**TERMS OF REFERENCE FOR CONDOM DEMONSTRATION CLIP AND DISSEMINATION OF CONDOM PLAN TO 3 PROVINCES THROUGH WORKSHOPS** **(SEPTEMBER to NOVEMBER, 2021)**

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| **TERMS OF REFERENCE (to be completed by Hiring Office)** |
| Hiring Office: | UNFPA South Africa Country Office  |
| Purpose of consultancy: | South Africa is home to the largest number of people living with HIV in the world. The most recent mathematical model of the HIV epidemic in South Africa, Thembisa 4.3 estimates that the total number of people living with HIV in 2019 was 7.8 million, 7.3 million of them are adults 15 years and older. In 2019 total (all ages and sexes) HIV prevalence was estimated at 12.9% with adult women disproportionately affected at 21.3% and adult men at 13.4 %. Since 2010, the gaps across the HIV testing, treatment and viral suppression cascade have steadily been closing. South African men, including boys and adolescents experience particularly poor health outcomes across a variety of measures. Evidence suggest that this is attributed to men’s poor health-seeking behaviour, which results in them presenting late with advanced stages of illness. Men account for 56.6% of all TB-deaths recorded in the country while non-communicable diseases are the leading cause of death among men older than 45 years. Evidence highlights the seriousness of STIs as a public health problem and as a risk factor for both HIV infection (Kularatne et al., 2018; SANAC, 2017) and poor reproductive health outcomes (SANAC, 2017) More than 1.4 million STIs were treated in South Africa in 2017 (Department of Health, 2018) Furthermore in 2017, children born to mothers in age groups 20 to 34 made up 73% of all births and adolescent births of mothers aged 10 to 19 contributed 11%. The proportion of women aged 15–19 who have begun childbearing rises rapidly with age, from 4% among women at age 15 to 28% among women at age 19. Recent studies indicate high HIV prevalence among men who have sex with men (MSM) estimated at 25.7%, with much higher prevalence in major cities such as Johannesburg (43%), eThekwini (30%) and Cape Town (27%). Communication is essential to negotiating safer sex and promoting correct and consistent use of the condoms. Historically, condoms have been at the centre of the response to HIV and have had a transformative impact on the trajectory of HIV epidemics worldwide, and today they are a well-known and widely used method to prevent HIV transmission, STIs and unplanned pregnancies. John Stover Futures- group Institute presented a modelling analysis that assessed the role of condom use and how the condom can play a role in the HIV epidemic. Based on the model, an estimated 50 million HIV infections have been averted by condom use since the onset of the epidemic. Furthermore, evidence show that scale-up of condom promotion and distribution is important in achieving global goals, and that condoms are cost-effective in most settings and comparably much cheaper than other programmes regarding cost per infection averted. Stover underlined the importance of smart targeting and accessibility of condom for all vulnerable groups.The Department of Health has finalized the National Condom Communication Plan and the overall goal of this plan is to increase consistent condom use and the adoption of safer sexual behaviours, especially among people 15–24 years old and key populations. The Department has requested UNFPA to provide technical and financial support to support of the roll out of the plan. |
| Scope of work:*(Description of service activities, or outputs)* | Under the overall guidance of the HIV Prevention Directorate and support from UNFPA Programme Specialist on SRHR and HIV Linkages, the Consultant will undertake the following activities: 1. Condom demonstration clip
2. Support dissemination of condom plan to 3 provinces through workshops
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| Duration and working schedule: | The duration of the services is 20 days, 10th September to 30th November 2021  |
| Place where services are to be delivered: | The consultant will be work remotely. The consultant will be expected to travel to implementation sites throughout the period. However, this will be subject to the constraints imposed by the lockdown requirements. |
| Delivery dates and how work will be delivered (electronic, hard copy etc.) | The contract starts from 10th September to 30th November 2021This will entail engagements and collaboration with HIV Prevention Directorate team. Work will be delivered both electronically and in hard copies where appropriate.  |
| Monitoring and progress control, including reporting requirements, periodicity format and deadline: | The consultant will provide monthly activity plans and a report and submit monthly reports to UNFPA as well as a comprehensive report at the end of the assignment.  |
| Supervisory arrangements:  | The consultant will work within the overall guidance of UNFPA and NDOH under the direct supervision of the Director: HIV Prevention |
| Expected travel: | It is envisaged that there will be travel to the provinces during the life of the consultancy, subject to COVID-19 regulations. If that is permissible, the key areas of travel are KwaZulu-Natal, Eastern Cape and Limpopo |
| Required expertise, qualifications and competencies, including language requirements: | * The consultant should be knowledgeable about HIV Prevention in line with priorities of the South African government.
* Education: University Degree or equivalent in public health, social sciences, development or related field.
* Excellent writing skills and very strong ability to communicate complex matters in

accessible, clear, concise and appealing language.* Very strong conceptual and analytic abilities and very great attention to detail.
* Excellent command of English.
* Excellent training and facilitation skills
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| Inputs / services to be provided by National Department of Health (e.g. support services, office space, equipment), if applicable: | None |
| Signature of Requesting Officer in Hiring Office:Date: 01 September, 2021 |