



VACANCY ANNOUNCEMENT:

Situation analysis on early and unintended pregnancy in Eastern and Southern Africa

Individual Consultant/Consultancy Firm Contract

Duration: 4 months (1 September 2017 – 15 December 2017)

Greater area: Eastern and Southern Africa Region

Background

Early and unintended pregnancy is a major public health issue in the Sub-Saharan Africa (SSA) region where adolescent girls experience the highest rates of pregnancy in the world¹. In the Eastern and Southern Africa (ESA) region, for many adolescent girls, sex, marriage and pregnancy are not voluntary or consensual, and many lack access to information to make informed decisions. In 2013, the adolescent fertility rate in the ESA region was reportedly two times higher than the world average at 108.2 live births per 1,000 girls². Demographic and Health Survey (DHS) data compiled in 2012 revealed that by age 17, at least one in five young women in six countries in the ESA region had started childbearing.

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

¹ UNFPA. 2013. Adolescent pregnancy: A review of the evidence. New York: UNFPA

² UN Population Division, 2012 in UNESCO, 2013. Why adolescents and young people need comprehensive sexuality education and sexual and reproductive health services in Eastern and Southern Africa.

severe complications.³ It is estimated that 25 per cent of unsafe abortion cases in SSA occur among adolescent girls.⁴ 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 Uganda.⁵ 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 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%).⁶

For girls that drop out of school because of pregnancy, less than 5 percent are able to return to the school 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.

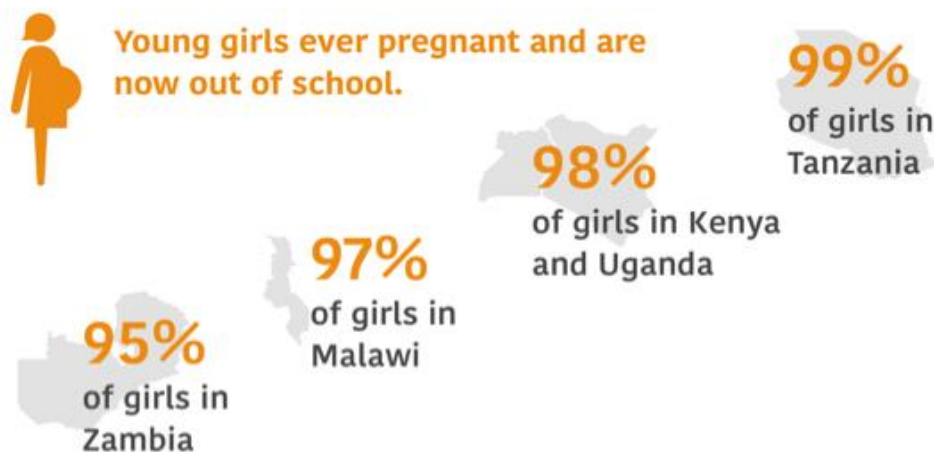
Figure 1: Percentage of young ever pregnant and out of school in five study countries

³ Birungi H. et al. 2015. *Education Sector Response to Early and Unintended Pregnancy: A Review of Country Experiences in Sub-Saharan Africa*

⁴ UNFPA. 2016. *Universal Access to Reproductive Health: Progress and Challenges*.

⁵ Shah I. and Ahman E. 2004. *Age patterns of unsafe abortion in developing country regions*. *Reproductive Health Matters* 12 (suppl. 24): 9-17.

⁶ 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.



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 2015⁷ reveals 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,⁸ 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.⁹ 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

⁷ 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 Comores and Eritrea

⁸ 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.

⁹ 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

level of political debate about the right to education, social and behavioural norms in the community and the appropriate response by the school.

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.¹⁰ 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.¹¹ 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:

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

EUP and the ESA Commitment

The ESA Ministerial Commitment¹² commits governments to increase access to comprehensive sexuality education and sexual and reproductive health services for young people .provides. The

¹⁰ 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.

¹¹ 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.

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 be attained only 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 through the actions outlined in Annex 1.

Early and unintended pregnancy 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.

