



مشروع تعزيز تنظيم الأسرة
Strengthening Family Planning Project



The Private Sector and LAM Services in Jordan

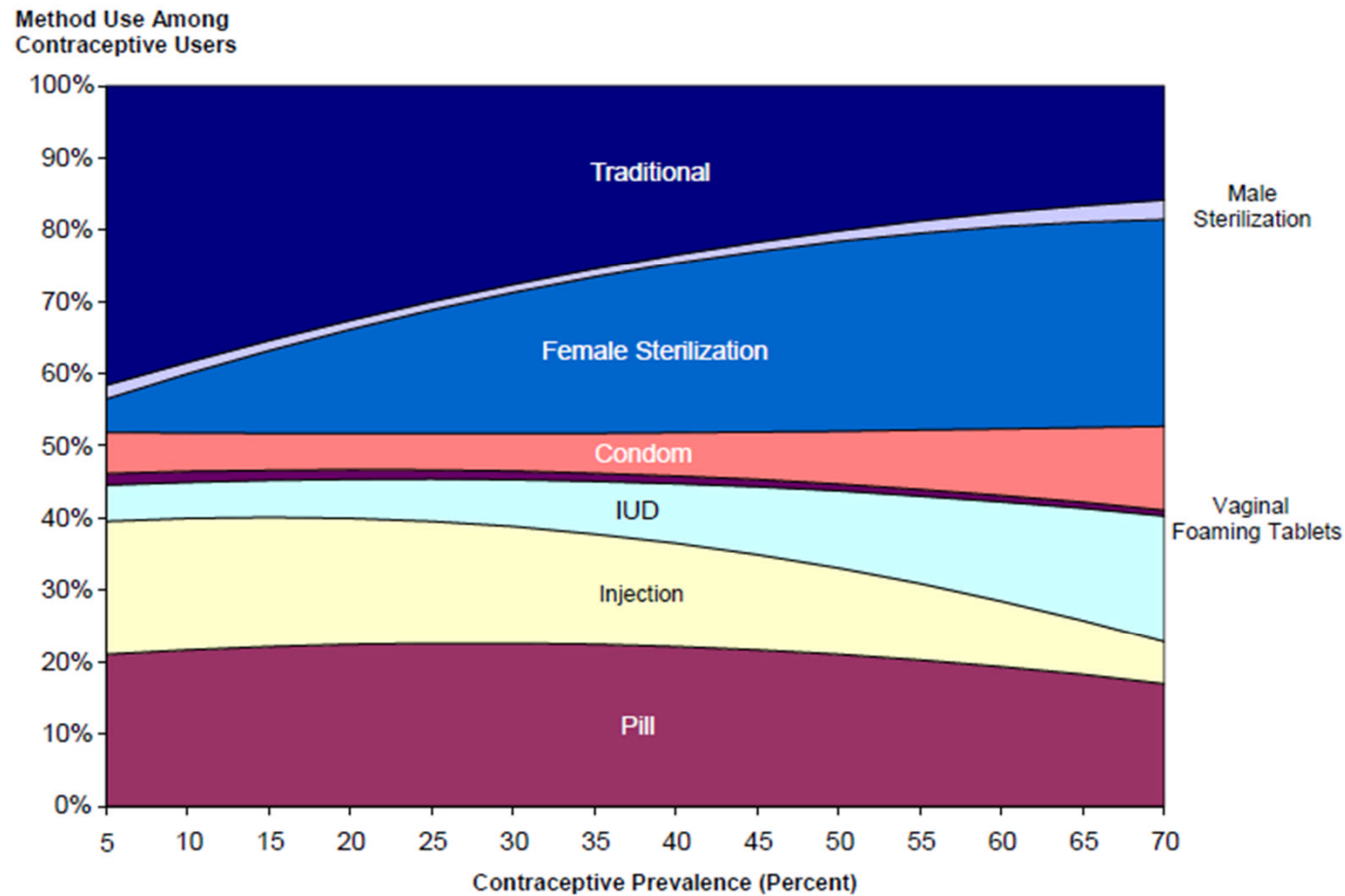
SHOPS LAPM e-Conference
May 8-9, 2012



BOLD
THINKERS
