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Private Sector Project for Women's Health

Assessment of the Role of Private Pharmacies in
Provision of Family Planning Information and
Services in Jordan

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List of Abbreviations

CMS	Commercial Marketing Strategies
COCs	Combined Oral Contraceptives
CPR	Contraceptive Prevalence Rate
FP	Family Planning
JAFPP	Jordanian Association of Family Planning
JFDA	Jordan Food and Drug Administration
JPA	Jordan Pharmaceutical Association
JPFHS	Jordan Population and Family Health Survey
OCs	Oral Contraceptives
OTC	Over the Counter
POPs	Progesterone Only Products
PSP	Private Sector Project
QA	Quality Assurance
TFR	Total Fertility Rate

Executive Summary

BACKGROUND:

In efforts to increase the involvement of the private sector in Jordan in Family Planning, two previous USAID funded projects (SOMARC and CMS) targeted pharmacies. These projects adopted an educational approach to increase the marketability of Oral Contraceptives in private pharmacies in Jordan. These projects were conducted in cooperation with the Jordanian Syndicate of Pharmacists and provided training to over 1400 pharmacists to enhance the quality of information and services provided to clients or potential clients seeking Family Planning.

More than 4 years later after the completion of the latter project, there was a need to evaluate the long-term impact of the CMS activities in terms of a carry on effect and to answer questions regarding a possible greater role/impact for assistant pharmacists in provision of the said services and information.

This report summarizes the findings of a wide scale assessment of the potential role of private sector pharmacies in Jordan in provision of Quality Family Planning information and services.

OBJECTIVES

The purpose of the study was to evaluate knowledge, attitudes and practices of attending pharmacy staff towards family planning after elapse of 4 years on a previous program aimed at enhancing knowledge and skills of pharmacy staff in the area of family planning.

Specifically the study objectives were:

Primary objectives:

- Provide an overview of the degree and quality of interaction with potential clients occurring at the level of the pharmacy for Family Planning information and services.
- Assess the pharmacy as a well-equipped and accessible focal point for provision of quality Family Planning Information and services to potential clients (in terms of availability of qualified staff, Information Communication materials, Family Planning products and information)
- Identify who are the main and active pharmacy dispensing staffs that are available for provision of FP information and services; specifically assess the viability of a role for assistant pharmacists in private pharmacies.
- Evaluate the degree and proportion of adherence to the components of the previously implemented Quality Assurance program in participating pharmacies after a lapse of over 3 years from Quality certification.
- Identify opportunities and provide recommendations for future programmatic directions in support of Family Planning Programs at the level of /and involving the pharmacy, pharmacy dispensing staff, industry and relevant associations and parties.

Secondary objectives included:

- Shed light on the dynamics of client – staff interactions at the level of the pharmacy - (preferences, comfort level, opportune times)
- Provide insights on feedback and concerns of FP clients seeking services at private pharmacies that are conveyed to pharmacy staff

Obtaining such information will allow stakeholders and donors in Family Planning to formulate and set future programmatic directions based on the identified gaps and needs of the target sector.

METHODOLOGY AND SAMPLING

This study was composed of 3 phases; a Mystery Shopper assessment, a field survey in selected areas of Jordan and key informant interviews. The 3 phases were conducted during the months of August – September 2006.

A multistage cluster sampling methodology (with replacement for non responders) was used for the pharmacy field survey yielding a sample size of 186 pharmacies in the 6 major population concentration areas (and hence private pharmacy availability) in Jordan; Amman East, Amman West, Zarka, Irbid, Mafrqa and Madaba.

The survey utilized an interviewer administered structured questionnaire. Fifty- five pharmacies from the sample were also targeted for mystery shopper assessment in 3 areas of Jordan; Amman, Zarka and Irbid.

I. SURVEY RESULTS**A. General Pharmacy Staff Characteristics and Statistics :**

Findings of the field survey showed that pharmacists presence outweighed that of assistant pharmacists in all areas. Assistant pharmacists are predominately present alongside a pharmacist in pharmacies.

There was almost equal availability of male and female pharmacists, while the presence of male assistant pharmacists exceeds that of female assistant pharmacists in pharmacies in general

Distinct variations in working hours were found between males assistant pharmacists and female assistant pharmacists; the former are predominately available in the evening and night-time while the latter in the daytime periods. The majority of pharmacies employ assistant pharmacists (73%).

B. Product Mix , Access and sales modes:

Family Planning products were readily available in pharmacies; OCs and Condoms were almost universally present in all pharmacies. Oral Contraceptives sales were the primary Family Planning (FP) commodity sold by pharmacies.

The major mode of sales of Oral Contraceptives (OCs) through pharmacies was as repeat sales (67%). The sales of Oral Contraceptives through over the counter sales (OTC) at the level of the private pharmacies represented 21% of the total mode of sales; there were no major differences in this proportion by surveyed areas. Sales of OCs by prescription represented 17% of total pharmacy OC sales.

Condoms are readily available and accessible in pharmacies but their uptake lags far behind that of OCs; there are no official statistics on the sales of condoms in pharmacies, but according to this survey condoms represented first rank FP commodity sold in only 27% of pharmacies. At the same time only 11.6% would recommend condoms as a first FP product to clients.

Promotion and advocacy of natural FP methods is still prevalent through pharmacies; a considerably larger percentage promoted natural method family planning in the mystery shopper event vs. their responses in the survey (16% vs. 4% respectively).

C. Pharmacy Staff Attitudes and Practices:

Both the pharmacy survey and the mystery shopper assessment revealed that pharmacy attending staff in majority will oblige a potential “walk – in” customer seeking family planning product from the pharmacy without a physician prescription – over the counter (OTC), although the percentages vary between the two assessments.

Sixty five percent of the surveyed pharmacy staff would provide a family planning product, while this percentage increased to 85% when the pharmacy staff were faced with a “real” client through the mystery shopper approach.

While these figures are significant, the pharmacy is not the first source of FP information or services for clients; in lower income and peripheral areas subsidized outlets are the main source, and in affluent areas the physicians are the main source. Reverting to pharmacies to obtain FP product through OTC service is mainly for short term FP intent; seeking an OC during breast feeding being the major short term Family Planning period where clients would seek service and product from pharmacies.

D. Pharmacy Staff Knowledge and Adherence to QA training program elements:

The average Family Planning Quality Assurance (QA) checklist score attained by respondents with regards to probes used with a potential client seeking family planning information and services was 2.4 (on a scale of 13 items); the score for those who had been exposed the previous QA training was only slightly higher than for those who did not (mean QA score 4.0 and 2.0 respectively).

Although 72.4% of respondents who had been exposed/participated in the previous Family Planning QA training program found it to be useful or totally useful, the degree of application of the probing and counseling elements of this training was not proportionate. Half of these respondents were able to frequently use the training components and check list with FP clients. The ability to apply was hindered mainly by client attitudes towards interaction with pharmacy staff in the pharmacy setting (lack of privacy and limited time).

Despite trainings, a key weakness was identified through the mystery shopper assessment; almost half of the pharmacists provided erroneous information regarding management of missed OC tablet doses.

E. Pharmacy client attitudes and preferences:

Feedback of respondents on client perceptions, preferences and attitudes toward family planning products revealed a strong preference for interaction with the same gender, and female clients usually seek pharmacy services in the daytime. The client profile of OCs and condoms is predominately user oriented; those who buy OCs are mainly women, while those seeking the latter are predominately male.

II. MARKET SITUATION & KEY INFORMANT INTERVIEWS

While both PSP outreach figures and Jordan Population and Family Health Survey of 2002 showed that pharmacies represent around 14% of the sources of FP methods for clients, it is not known from these figures if these clients are first time users, ever users or repeat clients. Analysis of IMS figures for the Oral Contraceptive private market reveals a no growth situation in the past 2 years for both POPs and COCs; the market leader by far (90%) is COCs. The launch of some new products (e.g Yasmin) in this period did not have an impact on OC market development.

There have been no significant market development activities by pharmaceutical firms with OCs in their portfolios. At the same time the prime focus of these companies are the physicians and not the pharmacy; dissemination of product information by relevant firms to pharmacy staff is almost non-existent which augments the prevailing low level of knowledge of pharmacy staff with regards to OCs in particular.

Key informant interviews conducted with members of the Jordanian Pharmaceutical Association and authorized persons at the Jordan Food and Drug Administration stressed the need to adhere to prevailing bylaws and regulations when conducting activities targeting pharmacies in the area of Family Planning. Oral Contraceptives are not classified as OTC products and therefore their sales through OTC mode by pharmacy staff is not authorized although there have been no formal activation of penalties in this area for those who do. Such classification of OCs inhibits both pharmaceutical firms and pharmacy staff to play an active role in the uptake of OCs at the pharmacy level. In view of these bylaws, physicians will remain the main focus of pharmaceutical firms in terms of promotion and detailing of OCs.

CONCLUSIONS:

Family Planning products are readily available and accessible in pharmacies. Repeat sales are the dominant mode of sales/request of Family Planning products (OCS mainly) in Pharmacies. Pharmacy Staff are willing to provide Family Planning Products to “walk-ins” requesting them as OTC, but little counseling and probing accompanies this interaction and personal convictions and beliefs of pharmacy staff sometimes affect the final sale of OCs or FP products in general. At the same time, pharmacy staff provide OTC service upon request for the sake of securing a sale if the client is adamant in her request. Hormone phobia prevails among pharmacy staff; this hinders them from proactively encouraging clients to adopt a hormonal family planning product and they are not keen on taking on such responsibility.

There are significant gaps in knowledge of pharmacy staff in the area of family planning products and their optimal use. The impact of previous training in this field did not have a carry-on effect. The quality of advice provided is uneven and most often erroneous.

Some five years after a study commissioned by CMS on the contraception adoptive process, the pharmacy still plays no significant role in the decision to adopt a contraceptive method or to continue to use it as evidenced from the findings in this study. This is due to reasons stemming from personal convictions and beliefs of pharmacy staff, lack of legal backing for

proactive promotion at the level of the pharmacy and aversion of clients from seeking pharmacies as prime source of FP methods for adoption of a mode.

From the results it can be concluded that the role of pharmacies should be enhanced more as a provider of correct FP information than product as OTC; in line with current regulations and bylaws and customer preferences. It is to be noted that there is an opportunity to enhance the uptake of Oral Contraceptives (POPs) at the level of the pharmacy owing to the already present acceptability of staff and client to seek FP in this period at the level of the pharmacy.

The vital role that pharmacies can play in providing quality FP information to clients must be supported by client “pull” for pharmacies, good knowledge by pharmacy staff and more suitable counseling environment in the premises. Albeit, training may not be the optimal means to enhance pharmacy staff FP knowledge; it is neither the preferred medium by staff nor will it have sustained long term effects. Continuous dissemination of information through pharmacy visits and other similar means will prove more productive. Assistant pharmacists are present in pharmacies but they are not the major player in this field as they are not pharmacy stake holders and their presence does not supercede that of pharmacists; most assistant pharmacists man pharmacies in the evening and night time, these being non opportune times of seeking FP information from potential female clients. To this end, targeting Assistant Pharmacists in isolation would not prove useful for reasons relating to logistics and regulations, personal reasons and client interaction preferences outlined in this study.

In view of these findings, the starting point for adoption will always be the physician in light of regulations and customer confidence. But the role of the pharmacist remains significant if not crucial in maintaining proper use as OCs are classified as repeat prescription product and actual practice confirms this where more than two – thirds of OC business is repeat. To this end dissipating some prevailing misconceptions and myths amongst pharmacy staff (and clients) regarding use of OCs is crucial to increase user retention rates and maintenance on OCs; provision and embedding of information to both clients and pharmacy staff on the “extra” benefits of OCs to women’s health is needed alongside of correction of misconceptions.

The current stagnant situation of the OC market is amplified by absence of any market development and educational activities targeting pharmacies by relevant pharmaceutical firms. While medical representatives of these firms may often visit pharmacies to follow up on product sales and prescribing doctors, in almost all of these visits no product information is provided. Information Communication material (targeting users or pharmacy staff) are almost non existent as well. Availability of such material for potential clients will not enhance knowledge or proper use or increased adoption if not presented in a proper manner by pharmacy staff to clients. Accordingly and in view of time constraints and physical pharmacy premises constraints, IC material will not have a significant impact on OC uptake and maintenance.

Future programmatic directions targeting private pharmacies should take in to account client gender preferences, opportune times of interaction, and scope of pharmacy permissible service provision. Such programs should be comprehensive and long term.

RECOMMENDATIONS:

It is clear that any potential actions or programs targeting the private pharmaceutical sector should be multilevel; spanning from short term for correction of vital erroneous information to long term actions to assure that all future pharmacy staff are well equipped with quality information that will allow them to provide optimum service to potential FP seeking clients. At any level, it is strongly recommended to work with relevant and interested pharmaceutical firms so as to leverage their strengths in the areas of access and product knowledge.

Work at the policy level to ease promotion regulations for OCs would be a very useful to encourage more involvement of pharmaceutical firms in market development as well as encourage pharmacy staff to take proactive action towards providing these products in situations other than repeat.

In light of the findings of this assessment and taking into consideration the prevailing bylaws, regulations and interests of involved parties (including stakeholders and relevant private pharmaceutical firms), the following recommendations have been put forward:

Short term recommendations:

- Quiz, contest to correct pharmacy staff missed tablet management information

Intermediate term recommendations:

- Pharmacy awareness (Non product associated detailing Teams targeting pharmacies) and Cooperation with OC companies for dissemination of FP information to pharmacy staff and to potential clients
- Patient initiation and retention program in cooperation with OC firms, private sector doctors

Long term recommendations:

- Incorporation into pharmacy and assistant pharmacy student curricula.
- Integration of FP related information into Pharmacy pre graduation – JPA pharmacy training program.
- Cooperation with JPA to provide continuous education programs (through various channels including internet) to pharmacy staff.

