



TERMS OF REFERENCE FOR INDIVIDUAL LOCAL CONSULTANCY

Title:	Total Market Approach (TMA) Assessment
Location:	Mbabane, Swaziland
Duration:	55 working days spread over to 30 th June 2017
Type of contract:	Individual Contact (IC)
Proposed Period:	15 th March to 30 th June 2017
Organizational unit:	UNFPA Swaziland

I. Background

TMA is a concept that aims to provide goods or services sustainably and cost-effectively by using all possible available options of delivery to all segments of the population in need based on their preference and ability or willingness to pay for the said goods or services. It identifies market failures – who/what is failing, how and where it is failing, as well as where to work and how to get there. It looks at the health need, market performance, market structure and target audience insight. In too many countries, too often, easier to reach urban communities have a relative surfeit of choice of Family Planning (FP) services while rural, harder/difficult – to - reach and marginalized communities have little or no access to FP services. TMA facilitates consensual development and aligned implementation of a national FP strategy that addresses access and equity imbalances. TMA can be designed to move contraceptive users up the value chain to contribute—based on ability and willingness to pay—an increasing proportion of the costs of their family planning services, thereby, reducing the funding burden and consequently reducing donor dependency and contributing to sustainability. It is important to emphasize that TMA in no ways excludes the very poor who may not have the capacity to pay but have a real unmet need, it provides evidence for public sector commodities for this segment of the population. It also promotes the widespread adoption of indicators to monitor the progress of family planning services that do not create incentives that can lead to distortions in the distribution of services.

TMA defines the ability or willingness to pay as three distinct population segments that describe three distinct markets:

1. Free to user – where the total cost of a good or service is borne by an entity other than the direct beneficiary (public sector).
2. Subsidised market – where varying proportions of the cost of the good or service is borne by an entity other than the direct beneficiary (social marketing).
3. Commercial market – where the total cost of the good or service is borne by the direct beneficiary (private sector).

These three distinct markets are not permanent or cast in stone, but are in a state of constant flux and clients can go in and out of the various markets or combine them.

In the public health space in East and Southern Africa, the TMA concept has generally been used in the provision of condoms, where the three most common markets are:

1. Free – to – user public sector condoms. These are generally unbranded condoms, but some countries have public sector brands like “Lerato” in Botswana, “Smile” in Kenya, “Choice” in South Africa, etc.
2. Social marketing subsidized condoms, examples being the PSI sub-regional brand “Lovers Plus”, DKT condoms in DRC, Ethiopia, and other countries, as well as the Zambian “Maximum” brand.
3. Commercial private sector brands like “Durex”, “Rough Rider”, “Carex” and others.

In a significant number of countries in East and Southern Africa, most reproductive health supplies are provided using the public sector “free – to – user” model, which is very highly donor and external partner dependent apart from a few countries like Botswana and South Africa, which are Middle Income Countries and have a larger proportion of people with disposable incomes than in Low Income Countries in the region. This allows these two countries to have a potentially commercially viable private contraceptives market, thus relieving significant pressure on the public sector. This has taken on added significance since the capacity of donors and other development partners is being challenged by the unfavourable prevailing economic status and other competing priorities including climate change and humanitarian crises (e.g. the European refugee crisis).

It is important to note the layer of regional interplay between markets in Southern Africa. For example, the Botswana, Lesotho, Namibia and Swaziland private sector markets are driven primarily by South Africa, but are also impacted by Zambia for regulatory environment and product registration. It is therefore prudent to consider the countries as a block, rather than individually in many considerations.

It is imperative that other sustainable models of providing not only condoms, but all reproductive health supplies are investigated, identified, field tested and adopted so that national governments and beneficiaries who can afford and are willing, take on the responsibilities of procuring their own quality assured contraceptives and other reproductive health medicines – and that those products are available in the countries through a range of channels of registration, distribution that serve a wider market range. Health insurance is another possible way that TMA considers.

