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**Terms of Reference for  
Assessment of the Private-for-Profit Sector role in increasing Uptake of  
Contraceptives in South Sudan**

**Introduction**

In order to leverage best practices in family planning (FP) and to accelerate implementation of the FP2020 commitments and explore feasibility of engaging the private sector more proactively in expanding access to family planning, Amref with support of UNFPA and in collaboration with MoH intend to conduct a rapid assessment of the readiness of private sector to provide family planning services and clients' willingness to pay for such services. This will inform stakeholders and decision-makers on how to provide contraceptives and family planning services sustainably and cost-effectively by using alternative options other than the public sector for service delivery to all segments of the population in need based on their preference and ability or willingness-to-pay.

A client-focused market segmentation assessment will be conducted to identify opportunities and barriers to contraceptive use among various population groups - providers/ sources; products, method mix & stock outs in private sector; current users; potential users; clients not being served (poor; hard-to-reach areas; marginalized/ vulnerable groups e.g. adolescents, CSWs; PLWHIV); ability to pay; willingness to pay; prospects of voucher system; cost recovery options; private sector presence and capacity in urban and peri-urban areas, and their degree of investment on family planning; non-tax tariffs on medicines/ contraceptives; regulatory bottlenecks; supply management options for public-private partnership; training needs, etc.

**Background and Rationale**

Several years' post-independence, coverage and utilization of RMNCAH services in South Sudan remain poor as manifested by the worrisome health indicators. The antenatal care (ANC) coverage for 4 visits is only 17%, skilled birth attendance is at 11%, institutional delivery is at 14.7% and caesarian section rate is less than 5%. Very few women seek post-natal care (PNC) services. Teenage pregnancy is 300/1,000 for girls aged 15-19 and adolescent birth rate of 158/1,000 girls aged 15 - 19 years. Age of sexual debut is 14 years, and 45% of the girls are married before



the age of 18<sup>1</sup>. The maternal mortality ratio is estimated at 789/100,000<sup>2</sup> live births. Complications of abortion were the leading cause of maternal deaths in Warrap, Western Bahr el Ghazal, Jonglei, Unity and Eastern Equatoria states in 2016<sup>3</sup>. Other causes of maternal deaths identified included: obstructed labour (15%), hemorrhage (13%), puerperal sepsis (9%), and pre-eclampsia (7%).

Several factors underlie these macabre maternal health indicators: gender inequality and negative socio-cultural barriers that are not mitigated by behavior change communication; limited number and low competency of health workforce (doctor to population ratio is 0.15 per 10,000, while nurse/midwives to population ratio is 0.2 per 10,000 people); only about 40% of public health facilities are functional to a varying degree largely due to the conflict/ insecurity or seasonal flooding, lack of EmONC and youth friendly services, lack of essential equipment, supplies and medicines, among other factors. Basic services in conflict-affected areas or locations with high concentrations of displaced people are almost exclusively provided by humanitarian organizations.

There is evidence appropriate use of family planning can reduce maternal mortality by up to a third. However the use of modern method of family planning in South Sudan is only 1.7%, the unmet need for family planning is 26%, and total fertility rate (TFR) is 7.5 and 7.4 children per woman in rural and urban areas respectively, while state-specific TFR peaks at 8.1 in Upper Nile, Northern Bahr El Ghazal and Western Bahr El Ghazal states. Overall, 26% of women aged 15-49 years have an unmet need for contraception, with 19% having an unmet need for spacing and another 7% having an unmet need for limiting. Lactation amenorrhea (LAM) (29.4%), injectable contraceptives (23.5%), male condoms (23.5%) and pills (17.6%) are the most preferred family planning methods<sup>4</sup>.

Acknowledging the crucial role of family planning in national development, South Sudan committed to the FP2020 Initiative at the July 2017 London Summit with public-private partnership as one strategy to increase contraceptive prevalence to 10% by 2020. Enhancing the capacity of the private sector as a vehicle for delivering reproductive health in general and family planning services in particular will go a long way to meeting this target, especially amidst the current humanitarian and fragile context.

### **Why Private Sector**

Despite the economic decline and difficulties faced by the health system, there are private pharmacies, clinics and hospitals particularly in urban areas that still offer health services. A World Bank baseline assessment of the pharmaceutical private

<sup>1</sup> South Sudan Health Household Survey Final Report 2010

<sup>2</sup> Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

<sup>3</sup> MOH/ Health Management Information System report, 2016

<sup>4</sup> South Sudan Health Household Survey Final Report 2010



sector in 2013 revealed that there were 28 registered pharmaceutical importers and wholesalers in the country. The Director General for Pharmaceuticals in the Central Equatoria Ministry of Health confirmed that there were 54 registered retail pharmacies, 115 drug stores or shops and 149 registered clinics in the Juba City alone, making a total of 318 private facilities. It is not clear how the market had evolved since the conflict. However, the 2017 RHCS survey<sup>5</sup>, only 40% of private facilities assessed offered family planning services and at least 3 modern contraceptive methods compared to 75% for public facilities.

