

## **RIATT-ESA 2020 STUDIES**

### **Terms of Reference for conducting regional policy reviews to track progress on implementation of sexual reproductive health and rights (SRHR) programmes and reduction in early and unintended pregnancies (EUP) in the EAC and SADC.**

#### **Background**

There are a number of complex problems that are a barrier to delivering universal access to sexual and reproductive health and rights by 2030, as laid out in the Sustainable Development Goal 5: “Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.”

Two targets of the globally adopted 2030 Agenda for Sustainable Development explicitly mention sexual and reproductive health. Target 3.7—under the health goal— states, “By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes”. Target 5.6—under the gender equality goal— aims to, “Ensure universal access to sexual and reproductive health and reproductive rights”, in accordance with previously negotiated UN agreements. Although these targets offer a solid basis for moving forward, they do not offer a comprehensive agenda for SRHR (UNESCO, 2018).

Sexual and reproductive health and rights (SRHR) are fundamental to people’s health and survival, to economic development, and to the wellbeing of humanity. Several decades of research have shown—and continue to show—the profound and measurable benefits of investment in sexual and reproductive health. Through international agreements, governments have committed to such investment. Yet progress has been hindered by weak political commitment, inadequate resources, persistent discrimination against women and girls, and an unwillingness to address issues related to sexuality

openly and comprehensively. Health and development initiatives, including the 2030 Agenda for Sustainable Development and the movement toward universal health coverage, typically focus on particular components of SRHR: contraception, maternal and newborn health, and HIV/AIDS. Countries around the world have made remarkable gains in these areas over the past few decades, but the gains have been inequitable among and within countries, and services have often fallen short in coverage and quality. Moreover, in much of the world, people have insufficient access to a full set of sexual and reproductive health services, and their sexual and reproductive rights are not respected or protected. Acceleration of progress therefore requires adoption of a more holistic view of SRHR and tackling of neglected issues, such as adolescent sexuality, gender-based violence, abortion, and diversity in sexual orientations and gender identities. Progress in SRHR requires confrontation of the barriers embedded in laws, policies, the economy, and in social norms and values—especially gender inequality—that prevent people from achieving sexual and reproductive health. Improvement of people’s wellbeing depends on individuals’ being able to make decisions about their own sexual and reproductive lives and respecting the decisions of others. In other words, achieving sexual and reproductive health rests on realizing sexual and reproductive rights, many of which are often overlooked—eg, the right to control one’s own body, define one’s sexuality, choose one’s partner, and receive confidential, respectful, and high-quality services. Each year in developing regions, more than 30 million women do not give birth in a health facility, more than 45 million have inadequate or no antenatal care, and more than 200 million women want to avoid pregnancy but are not using modern contraception (Guttmacher- Lancet Report 2018).

Adolescents need different health, education and social services. Further, the right of adolescents below the age of 18 years to these services is enshrined in the Convention on the Rights of the Child. The reality is that in many places, neither the providers of these services nor the systems in which they operate are geared towards meeting the needs and fulfilling the rights of adolescents. To address this widely recognized gap, efforts are increasingly under way to build competence and empathy in teachers, health-care workers, social workers and others. However, these efforts need to be stepped up.

Training and supporting service providers and reorienting the systems they are part of are crucial to delivering the many effective promotive, preventive and curative interventions available. Such efforts must go beyond perfunctory, top-down approaches to involving adolescents, community members, service providers and managers to identify the factors contributing to the poor quality and reach of these services and to define and implement evidence-based approaches that are tailored to the local context. It is just as important to build in assessment and accountability systems, with the meaningful involvement of adolescents (Gutmacher- Lancet Report 2018).

### **Study Purpose**

This study seeks to track progress ahead of the 25th Anniversary of the Beijing Declaration 1995 and 10-year countdown to the SDGs by 2030 in relation to sexual reproductive health and rights (SRHR) and reduction in early and unintended pregnancies (EUP) as they affect adolescent girls (aged 10–19 years) in the EAC and SADC Member States and recommend additional actions that need to be taken to enable all girls to make a safe and healthy passage to adulthood and delay childbearing.

### **Study Objectives**

1. Review and analyze latest data or research on the magnitude of Early and Unintended Pregnancies (EUP) and also track progress of the recommendations from the UNESCO 2018 study, to ascertain progress made on improving indicators on girls' education in the EAC and SADC Member States;
2. Map the opportunities for meeting the health needs and protecting the human rights of adolescent girls, looking forward to continuing ICPD implementation, and to inclusion of actions for adolescents' SRHR, particularly of girls, in the post-2015 development agenda;
3. Review progress made on SRHR after Beijing commitments and towards achievement of SDG targets after 10years;
4. Organize new knowledge for Member States' sharing with relevant actors to inform SRHR policy and practice.

## Scope of Work and Key Outputs

### Key Activities and Deliverables (20 Days Assignment)

Activity	Deliverable	No of days	11 - 12 May 2020	13 May - 4 June 2020	5 June 2020
Prepare a Study Inception Plan	Study Inception Report	2	X		
Prepare a progress update report/Recommendations	SRHR Progress Report	17	X	X	
Submit Study Report	Study Report	1			X 5 June 2020

## Consultant Requirements and Submission Information

### Qualifications & Experience Required:

- Education:**
- Relevant advanced academic degree (Social Sciences, Public Health, Development Studies, Economics or related fields);
- Knowledge & Skills**
- previous experience leading teams; knowledge of SRHR; knowledge of institutional development and capacity assessment; high quality report writing skills;

- Demonstrated experience in conducting SRHR and EUP studies and planning for SRHR and EUP campaigns.
- Demonstrated experience in institutional development and with knowledge of SRHR and EUP programmes and implementation;
- Experience working with governments, international donors and others.
- Knowledge and skills in capacity assessment in relation to large scale public programmes;
- Specific knowledge of mapping, programmes coordination and data base development;
- Demonstrated ability to prepare for, facilitate and lead, national surveys;
- Demonstrated ability to present information and ideas and to communicate effectively;
- Demonstrated data collection and analytical writing skills;
- Knowledge of the East and Southern Africa Community (EAC & SADC) administrative structures is an added advantage;
- Proven ability to: (i) handle multiple tasks under pressure with short deadlines; (ii) ability to work independently, seeking guidance on complex issues; and (iii) excellent interpersonal skills, proven team orientation and the ability to work across unit boundaries.

**Experience:**

1. At least 5-8 years' experience working in SRHR and EUP programmes and institutional development
2. Demonstrated experience in conducting advocacy studies and planning for advocacy campaigns.
3. Relevant academic degree (Social Sciences, Development Studies, Economics, Law or related field); previous experience

leading teams; knowledge of social protection programs; knowledge of institutional development and capacity assessment; high quality report writing skills

4. Prior experience working closely with the SADC and EAC
5. Prior experience on information / Data management– database development; qualitative research software skills; mapping skills

**Languages:** Fluency in English is essential, working knowledge of French, Portuguese and or KiSwahili will be an added advantage.

**How to apply:**

Potential candidates are requested to submit the following to [hadmin@repssi.org](mailto:hadmin@repssi.org) cc [riattesamanagement@repssi.org](mailto:riattesamanagement@repssi.org) by 8th May 2020.

- A cover letter outlining your skills and experience
- A detailed CV

**Closing date: 8<sup>th</sup> May 2020 at 5pm Johannesburg time.**