A change in approach requires a review of the market for reproductive health (RH) supplies, including condoms, other contraceptives and reproductive health commodities in target countries, as well as a review of the market segments. Commodities to be considered under the study are limited to modern contraceptive commodities procured by each UNFPA Country Office. Building on previous work in TMA for RH and other products, the totality of the goods and services market will be assessed in each of the eight countries (to be selected based on national government willingness to participate in the study) to determine which products can be promoted using the total market

approach and which segments of the population to promote these products to. In addition, a review of the product registration, segmented branding, sources of supply and channels of import and in-country distribution for the three market segments will be investigated. These studies have already been done in Kenya, Madagascar, Uganda and Zimbabwe.

To assess country specific issues and contribute to the regional TMA assessment, country specific consultant is being sought to work under the technical supervision of the regional consultant, with overall guidance from the East and Southern Africa Regional Office (ESARO) FP/RHCS team. The UNFPA Country Office will have administrative control of the respective consultancy work in each country. The national consultant will enable the regional consultant to make country specific recommendations that national offices will use for advocacy and to generate consensus on the results and the way forward in each country. Most of the work will be done through literature reviews, questionnaires administered to country offices, stakeholders and telephone interviews, market data and information collection and analysis.

II. Overall Objective and Scope of Work of the Consultancy

The main objective of the consultancy is to assess the total market of reproductive health services and goods in Swaziland and propose which goods/services would be suitable for what model of distribution and the target population segment.

The specific objectives are to:

1. To work with the set of tools provided by the International TMA consultant and under their overall technical guidance to conduct country specific situation analyses of the total market for reproductive health commodities.
2. Produce country specific TMA reports using a standard reporting template-tool and share them with the International TMA consultant. These should include:
 - a. Identification of country-specific ideal outlets specific for each commodity/service (specifically assess suitability of mixing free – to – user public sector commodities with commercial varieties in one outlet)
 - b. Target population segment, ranging from “free-to-user”, social marketing and commercial for respective outlets.
 - c. Define anticipated challenges and possible responses during the shifting to and implementation of TMA.
 - d. Make country specific policy dialogue/advocacy briefs.
3. Facilitate national consensus-generation meetings on the TMA reports
4. Work with the regional consultant to prepare the respective countries' participation in a regional TMA meeting scheduled for 6 - 8 June 2017.

III. Responsibility

The consultant will work under the direct supervision of the country SRHR/FP/RHCS/ Program Analyst under the supervision of the Assistant Representative and the administrative authority of the Country Representative.

IV. Key Deliverables

1. Inception report with detailed roadmap/time-line based on the framework and methodology provided by the International Consultant
2. Submission of set of completed tools and information to the International consultants for review- March 31st, 2017
3. First Draft Country Report -15th April, 2017:
 - a. Situation Analysis Report
 - b. Total Market Approach Report – target populations, commodities and outlets
4. Submission of presentations - April 31st, 2017:
 - a. PowerPoint presentation for the country TMA consensus meeting
 - b. Country TMA Roadmap for presentation at the consensus meeting
5. Facilitate arrangements and holding of the country TMA consensus meeting.
6. Present TMA Roadmap and PowerPoint Presentation at the regional TMA meeting: 6 - 8 June, 2015.
Final Country TMA Report – 12th June, 2017, with revised PowerPoint presentation.

V. Duration

The consultancy will not exceed 55 working days spread over a period commencing end of 15th March to 30th June, 2017 (by which all outputs must be completed).

VII. Profile of the consultant

1. The consultant should have a higher degree (Master's or PhD) from a recognized University in Public Health, Business Administration or related social-science.
2. Should have 10 years of progressive experience in public health, with a focus on Reproductive Health, with at least three years at international/regional level. Experience in both the private and public sector would be ideal.

3. Experience of having worked on similar total market or market segmentation projects before. Experience with a social-marketing organization an asset.
4. Good written and spoken English. Examples of previous reports should accompany applications.
5. Excellent overall analytical skills as well as quantitative data analysis and interpretation skills.

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 Associate - mlotsa@unfpa.org by 10th March **2017**;
- 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.