About the assignment

UNESCO is commissioning a situation analysis of EUP in ESA. Results of the analysis will contribute towards a regional-wide EUP Campaign. **The advocacy** campaign on EUP will aim to reduce early and unintended pregnancy through i) raising awareness on the consequences of EUP ii) improving delivery of comprehensive sexuality education iii) promoting consistent condom use for sexually active young people and iv) increasing access and use of effective contraception. Advocacy with government will target the prevention of early and unintended pregnancy, and the management of pregnancy to ensure that countries observe the right of girls to continue their education.

The campaign will be in three main parts each of which will run as a distinct consultancy. **This document outlines Part 1 of the assignment, which will map the status of EUP and its impact on girls' education across 10 ESA countries.**

PART 1- Situation analysis of the status of early and unintended pregnancy

UNESCO will commission a consultant to develop a situation analysis of the status of early and unintended pregnancy and its impact on girl's education in ten ESA countries. The assignment will seek to achieve the following results:

1. Present latest data on the magnitude of EUP and the impact on girls' education.

2. Provide an analysis on country response to EUP highlighting both policy and programmatic response.
3. Review legislation around EUP in the selected countries. This data will be available from recent UNFPA studies
4. Develop specific recommendation for improving country responses to EUP

While a particular focus will be on the education sector response, the study will also look at responses from other key sectors such as health, gender, youth justice, security and the wider community. The findings from each country will inform the development of key messages targeted to each context. Regional messages will be developed and disseminated within the context of the ESA Commitment.

1. Outputs of the study will be:

- A report outline
- A consolidated status report (of around 30 pages) and ten country chapters as an annexe (of around 3-5 pages each)
- The status report should include key recommendations to inform advocacy messages
- A power point highlighting main findings and key recommendations to be presented to various audiences and consultations
- Policy briefs on the impact of EUP and guidance to responses

2. Methodology for the study

- Secondary data analysis on adolescent pregnancy (e.g. age of pregnant girls, age of impregnating men, marital status, socio-economic status, level of education, reasons for pregnancy, access to contraception and family planning), using Demographic and Health Surveys, Multiple Indicator Cluster Surveys, and similar available data sets in the study countries.
- Secondary data analysis of school drop-out due to pregnancy, and numbers of girls who re-enter the school system
- Desk review of policy and program documents focusing on country responses to early and unintended pregnancy in terms of re-entry policies (including their implementation), school environment (school structures to support pregnant girls and adolescent mothers, linkage or referral system to health services, community stigma and discrimination), and actions to increase gender equality including engaging boys and young men.
- Key informant interviews and focus group discussions, to garner perceptions of community on the issue of EUP in selected countries with key stakeholders such as teachers; community members, young people in and out of school, school administrators; MOE and MOH officials, donors etc. UNESCO NPOs in the ten countries will conduct the in country interviews and submit to the consultant.

3. Timeline and duration of consultancy

The consultancy will run from the 1 September 2017 – 15 December 2017

Task	Deadline
Briefing with UNESCO ESA Team	5 September 2017
Inception report	11 September 2017
Desk review report	5 October 2017
Key informant interviews and focus group discussions in selected countries	2-30 October 2017
First draft of the document including main findings	15 November 2017
Power Point presentation of main findings	30 November 2017
Finalized report	15 December 2017

4. Budget

The consultant will be selected following a competitive bidding process. Interested consultants should provide an indication of daily rates, methodology for the assignment and a separate budget for fees and travel expenses.

5. Copyright, Patents and Other Proprietary Rights

All rights, including but not limited to title to property, copyright, trademark and patent; in any work produced by the consultant by virtue of his/her contract, shall be vested in UNESCO which alone shall hold all rights of use.

6. Qualifications

- High-level skills in research methodology (literature review, quantitative/qualitative research with specific skills on developing surveys).
- 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; familiarity with the UN system an asset.
- Demonstrated experience in strategy and policy analysis and design; excellent writing and communication skills.

Expression of interest

Interested consultants may submit a cover letter and CV together with a brief proposal not exceeding 10 pages on the budget, methodology and approach for the assignment to vacancies.harare@unesco.org with copy to sr.musindo@unesco.org

Closing date for applications: **21 August 2017**

UNESCO DOES NOT CHARGE A FEE AT ANY STAGE OF THE RECRUITMENT PROCESS.

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PLEASE NOTE THAT ONLY PRE-SELECTED CANDIDATES WILL BE CONTACTED.