1.0 Introduction

1.1 Population and Reproductive Health Situation in Jordan

1.1.1 Population and demographics

The country's population is approximately 5.35^[1] million in an area of about 89,000 square kilometres. The latest figures indicate that population growth rate is 2.6 percent. If this growth rate continues at the same level, the current population will double within 28 years reaching 10.8 million by the year 2033 ^[6].

The population is unevenly distributed and about 72% live in the three major governorates of Amman, Zarqa and Irbid, which constitute 15.7% of the country's total area. The percentage of urban population is increasing; about 82% live in urban areas. It is expected that the urban population will continue to grow rapidly due to in-migration from rural areas and to the high rate of natural increase.

Based on 2004 figures, 37.1% of the population falls under 15 years, 59.1% between 15-64 and 3.8% over 65. The proportion of people over 65 has been increasing and is expected to reach a considerably higher proportion by 2015. Life expectancy is 71.5 for females and 70.6 for males ^[1,2].

The eligible target population for family planning interventions –women aged 15-49 represent 52.2% of the female population ^[8].

1.1.2 Fertility

Fertility levels will continue to be the key element in determining the size of Jordan's population in the near future. This fact gives particular importance to policies that intend to reduce annual birth rate and consequently the population growth rate. Total Fertility Rate (TFR) in Jordan is still relatively high. According to "Jordan in figures 2004" ^[1] an annual publication by the Jordanian Department of Statistics, the total fertility rate is relatively high, though it has been declining steadily in recent years from over 7 in 1976 to 4.4 in 1997, 3.5 in 2001 and 3.7 in 2002 ^[2,7]; the TFR target set by the National agenda in order to overcome development challenges is 2.5 by the year 2017 ^[3,5]. The highest fertility rates are in age group of 25-29 years^[2]; owing to delayed marriage trends. Unless decisive action is taken, the TFR will remain the same largely due to the fact that the use of modern contraceptives has been very slowly progressing in the last five years. Contraception Prevalence Rate (CPR) for women aged 15-49 almost doubled between 1976 and 1990 (from 23% to 40.2%) and continued to rise to 52.6% in 1997, but this rate of increase has been slowing in the past years, CPR reached 55.8% in 2002 to an estimated 58% in 2005 ^[8]. CPR is still higher for urban women, especially in the three largest cities, than for rural women, and for older, higher parity and more educated women compared with their counterparts.

Raising CPR to the projected level of 65% for 2020 will be heavily influenced by the ability to increase use of modern family planning methods ^[3,4,5]. The use of modern family planning (FP) contraceptives appears to have currently leveled off at less than 42% ^[2]; women living in rural areas, in the southern region have less utilization of modern FP.

According to JPFHS 2002 survey, the most popular modern methods are the IUD (24 %) and the pill (8 %); condoms linger at a low of 3.4%. Withdrawal (9 %) and periodic abstinence (5%) are the most frequently employed traditional methods.

Ever use of a contraceptive method is high at 73%, but at the same time discontinuations are high; twelve months' discontinuation rate is 55% for oral contraceptives ^[1,2].

Despite reduction of TFR, the proportion of births reported as mistimed or unwanted has not decreased since 1990, when the Jordan Population and Family Health Survey (JPFHS) indicated that 32% of births to ever-married women within the five years preceding the survey were unintended; 21% of pregnancies resulting in live births were considered unwanted, while 11% were mistimed. The 2002 PFHS ^[2] revealed that the proportion of unintended pregnancies was equally high, at 33%, but differently distributed: 16% of births were considered unwanted, and 17% were considered mistimed. If the unwanted pregnancies reported in the 2002 JPFHS had been prevented, Jordanian women would have had an average of 2.6 births per woman, rather than the current 3.7 births ^[2].

In a study on the underlying factors contributing to mistimed/unwanted pregnancies both the source and the type of contraceptive method were implicated^[11]. Oral Contraceptive pills were implicated with a higher failure rate than IUDs. This maybe due to the fact that the use of OCs and their subsequent efficacy is dependent on user education and user compliance. Passive non – user dependent methods such as IUD maybe more effective in the absence of such education to regulate the fertility of couples. Poor pill performance could also be contributed to supply shortages and stock-outs in subsidized outlets.

Although knowledge of FP is high among ever married women (on average an ever married women can name 10 FP methods ^[2]), there is a gap in applying knowledge into action. The level of FP knowledge in young women is lower than the overall; young married females can identify an average of 2.6 modern family planning methods, low knowledge is mirrored by the fact that unmet FP needs are highest in the age group of 15-19 years; currently at 18.5% ^[1,2,7,9].

Short birth interval has improved over the years where the current average is 30.1 months, which is a 25% increase over 1997 figures; albeit the young (15-19 years) show the shortest birth interval with 71.2% of women in this age group having short birth intervals ^[2]. Overall, 44% of infants are born less than 2 years apart from their previous sibling. As well, women living the south and those living in rural areas are more likely to have shorter birth intervals than other groups.

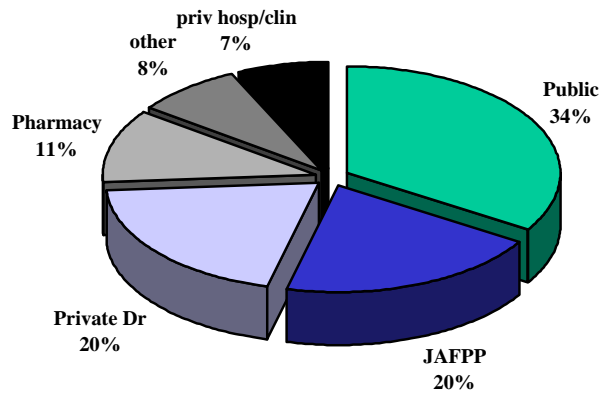
1.2 Source of Supply for Modern Contraceptive Methods

The private sector, which includes The Jordanian Association of Family Planning (JAFPP), private doctors and pharmacies was the major source serving 66% of current users. This percentage has declined compared to 1997 figures (72%) ^[2,10]. At the same time the share of the public sector increased to about one third (33%) compared to 28% in 1997. The growth of the public sector may be attributed to the inclination of customers with ability to pay for commercial services to use government subsidized services (31%) ^[10].

Figure 1 illustrates the sources of modern family planning methods among current users.

Figure 1

Sources of Family Planning Methods in Jordan in 2002

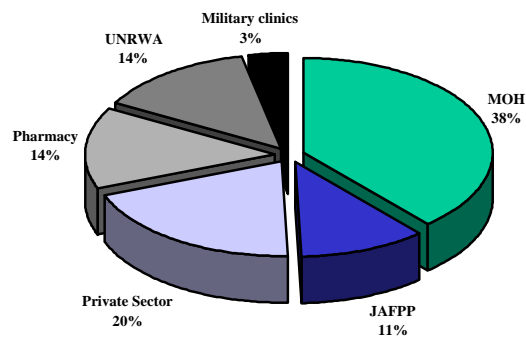


Figures from the outreach project of the Private Sector Project (PSP) showed that 14% of the targeted females in the project outreach households sought Family Planning Methods directly from the pharmacy rather than going to a physician first ^[12].

Figure 2 provides a breakdown of source of FP services for referrals acted upon ^[13]. It is to be noted that in both figures 1 & 2 the type of product sought is not known nor if the client is a first time user, ever user or repeat.

Figure 2

Sources of Family Planning Services acted upon by PSP outreach referrals



The fact that the physician is the primary source for FP service is confirmed by a study conducted by Commercial Marketing Strategies in 2001 analyzing the contraceptive adoption process which showed that women contemplating use of a FP method would predominately seek advice of a physician (72%)^[13].

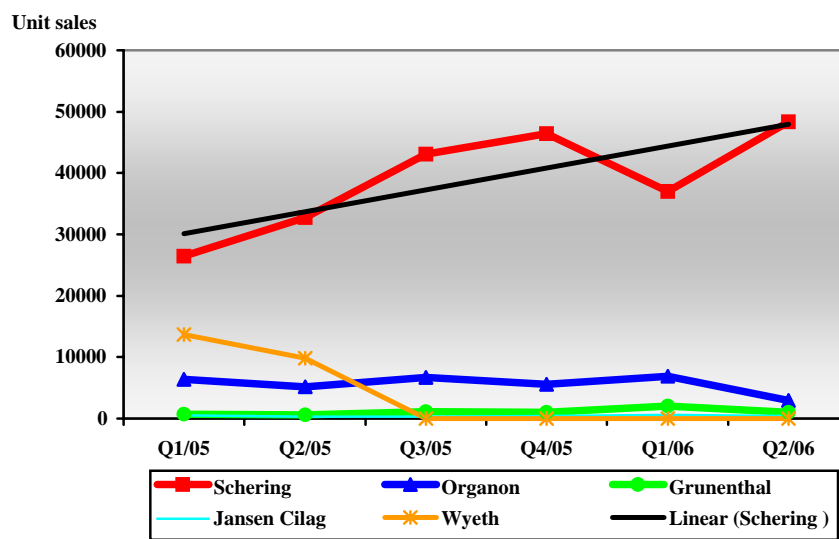
1.3 Market Analysis

1.3.1 Private Market (Pharmacy consumption according to IMS data)

Currently there are five companies operating in the private sector for provision of OCS; Schering is the market leader by unit sales (figure 3)^[14].

Figure 3

Sales Development of Oral Contraceptives in Jordan Private Market by Company



The sales of OCs in the private market have not been developing rather there have been sharp increases and declines over the last 2 years – the overall trend during this period shows very slight increase that is closer to stagnation than development (figure 4).

Combined Oral contraceptives (COCs) dominate the market with a steady market share of 89-90% while Progesterone Only Products (POPs) hold less than 10% market share (figure 5).

Microgynon – the lowest priced OC is the leading COC; market share has grown from 39.6% in Q1/2004 to 64% in Q2/ 2006. While on the other end of the price scale, Yasmin the higher priced product has also gained market share in the same period from 4.7% to 11.4% respectively (figure 6).

Figure 4
Unit sales

Unit Sales Development of Oral Contraceptives in Private Market in Jordan
Q4/04 – Q2/06

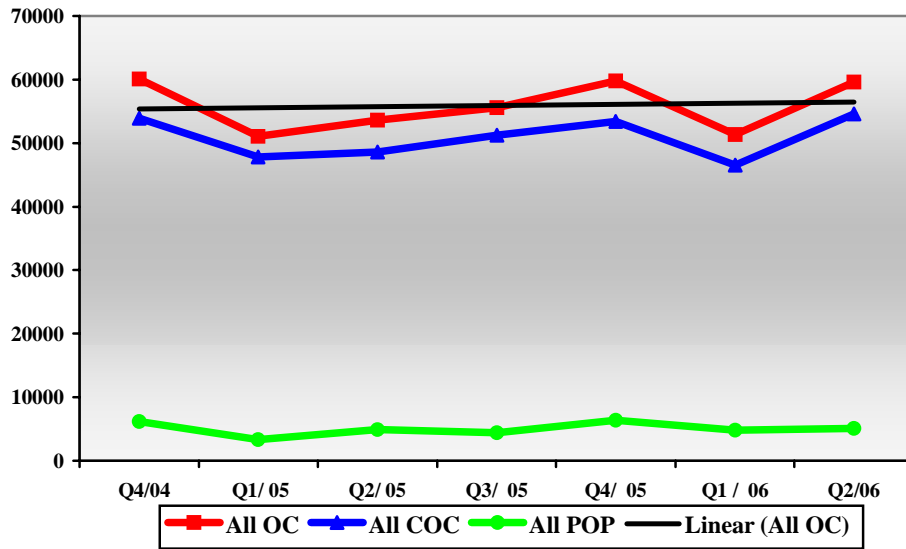


Figure 5

Market share distribution of OCs (Combined OCs vs. Progesteron only products)

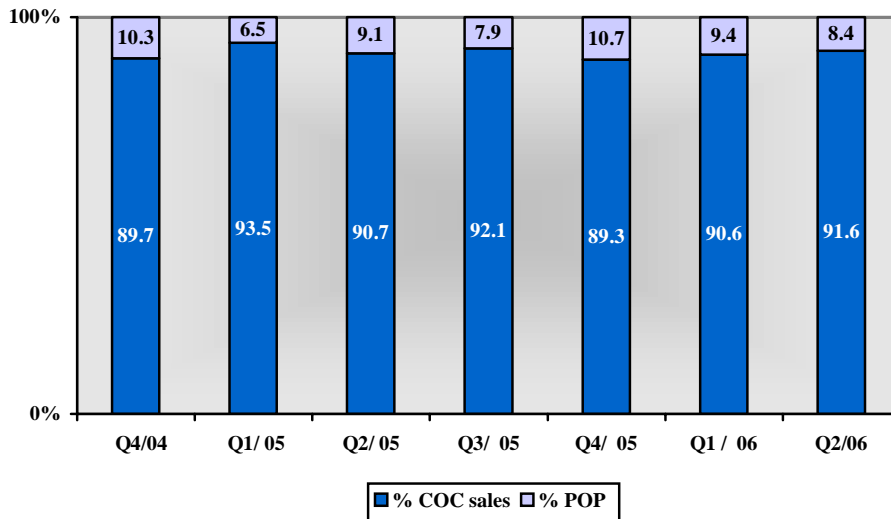
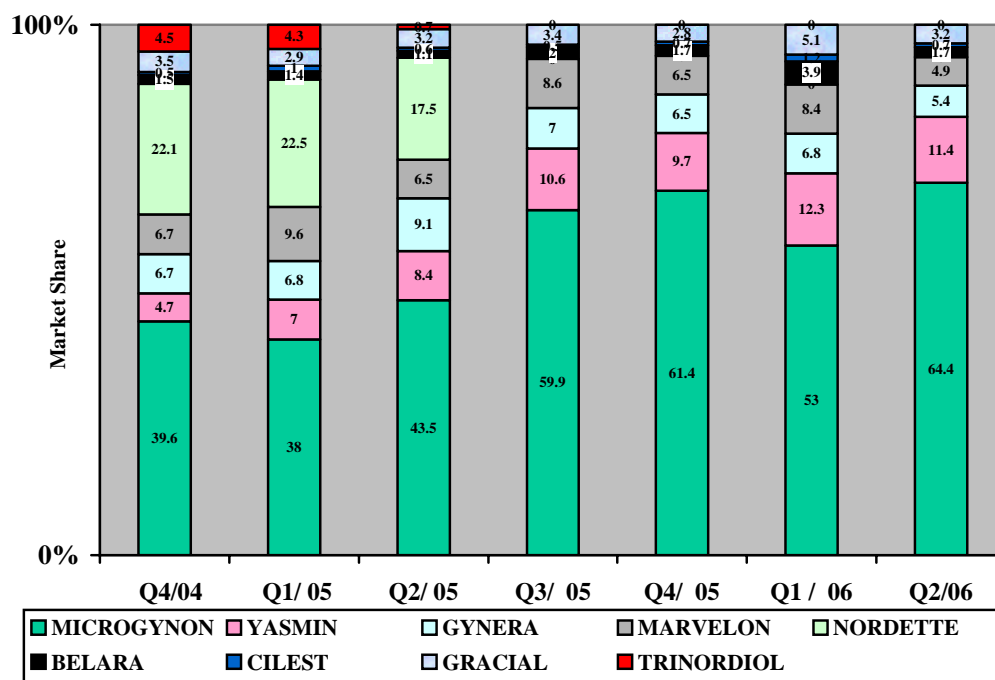