DRIVING
REAL-WORLD
IMPACT

FP Method Mix – Non-Muslim Countries

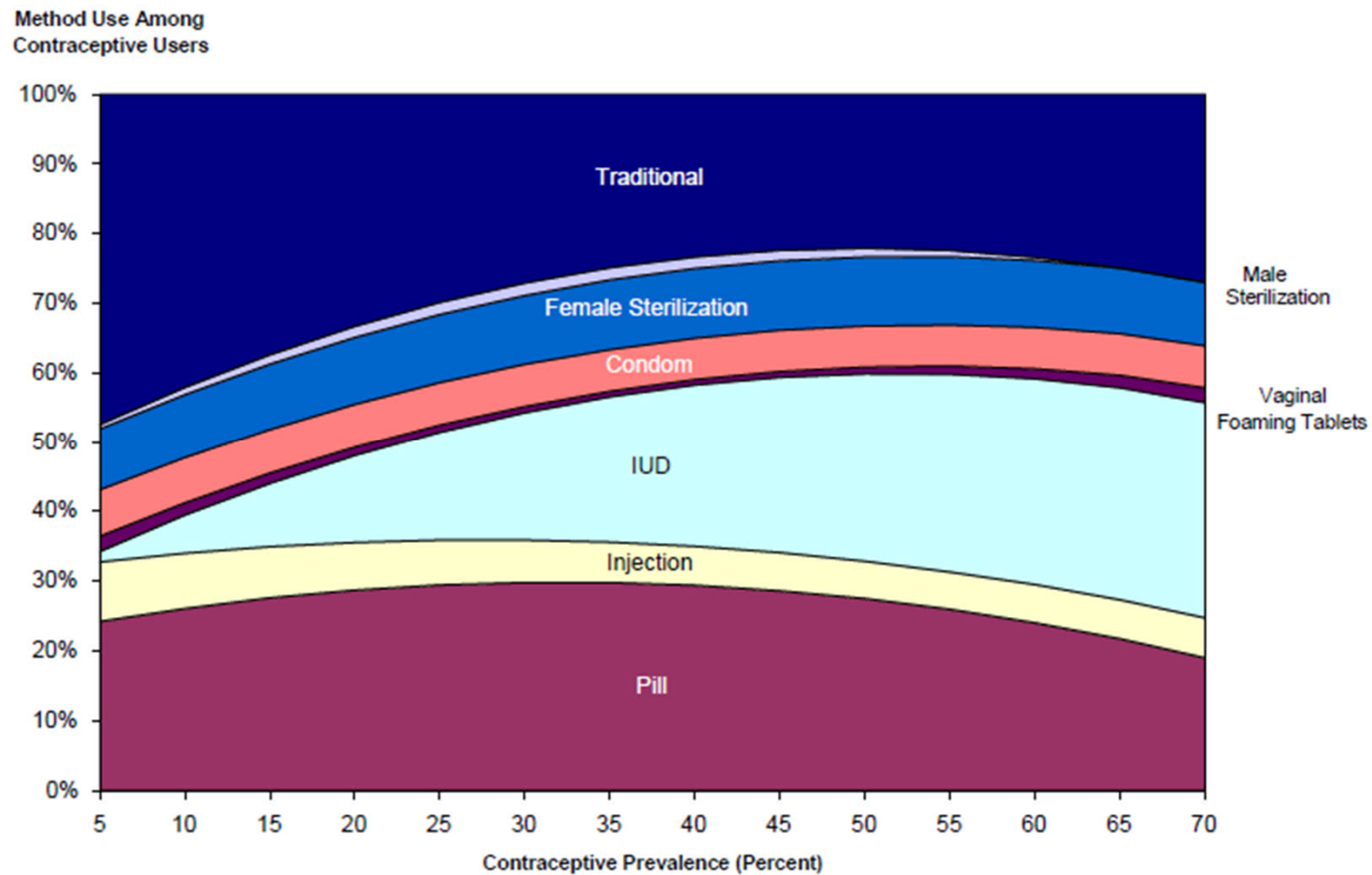
FIGURE I. CONTRACEPTIVE METHOD MIX IN 74 NON-MUSLIM COUNTRIES, 2008



Source: Ross, Stover, and Adelaia (2005).

