



## TERMS OF REFERENCE

### Development of a regional multimedia campaign on Early and Unintended Pregnancy in Eastern and Southern Africa

#### i) Introduction

UNESCO, in collaboration with ESA Commitment partners is seeking the services of an experienced marketing company to conduct a multi-media campaign on preventing early and unintended pregnancy (EUP) in East and Southern Africa. The campaign takes place within the context of the ESA Ministerial Commitment initiative, whose overall goal is to ensure that adolescents and young people in SSA are empowered, educated, healthy and resilient and have the capacity to reach their full potential and contribute to the development of their community, country and region. The EUP campaign will contribute to this goal highlighting the causes of, raising awareness on the consequences of EUP and reducing stigma towards pregnant girls as well as advocating for improved delivery of comprehensive sexuality education and access to services for adolescents and young people in the ESA region.

#### ii) Background

Early and Unintended Pregnancy (EUP) is a global public health concern, with particularly high prevalence rates in Sub-Saharan Africa. EUP is driven by multiple factors that include poverty, lack of information and access to reproductive health services, cultural norms, peer pressure and sexual coercion/abuse. EUP jeopardizes educational attainment for girls through school drop-out and decreased school completion. Preventing EUP is therefore an important component of a wider response to ensuring the right to education for all girls. Achieving this requires an effective response from the education sector, in collaboration with other sectors.

A high proportion of pregnancies among adolescent girls, aged 15 to 19 years, are unintended, ranging from 39 per cent in Tanzania to 59 per cent in Kenya. One of the greatest health challenges associated with adolescent pregnancy is unsafe abortion with the consequences of severe complications.<sup>1</sup> It is estimated that 25 per cent of unsafe abortion cases in SSA occur among adolescent girls.<sup>2</sup> In addition,

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<sup>1</sup> Birungi H. et al. 2015. *Education Sector Response to Early and Unintended Pregnancy: A Review of Country Experiences in Sub-Saharan Africa*

<sup>2</sup> UNFPA. 2016. *Universal Access to Reproductive Health: Progress and Challenges*.

hospital-based studies in various countries in the region show that a high proportion of women seeking post-abortion care services in health facilities are below 20 years: 17 percent in Kenya, 21 per cent in Malawi, between 49 per cent and 58 per cent in Tanzania, 60 per cent in Zambia, and 68 per cent in Uganda.<sup>3</sup> Early and unintended pregnancy mainly affects low and middle-income girls living in rural areas and with low levels of education. Adolescents in poor rural areas, with no education, have birth rates almost three times those observed in urban areas, with a secondary or higher education. Lack of knowledge of modern contraception and low access to family planning are among the main causes of early and unintended pregnancy in SSA. In the 2009 Human Science Research Council (HSRC) Report, interviewees mentioned the lack of use of condoms as a major reason for teenage pregnancy in South Africa. Early marriage is also linked to adolescent pregnancy in this region, where percentages of very young adolescent mothers already married at 16 are high in West (80%), Central (75%) and East (67%) Africa, while they are lower in Southern Africa (32%).<sup>4</sup>

For girls that drop out of school because of pregnancy, less than 5 percent are able to return to the schooling system. This implies that early pregnancy among adolescent girls and young women marks the end of their education. This is confirmed by a 2014 study conducted in Kenya, Uganda, Tanzania, Malawi, and Botswana that focused on examining how the education sector is responding to teenage pregnancy. The study had the following results across five countries:



**Figure 1:** Percentage of young ever pregnant and out of school in five study countries

*Source: Birungi H. et al. 2015. Education Sector Response to Early and Unintended Pregnancy: A Review of Country Experiences in Sub-Saharan Africa*

<sup>3</sup> Shah I. and Ahman E. 2004. *Age patterns of unsafe abortion in developing country regions*. Reproductive Health Matters 12 (suppl. 24): 9-17.

<sup>4</sup> MacQuarrie, Kerry L.D. 2014. *Unmet Need for Family Planning among Young Women: Levels and Trends*. DHS Comparative Reports No. 34. Rockville, Maryland, USA: ICF International.

