



**TERMS OF REFERENCE FOR
COMPREHENSIVE ABORTION CARE IN LIMPOPO**

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1. Background

Termination of pregnancy (TOP) remains one of the most controversial sexual health issues, and yet despite the long-standing stigmas and opposition to its practice; termination of pregnancy remains a common experience for some women around the world¹

The UN International Conference on Human Rights, held in Tehran in 1968, proclaimed reproductive rights as a subset of human rights: “*Parents have a basic human right to determine freely and responsibly the number and spacing of their children.*” Later UN conferences, conventions and resolutions have strengthened the case for reproductive rights and for the right to safe termination of pregnancy. In 1999, the UN General Assembly agreed upon a set of Key actions for the further implementation of the Programme of Action of ICPD and stated: “*In recognizing and implementing the above, and in circumstances where termination of pregnancy is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such termination is safe and accessible. Additional measures should be taken to safeguard women’s health*”.

Studies suggest that legal access to TOP services improves sexual and reproductive health – it could reduce unintended pregnancies, births, maternal ill-health and mortality as well as reduce HIV infections in infants.

In terms of national legality and legislature, termination of pregnancy was legalized in South Africa with the Choice on Termination of Pregnancy Act in 1996 which gave women rights to request termination of pregnancy up to and including the 12th week of pregnancy and under certain circumstances between the 13th and 20th week of pregnancy by a certified nurse practitioner or medical doctor. In 2004, an amendment was added in order to make termination of pregnancy services more available for women. This amendment allowed for any health facility that has a 24-hour maternity service to offer first trimester abortion services. It also allowed registered nurses that have completed a TOP training course to provide first trimester terminations, expanding the base of providers for abortions. As a result of this legislation studies

¹ Ashley Gresh and Pranitha Maharaj, Termination of pregnancy: Perspectives of female students in Durban, South Africa. 2014

suggest that there has been a reduction in maternal deaths from unsafe abortions, although they are still occurring².

Primarily, the continuing high rate of unsafe termination of pregnancies is due to a variety of interconnected factors such as women lacking awareness of the availability of safe abortions; the knowledge of the time for abortion on request is not widely known, resulting in delays to seek abortion to a time beyond the limit set by the law. Not only are women unaware of the abortion legislation, a study done in KwaZulu Natal found that 68% of participants were not aware of any existing facility for termination of pregnancy. In addition, there is often confusion over the fee status of abortion in South Africa as women are unaware that the service is provided for free in public facilities. But even with TOP services being free of charge, poverty still limits access to healthcare, never mind sexual reproductive health and family planning.

Further, termination of pregnancy is something that is not often talked about in communities, within families, or even among friends as it is still socially unacceptable. There are serious social consequences for having an abortion because of the stigma attached to the act, with women facing being outcast from their communities

In Limpopo, the findings of the Sustainable Abortion Ecosystem workshops conducted by Ipas indicate that Limpopo has challenges with training and retainment of termination of pregnancy providers, which is exacerbated by a limited number of TOP facilities providing either 1st or 2nd trimester abortion services. Due to the above mentioned reasons, women do not discuss let alone seek termination of pregnancy and resort to seeking alternative methods, which perpetuates the cycle of unsafe and illegal methods.

2. Purpose and scope of work

The purpose of this assignment is to scale up the Capacity enhancement on Comprehensive Abortion Care (CAC) in Limpopo to ensure safe access to SRHR services including Safe Abortion and Post Abortion care.

3. Deliverables

² Orner,P, de Bruyn M, A qualitative exploration of HIV-positive pregnant women's decision making regarding abortion in Cape Town

The selected organization will be required to deliver the following:

- 1) Capacity building – training of general practitioners, registered nurses and midwives on -
 - a) safe termination and post abortion care
 - b) Contraceptives family planning counselling
 - c) Screening of GBV and referrals
 - d) SRHR Policies and guidelines
 - e) National SRHR integrated curriculum
- C) Prepare a report on the training undertaken

4. Experience/ Skills/ Qualifications

4.1. Qualifications and Experience

- 5.1.1. The lead researcher in the organization proposed to undertake this assignment must have a Masters level degree or higher preferred, in Public Health, Medicine, International Development, Gender Issues, Policy, Administration or Related Studies
- 5.1.2. Demonstrated experience working in sexual and reproductive health programming, ideally with a particular focus on abortion and contraception.
- 5.1.3. The ability to work with qualitative and quantitative data
- 5.1.4. Demonstrate extensive experience in capacity building on comprehensive abortion care
- 5.1.5. Precious and current work experience with the Department of Health is a requirement

5. Roles of the technical task team

A task team comprising United Nations Population Fund (UNFPA) and the Department of Health. The UNFPA will be represented by the Programme Specialist SRHR and HIV/AIDS linkages.

6. Past performance

The past performance of the organization in executing projects dedicated to ending preventable deaths and disabilities from unsafe abortion is required.

7. Time frames

The project shall be conducted from 1 October 2021 to 30 December 2021.

8. Reporting

The organization will be supervised by the Programme Specialist: SRHR and HIV/AIDS Linkages at UNFPA.

9. Proposal Evaluation criteria

Criteria	Weight
Technical approach, methodology and level of understanding of the objectives and scope of the assignment.	40
Profile of the organization and relevance to the project; professional experience of the staff that will be deployed to the project.	40
Demonstration of a strong understanding of women's sexual and reproductive health and rights in South Africa	20

Cost of technical assistance and payment modalities

A work plan with the detailed and itemised budget should form part of the proposal – work plan must clearly specify which activity it will be undertaking. An organization can contest for one or all three activities. Proposals submitted without a detailed budget will not be considered.

The most competitive proposal which will be satisfying the requirements of UNFPA will be selected and awarded the contract. The proposal evaluation and the contract award will be undertaken according to UNFPA regulations.

Payment for services rendered shall be in tranches agreed upon between UNFPA and the successful service provider. These will be affected by predetermined milestones and systematic submissions of **accepted** deliverables within timelines agreed on between UNFPA and the service provider.

Proposal requirements

Interested services providers are invited to submit proposals to provide the above-mentioned services. The proposal should focus on showcasing the organizations' ability to provide the services outlined in the Scope of Work. Interested applicants are requested to submit the following to zaf.admin@unfpa.org:

- a. Cover letter
- b. A proposal indicating a description of the proposed approach to the scope of work, work plan with timelines and detailed budget (inclusive of VAT)
- c. Sample(s) of recent written work of a similar assignment.
- d. Detailed CVs indicating qualifications and relevant experience

The closing date for proposal submissions is 22 October, 2021