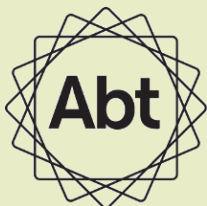


Provision of LA/PM through the Private Sector: What do DHS data tell us?

Jorge Ugaz

Abt Associates Inc, SHOPS Project

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Abt Associates leads the project in collaboration with

Banyan Global

Jhpiego

Marie Stopes International

Monitor Group

O'Hanlon Health Consulting

Objective

Provide a brief overview of LA/PM provision in the private sector (nonprofit and for-profit) using DHS data to inform our discussions today

Data

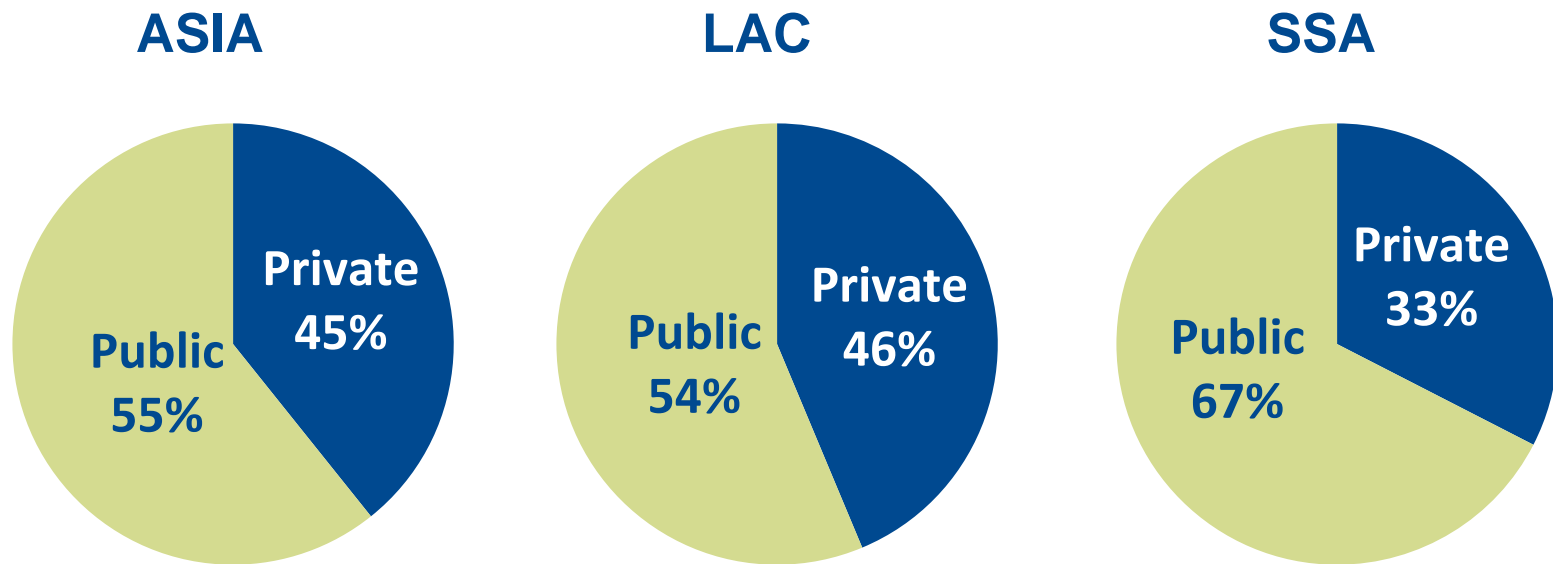
- DHS surveys from 43 countries, carried out between 2006-2012
- Three regions:
 - South and Southeast Asia (Asia)
 - Latin America and the Caribbean (LAC)
 - Sub-Saharan Africa (SSA).
- Regional averages are unweighted
- Unit of analysis: women of reproductive age married or living in union

DHS data used

Demographic Health Surveys (DHS): 2006-2012

Sub-Saharan Africa (SSA)		Asia	LAC
Benin	Mozambique	Bangladesh	Bolivia
Burkina Faso	Namibia	Cambodia	Colombia
Cameroon	Niger	India	Dominican Rep.
Congo	Nigeria	Indonesia	Haiti
Cote d'Ivoire	Rwanda	Nepal	Peru
Ethiopia	Sao Tome	Philippines	El Salvador
Gabon	Senegal		Guatemala
Ghana	Sierra Leone		Honduras
Kenya	Swaziland		Nicaragua
Lesotho	Tanzania		Paraguay
Liberia	Uganda		
Madagascar	Zambia		
Malawi	Zimbabwe		
Mali			