Figure 6

Market Share development of OCs by brand (Q1/2004-Q2/2006)



1.3.2 Total market imports of Oral Contraceptives to Jordan

In 2005 an estimated 234182 units of OCs were imported^[15]. The private market was the main consumer of imported COCs, while two-thirds of POPs were consumed by the private market (Table1).

Table 1:

Total importation of OCs in Jordan in 2005 and utilization channel

	Private Market 2005 (units) ^[14]	Total import 2005 (units) ^[15]	% consumption of private market from total imports ^[14]
All OCs	220000	234182	93.9
POPs	19000	29720	63.9
COCs	201000	204462	98.3

1.4 Pharmacy Assessment Objectives:

The purpose of this project was to assess the role of pharmacies and their relevant dispensing staff in providing quality Family Planning (FP) Information and services to potential clients seeking such. This assessment revisits the carry-on impact of a previous “quality improving” project (s) targeting pharmacist aimed at enhancing their positive role in the availability of sound and accurate information on Family Planning and its available methods and aiding in an informed choice.

This assessment also expands to identify the role, needs, and opportunities and constrains of an active role for Assistant Pharmacists in provision of Family Planning information and services to potential clients. As well, the assessment provides insights on needs, and proposals based on opportunities for future programmatic directions in collaboration with relevant pharmaceutical industry players as a whole and individually as key players in increasing knowledge, exposure and uptake of Family Planning Services within the private sector in Jordan

The primary objectives the pharmacy assessment project were:

- Provide an overview of the degree and quality of interaction with potential clients occurring at the level of the pharmacy for Family Planning information and services.
- Assess the pharmacy as a well-equipped and accessible focal point for provision of quality Family Planning Information and services to potential clients (in terms of availability of qualified staff, IC materials, FP products and information)
- Identify who are the main and active pharmacy dispensing staffs that are available for provision of FP information and services; specifically assess the viability of a role for assistant pharmacists in private pharmacies.
- Evaluate the degree and proportion of adherence to the components of the previously implemented Quality Assurance program in participating pharmacies after a lapse of over 3 years from Quality certification.
- Identify opportunities and provide recommendations for future programmatic directions in support of Family Planning Programs at the level of /and involving the pharmacy, pharmacy dispensing staff, industry and relevant associations and parties.

Secondary objectives included:

- Shed light on the dynamics of client – staff interactions at the level of the pharmacy - (preferences, comfort level, opportune times)
- Provide insights on feedback and concerns of FP clients seeking services at private pharmacies that are conveyed to pharmacy staff

1.5 Methodology

1.5.1 Approach

This assessment was conducted in 3 phases using both a combination of structured and unstructured interviews, where applicable. Phase one consisted of a preliminary assessment of the “big picture” through a mystery shopper approach which aimed to assess and provide uncensored /impromptu evaluation of the degree of adherence to previously implemented Pharmacy FP Quality Assurance Program. Mystery shopper was an event where a trained person posed as a potential FP client seeking services from selected pharmacies. The mystery shopper targeted 55 pharmacies distributed over the three main cities of Jordan; Amman, Zarka and Irbid. (results of the mystery shopper assessment are reported separately in Annex A).

Phase 2 consisted of structured interviews with a defined sample of pharmacies in 5 areas of Jordan; Amman East, Amman West, Zarka, Irbid, Mafraq.

The structure of the interview tool was based on the research questions specified for this study and discussions and findings of phase one assessment.

Phase 3 consisted of key informant meetings consisting of relevant parties from selected industry representatives, stakeholders and relevant authorities in order to obtain feedback on possible roles, opportunities and constraints for their entities and the pharmacies in support of Family Planning.

The results of the phase 2 and 3 are reported herewith in the main report and relevant findings of the mystery shopper are presented in the appropriate sections, while the full mystery shopper results are provided in Annex A.

1.5.2 Sampling

It was decided to use multistage cluster sampling techniques for the pharmacy survey, building on methods previously used in healthcare assessment surveys ^[16].

The sampling frame consisted of all pharmacies in the 6 predefined regions, which comprised 87% of the total pharmacies in Jordan.

1.5.2.1 Sampling Design

A sample of 186 pharmacies was selected from the database of the sampling frame. A sample size of 186 pharmacies would yield estimates of population percentages for characteristics of interest with a 95% confidence interval and a 10% margin of error.

The geographical representation of the selected facilities and areas was based on the actual distribution of pharmacies in the entire population. The number of the selected pharmacies and their geographical distribution is presented in table 2. In order to maintain an appropriate sample size, replacements were used for non responding pharmacies. Study results are relayed for the final 186 responding pharmacies.

Table 2:

Geographical Distribution of sampled pharmacies

Area	Number of pharmacies present	Number of pharmacies surveyed
Amman	924	92
Irbid	170	39
Zarka	228	33
Madaba	25	10
Mafrq	37	12
Total	1384	186

1.5.3 Questionnaire Design

The survey tool was developed based on the research questions posed in the project. A pilot questionnaire was developed and tested on 20 pharmacies in Amman; amendments were made to increase the comprehension of questions and to provide a wide view of respondent opinions. Results of the pilot assessment were not included in the findings. The final interviewer administered questionnaire consisted of 31 probes utilizing closed, open and scaled questions. The following summarizes the components of the survey tool; the full questionnaire is provided in Annex B:

- Number, type and availability of pharmacy dispensing staff
- Family Planning mix available in pharmacy
- Methods of request for FP commodities by clients (RX, repeat, “OTC” request)
- Attitudes and practices of respondents towards “OTC” request
- Availability, applicability and long term usefulness of QA training pharmacy material components
- Availability, sources and channels of FP product information to pharmacies and to customers
- Attitudes, enablers and barriers to Pharmacy FP enhancing programs including Assistant pharmacy programs

- Client interactions, feedback, concerns and attitudes towards oral contraceptives as conveyed to pharmacy staff

1.5.4 Supervision and fieldwork

The pharmacy survey team consisted of a study director and two part time interviewers. The interviewers received briefings on the objectives of the study, its structure, interviewing methods and field data verification methods. The study director provided overall field supervision to interviewers as well as field verification of all data collected.

The survey was conducted over a period of 5 weeks from August to September 2006.

1.5.4 Data collection and analysis

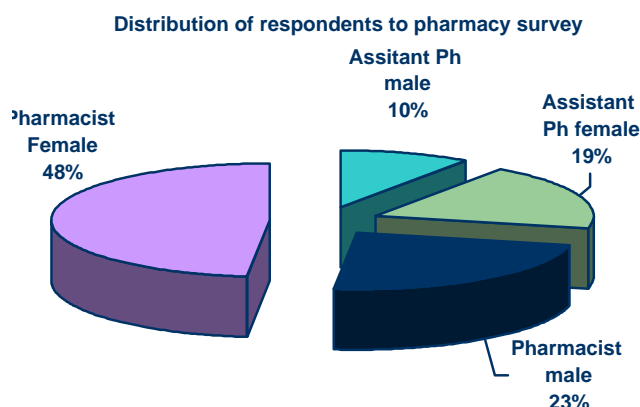
Data entry utilized Microsoft Office Excel and Statistical Package for Social Sciences. All data was entered twice for consistency. Cross tabulations were performed in an attempt to check for inconsistencies in coding as well as in data entry. No problems were found.

2.0 Results

2.1 Respondent Characteristics

The majority of the respondents in the pharmacy survey were female pharmacists (48%); followed by male pharmacists constituting 23%, while assistant pharmacists male and female constituted 10% and 19% respectively (figure 7).

Figure 7



2.2 General Overall Pharmacy Staff Characteristics

Respondents (interviewed pharmacy staff) were asked to provide information regarding the number, type, gender and time availability of the pharmacy overall in addition to the responding person. It is to be noted that statistics reported under “Pharmacy Staff” pertain to all available staff in a given pharmacy and not only that relating to the respondents.

2.2.1 Pharmacy staff type and gender

All pharmacies employed at least one pharmacist (which is mandatory by law) ^[18]. Three quarters of the pharmacies employed assistant pharmacists; number per pharmacy range from 1 assistant pharmacist to a maximum of 4 assistant pharmacists (figure 8).

There was almost equal availability of male and female pharmacists, while the presence of male assistant pharmacists exceeds that of female assistant pharmacists in pharmacies in general (Table 3).

Pharmacist presence outweighs that of Assistant Pharmacists in all areas at a ratio of 1.4 to 1 respectively. While Male Assistant Pharmacists are predominately present vs. Female Assistant Pharmacists in all areas at a ratio of 1.6 to 1 respectively (table 4). The presence of male Assistant Pharmacists increases significantly in peripheral areas outside Amman (table 4).

Table 3

Table : Distribution of pharmacy staff by qualifications and gender	
Gender/qualification	% distribution
Female Pharmacist	66.0
Male Pharmacist	62.0
Female Assitant Ph	34.0
Male Assitant Ph	56.0

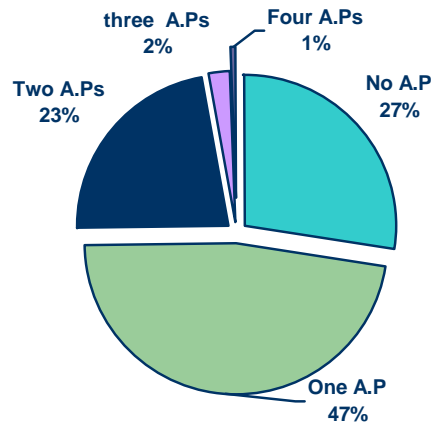
Table 4

Pharmacy Staff Ratio Distributions by Area

Staff	Ratio by Area						
	All areas	Amman East	Amman West	Zarka	Irbid	Maftaq	Madaba
Pharmacist: Assistant Pharmacist	1.4	1.3	1.7	1.1	1.8	2.1	1.1
Male Pharmacist: Female Pharmacist	0.9	1.4	0.5	1.2	1.2	1.1	1
Male ASTPharmacist: Female ASTPharmacist	1.6	1.1	1.5	1.6	2	2.5	3.3

Figure 8

Percent distribution of number of assitant pharmacists per pharmacy



2.2.2 Pharmacy staff availability and working hours

There was emphasis in this study to identify the time availability of assistant pharmacists in pharmacies as this is linked to possibility of development of specific programs addressing this sector specifically. Three time availability periods were defined in the study instrument according to the general working hours relayed by pharmacy staff themselves in the pilot of the study instrument:

Daytime: the period extending from 8am – 3pm

Evening: the period extending from 3pm – 7pm

Nighttime: the period extending from 7pm – 12midnight (for those pharmacies that provided 24 hour services, the availability after 12 midnight was also included in the night-time category).

All day presence signified that the attending person manned the pharmacy from opening till closing.

There is a distinct difference in the working hours availability of Assistant Pharmacists by gender. Female Assistant Pharmacists are predominately present in the daytime (83%) while Male Assistant Pharmacists are predominately available in the evening and night time (76%). A considerable portion of male Assistant Pharmacists man the pharmacies all day (15%) while this was not evident for female pharmacists (0%) [figure 9]. There no significant differences in time availability for male assistant pharmacists by surveyed areas (figure 10), while female Assistant Pharmacists were predominately present in the day time in all areas; night time availability was non existent in all areas excluding Amman West (figure 11).