A detailed review of the various laws and policies in 23 ESA countries in 2015<sup>5</sup> revealed that only about half of the ESA countries have legislation and policies on the management of learner pregnancy and re-entry after delivery. The majority of those countries that have re-entry policies tend to approach learner pregnancy from a punitive perspective, for example by barring learners from returning to their original school, excluding them for a specific pre-determined time-frame or expelling them on the grounds of pregnancy. Exclusion from education opportunities, stigma and discrimination (within and outside education institutions) and lack of access to services and support are widespread. In Sub-Saharan Africa, for instance, few countries have re-entry policies in place that guarantee girls' rights to education,<sup>6</sup> but their implementation is rarely ensured. Furthermore, in some countries, pregnant girls have been victims of discrimination in schools where obligatory pregnancy screening policies have resulted in their expulsion. A recent report on mainland Tanzania estimates that 55,000 girls have been forced out of education over the past decade.<sup>7</sup> Pregnancies among girls less than 18 years of age have irreparable consequences. Aside from the well-documented health risks for adolescent mothers, they may lose the chance to continue their education, may be forced to work at an early age, or endure greater levels of socio-economic deprivation. Adolescent pregnancy in the school context also generates a high level of political debate about the right to education, social and behavioural norms in the community and the appropriate response by the school. And even in countries with progressive policies on learner pregnancy, implementation challenges persist.

Young women and girls in higher and tertiary education institutions are also affected by unintended pregnancy due to multiple factors, including an unmet need for modern contraceptive. Unmet need among young unmarried women is highest, around 40 percent, in 2 African regions; 41.7% in West and Central Africa; and 39.8% in East and Southern Africa.<sup>8</sup> The harmful health effects of unintended pregnancy have been known to be both physical and mental. In a study conducted at Venda University in South Africa, nearly 90 percent of students perceived unintended pregnancy as leading to impaired mental health and believed it could result to shame and withdrawal from society or even suicidal attempts; and child neglect and abandonment.<sup>9</sup> In addition, unintended pregnancy, coupled with stigma and discrimination contribute to high levels of unsafe abortions in higher and tertiary education institutions.

UNESCO's Global Guidance on education sector responses to early and unintended pregnancy recommends five main pillars to ensure girls continued access to education:

1. Access to quality education for all girls

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<sup>5</sup> UNFPA (2016). Harmonization of the legal environment of adolescent sexual and reproductive health in the East and Southern Africa Region. Includes all 21 ESA Commitment countries, as well as Comoros and Eritrea

<sup>6</sup> McQueston, K., Silverman, R., and Glassman, A. 2012. Adolescent Fertility in Low-and Middle-Income Countries: Effects and Solutions. Center for Global Development Working Paper, 295.

<sup>7</sup> The Center for Reproductive Rights. 2013. Forced Out: Mandatory Pregnancy Testing and the Expulsion of Pregnant Students in Tanzanian Schools. <http://reproductiverights.org/en/document/tanzania-report-forced-out-mandatory-pregnancy-testing-expulsion>  
[http://reproductiverights.org/sites/crr.civicaactions.net/files/documents/crr\\_Tanzania\\_Report\\_Part1.pdf](http://reproductiverights.org/sites/crr.civicaactions.net/files/documents/crr_Tanzania_Report_Part1.pdf)

<sup>8</sup> MacQuarrie, Kerry L.D. 2014. Unmet Need for Family Planning among Young Women: Levels and Trends. DHS Comparative Reports No. 34. Rockville, Maryland, USA: ICF International.

<sup>9</sup> Chima Anyanwu, F., Ter Goon, D., & Tugli, A. (2013). Perception on the severity of unwanted pregnancy among university students. *Pakistan Journal of Medical Sciences*, 29(4), 923–928.

2. Providing all young people with good quality comprehensive sexuality education (including education on pregnancy, prevention, and contraception);
3. Ensuring pregnant and childbearing girls the right to education through development and effective implementation of re-entry policies;
4. Increasing adolescents' access to health services (including contraception and family planning) through the establishment of a referral system between schools and health facilities;
5. Eliminating stigma and discrimination toward pregnant and childbearing girls in the context of education institutions and the community.