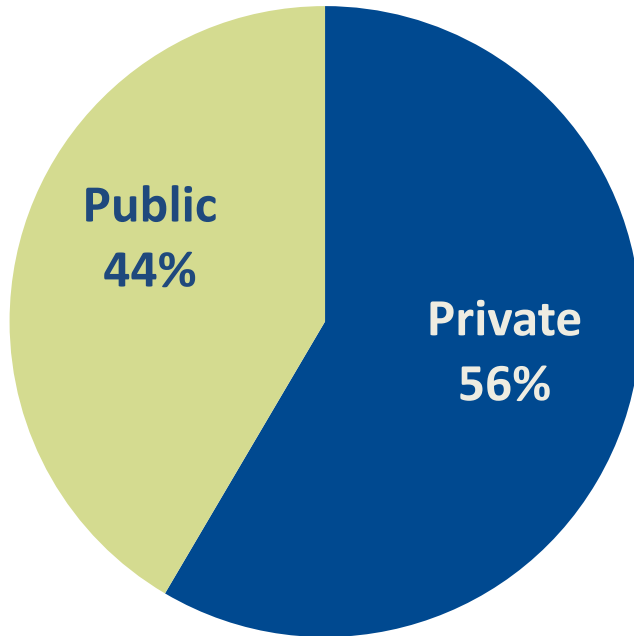
Private sector plays a substantial role providing modern contraception to women, particularly in Asia and LAC



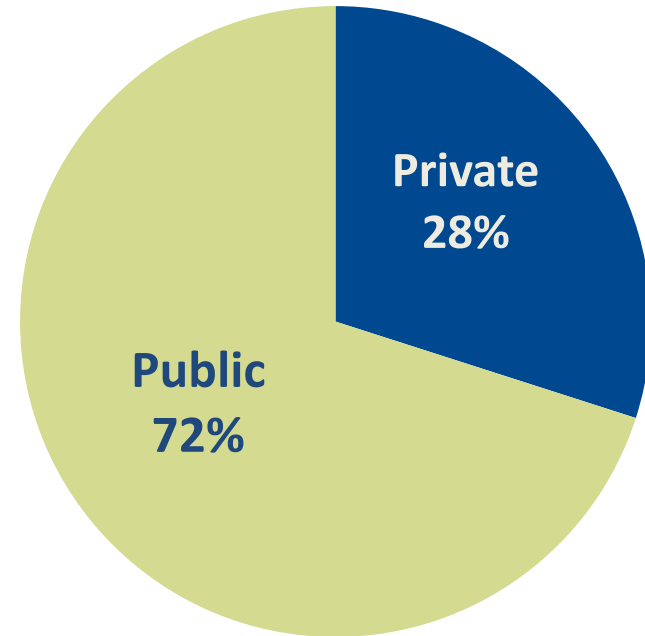
Private sector combines the for-profit (~90%) and nonprofit (~10%) sectors.

In Asia, private sector plays a larger role in provision of short-acting than in the provision of LA/PM