However, with the public sector struggling to meet sexual and reproductive health needs of the population, the private sector is an alternative avenue to bridge the gap, given availability of diverse for-profit service providers, including hospitals, clinics, pharmacies and drug stores. The private sector in South Sudan comprises the private-not-for-profit (NGOs and Faith-based organizations), which tend to be contracted to provide health services through public health facilities, and the private-for-profit private sector that tends to operate independently of the public sector. In between, social marketing for health commodities and services is limited, with few NGOs involved at one point or another.

In the current South Sudan context, the need for a greater contribution from the private sector to health service delivery is justified by:

- Lack of options for reaching areas not well served by the public sector, especially the urban areas and settlements
- Anticipated increase in awareness about benefits and availability of contraceptives for individuals, families and communities once the Boma Health Initiative is rolled out. The public health system may not be able to meet this increased demand, with its crippling constraints
- The profit-driven motivation and competitive nature of the private sector, which challenges players to focus more on client satisfaction, hence more responsive to needs of clients
- Availability of workplace health insurance programs that facilitate access health services, including family planning for staff and their family members
- Realistic prospect of building sustainability through financing strategies such as social marketing, social franchising, vouchers, revolving funds, and equity investment
- Complementary role in addressing socio-cultural barriers to family planning access in pro-natalist communities, since government may not be

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<sup>5</sup> 2017 South Sudan Health Facility Assessment for Reproductive Health Commodities & Services



forthright in addressing such barriers due to potential backlash from communities.

- South Sudan recently committed to the FP2020 Initiative at the July 2017 London Summit with public-private partnership as one strategy to increase contraceptive prevalence to 10% by 2020
- Revitalized peace agreement that will enhance refugee return with increased demand in services, and increased service penetration into areas previously insecure.

### **Goal and Objectives**

The overall aim of the assessment is to enhance utilization of family planning services, and increase access to modern contraceptives through harnessing the untapped potential in the private sector.

The main objectives of the private sector assessment will be to:

- a) Understand set up of the market from both supply and demand perspectives, and identify key players who currently or could potentially provide products and services, where, and at what prices
- b) Identify market failures and barriers to distribution of contraceptives and family
- c) To understand profiles of current and potential users of family planning services, and preferences for where they access or could access services
- d) Explore strategies for distribution of contraceptives and family planning services sustainably and cost-effectively in a humanitarian and fragile context to reach all segments of the population in need based on their preference and ability or willingness to pay
- e) Provide insight in the design an effective youth-friendly services that better meet the contraception needs of all women and girls and contribute universal health coverage.

### **Scope and Coverage**

Due to budget limitations and the prevailing economic and security situation, the assessment will be limited to selected urban areas (Juba and Wau) in South Sudan, where private sector is active and humanitarian access will not be a hindrance.



## Assessment Approach

The assessment will be conducted in a participatory manner under the leadership of the Amref Health Africa with oversight role of UNFPA and the Ministry of Health to ensure the final product is nationally owned. A mix of quantitative and qualitative methods will be used in a cross-sectional study design to collect data from selected sites.

The data collection approach will adapt tools from established guides such as the Handbook for Research on the Family Planning Market, Volume 1 & 2, and the Supply Enabled Environment Demand Assessment Guide (SEED). Ethical approval will be obtained from the Directorate of Research, Policy and Planning, and informed consent will be sought from respondents and appropriately documented.

Methods to consider include:

1. Document reviews - this will include national laws and policies, survey reports, and organizational programmes, plans and reports and budget and expenditure analysis, amongst other documents.
2. Key Informant interviews - This will be undertaken with parliamentarians, policy/ decision makers from selected ministries, regulatory agencies, religious and cultural leaders, youth and women groups, members of professional associations (e.g. South Sudan Nurses & Midwives Association, Pharmaceutical Society of South Sudan, South Sudan Society of Obstetricians and Gynecologists), association or federation of private health service providers, development partners and NGOs active in family planning programmes, as well as managers of private clinics and pharmacies.
3. Focus Group Discussions - This will be done with health workers in clinics/ pharmacies/ drug stores, and community-based health workers, youths/ peer educators, women groups, staffs of RH directorate and other NGOs working on FP issues.
4. Client interviews - This will be conducted with clients/ patients after they have received services and potential users who are currently not using contraceptives, identified from communities surrounding private outlets sampled.
5. Observations - Field visits to family clinics run by private proprietors, IPPF-affiliate (RHASS), and other NGOs for observation of quality of care in FP services provision as well as private pharmacies/ drug shops, to check on availability of contraceptives and functioning of the supply chain management.