### **iii) Reducing EUP through the ESA Commitment**

The ESA Ministerial Commitment<sup>10</sup> that was endorsed and affirmed in December 2013 by the Ministers of Education and Health in ESA, commits governments to increase access comprehensive sexuality education and sexual and reproductive health services for young people provides. The commitment provides an important foundation for addressing early and unintended pregnancy through a multi-sectoral approach. The ESA commitment target of reducing EUP by 75% by 2020 will only be attained if there is a concerted multi-sectoral effort at country level to address EUP. Tackling EUP will contribute to the achievement of some of the Sustainable Development Goals 1, 3, 4,5,10 and 16.

EUP prevention is an important component of a wider response to provision of rights based, quality education, and emphasizes the connections between girls' access to school, comprehensive sexuality education, child marriage, access to health services and school related gender based violence. It requires an effective response of the education sector, in collaboration with other sectors.

In May 2017, representatives from ESA governments, UN, and civil society partners met during an expanded Technical Coordinating Group (TCG) meeting to discuss progress on the implementation of the ESA Ministerial Commitment for access to comprehensive sexuality education and youth-friendly SRH services (or the ESA Commitment). Among the most pressing issues highlighted at the meeting, was the high levels of EUP in the ESA region. Nearly every government represented raised this challenge and called on the TCG to develop a regional and localised intervention to address EUP as it was agreed that EUP is an area requiring intervention across all ESA Commitment countries.

There was a clear recommendation to launch a Regional EUP campaign across the region with the aim of raising awareness on the consequences of EUP and reducing stigma towards pregnant girls; improving delivery of comprehensive sexuality education; promoting consistent condom use for sexually active young people; Increasing access and use of effective contraception. A key component of the campaign would be advocacy with governments to target the prevention of EUP, and the management of pregnancy to ensure that countries observe the right of girls to continue their education.

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<sup>10</sup>The ESA Commitment was affirmed by 20 countries in Eastern and Southern Africa.

The campaign will follow 3 phases the first of which has already been conducted.

### **Phase 1- Situation Analysis on EUP in ESA**

In response to the call from the TCG, UNESCO commissioned a consultant to develop a situation analysis of the status of EUP and its impact on girl's education in ESA. The analysis that was conducted in 2017 provided a detailed status of the EUP situation responses across 10 ESA countries, namely South Africa, Lesotho, Swaziland, Zambia, Malawi, Namibia, Tanzania, Uganda, Kenya and Zimbabwe. The analysis looked at the magnitude of the problem, as well as policies; statistics; interventions; availability of data on EUP, challenges and perceptions of key stakeholders. This assignment achieved the following results:

1. Presented latest data on the magnitude of EUP and the impact on girls' education.
2. Provided an analysis on country response to EUP highlighting both policy and programmatic response.
3. Reviewed legislation around on and about EUP in the selected countries. This data will be available from recent UNFPA studies
4. Developed specific recommendation for improving country responses to EUP

The analysis found that EUP is increasing in all of the 10 countries studied. The percentage of 15-19 year olds ever pregnant was high in all countries- at least 15% of young women; while in Malawi, Tanzania, and Zambia, more than a 25% had been pregnant. EUP was reported to be increasing in parts of ESA e.g. Malawi pregnancy rates increased from 26% in 2010 to 29% in 2016; Tanzania from 23% in 2010 to 26.7% in 2015. It was also found that EUP is enforced by poverty, sexual and gender based violence, child marriage and other harmful cultural practices. In terms of policy responses, while many countries had policies to prevent EUP as well as ensure girls continue their education after pregnancy, implementation of these policies was scanty partly due to lack of awareness by communities, but mostly as a result of negative norms and attitudes towards girls who become pregnant.

The Report can be accessed on this [link](#).

### **Phase 2- Multi Media Campaign**

The second phase of the campaign will be a multimedia campaign that runs across the ESA region, which includes banners, newsletters, social media, and mainstream media (radio, TV, newspapers, press releases) etc. The campaign will aim to support countries to work towards reducing early and unintended pregnancy and affording girls who fall pregnant an opportunity to continue with their education. This will be achieved through;

- Advocating for the development and operationalisation of EUP prevention, management and re-entry policies to facilitate the right of girls to complete education
- Advocating for the integration of content on access to contraceptives, gender equality and power dynamics within relationships in developing the learners' and adolescent girls' knowledge and skills to prevent pregnancy.
- Increasing adolescent access to health education and services (incl. contraception) through establishment of referral system between schools and health facilities.
- Eliminating school related gender based violence and engage boys and young men in learning and practicing pregnancy prevention.
- Shifting cultural norms that put girls at risk of EUP and promote parent-child communication about sexual health.
- Raising awareness on the dangers of unsafe abortions on adolescent girls and young women and reduce the policy restrictions on access to safe abortions for all women.