Figure 9

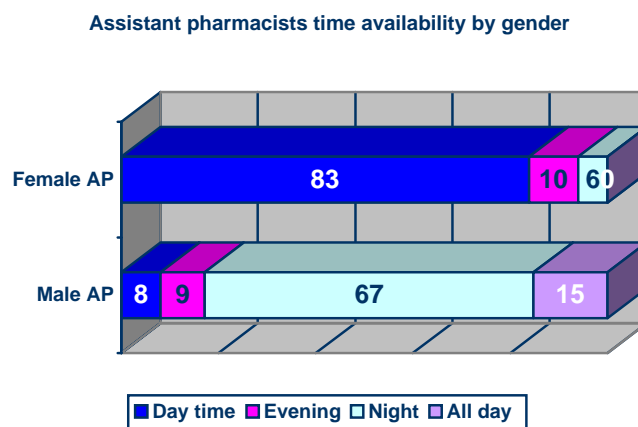


Figure 10

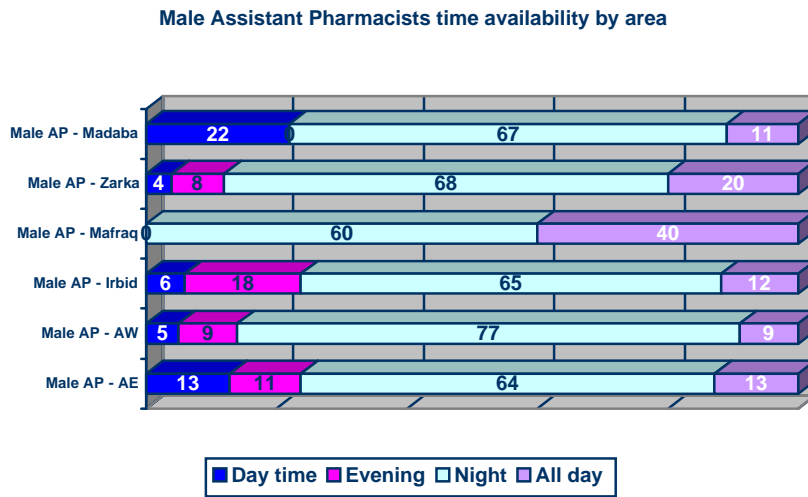
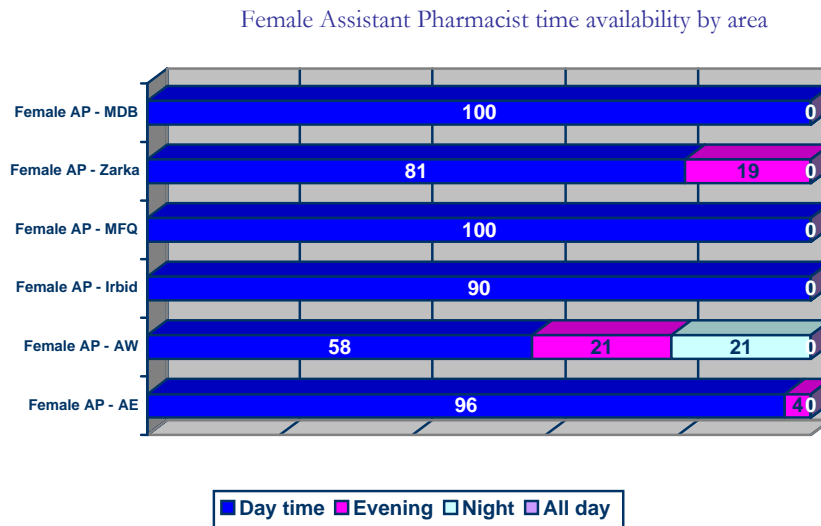


Figure 11



2.3 Family Planning Product Mix and sales

2.3.1 Family Planning Product Mix in pharmacies

Oral Contraceptives and Condoms are universally available in all pharmacies (100% and 99% respectively). Almost three quarters of pharmacies stocked vaginal spermicides and Contraceptive Injection – Depo Provera (72% and 70% respectively). IUD was not that common in private pharmacies with availability in only 40% of pharmacies (table 5).

Table 5

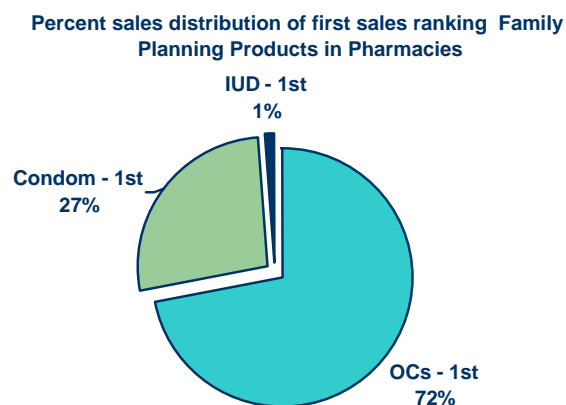
Table : Family Planning Product Availability	
<i>FP Product</i>	<i>% of pharmacies with product</i>
Oral Contraceptives	100.0
Condoms	99.0
Spermicides	72.0
Injection (Depo Provera)	70.0
IUD	40.0

2.3.2 Sales of Family Planning products in pharmacies

2.3.2.1 Sales Ranking

Respondents were asked to identify the rank of sales of the available FP products in their pharmacy; results reported here will only be for the first ranking FP product sold. The leading product sold was Oral Contraceptives with 72%, all other products lagged well behind (figure 12).

Figure 12

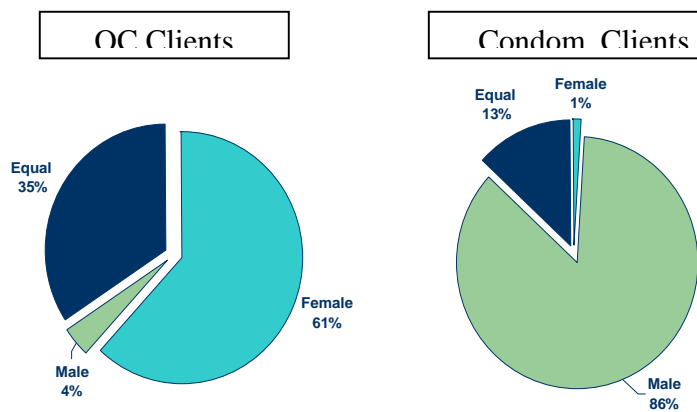


2.3.2.2 Family Planning Product Client Profiles

Respondents were asked to classify the predominate profile of the clients seeking the two leading FP products available in pharmacies; OCs and Condoms. Client profiles purchasing these 2 products from pharmacies were predominately user oriented. Females were the major “purchasing” customer for OCs while males were the predominate “purchasing” customer for Condoms (figure 13).

Figure 13

Predominate client profiles for Oral Contraceptives and Condoms in Private Pharmacies

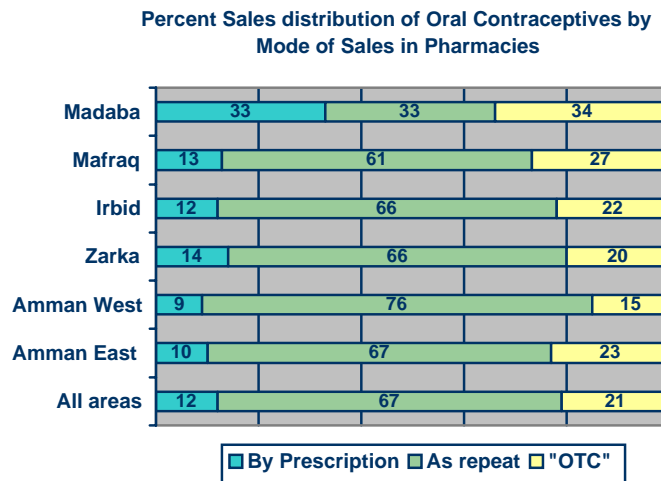


2.3.2.3 Mode of sales of Oral Contraceptives in Pharmacies

Respondents were asked to provide the percentage of sales of OCs in their pharmacy by mode of request, which was defined in three categories: Prescription, Repeat Prescription and Over the Counter Sales (OTC). OTC was explained to the respondent as sales of OCs when a potential client does not have a prescription and does not ask for a specific OC brand and requests the assistance of the pharmacy staff for provision of such.

Repeat sales represent the leading mode of sales of OCs (67%), OTC sales and prescription sales lagged well behind with 21% and 17% respectively (figure 14). There were no major differences in this breakdown by areas.

Figure 14



2.4 Attitudes, Practices and Knowledge of Pharmacy Staff relating to Family Planning

2.4.1 Attitudes

Respondents were asked to provide their attitude toward the sale of Family Planning Products through “OTC” mode/request by potential clients at the level of the pharmacy. Two thirds of pharmacy staff indicated that they would sell a FP product through OTC mode. There were no difference in attitude by staff type or gender (figures 15 & 16). Actual practice as evident through the mystery shopper assessment, where those obliging an OTC request for a FP product rose to 85% (figure 16).

Figure 15

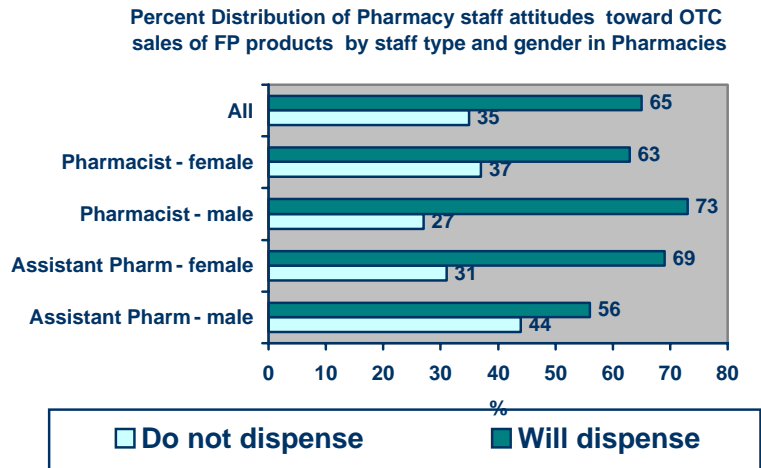
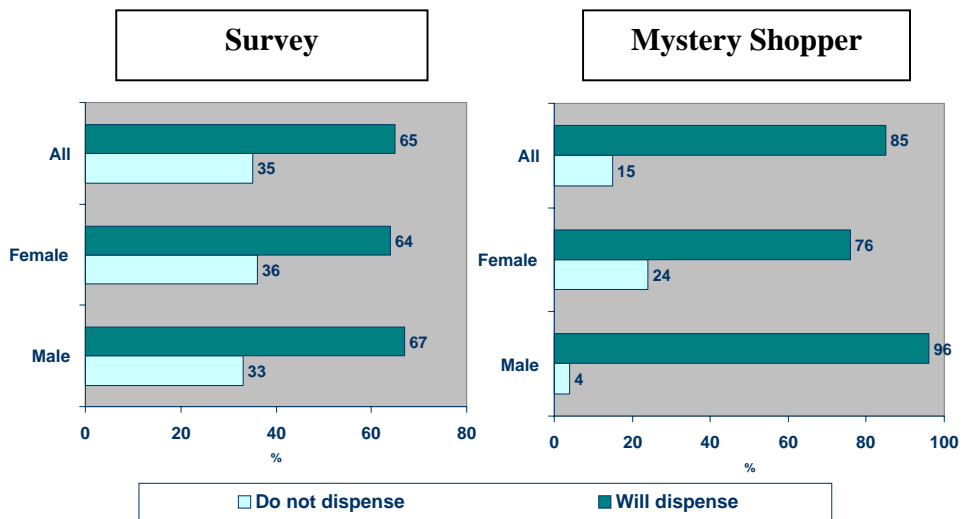


Figure 16

Comparison by gender and study approach of Pharmacy Staff Attitudes to OTC sales of Family Planning Products in Pharmacies



2.5 Pharmacy Staff Practices

2.5.1 Family Planning probes in OTC services of FP products

For those who have a positive attitude toward provision of FP through OTC pharmacy services, the respondents were asked to list the probes they use with such customers in order to provide the proper advice and service. A wide array of probes are used, some of them are relevant and some may not; table 6 provides an account of the probes used by respondents.

Table 6

Table : General OTC probes initiated by pharmacy staff to determine appropriate product to be dispensed	
Probe	%
Breast feeding	59.0
Presence of circulatory problems or diseases	47.0
First time user	32.0
Multiparous	31.0
Previous use of OCs	21.0
If client has been seen by a physician for FP	20.0
Intended duration of FP	17.0
Age of user	15.0
Period regularity	14.0
Previous application of natural method FP	11.0
OB/gyn problems	8.0
Knowledge of husband of FP intent	5.0
Smoker	4.0
Lab tests	3.0
Willingness of partner to use condom	2.0

2.5.2 Pharmacy Staff Recommended Family Planning Products

Slightly more than third of those who would oblige a client for OTC Family Planning product would either ask for client preference or recommend an OC for clients. All other modern FP methods lagged well behind as a method of choice recommended to customers; although small in percentage there are some pharmacy staff who would recommend a natural method as first choice (Table 7).

Table 7

Table : Method of Choice recommended by Pharmacy Staff to OTC Clients

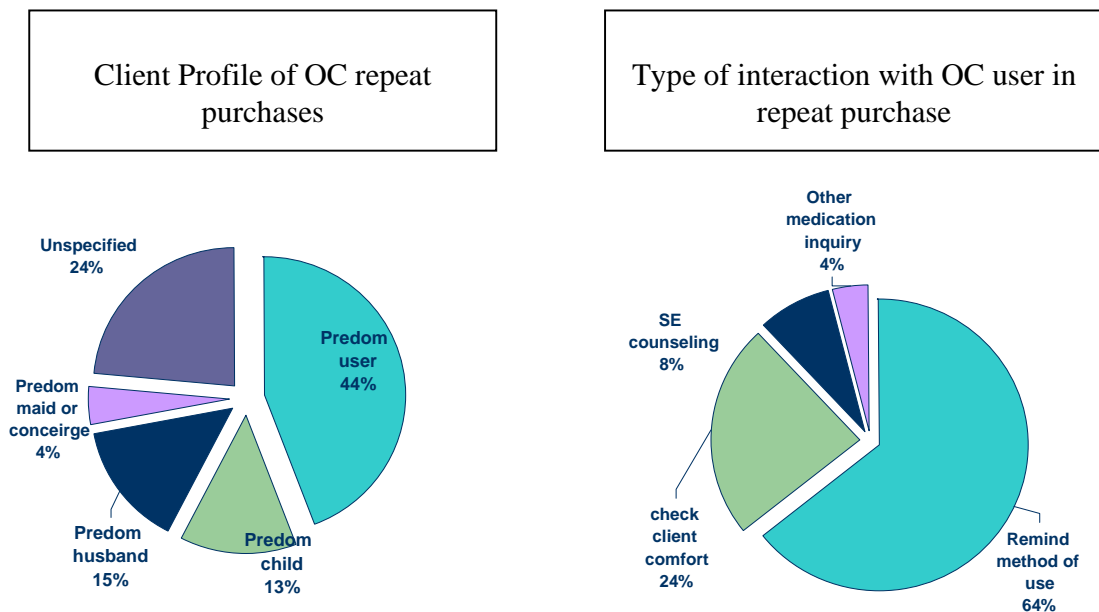
Recommended Method	%
Ask for Preference	39.7
OC	38.8
Condoms	11.6
IUD	5.0
Natural Method	4.1
Injection	0.8

2.5.3 Proactive customer interaction

As repeat sales are the predominate mode of sales of OCs in pharmacies, knowledge of the type of interaction (if any) in this case was important. While the user was identified as the predominant person seeking a repeat purchase of OC – 44%, only 29 respondents indicated conduct of a proactive counseling interaction with repeat clients (figure 17).