Short-acting methods

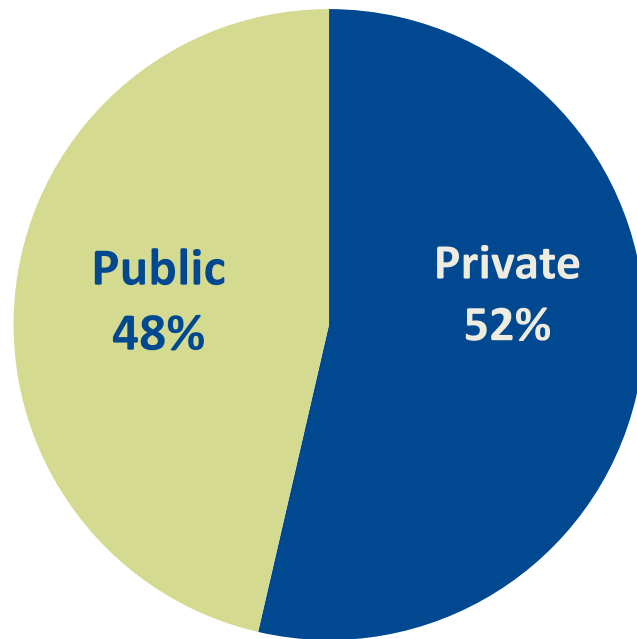


LA/PM

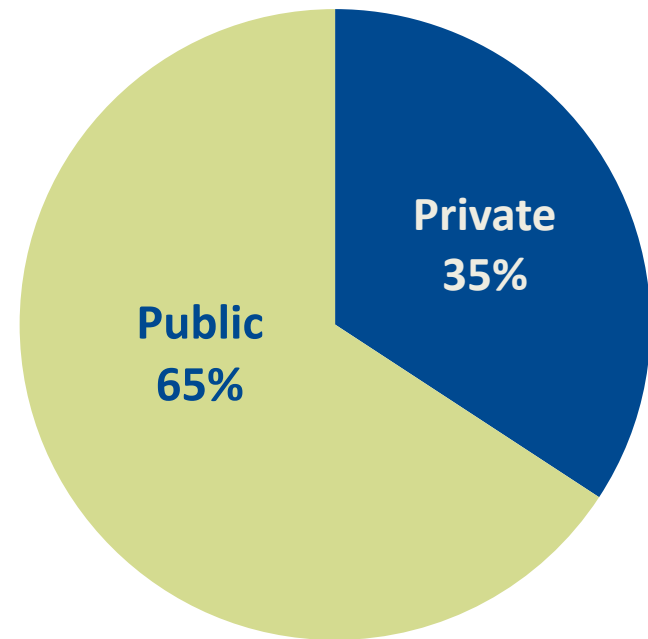


We observe the same pattern in the LAC region

Short-acting methods



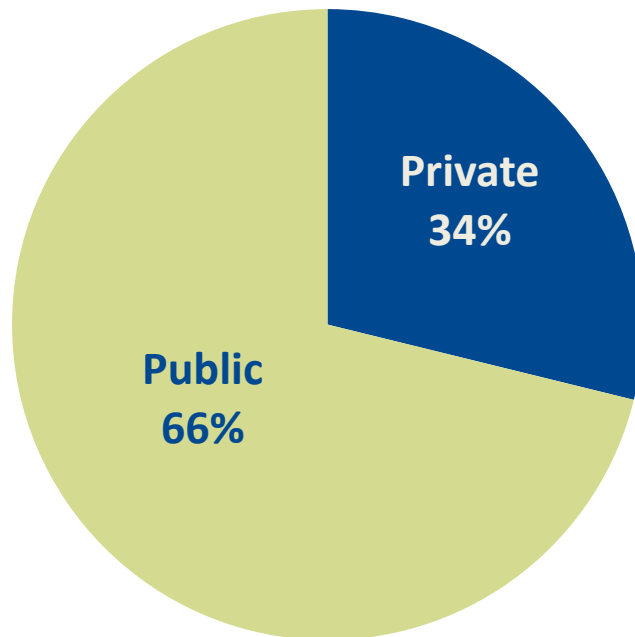
LA/PM



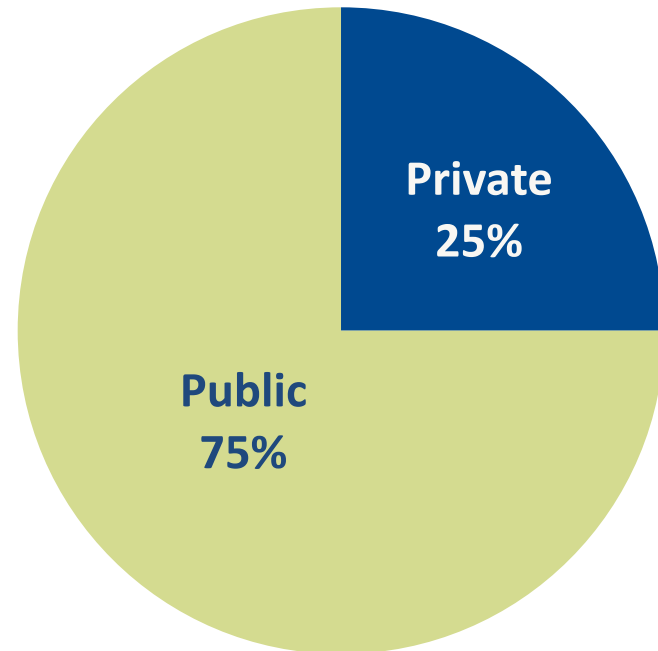
In sub-Saharan Africa, the private sector plays a more limited role

