

Vacancy Announcement:

Situational Analysis on the Status of Sexual and Reproductive Health of students in tertiary institutions in the SADC Region

Individual Consultant/Consultancy Firm Contract

Duration: 3 Months

Greater area: SADC Region

Background

Higher and Tertiary Educations Institutions (HTEIs) have a key task of cultivating graduates that will contribute to economic development whilst engaging with the local national, continental and global challenges facing them. Students in HTEIs typically fall between the ages of 18 and 30. Evidence shows that young people in this age category lack adequate sexual and reproductive health (SRH) information, are at elevated risk for unintended pregnancies and for contracting sexually-transmitted infections¹ - and account for a substantial proportion of all new HIV cases world-wide. Due to socioeconomic and biological factors, young women are particularly vulnerable to HIV infection and other negative SRH outcomes, with some estimates indicating that girls aged 15-19 are four times more likely to be infected by HIV than their male age peers.

Universities are home to large numbers of young women and men in the prime of their lives. For example in Zimbabwe according to the ZIMSTATS 2014 report, university enrollment in Zimbabwe doubled from 31 3575 students to 60 143 between the period 2000 and 2012². The period of university admission often represents the first time that many young people experience “real” independence from their parents, guardians, relatives, and teachers who supported and guided them during the early teen years. Many young people are unable to successfully handle the complete independence that comes with university life, making them vulnerable to negative SRH outcomes.³

¹ Theresa Nkuo-Akenji et al. (2007). Knowledge of HIV/AIDS, sexual behaviour and prevalence of sexually transmitted infections among female students of the University of Buea, Cameroon. *African Journal of AIDS Research* 6(2): 157-163; W. K. Sekirime (2001). Knowledge, attitude and practice about sexually transmitted diseases among University students in Kampala. *African Health Sciences* 1(1):16-22.

² Zimbabwe National Statistics Agency, 2014

³ Khamasi, J.W. and Undie, C. (2008). Teaching human sexuality in higher education: A case from Western Kenya. In Mairead Dunne (ed.). *Gender, Sexuality and Development: Education and Society in sub-Saharan Africa*.

Young women's rights to a safe learning environment, free from sexual and other kinds of violence, and to comprehensive SRH information and services, are currently limited at tertiary level context.⁴

Across the region, higher education institutions harbour a large number of young adults at their peak years of sexual activity. As such they are an important target population for HIV and sexuality education which is essential to ensure that they have the knowledge to protect themselves from HIV, other STIs and unintended pregnancies. Universities are also home to young people living with HIV and it is important, to ensure that they are informed about and have access to treatment options and know how to prevent transmission to their partners. A focus on addressing issues which can affect human capital development at tertiary level such as HIV and AIDs and SRH is important for Africa to enjoy the benefits of the projected demographic dividend.

Yet, it is always assumed that because students have reached the tertiary level of education, they have received HIV and sexuality education. Studies on knowledge and attitudes among students show low levels of both HIV and sexuality Education. The low levels of knowledge are also related to negative attitudes towards people living with HIV (UNESCO 2014). The reality for the region is that too many young people are still growing into adolescence and adulthood without much knowledge about their reproductive health and sexuality and in a context of poor access to sexual and reproductive health services.

HTEI in sub-Saharan Africa are yet to become a target of comprehensive sexual and reproductive health service provision. Indeed, these institutions are typically viewed as resources for generating research findings, and are less often seen as potential sites for actual interventions.⁵ Yet, university campuses provide expansive, eager-to-learn populations of young people, with growing and largely unmet SRH needs, as well as low levels of sexuality education.

HTEI also present a valuable space in which important resource to address the sexual and reproductive health and rights of young people exist, and can be harnessed to effect positive change among students and staff alike. The large population that university students represent also creates an enormous opportunity for innovative interventions around sexuality education, and indeed this population also represents an important future part of their societies where many will be in positions to influence and support positive policies and actions. Where interventions have been carried out among tertiary students in the region, rarely have these efforts been rigorously evaluated. They have

⁴ W. Onyango-Ouma (2007). *Sexuality in the Academia: Challenges and Opportunities*. 2007 Sexuality Institute. October 30-November 2, 2007, Mombasa, Kenya.

⁵ W. Onyango-Ouma (2007). *Sexuality in the Academia: Challenges and Opportunities*. 2007 Sexuality Institute. October 30-November 2, 2007, Mombasa, Kenya.

also often been geared toward a sole intervention (such as peer education), rather than toward a multi-faceted, curriculum-based comprehensive program.

Since 2000 there have been efforts to provide HIV information and services to young people in HTEIs across the region. An example is the work of the Association of African Universities which developed a multidisciplinary HIV and AIDS program that aimed to scale up the efforts of African Universities to produce AIDS competent graduates. However, studies have shown a mixed picture; indicating that the quality of HIV information provided is variable and the extent of implementation varies. In most cases inclusion of HIV in the curricula has not translated into the curricula being allocated time in the lecture room; nor in lecturers being comfortable to teach it. More importantly the programs as currently offered are often narrowly focused on HIV prevention to the exclusion of broader sexuality education and access to sexual and reproductive health services. Evidence shows that good quality, well implemented sexuality education programs linked to good quality sexual and reproductive health services can result in the following behavioral outcomes amongst young people; reduced number of sexual partners; reduced frequency of sex and unprotected sex; increased condom use; delayed sexual debut.

Consultancy services are being sought to conduct a situation analysis on the status of sexual and reproductive health of students in higher education and tertiary institutions in the SADC region. The situation analysis will inform regional dialogue and advocacy efforts towards improving SRH provision in the tertiary education sector.