Figure 17

Client Profiles of repeat sales of OCs and type of interaction



In the cases where the pharmacy staff do not initiate proactive counseling dialogue and interaction with the user seeking a repeat prescription, the main reasons cited for lack of were related to customer preference and securing the sale of the product (Table 8).

Table 8

Table : Reason for not having proactive client interaction in repeat sales	
Reason for no proactive interaction with repeat client	%
Clients opt for privacy	37.7
Not to interfere or hinder sales process	30.2
Client has no time - in a hurry	18.9
Staff do not have time for interaction	13.2
Total	100.0

2.6 Pharmacy Staff Family Planning Knowledge

2.6.1 Application of Pharmacy Family Planning Quality Assurance checklist

Fifty –two percent of respondents (n = 52) indicated either exposure or participation to the Pharmacy QA training program previously conducted by PSP predecessor – Commercial Marketing Strategies (CMS). In 84% of these cases, the participating person was still in the same pharmacy and the QA attendee was the same as the respondent in 55% of the cases of those who had been exposed to QA training (n=52).

Key elements of the CMS QA program pharmacy checklist were compiled into a scorecard of 13 elements relating to proper client counseling and probing for FP at the pharmacy level. The score of each respondent was compiled from questions in the interview instrument relating to this. All elements were given equal weight as per CMS previous study^[17]. The possible range of scores was from a low of zero to a maximum of 13 points.

The mean score of all respondents was 2.4; the achieved range by respondents was (0-9).

The score was higher in QA participating pharmacies (***mean QA score = 4***) than in pharmacies that did not participate (***mean QA score = 2***).

Table 9 provides a list of the current study knowledge score elements and the percentages of respondents fulfilling each element in a supposed interaction with a potential client seeking FP services at the level of the pharmacy. Query for breastfeeding status is most common and exceeds all other probing elements by far. Key weakness areas in probing were for contraindications or OC precautions and recommendation of 2-box purchase.

Table 9

QA training elements applied by QA attendee in survey questions	% denoted
Inquire if client is currently breast feeding	58
Inquire if client is a first time user of family planning	33
Inquire if client has any key diseases that inhibit the use of OCs	26
Ask for client preference for a certain FP product	25
Inquire if client has any problems that necessitate advice of a physician prior to OC use	22
Inquire if client is has used any FP methods previously	22
Provides proper side effect counseling for users of OCs	20
Is proactive in conducting counseling and cleint interaction for repeat users	14
Inquire if client has severe headaches or vision disturbances	8
Inquire if client is is concurrently using any medications that may inteact or contraindicated with OC use	7
Inquire if client is a smoker	4
Recommends the purchase of 2 OCs boxes to handle missed tablet issues	4
Inquire if cleint has been diagnosed with Breast cancer	0

Although 72.4% of respondents who had been exposed/participated in the previous Family Planning QA training program found it to be useful or totally useful, the degree of application of the probing and counseling elements of this training was not proportionate. Half of these respondent were able to frequently use the training components and check list with FP clients (Table 10). The ability to apply was hindered mainly by client attitudes towards interaction with pharmacy staff in the pharmacy setting

Table 10

Degree of applicability and long term usefulness of QA training contents and QA check list by participants			
Degree of applicability	%	Perceived usefulness of QA training	%
Can rarely be applied	48.3	Useful	51.7
Is applied most of the time	44.8	Totally useful	20.7
Is applied all the time	6.9	Undecided	13.8
		Not useful to the expected level	10.3
		Not useful at all	3.4
Total	100.0	Total	100.0

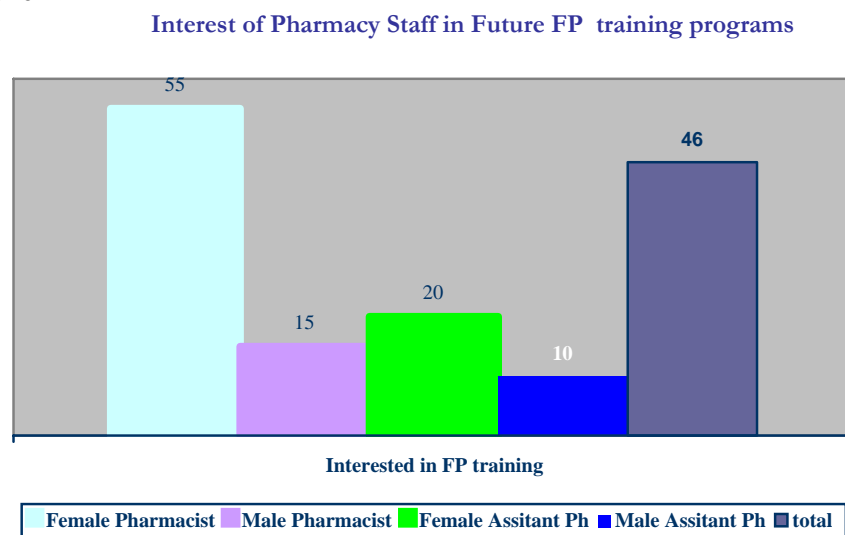
Although not part of the main study results, the mystery shopper assessment was key in identifying a critical gap in pharmacy staff knowledge; only 55% of the targeted pharmacy staff could provide accurate information with regards to management of missed OCs doses. For those providing erroneous information – the majority recommended skipping the missed tablet(s) altogether.

2.6.2 Sources of Pharmacy Staff Family Planning knowledge

Exposure to other Family Planning program other than the CMS program was stated by 12.4% of respondents. For these, the majority (78%) had participated in the Blue Circle project. The remaining of those participating cited attending company sponsored lectures (22%).

Only 40% of pharmacies indicated that they were visited by Medical Representatives of companies selling FP products; but in 72% of these visits the objective of the visit was to follow up on product movement and not to provide product related information (deemed herein as non productive visits). A visit at the time of a new product launch was cited by 22% of respondents, but informative visits for the dissemination of product related information was stated by 6% of respondents who were visited by reps for any reason. The need for productive, informative visits by medical representatives was stated by 60% of respondents. But less than half of respondents indicated their interest to attend training related to FP (figure 18). The interest of female pharmacists exceeds all others by far; the least interest was evident with male assistant pharmacists.

Figure 18



Only two pharmacies at the time of the survey had Information communication material for layman relating to family planning products and their advantages and proper use.

2.7 Pharmacy staff needs and perceptions

Almost two thirds see a potential proactive role for the pharmacy to provide FP services and information – 61.3% but this was contingent to presence of proper legal backing for any proactive dispensing and/or classification of hormonal methods as OTC.

In general respondents indicated gap areas that hinder their ability to provide proper counseling to clients in the area of Family Planning. The major gaps/areas in need of strengthening for this purpose that identified by respondents were :

- Implementation of specific household outreach programs that target client FP misconceptions and faulty practices (40%)
- Client confidence in pharmacy staff (15%)
- Presence of effective regular public awareness campaigns in the all media channels emphasizing role of pharmacy – 60%
- Availability of impartial reading material for pharmacy professionals – 35%
- A larger and more active role of the Pharmaceutical Association to provide “OTC – FP” enablers and regulations –30%
- Provision of sample packs of Condoms and larger supply packs of OCs – 11%

2.8 Client concerns relating to Family Planning Methods as relayed by pharmacy staff

2.8.1 Client concerns regarding Oral Contraceptives

59% of respondents indicated that customers either had prohibitions and/or misconceptions related to OC use (table 11):

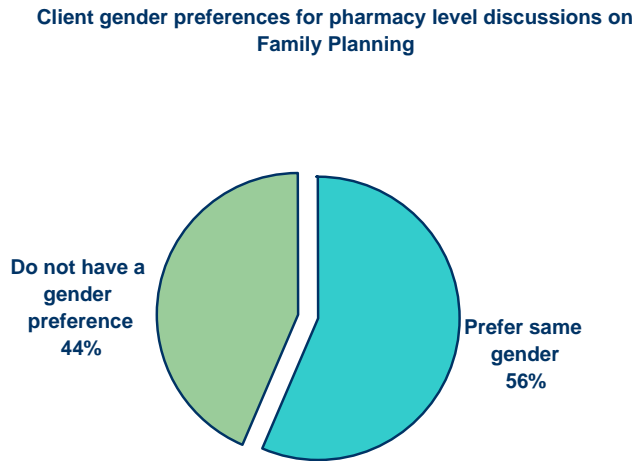
Table 11

OC Concerns and feedback by clients	
Potential to cause future infertility	30
Price factor - long term use	29
Too problematic to use - missed pill issues	25
Weight gain	23
Potential to cause cancers	18
OC use misconceptions	16
Effect on mood	9
OC not covered by insurance	8

2.8.2 Client interaction preferences

Respondents indicated that when there are discussions with clients, these predominately prefer to have interaction and discussions in the area of Family Planning Methods with staff of the same gender (figure 19).

Figure 19



3.0 Key Informant Discussions

Two levels of discussions were held during this study with key informants with representatives of relevant pharmaceutical companies providing Oral Contraceptives in Jordan and with key officials in the Jordan Pharmaceutical Association (JPA) and the Jordan Food and Drug Administration (JFDA) as well as a former CMS staff member responsible for the previous QA training program.

➤ **Feedback from relevant authorities governing pharmacy practices**

Meetings with key officials in the Jordan Pharmaceutical Association (JPA) and the Jordan Food and Drug Administration (JFDA) aimed at obtaining information regarding the codes and bylaws governing pharmacy dispensing practices in general and those in the area of Family Planning Products in particular.

The JPA governs the practice of pharmacy by licensed pharmacists in Jordan but it is not the body that institutes laws regarding pharmacy practices. The main body instituting by-laws governing pharmacy dispensing practice is the Ministry of Health. The JFDA is responsible for registration, regulation of sales and pricing of all drugs in Jordan^[19].

All activities addressing pharmacies and pharmacists therein should be coordinated with the JPA. Since no official body governs the profession of Assistant Pharmacists, conducting activities and programs under the pharmacy as an institution is recommended rather than targeting this sector individually as the JPA would provide the necessary professional support for activities.

According to Jordanian JFDA codes, Oral Contraceptives are categorized as Repeat Prescription Products^[20]. Although this categorization process is not activated on the ground and no penalties are instituted for pharmacies providing them otherwise, pharmacies do not feel totally free to dispense them freely to customers. Pharmacies prefer to be conservative in their OTC dispensing of such products in order to avoid any retribution in case of activation of laws or complaints by customers.

As well, the JPA code of practice for pharmaceutical dispensing indicates that while the presence of an assistant pharmacist is allowed in pharmacies, there should always be a pharmacist present^[18,19,20]. In reality this is not the practice, authorities are currently overlooking the fact that some pharmacies allow the presence of assistant pharmacists alone to deal with clients and drugs in pharmacies.

➤ **Feedback from Relevant Pharmaceutical firms:**

The aim of these meetings was to create a line of communication regarding possible avenues of cooperation in the development of the role of pharmacies in Family Planning in Jordan.

Meetings with industry representatives were conducted with the 2 main pharmaceutical companies operating the field of Oral Contraceptives in Jordan; Organon^[21] and

Schering [22]. The level of interest regarding developing and promoting the role of pharmacies in Family Planning was directly related to the market share of the products provided by these companies. Both company representatives stressed that all activities targeting pharmacies should comply with local codes and laws governing this sector. To this end non product related Family Planning awareness and knowledge enhancement activities were contemplated. Although the pharmacies are currently playing a role in providing OCs to clients through OTC sales, both companies underlined that the physician is the key element in development of the adoption and growth of use of OCs among women of reproductive age. The sustained and proper use by clients will depend on targeting all parties involved in the adoption and utilization process; the physician, the user, and the pharmacist.

➤ **Feedback from CMS previous staff and project responsables**

A meeting was conducted with a former staff of the CMS Pharmacy Quality Assurance Program (Mrs Hannan Sboul – currently General Secretary of the Jordanian Pharmaceutical Manufacturers Association) to obtain feedback regarding lesson learned from project implementation.

Former CMS project staff indicated that sustainability of communications and educational programs is key as well as strong advertisement and promotion for projects to all parties [23].

4.0 Role of Stakeholders

It is hoped that the report will provide a measure of guidance and inspiration not only to donors (mainly USAID agencies) and representatives of the private sector who work in the area of reproductive health at national levels, but also to policy makers involved in women's health, pharmaceutical practices and population. Considering that the Government Of Jordan has set within the National Agenda goals, reduction of the current TFR (3.5) to (2.5) in 2017, it will be essential that the government plays an essential role in developing the role of the private sector to attain its population goals.