A validation workshop for key stakeholders will be conducted once the draft report is ready (In the current Covid-19 situation persists, this can be done online).

### **Key Questions to Answer**

Some of the questions the assessment will attempt to answer include, among others:

- What policy support exists for private sector participation in family planning and what policy and regulatory barriers are there?
- To what extent and in what ways will the idea of a total market intervention (including social marketing and fully commercial provision) of family planning services resonate with the government and other stakeholders? To what extent will there be opposition? Where and why?
- What is the best way to catalyze interest, capacity, and overcome resistance or skepticism towards family planning or use of contraceptives by young/unmarried people?
- How does the market look like from both supply and demand perspectives? Who is currently providing products and services (and who else could, with the right support), where, and at what prices?
- Which NGOs, youth/ women groups, community health workers, and private commercial organizations are likely to be interested in collaborating and why?
- What coordination mechanisms already exist and are they appropriate for total market engagement moving forward? Are there any private provider networks that could be harnessed and strengthened?
- Are two-way referral systems functional between the public and private sectors where family planning methods or services are unavailable?
- What is the estimated level of non-public engagement in the delivery of family planning products and services? What are the different categories of various health private sector providers?
- Are family planning services integrated with other reproductive health services? Are facilities well-equipped and staffed with trained service providers to deliver quality family planning services, including youth-friendly services?
- Where are different consumer segments currently getting their family planning products and services? Who (clients) are not being served by



providers/ current sources (poor; marginalized/ vulnerable groups e.g. adolescents, CSWs; PLWHIV)?

- Are there non-traditional distribution channels (e.g. peer-to-peer, Boma Health workers) that may be explored to improve family planning access in humanitarian and development settings and to young people?
- What is the method mix in the private sector? What factors account for this, and could change the method mix?
- What is the user perception of current family planning services, and quality of care? What drives client choices? What can be done to improve this?
- Are clients willing to pay for contraceptives and family planning services? If so, what prices are they comfortable paying for the different methods?
- Where do private outlets get their contraceptives? Are there existing public-private sector partnerships around procurement, supply and distribution of contraceptives? How frequent are stock outs in the private sector? Why, and how can these be minimized? and who could if the right barriers were removed?
- How are private operators financing family planning services? What alternative financing mechanisms are viable (e.g. voucher system, health/ social insurance, cost-recovery, revolving fund, grants, social franchising), and how can these best be managed?

### **Timeline**

The assessment will be conducted in a four-phase approach to take 45 calendar days from start finish:

- Phase I: Desk review and adaptation of tools
- Phase II: Data collection
- Phase III: Analysis and write-up of the final report
- Phase IV: Discussion of findings with key stakeholders/ partners

### **Main Tasks of Consultancy**

The consultant will carry out the following tasks:

- Prepare and present an inception report detailing their understanding of the TOR and how the assignment will be carried out for discussion with the Amref Health Africa project team and management.



- Conduct a desk review of policy document relevant to the assessment.
- Develop data collection tools and materials for executing the task and share them with the Amref Health Africa.
- Design and implement a logical plan for the data collection, management and analysis.
- Work closely with the identified stakeholders to ensure relevant information is included in the evaluation report.

The consultant is expected to work closely with Amref Health Africa team in South Sudan to ensure all relevant information is included in the documents to ensure the development of quality documents.

### **Consulting team**

The potential consultant/or expert/s are required to meet the following minimum requirements in order to qualify for the submission of his/her proposal.

- Previous experience in similar tasks or consultancies
- Capability of the expertise to undertake the assessment should not be less than degree level and preferably should have a Master's degree with sample survey methodology experience
- Knowledge of the area of the project, Wau and Juba
- A consultancy or professional license that has been renewed in the Republic of South Sudan.
- Prepare 3-4 pages' technical proposal and 1-page financial proposal
- The financial proposal should be as detailed and as clear as possible.
- Attachment of all supportive documents with the proposal is required.
- The consultant should be willing to work closely with the employer's staff and their partners
- Reproductive health expertise is an added advantage

### **How to apply**

Interested candidates should submit their expression of interest (EOI) to reach us not later than **5<sup>th</sup> June 2020** on the contact below Amref Health Africa Juba-Tongpiny, Opp Former UNOCHA. Or email soft copy to [hope.draco@amref.org](mailto:hope.draco@amref.org). NB: Please submit a technical and financial proposal as well as all support documents including CV, and other support documents.