Purpose of the assignment

The consultant will be required to conduct a review of the status of sexuality education and sexual and reproductive health service provision in selected tertiary institutions in the region. The situation analysis is intended to further our understanding of the current and future issues affecting young people's sexual and reproductive health and wellbeing. This assignment is intended to produce a **high quality, evidence informed** situation analysis report which will provide the basis for dialogue and advocacy with key stakeholders on the importance of prioritizing sexual and reproductive health service provision for the higher education sector. It will also provide useful evidence on young people's health and education needs, and knowledge gaps, which will shed light on and inform pathways for improved CSE at primary and secondary levels.

In this regard the situation analysis will serve to;

- a) Profile the demographic characteristics of students attending tertiary education institutions

- b) Evaluate the legal and policy frameworks supporting the provision of sexuality education and sexual and reproductive health services in selected tertiary institutions
- c) Review the existing programmes on comprehensive sexuality education and HIV and linkages to sexual and reproductive health services and the student perceptions towards these.
- d) Analyse the knowledge, attitudes and sexual risk behaviour of students in tertiary education institutions
- e) Examine the sexual and reproductive health outcomes of students including HIV and STI prevalence, Pregnancy, Termination of Pregnancy, violence in relationships and marriage

Scope of the Consultancy

Part 1: Desk Review

1.1 Profile of tertiary education students

1.1.1 Demographic Characteristics of tertiary students

1.2 Sexual and Reproductive Health Status of tertiary students

- 1.1.1 Key facts and data on the SRH status of young people in tertiary institutions disaggregated by age groups and sex, socio economic status and the implications to education, health and economic development
- 1.1.2 Knowledge, Attitudes and Sexual Risk behaviour of students
- 1.1.3 Prevalence of HIV, STI, pregnancy and gender based violence among students

1.2 Response data possibly from existing literature/documents/reports

- 1.2.1 Legal and policy frameworks and strategies governing the provision of sexuality education and the provision of sexual and reproductive services in selected tertiary institutions.
- 1.2.2 Existing programmes on comprehensive sexuality education and HIV and linkages to sexual and reproductive health services (including examples of any good/promising practises)
- 1.2.3 Programs offered and uptake and utilisation of services by students

Part 2: In-depth country studies: Qualitative/Quantitative research on the status of young people's sexual and reproductive health

- 2.1 Status of SRH programs offered (Sexuality education and SRH services) and uptake and utilisation of services by students
- 2.2 Knowledge, Attitudes and Sexual Risk behaviour of students

2.3 Prevalence of HIV, STI, pregnancy and gender based violence

2.4 Perceptions of key stakeholders on the situation of young people in HTEI and measures in place to address some of the challenges faced. Interview will include but will not be limited to; Ministries of Higher Education; Ministries of Health, University Management; Student Health Services; Dean of students and selected faculty members; Student leadership and undergraduate and post graduate students; National AIDS Council; UN and Development Partners (NGOs) working with universities

Part 3: Development of Final Report with key advocacy messages and recommendations for the higher education sector.

The consultants will synthesize the findings into a concise report (not more than 50 pages) outlining the status of sexual and reproductive health of young people in tertiary institutions in the selected institutions. They will identify gaps, challenges, and opportunities in current SRH programs, including HIV and AIDS interventions in HTEIs and make recommendations for priority actions to enhance HTEIs capacity to effectively implement an appropriate response. Finally the consultancy will identify best practice or promising models (programs, strategies & institutional arrangements) as measured against current international, regional and national evidence of what works for young people in tertiary institutions, that could be adapted and replicated for implementation across the higher and tertiary education institutions.

Focus of the assignment

While secondary data for the desk review will be collected from all SADC countries, 2 countries will be identified for additional in-depth qualitative analysis. Countries will be selected in consultation with UNESCO. Initial suggestion (Tanzania and Zimbabwe).

Deliverables

The consultant is expected to produce the following deliverables:

- Inception Report
- Situation Analysis Report with annexes indicating list of people interviewed and contact information
- PowerPoint presentation summarizing the Status Report

Timeline and duration of consultancy

The consultant will be hired during the period January – March 2017. The schedule below sets out the deliverable and indicative dates. Deadlines for deliverable will be set in discussion with the consultant.

Activity	Output	Date
Inception meeting/ briefing	Agreement on TOR and approach	10 January 2017
Planning and preparation	Inception report and validated work plan inclusive of: i. list of data to be collected; ii. list of possible data sources to access (secondary and primary); iii. data collection methods and tools – how to access the sources; iv. data collection and consolidation; v. timetable	24 January 2017
Desk review;	Draft report from desktop review	30 January 2017
Online KAP survey	KAP survey report	14 February 2017
Country visits	Draft country reports x 2	28 February 2017
Situation analysis	Draft consolidated situation analysis report	10 March 2017
Final Report	Final Report with all relevant annexes Power point presentation	31 st March 2017

Profile of consultant

The candidate is expected to have the following qualifications and skills;

- Advanced academic degree in a related field (preferably education, development, public health education).
- Extensive professional knowledge and at least 10 years' experience in the higher education sector, HIV prevention and sexuality education; provision of sexual and reproductive health services
- Familiarity with university systems an asset.
- Demonstrated experience in regional review of evidence, literature reviews, stakeholder interviewing, analysis and synthesis of findings; excellent writing and communication skills.

Reporting

The contract will be managed by the UNESCO Regional HIV and Health Education team. Technical support will be provided by UNESCO HQ,

Expression of Interest

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

Closing date for applications: **9 December 2016**

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