:** Schools will ensure the retention of pregnant learners during the course of their pregnancy and make provision for their absence during the term of their pregnancies. After giving birth, the learner may return to school, to the appropriate grade, and will continue their basic education. The school, the principal, educators and staff will take all reasonable steps to accommodate the learner's basic education, health and maternal needs.
- 5.10 Critical Partnerships:** The DBE will ensure that partnerships with key social sector stakeholders, protect, support and advance the interests of pregnant learners in the basic education system. These partnerships will include all directorates and units within the national, provincial and district education departments, other government departments, teacher unions, schools and SMTs, SGBs and SBSTs, as well as parent communities, learner organisations, non-governmental organisations (NGOs), community-based, cultural and faith-based organisations, development partners, and academic and research institutions.. The purpose of these critical partnerships is to enhance the DBE's efforts to create and sustain a supportive environment for pregnant learners and to counter potentially harmful cultural and social practices amongst learners in schools and within the broader communities in which they live.

6. POLICY PROVISIONS

6.1 ENABLING ENVIRONMENT

6.1.1 Policy Objective

The objective is to provide an enabling and supportive environment to ensure that schools are safe, free of stigma and discrimination for pregnant learners, to guarantee their right to education during and after their pregnancy.

6.1.2 Advocacy and Leadership

Officials, principals, SMTs, SGBs, SBSTs and educators at every level of the basic education system are encouraged to support pregnant learners and advocate this Policy. They will facilitate a non-discriminatory environment in which the pregnant learner can access education until she must leave school and can return to resume her education. In particular, this Policy mandates the DBE to create critical partnerships with organisations which will advocate for the right of female learners to access SRH services and affirm their rights according to the Constitution and legislation of South Africa.

6.1.3 Policy Implementation and Review

This Policy will be implemented across the national, provincial, district and institutional levels, with progress against its stated goals and objectives reviewed every five years for the life of the Policy, to ensure it remains relevant to sectoral and national needs.

6.1.4 Management and Coordination

The DBE will establish a Sub-Committee on the Prevention and Management of Learner Pregnancy (hereafter referred to as the 'Sub-Committee) to coordinate progress and to report on implementation of this Policy and achievement of its goals. This Sub-Committee must include other departmental representatives and NGOs, and be responsible for liaison and coordination with the DBE's social sector and other partners.

6.1.5 Roles and Responsibilities

The DBE will recognise the roles, responsibilities and contributions of its staff at every level of the BE System. SGBs, the social sector and development partners will be expected to comply with and support the aims of this Policy. SGBs along with the social sector and other stakeholders are expected to comply with and support the aims of this Policy and its implementation. These relationships will involve direct partnerships with schools, as well as referrals for specialist treatment and support, and on-going efforts to realise the educational and reproductive health rights of all pregnant learners in the basic education system. A role of SGBs is to align the policies and regulations that they formulate, as prescribed by the South African Schools Act, and according to their particular conditions and circumstances, with this Policy.

6.1.6 Elimination of Discrimination and Abuse

No educator, school staff member or learner may humiliate or abuse physically, emotionally or psychologically, pregnant learners and learners with infants.

6.1.7 Partnerships and Policy Alignment

The DBE is one of several agencies responsible for supporting pregnant learners. As necessary, the policies, and mandates of partners inside and beyond the basic education system will be aligned to mirror the DBE's commitment to enable effective coordination. The DBE should act as the lead agency.

6.2 PREVENTION

6.2.1 Policy Objective

The objective is for learners to have access to sexual and reproductive health information, accurate knowledge about delayed sexual debut, abstinence and contraception, information about gender and power in relationships, and skills, to make informed life choices and help protect them from unintended pregnancies.



6.2.2 Prevention of Learner Pregnancy

Learners will receive age-appropriate SRHR information which explicitly addresses issues of gender and power in relationships and facilitates critical thinking on these topics. The provision of CSE through Life Orientation and other subjects, should contain material that is interactive, learner-centred and employs skills-based pedagogies, to ensure delivery of quality, age-appropriate SRHR information. This should include information and guidance on the influence of alcohol or drugs which may contribute to the circumstances in which a learner becomes pregnant. The provision of SRHR information needs to be provided through collaboration of the DBE and DOH. Schools must ensure that CSE is part of the curriculum and initiated in accordance with the Life Orientation curriculum. Through collaboration with partners, schools must strengthen advocacy programmes to reduce the incidence of learner pregnancies through initiatives that increase awareness of strategies to prevent pregnancy, understanding of sexual and reproductive health rights and awareness of harmful and potentially harmful cultural and social practices within the broader communities in which they live.