While Family Planning products are available at the pharmacy levels, several non physical barriers exist, however, to improved access by consumers to high-quality, low-cost contraceptives. These barriers, relating to price, continuous availability and acceptability, need to be addressed by the **interested parties** — Government, donors and private-sector organizations, including technical agencies and market-oriented NGOs. USAID and PSP in particular may find this as an opportunity to take the lead in serving as a broker to help bring the interested parties into fruitful negotiations.

Some of the key areas that may be tackled within this context are barriers to development of the pharmacy sector in the area of OCs. One of these being regulations prohibiting advertisement of such products to the public in line with their classification as “repeat prescription” rather than OTC or permissible to be dispensed by pharmacists. The areas that require development and work are broad, and the analysis and discussion of such could be a topic for future study by interested parties and stakeholders.

5.0 Discussion

Private services are an important complement to public services in healthcare in general and in family planning in particular. Although the government strategy to subsidize FP products and services in its outlets helps to increase the adoption and continued use of modern FP methods, the down side is that the private sector becomes a second choice for clients regardless of income level. There is a tendency of clients in Jordan to utilize subsidized services even by affluent customers^[2]. Despite this, the private sector already provides substantial contraceptive coverage in Jordan.

This study shows many positive aspects regarding the access and availability of contraceptives in the private market. There are no evident physical barriers to access of contraceptive methods; barriers relate more to beliefs and attitudes of user and provider and economic sustainability of purchase.

In this study availability should be distinguished from uptake or use as no concrete statistics were made on the latter. This study did show however that Oral Contraceptives ranked as first sales product in 72% of surveyed pharmacies and as were they the leading product recommended by respondents for potential clients amongst all FP commodities available in pharmacies. Contraceptives are readily available, meaning that almost all products can be found in most pharmacies. Oral Contraceptives and Condoms are available in all pharmacies. The mystery shopper assessment showed that a little more than half of pharmacy staff would recommend as first choice an OC to a client seeking FP product, but condoms are very shyly promoted by pharmacy staff. Feedback from respondents regarding spermicides showed that there was little belief in their efficacy, while for injections their uptake is minimal and most pharmacies would either carry one or order on demand by a client. The product mix of FP products in pharmacies will vary according to location; pharmacies in residential areas rarely had IUDs or injections, while those in the vicinity of relevant doctors had these products. Relations with referring doctors were mainly evident for IUDs.

The findings of this study confirm findings of the CMS project on the Contraception Adoption Process in Jordan. Some five years after that study, the pharmacy still plays no significant role in the decision to adopt a contraceptive method or to continue to use it.

While request for OCs directly at the pharmacy as “OTC” represents almost one third of all OC sales, this should not be taken at face value as there are certain dynamics that govern this practice due to prevailing culture, regulations and the attitudes.

In Amman East and peripheral areas the OTC request is usually for short term FP and in cases where the major sources (MOH ,MCH and JAFPP) are out of stock. In Amman West reverting to pharmacies for OTC FP will be for short term FP or mainly for non Jordanians. Family Planning programs will reach more tangible results by using client segmentation strategies based on prevailing attitudes and practices to build their programs and plans. Pharmacy Staff had no reservations when the customer would ask for OC during lactation but almost all had inhibitions in case client was nuliparous. Such prevailing attitudes and

practices would encourage the expansion of the role of the pharmacy in short term FP especially that there is still a need to manage short birth intervals in Jordan. The products recommended for breast feeding clients were mainly POPs.

In addition, there is a sense of “hormone phobia” amongst staff – leading to a reluctance to proactively promote the use of OCs among clients seeking FP services at the level of the pharmacy. The lack of legal backing for proactive action will deter pharmacy staff from playing a more active role. The role can be enhanced in terms of provision of quality information and counseling but the impact on increased sales may not materialize.

The need to have a better knowledge base was unanimously recognized but training per se as a channel for such was not favored. Despite the extensive efforts of the previous training program, there were no major differences in the scores attained by those who were exposed/participated vs. those who did not. If programs are not sustained, a fall-out effect will definitely occur. Proper knowledge has to be embedded even well before a pharmacist or assistant pharmacists become responsible for client interaction and counseling and dispensing of drugs. Method failure is high in Jordan – and this problem may be augmented by the fact that professionals in pharmacies do not have sound knowledge on management of missed doses of OCs.

Counseling is evidently not a strong point of pharmacy staff; this may deter the confidence of clients to revert to the pharmacy for advice on key issues such as use of a FP product. As well, the physical setting in the pharmacy prohibits a confidential interaction. This was confirmed through the mystery shopper assessment; only 50% of staff provided counseling in private. The pharmacies are usually small and crowded and they may be manned by just one person at any given time.

At the same time, even when knowledge and time are present the client remains the rate determining step in the ability of the pharmacy staff to apply and make use of any training aimed at improving knowledge and counseling skills.

In view of these findings, the starting point for adoption will always be the physician in light of regulations and customer confidence. But the role of the pharmacist remains significant if not crucial in maintaining proper use as OCs are classified as repeat prescription product and actual practice confirms this where more than two – thirds of OC business is repeat.

When designing future programs it is important to understand the dynamics of staff – client interactions and the preferences of customers and the opportune times for interactions with the pharmacy for family planning information and services. Although the pharmacy is not the prime choice, when a client does seek the pharmacy for Family Planning, a female client prefers female staff and these staff are predominately available in the daytime.

To this end, targeting Assistant Pharmacists in isolation would not prove useful for reasons relating to logistics and regulations, personal reasons and client interaction preferences outlined in this study.

The decision of companies dealing in OCs to invest in the pharmacy sector will depend on the on the market share of their products and the level of priority of OCs to their portfolio. There was wide variation with regards to company activity targeting pharmacies; those indicating informative visits by medical representatives stated that it was mainly by Schering.

Above and beyond return on investment for companies, the prevailing laws and regulations will limit their involvement in the pharmacy sector to awareness rather than promotion.

Informed choice and empowerment of women to initiate and maintain modern FP product use is crucial to long term success of the method. But this cannot be done without involvement of spouses as they are key in initiation or discontinuation decision. Parallel outreach programs will benefit by including the male spouse as well, due to their impact on decision to initiate and maintain use.

Limitations of the study relate to study design and to interviewee responses. This study was not designed as a statistical study, but nonetheless inferences can be made with regards to the general prevailing attitudes, knowledge and practices of pharmacy dispensing staff in Jordan since the study covered the major areas of Jordan and was coupled with mystery shopper assessment. Respondent related limitations include recall bias by respondents, possibility to provide model practice answers rather than actual practice responses, but these limitations were expected.

The findings of this study will prove useful as PSP and its partners move forward with future projects to fill in the gaps identified with this study. While the figures in the study are numeric, they do represent a qualitative finding as well as a quantitative one.

6.0 Conclusions

➤ Product Access and Availability

1. FP products are readily available and accessible in pharmacies; OCs lead as the most selling FP product. There is still low priority demand for Condoms – where it was the first FP product sold by only 27% of pharmacies.

➤ Pharmacy Staff Attitudes and FP knowledge

1. The majority of pharmacy staff are willing and ready to provide FP as OTC – but gaps exist in their probing and counseling abilities. The ability of the pharmacy to play an active informative role is highly dependent on the attitudes and knowledge base of dispensing staff. The lack of legal backing for the proactive or OTC provision of FP products at the level of the pharmacy is a key inhibitory factor for increased role of pharmacies, the acceptance by clients and the more active involvement of FP providing companies in the pharmacy sector.
3. Consumers rely more often on the pharmacy for temporary short term FP (mainly during breastfeeding) than for longer-acting contraception.
4. There is an obvious fall out of previously conducted QA training; average score attained by respondents was 2.4/13. Major knowledge gaps that may undermine efforts to improve method failure rates were identified; high rates of erroneous information regarding management of OC missed doses.

➤ Potential Role of Pharmacy in FP uptake and adoption

1. Despite a significant portion of OTC business in pharmacies for OCs, and an almost parallel confirmation by the PSP outreach feedback on referrals, the pharmacy is not the first source for FP services.
2. The physician (whether in private or public sectors) remains the rate determining factor in increased utilization. This conclusion in our study confirms previous CMS study findings.
3. The FP client was cited as the “rate: determining factor in ability to have a counseling interaction at the level of the pharmacy.
4. Increasing the potential role of pharmacies in provision of family planning information and services is dependent on the client and on the presence of regulations that can allow pharmacy staff to act in confidence.
5. The largest segment of OTC action in pharmacies is for clients seeking such during lactation; pharmacy staff have confidence in providing such due to perceived higher safety of products.

➤ Future Needs /Pharmacy Sector

1. While 63% indicated that there is a role for pharmacies to play an active role in provision of FP information and services, this was contingent to need for the presence of legal backing for such (classification of OCs as OTC).

2. A need to target the public and women in the reproductive age in particular to dissipate the prevailing misconceptions regarding family planning products and also promote the extra – contraceptive benefits would be crucial to increased uptake of OCs
3. There is a lack of regular availability of layman FP educational brochures; when available they are not attractively displayed nor do pharmacy staff actively distribute them. Availability of such material for potential clients will not enhance knowledge or proper use or increased adoption if not presented in a proper manner by pharmacy staff to clients. Accordingly and in view of these obstacles, IC material will not have a productive impact on OC uptake and maintenance.
4. There is high support for the provision of information relating Family Planning, but training was not the preferred medium of the intended audience; more sustained and interactive methods such as product detailing visits were stated as a more productive way of increasing knowledge. Targeting Assistant pharmacists with specific activities and trainings was not highly supported nor presented as feasible by the relevant parties and the JPA.

7.0 Recommendations

It is clear that any potential actions or programs targeting the private pharmaceutical sector should be multilevel; spanning from short term for correction of vital erroneous information to long term to assure that all future pharmacy staff are well equipped with quality information that will allow them to provide optimum service to potential FP seeking clients. At any level, it is strongly recommended to work with relevant and interested pharmaceutical firms so as to leverage their strengths in the areas of access and product knowledge. In light of the findings of this assessment and taking into consideration the prevailing bylaws, regulations and interests of involved parties (including stakeholders and relevant private pharmaceutical firms), the following recommendations have been put forward:

Short term recommendations:

- Quiz, contest to correct pharmacy staff missed tablet management information

Intermediate term recommendations:

- Pharmacy awareness (Non product associated detailing Teams targeting pharmacies) and Cooperation with OC companies for dissemination of FP information to pharmacy staff and to potential clients
- Patient initiation and retention program in cooperation with OC firms, private sector doctors

Long term recommendations:

- Incorporation into pharmacy and assistant pharmacy student curricula.
- Integration of FP related information into Pharmacy pre graduation – JPA pharmacy training program.
- Cooperation with JPA to provide continuous education programs (through various channels including internet) to pharmacy staff.

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Annexes

Annex A:

- Mystery Shopper Results

Mystery Shopper Assessment – August/September 2006

Background

In efforts to increase the involvement of the private sector in Jordan in Family Planning, two previous USAID funded projects (SOMARC and CMS) targeted pharmacies. These projects adopted a social marketing approach in cooperation with the Jordanian Syndicate of Pharmacists and provided training to over 1400 pharmacists to enhance the quality of information and services provided to clients or potential clients seeking Family Planning.

More than 3 years later after the completion of the latter project, there was a need to evaluate the long-term impact of the CMS activities in terms of a carry on effect and to answer questions regarding a possible greater role/impact for assistant pharmacists in provision of the said services and information. The Private Sector Project (PSP) commissioned a wide scale assessment to answer these questions through a two phase project relying on a mystery shopper approach followed by a formal survey of pharmacies in 5 selected areas of Jordan known to have the greatest population densities. This report presents the findings mystery shopper assessment in 55 pharmacies distributed in 4 areas of Amman East (n=20), Amman West (n=20), Zarka (n=10) and Irbid (n=5).

Objectives:

The objectives of the mystery shopper assessment was to provide an overview of the actual attitudes and practices of pharmacy attending staff regarding family planning information and services in an impromptu/ unrehearsed setting 3 years after QA certification of 1400 pharmacies in Jordan.

Primary Objectives:

1. Access and availability of Family Planning Commodities
2. The degree of degree of implementation of QA Family Planning checklist elements developed by CMS (carry-on/fallout effect)
3. The counter side manner and attitudes of pharmacy attending staff in terms of their willingness to provide FP commodities and information under 2 different shopper approaches, need for counseling of a physician above and beyond the interaction at the pharmacy level for certain FP commodities and time spent with client in counseling.
4. Access and availability of FP products in pharmacies and preferred or first choice FP method recommended by pharmacy staff.

5. The availability of FP Information Communication (IC) material and display of FP quality logs (Blue circle, Abu Mahjoub)

Secondary objectives

1. The assessment also aimed to identify differences in the attitudes and practices by gender and geographical area

Methodology

The mystery shopper assessment was conducted in 4 main population density areas in North and Central Jordan; Amman East, Amman West, Zarka and Irbid. These areas were selected based on the prevailing high population density; target pharmacies in each area were randomly selected. The following table shows a distribution of the mystery shopper events by area:

Table 1: Distribution of Mystery shopper pharmacies by area

Area	Number
Amman East	20
Amman West	20
Zarka	10
Irbid	5
Total	55

The mystery shopper was a female researcher who used 2 different approaches for solicitation of FP information and services. In both approaches the researcher posed as a first time user; in approach A the researcher did not have children yet and wanted to postpone and on approach B the researcher had children. Approach A was used in 6 pharmacies in total; the target pharmacies for each approach were predefined at the time of pharmacy selection stage.

The lead statement of researcher did not give away which approach she was using and left that up to the attending person to probe for: “ I would like to ask your advise regarding Family Planning Methods – What method would you recommend for me?”