The campaign will be managed by UNESCO and SAfAIDS who will convene a group of partners in a Technical Working Group that guides and supports the campaign. Under the banner of the ESA Commitment, other campaign partners include, UNFPA, Save the Children, the ONE Africa, Ibis Reproductive Health, Packard Foundation, IPPF, FAWE, and SADC Parliamentary Forum. These partners will constitute the EUP Technical Working Group (TWG).

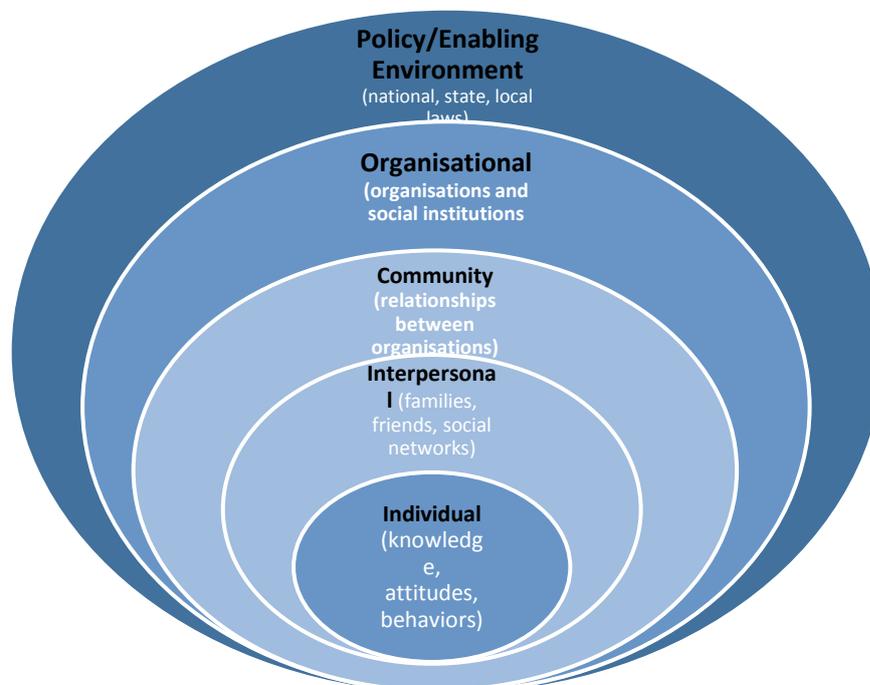
### **Phase 3-Development of technical products**

Running concurrently with the multimedia campaign will be the development of technical products. This phase will be led by the TWG partners.

- Age appropriate lesson plans on EUP and teacher training guides
- Mainstreaming/ strengthening component of EUP in CSE training
- Training of journalists to improve reporting on EUP
- Advocacy messages targeting parents, faith communities and community leaders

### **The implementation model**

The EUP campaign will be implemented and targeted at various levels of the social ecological model of change. These will include, the individual, interpersonal, community, organisational and policy levels. This model is important because the issue of EUP is not just an attitude or behavioural issue, rather it is an issue that is compounded and affected by multiple factors including, policies, cultural practices, and health and education systems.



Source:

Adapted from the Centre for Disease Control and Prevention (CDC), The Social Ecological Model: A Framework for Prevention, <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

