I. Introduction

HIV transmission in Swaziland is high (19% among population 2 years and older and 26% among 15-49 years age group) (SDHS, 2006/07). According to the 2012 Swaziland HIV Incidence Measurement Survey (SHIMS), HIV incidence remains high (2.38%) in the Swaziland population with a peak among women in their late 30s and early 20s. This transmission occurs predominantly through heterosexual intercourse between infected and non-infected persons and condom use plays an important role in preventing such transmission.

Due to this high prevalence of HIV of the country, the use of condom is critical and a major part of the HIV prevention strategy for the country. Condoms are also known to be important for family planning and the prevention of other sexually transmitted infections (STIs); this holds true in Swaziland as well.

Although knowledge about condoms and that they protect one from HIV is very high in the country (94% amongst women and 92% amongst men), low and inconsistent levels of condom use has been cited as one on the drivers of the HIV epidemic in Swaziland. The use of condoms during sex, especially with non-regular partners has been proven to be important for reducing the spread of HIV. According to the Swaziland Demographic Health Survey (SDHS) 2006/7, condom use in the general population was estimated to be at 56% for females and 46% for men with every high risk sexual act. Approximately half of the sexually active respondents aged 15-49 years admitted to having non regular sex without a condom.

In 2014, the Multiple Indicator Cluster Survey (MICS) showed that condom use at last sex among people with more than one sex partner was 82.6% for men and had dropped to 66% among women. Even though later statistics have shown that the use of condoms has risen especially among men from 2007, there is still however need to increase the demand and use of condoms in the country through as many innovative mechanisms as
possible. In addition, according to the behavior sentinel surveillance (BSS 2011) preliminary results consistent condom use among youth aged 15 -24 is 48.3% and still 20.7% have never used a condom. Less than a third of the people interviewed were already aware about their HIV status, although more than 70% declared to have not disclosed their positive status to anyone (BSS 2011) which shows the need for stronger condom programming interventions.

In addition to all this, the Swazi population is still faced with other various problems related to Sexual and Reproductive Health (SRH) which include early sexual debut, teenage pregnancies, sexual abuse, dropping out of school, and orphan-hood mainly due to the HIV/AIDS epidemic. With these high HIV statistics and low usage of condoms among the Swazi population especially the youth, there is therefore need for the country to have a clear and mapped out Condom Strategy to ensure the condom programming. It is against this background that the Ministry of Health through the support of UNFPA seek to engage a consultant to evaluate the 2010-2015 Condom Strategy and proposed a New Strategy 2016-2020.

II. Overall Objective of the Consultancy

The main objective of the consultancy is to conduct an evaluation of the National Condom Strategy 2010-2015 and drafting a strategy proposal for a new strategy 2016-2020. The consultant will be expected to address the following broad research questions:

1. What is the extent to which the implementation of the strategy have been achieved?
2. How has the strategy improve access to quality condoms at affordable prices through an effective and responsive service delivery system?
3. Effective leadership, resource availability and coordinated partnerships between public, social marketing, private sector and traditional structures for condoms?
4. How the country has sustained uninterrupted availability and accessibility of quality assured male and female condoms at all levels?
5. Implementation of monitoring systems for comprehensive condom programming?

III. Scope of Work

The consultant will provide a comprehensive evaluation of the strategy which will provide a basis for the development of the new strategy. Following the evaluation, the Consultant will draft in consultation with condom stakeholders and partners the new strategy. Key tasks will include the following in the four strategy programmatic areas a) Leadership, Coordination and Partnerships; b) Supply and Commodity Security; c) Access, Demand and Utilization and d) Condom Programming and Support Systems as follows:
1. Research Question: What is the extent to which the implementation of the strategy have been achieved?
   - Review Health sector policies and frameworks on SRH, HIV and FP to assess their implications on young people and condom supply and security, coordination, demand, access, distribution and utilisation.
   - Identify sources of funding, their trends and projections for Reproductive Health commodities including condoms (policy and funding implications)
   - Partner involvement in comprehensive condom programming
   - Assess national M&E systems and tools to verify if indicators on condom supply, access and use are mainstreamed.

2. Research Question: How has the strategy improve access to quality condoms at affordable prices through an effective and responsive service delivery system?
   - Analyze current condom distribution channels - review established distribution networks for male and female condoms, including current capacity and functionalities of logistics management, and suggest possible prioritisation of target audiences and distribution mechanisms using existing outlets and community network structures.
   - Review the experience of selected sectors and provide data on all public, NGO, private sector and social marketing institutions in the delivery and promotion of male/female condoms to date

3. Research Question: Effective leadership, resource availability and coordinated partnerships between public, social marketing, private sector and traditional structures for condoms?
   - Provide 2010-2015 procurement data, distribution figures and places for distribution, shortfalls and any related commodity challenges (storages conditions, warehousing, forecasting, distribution chain and LMIS)

4. Research Question: How the country has sustained uninterrupted availability and accessibility of quality assured male and female condoms at all levels?
   - Review all male and female condoms supply needs (including demonstration models).
   - Assess demand by reviewing user needs, potential target audiences, knowledge, attitudes, social norms and behaviours regarding HIV (e.g. risk perception, risky behaviours and perceived norms) and use of condoms.

5. Research Question: Implementation of monitoring systems for comprehensive condom programming?
   - Identify the socio-cultural and political environment that shapes user beliefs and practices and thereby influences the level of demand for male/female condoms.
• Assess effectiveness of mass media, other behavioural change and advocacy interventions towards increased use of condoms.

6. Conduct a desk review of all relevant documents on condoms

7. Compile an evaluation report for the Condom Strategy and present to stakeholders for validation

8. Facilitate a 4 day stakeholder’s workshop meeting to review findings from evaluation analysis and develop the new condom strategy

9. Present new Condom Strategy draft to stakeholders and incorporate inputs

IV. Responsibility

The consultant will work under the overall supervision of Ministry of Health- SRHU and UNFPA – Program Analyst – MH/FP to ensure the final evaluation report and proposed strategy is delivered. Meetings to coordinate and convene TWG and stakeholders for inputs will be supported. A Task Team led by MoH will be established to support the consultancy. This team will work with the consultant in ensuring delivery of the milestones of the work.

V. Key Deliverables

1. Inception Report detailing consultancy approach and methodology, tools and work plan
2. Produce a final National Condom Strategy Evaluation Report
3. A Draft National Condom Strategy 2016-2020

VI. Duration

This assignment should be completed within 30 days including preparations, conducting and finalization of the evaluation report and proposed condom strategy.

VII. Profile of the consultant

• A Master’s degree in Social Science, or Epidemiology, or Statistics, Demography, Public Health or a combination of university degrees in related areas
• A minimum of 5 years’ experience in the research area of HIV with demonstrated skills on HIV and AIDS and condoms
• More than 5 years’ experience in Comprehensive Condom Programming
• He/she should have knowledge of the national HIV policy and planning environment.
• Proven ability to work independently and to meet deadlines.
• Strong verbal and communications skills in English;

VIII. How to apply

i) Interested candidates who meet the above qualifications may send their applications to email address: Sally Mlotsa – PA to the Representative/HR Focal Point mlotsa@unfpa.org by Friday 9th September 2016;
ii) Or hand delivered addressed to the Representative at the UNFPA Offices; 2nd Floor Lilunga House; Somhlolo Rd; Mbabane, quoting the post title on the subject line. Applications should have a cover letter, curriculum vitae, certified copies of certificates, names and contacts of three referees, a filled copy of the attached P11 form.

Applications received after the closing date will not be considered. Communication will only be limited to short listed candidates.