6.2.3 Information and Access

If a school cannot deliver appropriate SRHR information and information on how to access to youth-friendly SRHS, the DBE will refer to, and/or collaborate with the DOH (through the ISHP) to provide learners with access to these services without their education being interrupted. The DOH will also provide information on access to emergency contraception, the choice of termination of pregnancy and access to abortion services. The DBE and DOH should act in a professional and supportive manner to support pregnant learners.

Reasonable access to male and female condoms and information on their use will be made available to all learners 12 years and older, dependent on their level of inquiry or need. ISHP nurses will ensure that learners are able to access condoms at schools which cannot provide learners access to condoms and information on their use. An age-appropriate introduction to contraception will be available to learners in primary schools.

6.2.4 Supportive Educational Environment

The DBE is required to ensure that comprehensive protection, delayed sexual debut or abstinence are default options and to stimulate the critical thinking skills amongst learners to make sound life choices. This can be facilitated by a supportive education environment in which the curriculum and the psychological and physical condition of the learner is understood and supported. Educators, school principals, SGBs and other Social Sector partners will collaborate to provide a supportive education environment and supplement the responsibility of parents or guardians when the latter are absent or unwilling to play a role.

6.3 CARE, COUNSELLING AND SUPPORT

6.3.1 Policy Objective

The objective is for schools to provide a positive and supportive environment for pregnant learners to access professional advice, information, referrals, treatment, care, counselling and support.

6.3.2 Care, Counselling and Support for Pregnant Learners

Schools will become health- and rights-promoting institutions and act as inclusive centres of learning, care and support through the ISHP. Educators and other designated school personnel will be trained to provide CSE and to promote a supportive, stigma-free and youth-friendly environment.

6.3.3 Gender

The Policy respects the biological, social, religious and cultural needs of female learners and the ethos of gender equity and equality. Implementation of the Policy will also acknowledge that female learners, whether pregnant or not, are particularly vulnerable and often exposed to sexual and gender-based violence, sometimes leading to coercive sex, sexual assault, and rape. Trained educators and counsellors in schools will teach learners, via the CSE curriculum, about gender roles, orientations, power in sexual relationships, and the need for responsible and protective behaviour.

6.3.4 Procedures for Handling Incidence of Learner Pregnancy

Central to the success of this Policy are clear guidelines for assisting pregnant learners. Schools will provide access to care, counselling and support through the ISHP. Attention will also be paid to the identity and rights of the father involved irrespective of whether he is a learner, teacher or a person outside the basic education system..

If the father is a learner, and following confirmation of this status, he should be counselled to accept his rights and responsibilities. If, however, the father is an educator or other member of staff within the basic education system, he should be suspended and face disciplinary and legal action as set out in the Employment of Educators Act 76 of 1998 and the South African Council for Educators Act no. 31 of 2000. If the father is a person outside the basic education system, he should face judicial enquiry and action if there is a case to answer on the grounds of coercion, sexual violence, assault rape, and/or statutory rape of the pregnant learner.

6.3.5 Measures to Deal with Sexual Offences, Child Abuse and Neglect

In certain circumstances, voluntary or mandatory reporting will be necessary by the educator appointed by the school to provide counselling, support and advice to learners. Specifically, if the pregnant learner is under the age of 16, this would require mandatory reporting to the SAPS and entails civil and criminal proceedings against the male partner if he is over the age of 16 years. These circumstances may have legal implications for the learner and her partner and, therefore, require the utmost sensitivity (for protection of the child learner). The DBE's Protocol for the Management and Reporting of Sexual Abuse and Harassment in Schools and Sections 110 and 150 of the Children's Act (38 of 2005) require that information is reported to a designated child protection organization, the provincial head of the DSD and/or SAPS. Further details on procedures are provided in the Implementation Plan.

6.3.6 Referral and Strategic Partnerships

Partnerships will be established and coordinated with the Social Sector and other support organisations to facilitate access to appropriate support and referral services. These services include:

- Information on SRH, pregnancy and maternity, including information on the termination of pregnancy to inform learners' choices;
- Reporting and management of abuse, discrimination, coercion, harassment and violence, including sexual and/or other harassment and violence inside or outside the school;
- Healthcare, medical treatment, counselling and support.

6.4 IMPACT MITIGATION

6.4.1 Policy Objective

The objective is to mitigate the effects of pregnancy for affected learners through the provision of a structured, safe and empowering environment.

