

Expression of Interest

EUP Campaign Implementing Partnership

Title: Engaging Adolescents and Young People Through the Regional Campaign on Early and Unintended Pregnancy in Eastern and Southern Africa

i) Introduction

UNESCO is seeking to enter into a partnership with an African youth SRHR network for the purposes of engaging adolescents and young people in the ongoing regional 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.¹ It is estimated that 25 per cent of unsafe abortion cases in SSA occur among adolescent girls.² In addition, 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

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

² UNFPA. 2016. *Universal Access to Reproductive Health: Progress and Challenges*.

Uganda.³ 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%).⁴

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:

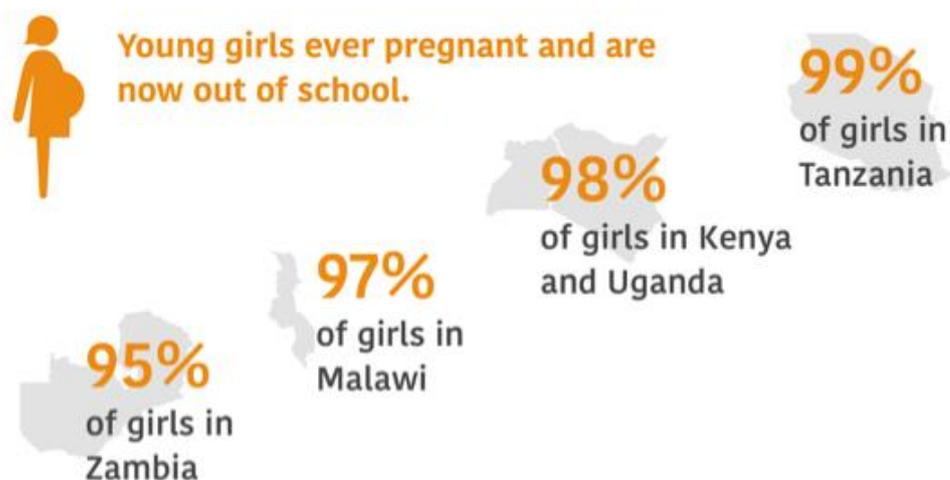


Figure 1: Percentage of young ever pregnant and out of school in five study countries

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

A detailed review of the various laws and policies in 23 ESA countries in 2015⁵ 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

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

⁴ 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.

⁵ 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

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,⁶ 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.⁷ 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.⁸ 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.⁹ 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
2. Providing all young people with good quality comprehensive sexuality education (including education on pregnancy, prevention, and contraception);

⁶ McQuestion, 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.

⁷ 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

⁸ 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.

⁹ 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.

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 Commitment¹⁰ 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. The campaign will follow 3 phases the first of which has already been conducted.

¹⁰The ESA Commitment was affirmed by 20 countries in Eastern and Sothern Africa.

iv) About the Assignment

UNESCO Regional Office for Southern Africa wishes to enter into an implementing partnership arrangement with a youth-led and youth-serving African-based SRHR network, consortium or organization to support the implementation of the campaign and insure youth voices are at the center of the campaign development and implementation. The successful network, consortium or organization will be responsible for ensuring grassroots engagement of adolescents and young people as both beneficiaries and drivers of the EUP campaign.

v) Objectives of the Assignment

Overall objective: To increase youth leadership and engagement in the early and unintended pregnancy (EUP) regional campaign.

Specific Objectives:

1. To strengthen the capacity of youth organisations to lead the implementation of the EUP Campaign;
2. To conduct strategic advocacy for a better policy environment that prevents and responds to EUP;
3. To advocate for adolescents and young people's access to sexuality education and youth-friendly health services; and
4. To educate communities of adolescents and young people on the drivers of and responses to EUP, and mobilise them to take action.

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.

The campaign is managed by UNESCO and SAfAIDS who 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 constitute the EUP Technical Working Group (TWG).

vi) Target groups

The successful network, consortium or organisation will develop activities targeting the following audiences:

1. Youth organisations
2. Adolescents and young people
3. Policy makers
4. Parents and guardians

vii) Key Tasks and Deliverables

TASK	DELIVERABLE	DATE
Conduct a regional orientation training with youth leaders and organisations on EUP and the EUP campaign	Regional orientation report	February 2019
Develop and adapt CSE materials on EUP	CSE Materials	April 2019
Develop advocacy products targeting policy makers on EUP	Policy briefs	April 2019
Conduct media campaigns to raise awareness among communities	Campaign report	June 2019
Conduct parents-child dialogues around EUP and SRHR	Dialogue Report	September 2019
Hold a side event at ICASA 2019 to share lessons on the EUP Campaign	Event Report	December 2019
Submit a final youth engagement report	Final Report	December 2019

viii) Reporting and Management

The contract for services will be managed by the HIV and Health Education team within UNESCO ROSA in Harare, with direct reporting to the Regional HIV and Health Education Officer.

ix) Copyright, Patents and Other Proprietary Rights

All rights, including but not limited to title to property, copyright, trademark and patent; in any work produced through this partnership, shall be vested in UNESCO which alone shall hold all rights of use.

x) Timeline and Duration

The assignment will run from 1 January 201 to 31 December 2019 based on the above tasks and timelines

xi) [How to Apply](#)

Interested networks, consortiums or organisations should send a concept note, workplan and budget by Email to vacancies.harare@unesco.org with the reference: **Youth Engagement in EUP Campaign**. Submissions from individuals will NOT be accepted.

Closing Date and Time: 21 December 2019 at 18:00 hours CAT