At the end of each interaction and upon exit of the pharmacy, the researcher filled out an assessment probe sheet that was developed taking into account the CMS developed QA check list; the QA check list was filled out as well for each pharmacy.

The analysis of results focused on descriptive statistics (frequencies and percentages) and general comments of the attending pharmacy staff were noted and reported within the relevant analysis section.

Results

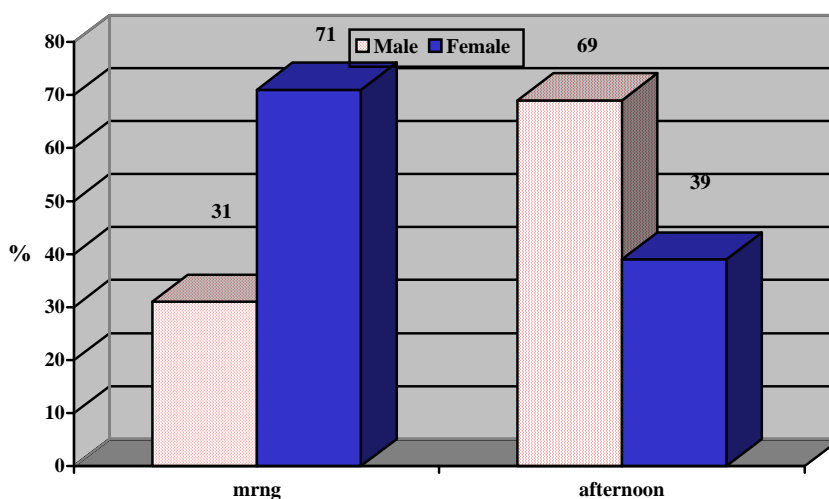
1. Characteristics of attending staff (Gender, Qualifications, and time of presence)

It is to be noted that some pharmacies had more than one person available at the pharmacy at the time of assessment. In most of these cases there was a male and female in the pharmacy at time of visit; results reported throughout the report indicate only with whom the interaction took place.

- Female attending persons were a little more than half (53%); differences in gender presence by region were not great. Albeit, Irbid had the lowest female presence (80%) while Amman West had slightly more female attending staff (60%).
- The researcher probed attending staff for their qualifications to identify if person was pharmacist or Assistant Pharmacist, some would answer straight forward and others would not give the probe much importance and move on; these undisclosed cases represented 10. In all, 37 of the attending staff were pharmacists while 8 were Assistant pharmacists.
- Analysis of gender by time of presence showed that 71% of the female attending persons in the assessment were present in the morning period. Figure 1 shows a breakdown of attending staff characteristics by gender

Figure 1

**Characteristics of Pharmacy Attending Persons
(time availability) by Gender**



2. Attitudes of attending pharmacy staff

Overall, the eagerness of the pharmacy person and his/her and approach to the lead statement was classified into 3 categories:

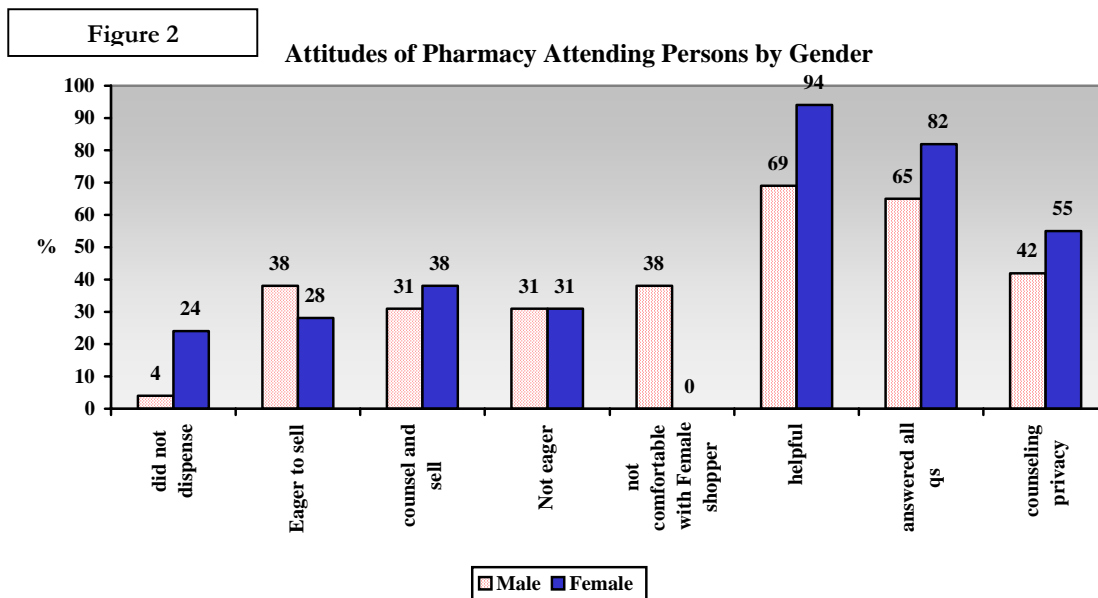
1. Eager to sell straight away without any probing or counseling of the shopper
2. Wanted to sell but also had interest to counsel and probe
3. Was not eager to sell – did not have interest in probing or counseling shopper

The responses of the pharmacy staff in these 3 attitude categories were almost equal in the assessment as a whole (33%, 35% and 31% respectively). There were slight variations by gender; 38% of males were eager to make a sale without counseling and probing, while 28% of females had this attitude. Discomfort towards discussion of FP with a female shopper was evident in 38% of male attending staff.

The majority of attending staff were helpful (76%) and a slightly less proportion were able to answer all questions (69%).

An issue of privacy was obvious; only 49% of staff counseled client in private. The reasons for this are compound, spanning from staff shortages, physical premises and personal manner of attending staff.

Figure 2 shows breakdown of attitudes reference gender of attending persons



3. Products and Access

Overall, the majority of pharmacies provided shopper with a FP method (85%), the remaining 15% declined sale and necessitated that the shopper refer to a doctor. Those who declined were within those approached by the shopper as a nulliparous first time user. All those whom the shopper posed as a multiparous first time user provided the shopper with FP commodity.

Family Planning products available in pharmacies included OCs, IUDs, Vaginal products (spermicides), Condoms, and Depo Provera; availability of these FP products varied by pharmacy. Oral Contraceptives and Condoms were available in almost all pharmacies (100% and 96%). Spermicides and Injection were less available, but IUDs were the least common in availability (27%). Table 2 provides a breakdown of method mix available in the target pharmacies.

Table 2: Family Planning Method Mix Available in Target Pharmacies

Area	Percentage of pharmacies with FP product				
	OC	IUD	Condom	Injection	Vaginal Spermicides
Amman East	100	30	100	35	60
Amman West	100	15	95	60	50
Zarka	100	50	100	60	100
Irbid	100	20	80	20	40
All areas	100	27	96	47	62

Shopper probed and requested the attending person to provide a recommendation for FP of choice once different options were presented; OCs dominated as the recommended FP method (56%) followed by Condoms (11%). More staff recommended natural birth control methods than any other method aside from Oral Contraceptives; 16% of attending staff recommended a natural method while condoms were recommended by 11%, far less behind were Injection, IUDs and spermicides (5%, 2% and 2% respectively). It is to be noted that out of the 6 pharmacies that were approached as a nuliparous female, 2 persons recommended natural FP methods stressing the issue of safety and that this is the only way where a women will know that when she wants to have children she can. Another person whom was approached in the similar context by shopper urged shopper to secure herself in marriage by having a child first and then think of FP. Oddly enough the provider of this

piece of advice was a male. Although it was not part of the assessment to identify most frequent OC brand recommended, there was an obvious trend to have lower price products (Microgynon) offered in East Amman, Zarka and Irbid, while the top price range product (Yasmin) was offered mainly in Amman West.

None of the pharmacies that stocked Depo Provera offered to inject it. Table 3 shows the frequencies of recommended products and methods.

Table 3: Method of Choice as Recommended by Attending Person in Pharmacy

Area	Method of Choice Recommended by Pharmacy Staff (%)					
	OC	IUD	Condom	Injection	Vaginal Spermicides	Traditional Method
Amman East	55	5	5	5	0	20
Amman West	60	0	10	5	0	15
Zarka	60	0	30	0	10	0
Irbid	40	0	0	20	0	40
All areas	56	2	11	5	2	16

There were no major differences by gender with regards to recommended FP method, but differences were seen by area (Figures 3 & 4). The area where recommendation for the use of a natural method was highest In Irbid, and in a proportion equal to those recommending an OC; 40% of the target pharmacies recommended use of a natural method. Recommendation for the use of an injectable contraceptive was also highest in Irbid. Recommendation for the use of a condom was highest in Zarka (20%).

Figure 3

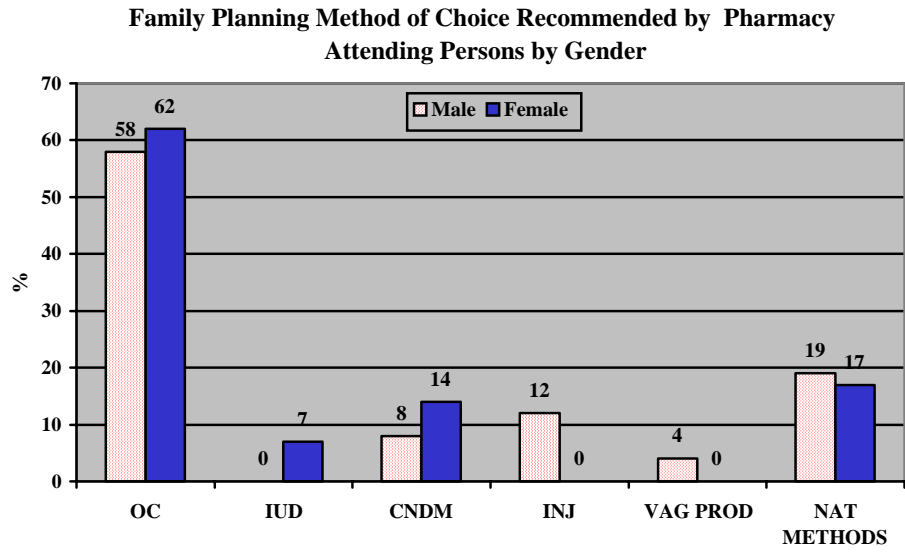
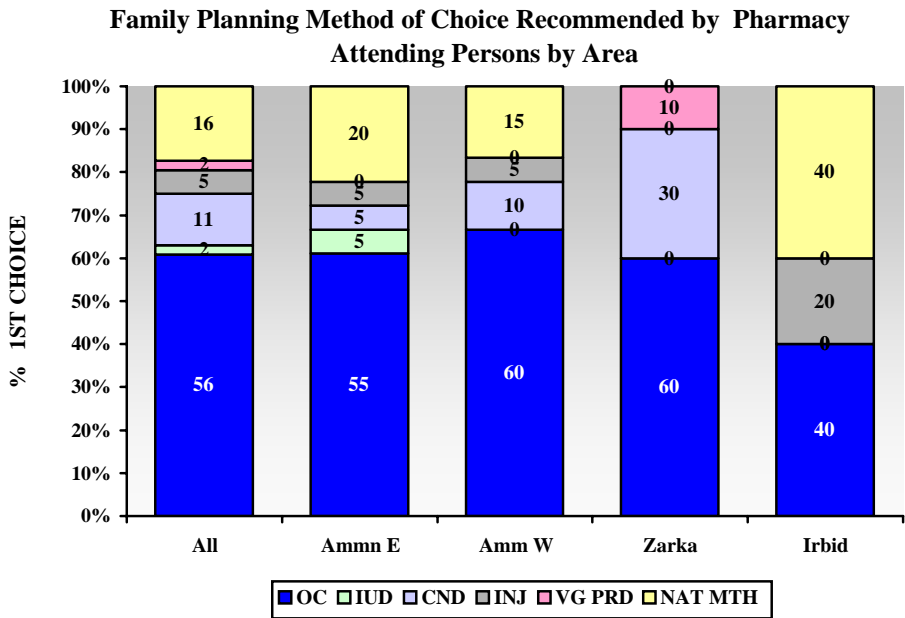


Figure 4



4. Practices and implementation of QA check list Elements

Counseling and probing skills were not highly evident in this assessment as many key areas of the QA check list were not carried out during the interaction by attending pharmacy staff (figure 5).

- Probing to identify the situation of the shopper was not very high; a little over half of the target pharmacies inquired if shopper was first time user (53%). A slightly higher portion asked if shopper was breastfeeding.
- As well, only one third (27%) inquired about user preference.
- Only (55%) explained use method of use for 2 Family FP methods.
- Safety aspects were weaker areas of counseling and probing. Fifty six of the attending staff explained about side effects for 2 at least 2 FP methods but screening for Contraindications or concurrent medications was almost lacking where only 11% took notice to do this.
- None of the attending persons explained means to manage side effects – one person recommended switching brands until one finds the most suitable. Others would indicate that the brand they are dispensing does not produce such (‘ it is a light brand’) was the most common statement in this regard.
- None of the pharmacist explained modes of action
- Approximately half of the attending staff provided correct information regarding missed tablet management (55%).
- Only one pharmacy urged shopper to buy 2 OCs boxes and explained the rational behind it.
- Out of those who provided a FP method, less than half (40%) also encouraged the shopper to seek physician consultation as well, she being a first time user.