	SSA	SAM	LAPM
mCPR	24%	87%	13%

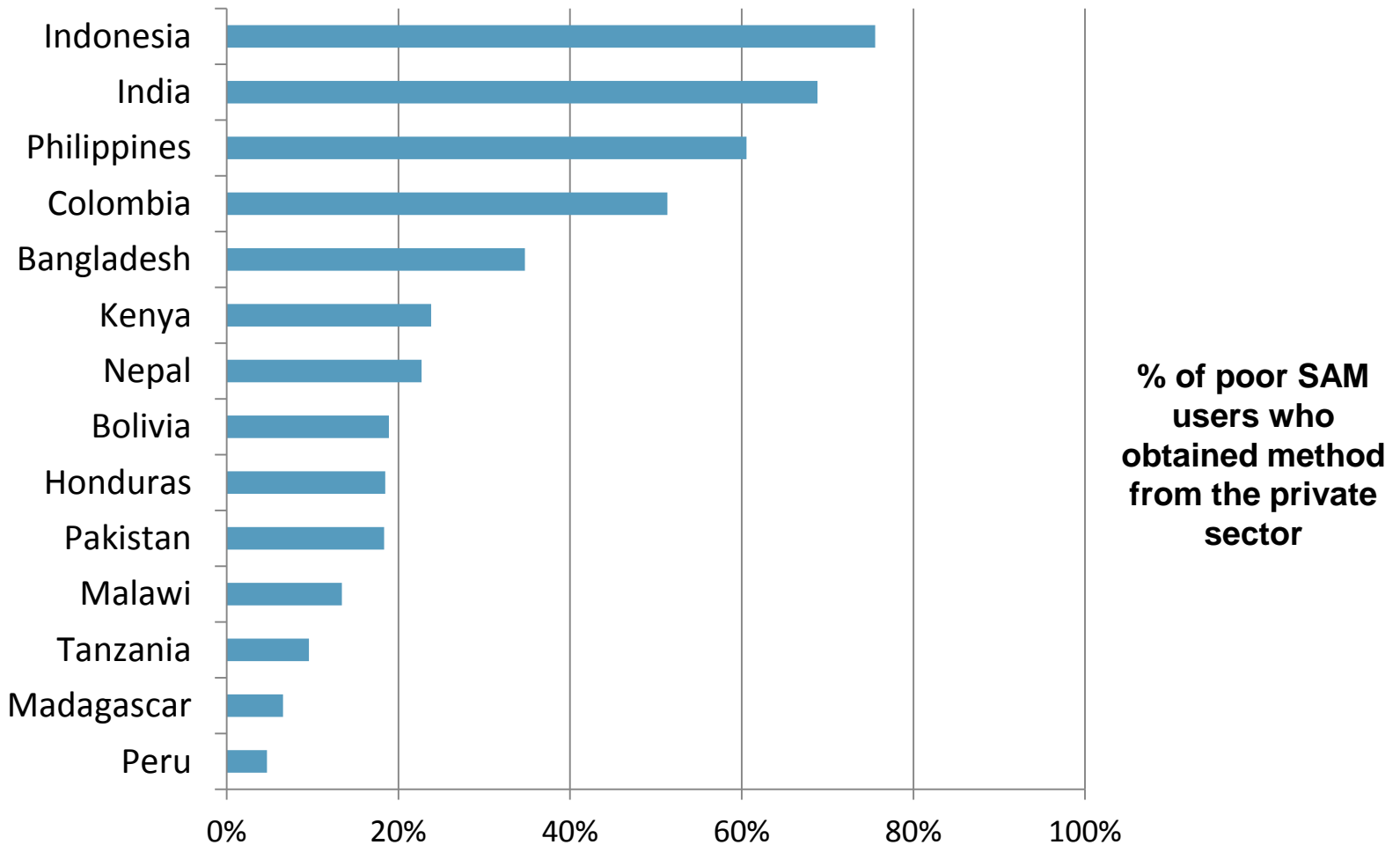
Short-acting methods



LA/PM

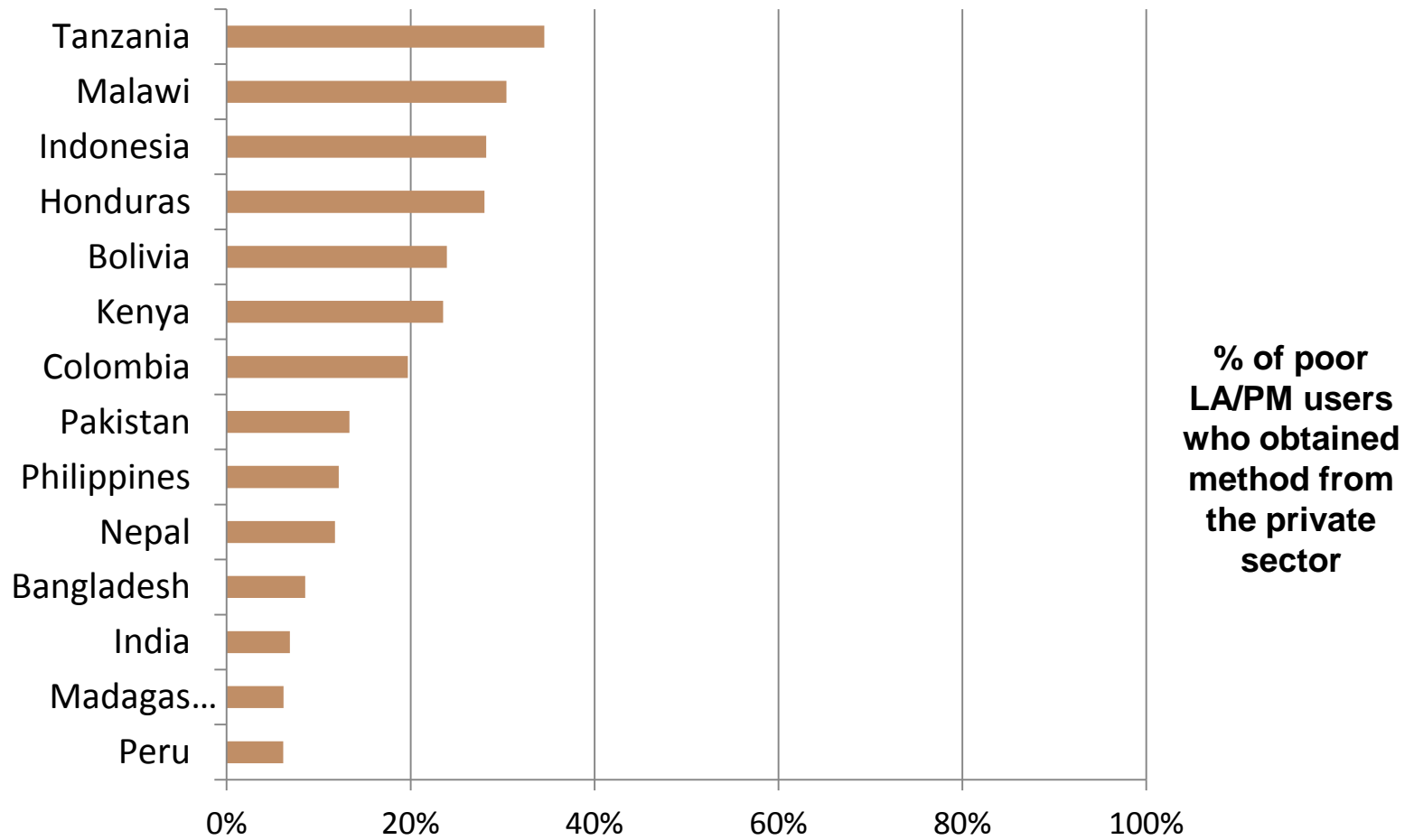


Poor* women go to the private sector for short-acting methods



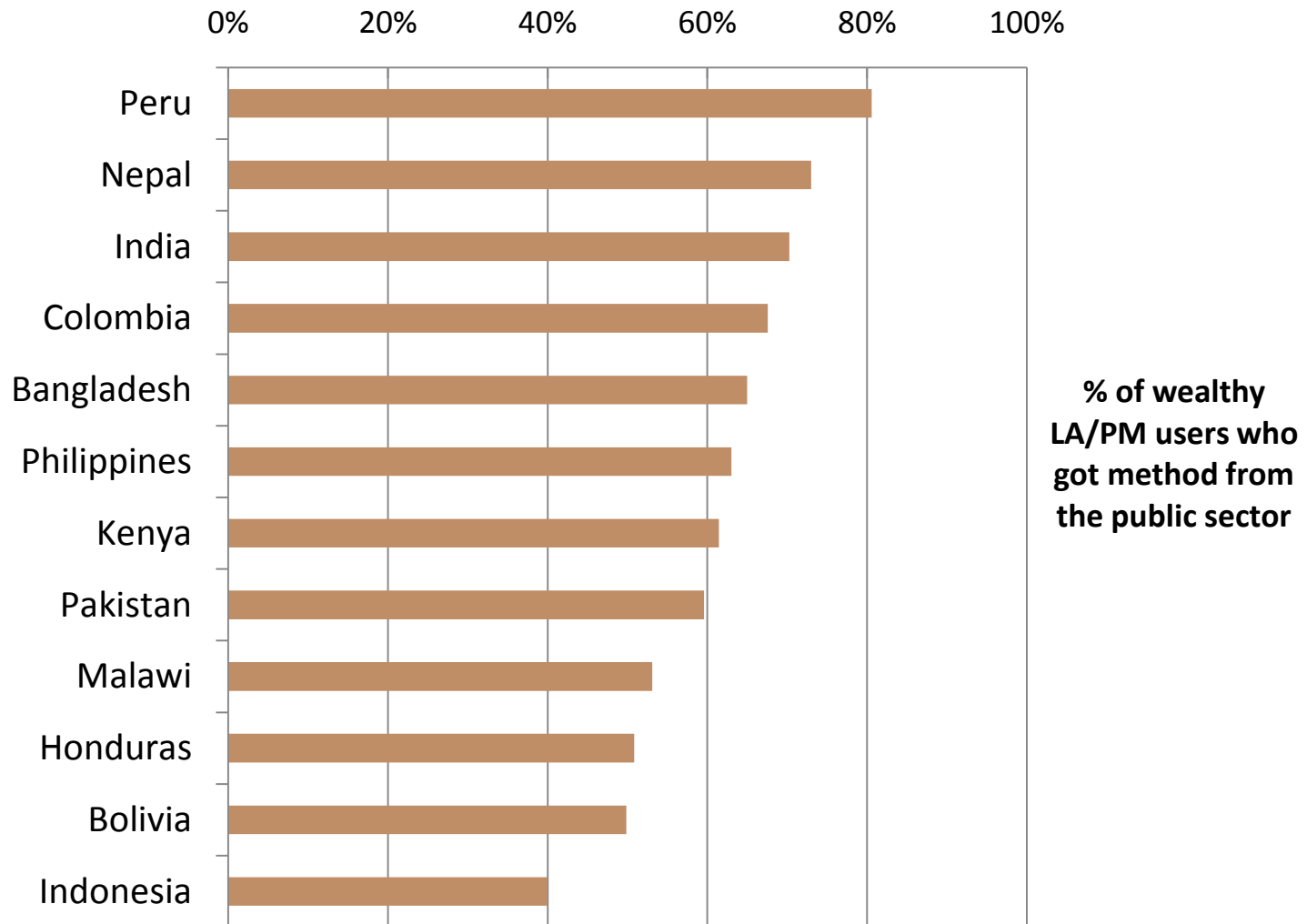
* *Lowest two wealth quintiles*

Fewer poor women go to the private sector for LA/PM



* *Lowest two wealth quintiles*

Substantial proportion of women from upper two wealth quintiles obtain LA/PMs from the public sector



* *Upper two wealth quintiles*

Implications

- In terms of modern contraception, the private sector already has a strong presence in developing countries – it may represent untapped capacity for LA/PM provision.
- A substantial proportion of women in the two upper wealth quintiles are going to the public sector for LA/PMs. This may not be an efficient use of resources and may suggest that there is limited access to LA/PMs in the private sector.

The way forward

What are innovative approaches to increase access to modern contraceptive methods, especially LA/PMs, in the private sector?



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Thank you



Jorge Ugaz: Jorge_Ugaz@abtassoc.com

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