FP Method Mix – Muslim Countries

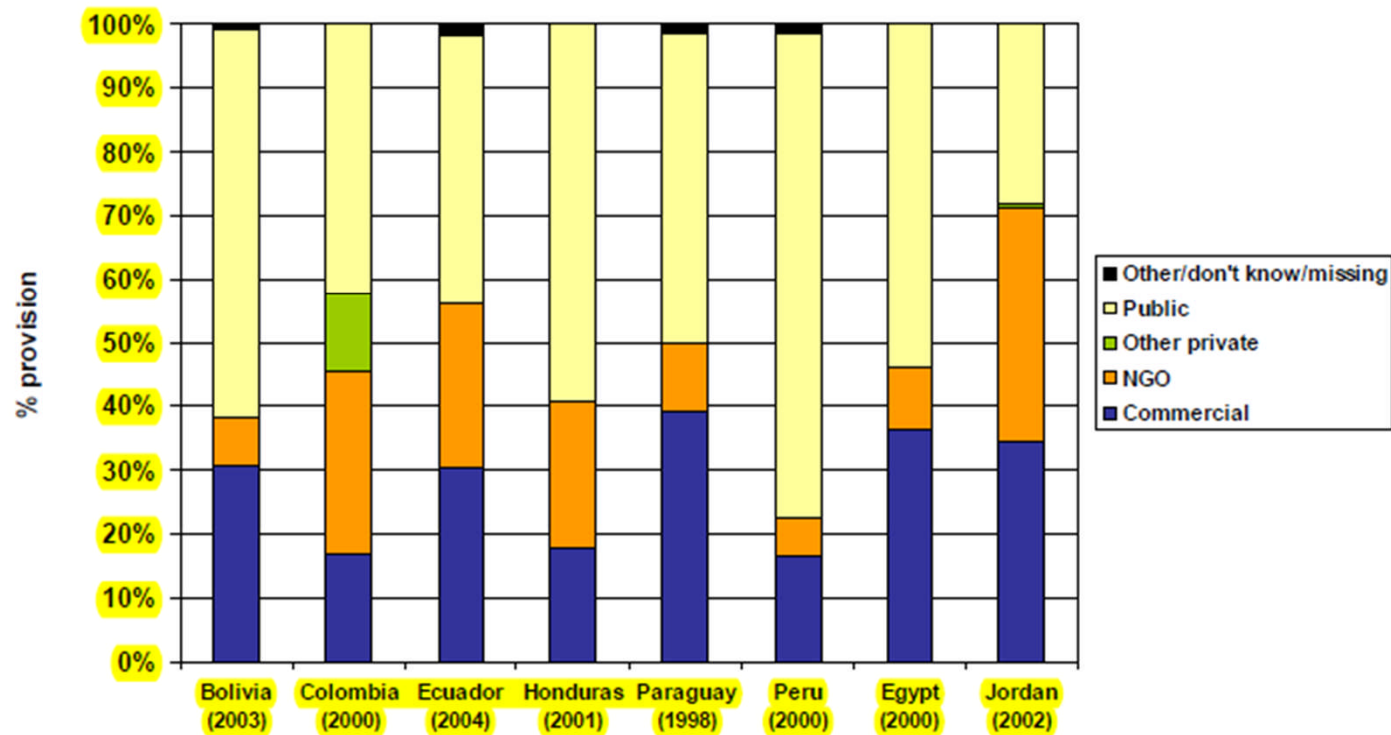
FIGURE 2. CONTRACEPTIVE METHOD MIX IN 42 MUSLIM COUNTRIES, 2008



Source: Ross, Stover, and Adelaia (2005).

