



**TERMS OF REFERENCE FOR  
COMPREHENSIVE ABORTION CARE IN EASTERN CAPE AND KWAZULU-  
NATAL**



## 1. Background

Termination of pregnancy (TOP) remains one of the most controversial health issues, and yet despite the long-standing stigmas and opposition to its practice, remains a common experience for some women around the world<sup>1</sup>. According to WHO, globally, six out of 10 of all unintended pregnancies end in an induced abortion. However a large proportion of these procedures - around 45% of all abortions - are unsafe, of which 97% take place in developing countries. Unsafe abortion is a leading – but preventable – cause of maternal deaths and morbidities. It can lead to physical and mental health complications and social and financial burdens for women, communities and health systems.

Hence the lack of access to safe, timely, affordable and respectful abortion care is a critical public health and human rights issue.

South Africa is one of the countries that allows termination of pregnancy within its legislative and policy frameworks:

- The Choice on Termination of Pregnancy Act of 1996 gives women the right to request termination of pregnancy up to and including the 12<sup>th</sup> week of pregnancy and under certain circumstances between the 13<sup>th</sup> and 20<sup>th</sup> 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.
- The 2004 amendment 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 the above, studies suggest that South Africa has seen a reduction in maternal deaths from unsafe abortions, although they are still occurring<sup>2</sup>. Unsafe termination of pregnancies continues to be practiced due to a variety of

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

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

interconnected factors such as women lacking awareness of the availability of safe abortions; the knowledge of the time for abortion on request not being widely known, resulting in delays to seek abortion to a time beyond the limit set by the law.

Furthermore, the stigmatization of abortion services make their provision by the care providers a difficult task.

It is against this backdrop that the current intervention will take place.

Comprehensive abortion care addresses mitigating factors and barriers for the provision of safe abortion services by tackling four key areas which include<sup>3</sup>:

### Knowledge

Providing information on sexual and reproductive health services including abortion services can address stigma and reduce harassment on care providers.

Information and awareness on abortion and abortion services can motivate the recruitment and retention of abortion care providers. Increased community awareness services can provide women with information about and access to contraceptive services (Wcgcares.org, 2018:18).

### Skills

Comprehensive abortion care ensures that practitioners providing abortion services are trained to improve the quality of clinical abortion care. Provider skills also help them address interpersonal stigma and beliefs related to the provision of abortion services (Wcgcares.org, 2018:18).

### Infrastructure

Comprehensive abortion care ensures that abortion facilities are adequately equipped to offer abortion services with quality infrastructure to enhance service delivery. Physical infrastructure includes the provision of private rooms, sanitation facilities, clean linen, medicinal resources such as painkillers and that there is enough equipment for the abortion procedures. Additional infrastructure components to enhance services also include the provision of adequate staffing to increase the quantity of abortion services available (Wcgcares.org, 2018:16).

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<sup>3</sup> Wcgcares.org. 2018. Five years of improving abortion care: Lessons learned from the Max Programme in

Kenya and South Africa

### Enabling environment

Comprehensive abortion care ensures that providers work in an enabling environment. An enabling environment is one that ensures social policy and regulations that support abortion and post-abortion contraception delivery and counselling exist and are implemented. In the South African context, the support of managers, clear guidelines and medical abortion policies and practices is essential because without managerial support, providers may be prohibited from carrying out services (Wcgcares.org, 2018:20).

Therefore, a comprehensive abortion care has to incorporate intervention methods that address these key areas in order to provide safe abortion services in South Africa.

### **Purpose and scope of work**

The purpose of this assignment is to scale up the Capacity enhancement on Comprehensive Abortion Care (CAC) in Eastern Cape and KwaZulu-Natal to increase safety of Safe Abortion and Post Abortion care services, and the availability of a supportive package of SRH and GBV services.

## **2. Deliverables**

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

**3. Experience/ Skills/ Qualifications**

*3.1. Qualifications and Experience*

- 4.1.1. 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
- 4.1.2. Demonstrated experience working in sexual and reproductive health programming, ideally with a particular focus on abortion and contraception.
- 4.1.3. The ability to work with qualitative and quantitative data
- 4.1.4. Demonstrate extensive experience in capacity building on comprehensive abortion care
- 4.1.5 Previous and current work experience with the Department of Health is a requirement

**4. 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.

**5. Past performance**

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

**6. Time frames**

The project shall be conducted from May 2022 to 30 June 2022.

**7. Reporting**

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

**8. Proposal Evaluation criteria**

Criteria	Weight
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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.

- 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

## References

Gresh, A. and Maharaj, P., 2014. Termination of pregnancy: Perspectives of female students in Durban, South Africa. *Supplement on Population Issues in South Africa; Guest Editor: Martin E Palamuleni*, Vol 28, No 1.

Orner P, de Bruyn M, Harries J, Cooper D. A qualitative exploration of HIV-positive pregnant women's decision-making regarding abortion in Cape Town, South Africa. *SAHARA J.* 2010 Aug;7(2):44-51. doi: 10.1080/17290376.2010.9724956. PMID: 21409294.

Wcgcares.org. 2018.Max Lessons Learned.<http://www.wcgcares.org/wp-content/uploads/2018/04/MAX-Lessons-Learned-Document-2018.pdf> [Accessed 23 March 2022].