Level	Description
<b>Individual</b>	<ul style="list-style-type: none"> <li>The campaign will target the individual girl or boy and address factors that influence behaviour change, including knowledge, attitudes, gender, age, religious identity, sexual orientation, socio-economic status, financial resources, values, goals, expectations, literacy, stigma, and others.</li> </ul>
<b>Interpersonal</b>	<ul style="list-style-type: none"> <li>The campaign will target formal (and informal) social networks and social support systems that can influence individual behaviours, including family, friends, peers, co-workers, religious networks, customs or traditions.</li> </ul>
<b>Community</b>	<ul style="list-style-type: none"> <li>The campaign will target communities and community structures and promote dialogue between and among traditional and religious leaders, parents, teachers and young people</li> </ul>
<b>Organisational</b>	<ul style="list-style-type: none"> <li>The campaign will target organisations such as schools and health facilities and address rules and practices that affect, for example, young people's access to modern contraception, and comprehensive sexuality education, as well as access to education during or after pregnancy</li> </ul>
<b>Policy/Enabling Environment</b>	<ul style="list-style-type: none"> <li>The campaign will target local, state, national and regional laws and policies, including policies on readmission, and access to SRH services for young people</li> </ul>

**iv) About the assignment**

UNESCO and SAfAIDS, in collaboration with ESA Commitment partners is seeking the services of an experienced marketing company to conduct phase 2; development of a multi-media campaign on preventing early and unintended pregnancy (EUP) in East and Southern Africa. A consultant firm is being sought to conduct this assignment through the following activities and tasks:

1. Submit a brief proposal demonstrating understanding of the assignment; daily rates, timelines and activities, at regional and country level
2. Develop a creative concept articulating the regional multimedia campaign on EUP demonstrating how to conduct (campaign strategies) the campaign, identification and design of campaign tools and messages
3. Creative testing of the multimedia campaign strategies and messaging at regional and national level
4. Facilitate the launch of the multimedia campaign with support from Governments and the EUP Campaign Technical Working Group.

**Target groups-** interventions should be different for the following target groups;

- Policy makers
- Teachers and School Principals
- Learners and young people (include young people with disabilities and young people living with HIV (YPLWH) and age groups i.e. 10-14, 15-19 and 20+ years)
- Parents, communities, religious and traditional leaders
- Service providers
- Men and boys

**Geographical focus-** countries in the ESA region will be divided into 2 categories and implementation strategies will differ based for focus countries and supporting countries. Focus countries will be targeted with full implementation of the campaign while lighter touch campaigns will run in the supporting countries. **Focus Countries-** Botswana, DRC, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe.

**Supporting countries;** Angola, Burundi, Ethiopia, Rwanda, South Sudan, Mauritius, Madagascar, Seychelles

**v) Timeline and duration of consultancy**

The consultancy will run from 1 August 2018- 31 December 2020

vi) Expected Deliverables

<b>Deliverable</b>	<b>Deadline</b>
Technical proposal to conduct the assignment	30 July 2018
Selection and contracting of consultant/firm	10 August 2018
Kick off meeting with EUP TWG	August 17 2018
Campaign branding, materials development and testing- Regional level and country level	October- December 2018
Campaign Roll out in Focus countries	January 2019
Campaign Roll out in supporting countries	April 2019
End of campaign and evaluation	December 2020

The **technical proposal** should detail the following:

- Understanding of the ToR;
- A capacity statement including demonstrated ability to handle the assignment (including samples of previous relevant work). The capacity statement should include a detailed technical creative conceptualisation of the multi-media campaign;
- A detailed plan of conducting the exercise, with clear description of the methodology;
- Budget breakdown detailing consultancy and data collection costs; and
- A list of at least three recent and relevant organizations where similar services of the Consultant have been utilized including contact details and title of assignment.

vii) Budget

The consultant will be selected following a competitive bidding process. Interested consultants should provide a comprehensive budget that indication of daily rates, number of days and timelines.

viii) Qualifications

- High-level skills in multimedia campaign development with a proven track-record
- Track-record in developing policy advocacy tools such as policy briefs, factsheets, guidelines, etc.
- Advanced academic degree in an appropriate field (preferably education, development, public health education).
- Extensive professional knowledge and at least 10 years' experience in the field of health promotion and education, marketing and advertising; familiarity with the UN system an asset.
- Demonstrated experience in strategy and policy analysis and design; excellent writing and communication skills.

Interested Consultants who meet the set criteria based on the Terms of Reference can submit a cover letter and a detailed proposal to; [vacancies.harare@unesco.org](mailto:vacancies.harare@unesco.org) copying Ruvarashe Matambo [r.matambo@unesco.org](mailto:r.matambo@unesco.org) by 5pm on Monday, 30 July, 2018.



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