- There were variations in the application of QA check list by gender (figure 6). Female pharmacy staff achieved higher implementation of most the QA elements vs. males (aside from explaining side effects where males rated higher).
- No major differences in implementation of QA check list elements were evident by area aside from provision of correct information regarding management of missed OC doses; Irbid showed the least percentage of correct knowledge in this area (figure 5).
- None of the pharmacies had any FP information communication material (brochures, flyers etc). One pharmacy had the JAFPP brochure with clinic locations.
- FP project logos were almost non-existent; the Blue Circle logo appeared in 2 pharmacies, CMS QA logo (Abu Mahjoub) in 2 pharmacies and 2 pharmacies had both. Only pharmacy had the QA check list stand put on the counter.
- The average interaction time was 11 minutes; shortest interaction time was 3 minutes and the longest was 22 minutes.

Figure 5

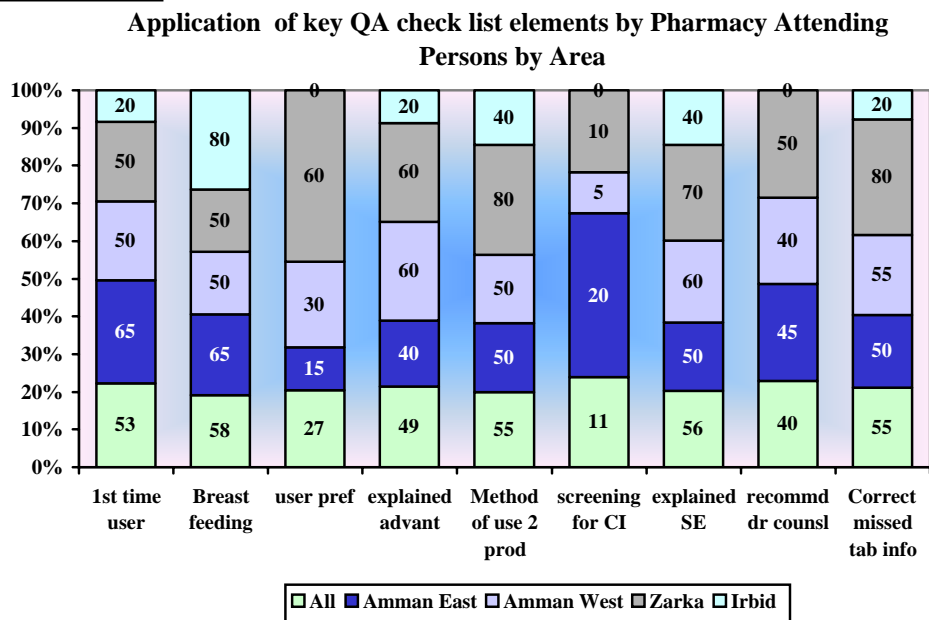
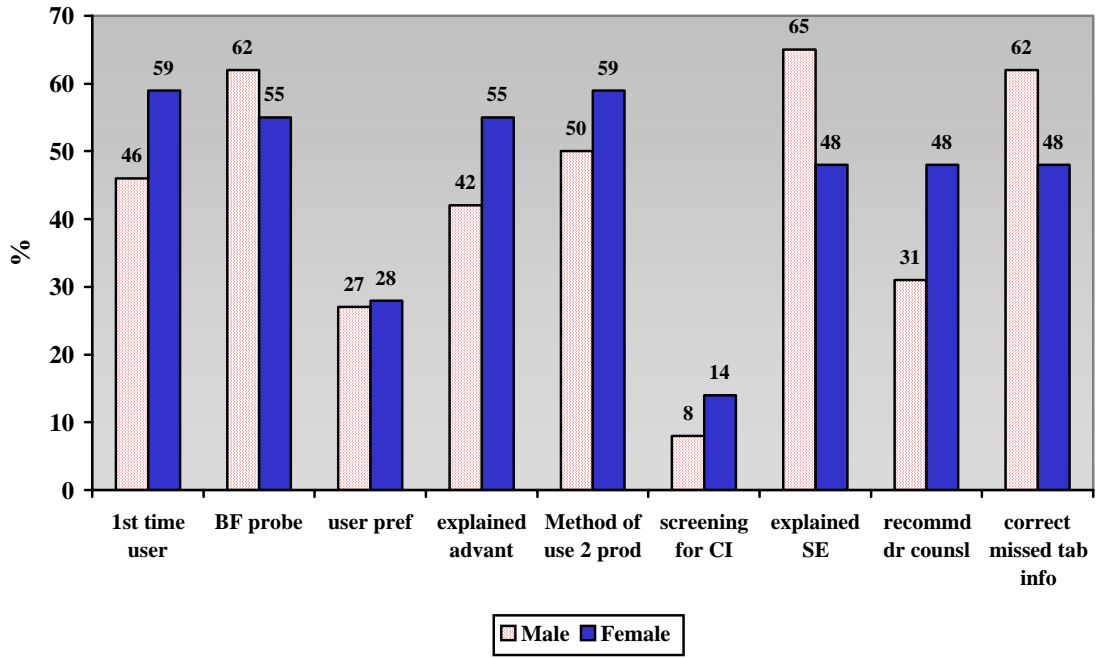


Figure 6

Application of key QA check list elements by Pharmacy Attending Persons by Gender



Discussion

This assessment comes 4 years after a similar mystery shopper assessment done prior to QA training project; many similarities in finding were present especially in areas of attitudes towards FP and nuliparos women methods recommended, and screening. These similarities reflected that the situation 3 years after training may have gone back to pre training levels.

This assessment found that physical barriers are non-existent, where products are stocked and dispensed freely by pharmacy staff. The barrier to access were those relating mainly to cultural and misconception issues regarding use of FP in general and OCs in particular in case of newly weds or nulparious women. The sample size targeted in this context was small but the outcome was almost unanimously similar – discourage and will not provide.

A higher gender barrier was evident in this assessment vs. the previous CMS assessment. The persons who were not comfortable with an interaction with a female shopper tried to make the interaction as short as possible and would not use specific terms in counseling nor did they make any eye contact. The reasons for this cannot be identified but many of them were surprised that the shopper was seeking advice. Their reaction upon hearing the lead statement was to take a box of pills and give it to the shopper and did not want to have a discussion. Such sensitivities will need to be addressed when preparing for future programmatic directions in case wide scale surveys provide a confirmation of such.

Correlations by gender and area were not made and therefore findings by these references only provide numerical inferences rather than statistically significant differences or correlations. Nor was it the intention of the assessment.

Although it was a not predefined parameter to identify time period availability by gender, it was found that female staff were more present in the morning periods (defined by prevailing working hours as up to 4pm); if future surveys show an obvious gender discomfort then future programmatic directions may need to take this into account. The gender of the attending staff and the period when they are present vs. the profile of the client seeking advice.

Hormonal methods remain the dominant FP products recommended and dispensed in pharmacies but despite this there are weak counseling areas especially regarding safety, management of side effects and screening for contraindications. These factors were identified in previous studies as crucial issues leading to discontinuation. These findings were evident in the CMS mystery shopper assessment and were addressed in the subsequent training but this mystery shopper event showed that most gaps have lapsed back to the baseline level identified p

rior to the CMS training. The fall out was evident herewith in this assessment maybe an indication that only the counseling points that come as an automatic reflex in pharmacies, such as explanation of method of use have remained. As well, the lack presence of IC material on these products underlines that companies maintain focus only on the physician. Pharmacist and Assistant Pharmacist in the majority were willing to dispense and provide counseling even if only when prompted, therefore the presence of auxiliary tools to aid them is necessary. It is to be noted that while OCs were the method of choice recommended by pharmacy staff, the second ranking method was use of a natural method superceding all other methods. Condoms which ranked third, were usually recommended when the attending staff had safety issues with OCs.

The recommendation of use of natural methods as seen in this assessment may serve as a reflection of the overall prevailing practices in Jordan where use of modern FP methods is reaching a plateau. A conclusion on attitudes and beliefs cannot be made from our sample in this context, but if this attitude reflects even a small portion of medical professionals then many challenges remain toward increasing the modern contraceptive prevalence rate.

A key finding of this survey found pertains to knowledge of/ adherence to some specific QA elements. The most serious finding was a significant proportion unable to provide correct information regarding management of missed OC doses.

Accordingly, one shot trainings do not improve the knowledge of pharmacy staff on the long run. In order to improve the potential role of the pharmacy in provision of quality information and services, a holistic approach should be taken that tackles all the dynamics governing the practices of pharmacy staff in this domain.

Annex B:

- Pharmacy Survey Questionnaire

Pharmacy Assessment Questionnaire

Date: / /

Name of Pharmacy: _____

Area: _____

Location:

Amman West Amman East Zarka Madaba Mafraq Irbid

1. Pharmacy Staff and period in current pharmacy (click all staff that are currently employed by pharmacy):

- A. Pharmacist: Male Female
 Years at current pharmacy
 Available morning /midday Available afternoon Available night time
- Pharmacist: Male Female
 Years at current pharmacy
 Available morning /midday Available afternoon Available night time
- Pharmacist: Male Female
 Years at current pharmacy
 Available morning /midday Available afternoon Available night time
- Pharmacist: Male Female
 Years at current pharmacy
 Available morning /midday Available afternoon Available night time

B. Assistant Pharmacist: Male Female

Years at current pharmacy

Available day time Available night time

Assistant Pharmacist: Male Female

Years at current pharmacy

Available morning /midday Available afternoon Available night time

Assistant Pharmacist: Male Female

Years at current pharmacy

Available morning /midday Available afternoon Available night time

Assistant Pharmacist: Male Female

Years at current pharmacy

Available morning /midday Available afternoon Available night time

C. Interview Conducted with (click only the one that applies)

Pharmacist Gender: Male Female

Assistant Pharmacist Gender: Male Female

2. Family Planning Methods Available in Pharmacy (click all that are available)

Oral Contraceptives IUDs Vaginal Products

Condoms Depo Provera None

3. Please state the order of sales in the pharmacy of FP products by Descending order

(1 least / 5 the most sold)

Oral Contraceptives IUDs Vaginal Products (tabs&creams)

Condoms Depo Provera

4. Please indicate the usual profile of client purchasing Family Planning product

A. Oral Contraceptives Male Female

B. Condoms Male Female

4. Rate the following Mode of Sales of Family Planning Products in current pharmacy by percentage of total sales of family planning products in your pharmacy:

- A. Client brings prescription
- B. Client asks for repeat of a certain product
- C. Client does not have a certain method in mind and seeks advice of pharmacist

5. Clients seeking advice and counseling on Family Planning at the pharmacy usually ask to have the interaction with:

- Pharmacist
- Assistant Pharmacist
- Do not ask for certain person

6. In the case where clients come in to seek purchase of Family Planning Product without prescription, you would (click only one)

- Recommend Client seek physician advice and do not provide client with Products (if this is chosen **Go to Question #10**)
- Provide client with Products and advice
- Other _____

7. In the case where clients come in to seek purchase of Family Planning Product without prescription what are the questions you ask the client in order to provide most suitable product for client :

8. In the case where clients come in to seek purchase of Family Planning Product without prescription: your recommended Family Planning Product would be (click only one):

- Oral Contraceptives IUDs Vaginal Products (tabs&creams)
 Condoms Depo Provera Ask for client preference

Reason for Recommendation of Product:

9. Upon your recommendation of a certain Family Planning Product, the client usually

- Accepts recommendation Asks for other options
 Prefers to seek further medical consultations before purchase

10. What advice do you give to client for management of side effects of oral contraceptives

11. In the cases where the product to be sold/recommended/purchased by client is oral contraceptives, you usually advise the client to purchase

- One box 2 boxes More than 2 boxes

12. In case of repeat sales of Oral contraceptives, the predominate profile of the person seeking the service is:

- Client Husband Other (state: _____)

13. In case where sales of oral contraceptives to a client is a repeat purchase, your interaction with the client is usually (Click all that apply):

- Provide the requested product without interaction with client
State reason for not having an interaction or dialogue with client:

- Inquire if client is comfortable on current product
 Remind client of method of use
 Inquire if client is currently taking any other medications
 Other

14. Do you have Information Communication Material on Family Planning Methods in your pharmacy

- Yes No

If yes: State source

15. Has this pharmacy participated in Family Planning QA training project (Put project name in Arabic)

- Yes
 No (if no or do not know **go to Question # 22**)
 Do not know

16. Is the person who represented the pharmacy in the training still working at this pharmacy

- Yes No

17. Is the person who represented the pharmacy in the training the interviewee

- Yes No

(if no or do not know **go to Question # 22**)

18. Does pharmacy have/display the QA project logo

- Yes No

19. Do you have the QA project Check list stand

- Yes No

20. Currently to what degree to you apply the QA check list in your interactions with clients seeking family planning services and information

- Not at all
- Rarely
- Most of the time
- All the time

21. After 3 years lapse on The QA Family Planning training your evaluation of its long term applicability/usefulness

- Not useful at all
- Not useful to the expected level
- Undecided
- Useful
- Totally useful

22. Have you or anyone received/participated in any training programs or workshops on Reproductive health and family Planning:

- Yes Indicate when and sponsor _____
- No

23. Are you visited by a MEDICAL REPRESENTATIVE for oral contraceptives:

- Yes No

24. Do you think there is a need for MEDICAL REPRESENTATIVES of oral contraceptives to visit pharmacies and detail products:

- Yes No

25. Are you interested in participating in any training programs or workshops on Reproductive health and family Planning:

- Yes No

26. Please indicate your level of comfort in discussing Family Planning with clients of the opposite sex:

- Totally uncomfortable
- A little uncomfortable
- Comfortable
- Total Comfortable
- It depends on the client

27. In your practice you see that clients seeking counseling on Family Planning issues prefer to have discussion with :

Pharmacy personnel of the same sex

Do not have a preference

28. How do evaluate the role of the pharmacy in provision of Family Planning information and services to clients or potential clients

29. What concerns or feedback do get from clients regarding the use of Oral Contraceptives

30. What advice would give on future projects to increase the role of the pharmacy in providing family planning information and services to potential clients

31. Do you have any comments on the issue of Family Planning and role of pharmacies that have not been addressed by the survey questions