6.4.2 Retention in School

The basis on which a learner returns to school following birth of her child/children will depend on medical advice and the point in the calendar year when she left the school for birth delivery. The process is detailed in the Implementation Plan. The retention or promotion of the learner, during and after pregnancy, will be guided by the National Policy on the Programme and Promotion requirements of the NCS Grade R-12 and Circular E22 of 2016 on progression in Grades 10-12.

To facilitate realisation of learners' rights, individuals who are more than six months pregnant will be required to submit a medical certificate indicating the status of their pregnancy and estimated delivery date. In addition, the pregnant learner will be asked to provide medical reports to her appointed educator or school principal certifying that it is safe for her to continue with her schooling if



she wishes to stay in school beyond 32 weeks (8 months) of pregnancy. If the learner does not provide this information and fails to provide an explanation, she may be asked to take a leave of absence until medical proof is provided. Medical information provided by the learner to her educator and/or the principal shall be strictly confidential to protect the learner's right to privacy.

6.4.3 School Support and Flexibility

Schools will assist learners to assure the retention of pregnant learners in the basic education system before and after giving birth.

Schools will be flexible in dealing with temporary absences of affected learners provided that the learner is not taking off a disproportionate amount of time. In this event, the school principal will seek a meeting with the learner and/or her parents, guardians or caregivers to agree a leave of absence.

6.5 POLICY MANAGEMENT AND IMPLEMENTATION

6.5.1 Policy Objective

The objective is to ensure that Sustainable management strategies and structures are in place at all levels of the basic education system to enable implementation of this Policy.

6.5.2 Management and Coordination

The role of the DBE will be to create an enabling environment for the establishment of sustainable strategies and structures to reduce the incidence of, and improve the management of learner pregnancies. The Sub-Committee on the Prevention and Management of Learner Pregnancy will be responsible for coordinating the multi-sectoral response and ensuring that every partner understands and meets its obligations and mandate down to the district and school level.

6.5.3 Structural Arrangements

The Sub-Committee will be responsible for overseeing the alignment; delivery and coordination of Policy; operational activities; budgetary priorities; and educator and staff training in the DBE.

6.5.4 Roles, Rights and Responsibilities

The DBE in general and the Sub-Committee in particular, will be responsible for facilitating the resourcing of the BE Sector response. It is likely that additional funds will be required over the life of the Policy. The responsibility for the sustained resourcing of these activities lies with the DBE Sub-Committee. The rights of the DBE, schools, principals, educators, families and communities will be respected.

6.5.5 Strategic Partnerships

Strategic partnerships will be established with key stakeholder groups and organisations, such as other Social Sector departments, NGOs, unions, academic and research institutions, SGBs and SGB Associations, SMTs, parent and learner bodies, faith-based, traditional and cultural organisations.

6.5.6 Teacher Development and Training

The curriculum and pedagogy for the Initial Professional Education of Teachers (IPET) in personal, sexual and reproductive health, decision-making and learner pregnancy prevention measures will be extended in association with the Department of Higher Education and Training (DHET). IPET will be supplemented by recurrent Continuing Professional Teacher Development (CPTD) provided by the DBE to cover adolescent sexual and reproductive health (ASRH) education and learner pregnancy prevention, including contraceptive methods. These curricula and co-curricular programmes will be supplemented by additional health education sessions provided by ISHP staff.

6.5.7 Monitoring, Evaluation and Reporting

Monitoring, evaluation and reporting to determine the effectiveness of this Policy, will depend on multi-sectoral collaboration. It is imperative that the monitoring and evaluation of implementation is both accurate and scientifically defensible. The DBE and the Sub-Committee will mobilise adequate resources for these activities. The DBE's reporting, based on its annual EMIS returns and those of its strategic partners, will provide observations and statistical information to determine whether or not the Policy is on-track.

The DBE and its strategic and representative partners will report their observations with geographically-disaggregated statistical information. The results will be reported to all relevant parties to inform annual reports and to the wider public on a regular basis. Where appropriate the DBE Sub-Committee may engage the services of independent researchers and demographers.

ACKNOWLEDGEMENTS

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The Department of Basic Education Policy on the Prevention and Management of Learner Pregnancy in Schools with its goals, guiding principles and themes aims to reduce and manage the incidence of learner pregnancy and its adverse impact on the affected learners and, more broadly, on the basic education system.

Comments and suggestions are welcomed and should be sent to the Director General: Basic Education for the attention of the Health Promotion Directorate. Private Bag X895, Pretoria, 0001.

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