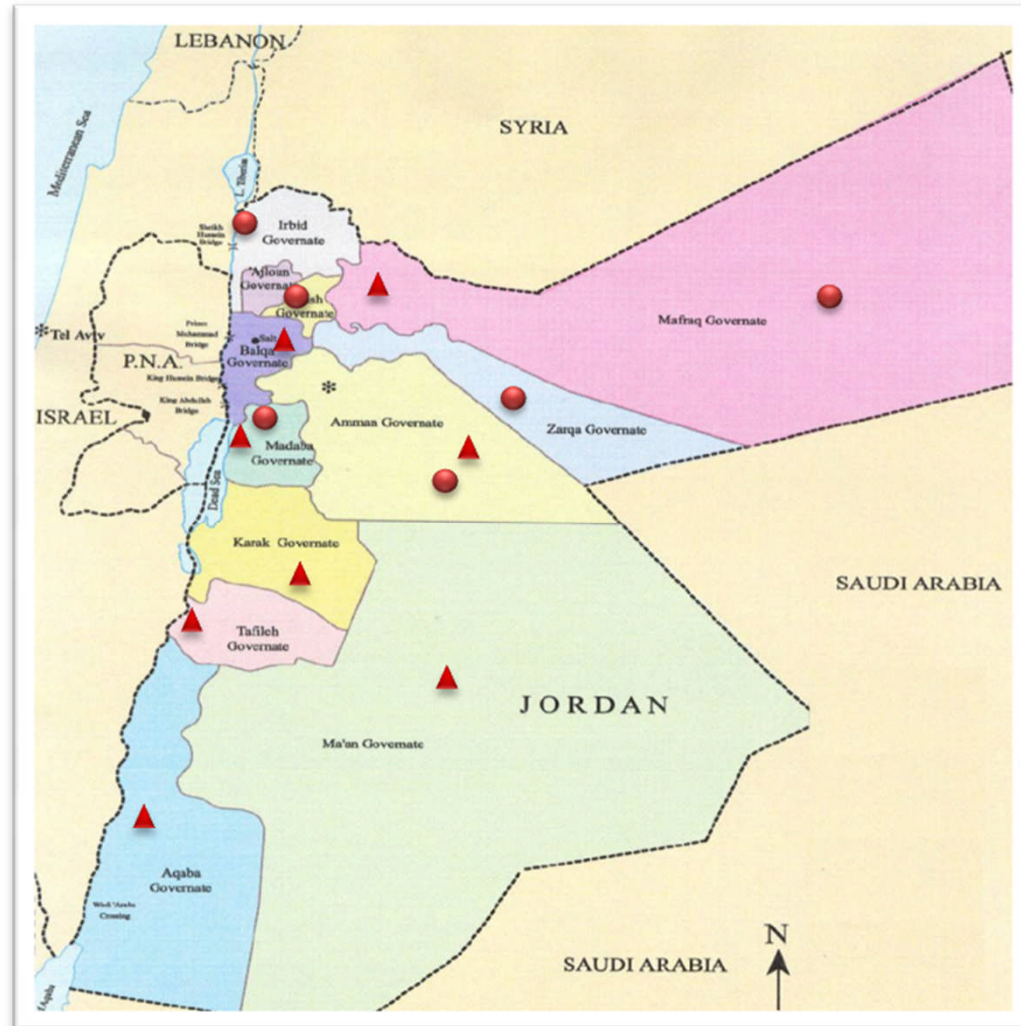
Private Sector Market Share – IUDs

FIGURE 2: SOURCE OF IUDS FOR COUNTRIES WHERE USE IS MORE THAN NINE PERCENT FOR THE MOST RECENT SURVEY AND INFORMATION ON PRIVATE SECTOR IS DISAGGREGATED INTO COMMERCIAL AND NGO SECTORS



Jordan Overview

- Population: **6.1million**
- Population growth rate: **2.2%**
- TFR : **3.8**
- Modern CPR : **42%**
- Literacy: **91%**
- Female youth literacy (15-24): **99%**
- Female enrollment in secondary schools: **83%** (surpasses males)
- Female enrollment in universities surpasses males
- Percentage of women in work force: **15%**



Comparative Method Use and LAPM Ratio

APPENDIX TABLE 1: CURRENT CONTRACEPTIVE USE OF SELECTED METHODS FOR WOMEN IN UNION, 15-49 YEARS OF AGE

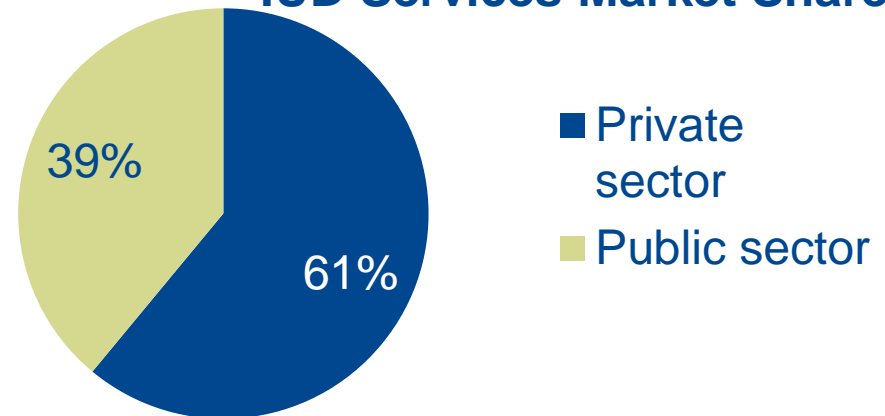
Country (year)	Source	Category of union	n	Using any method	Using any modern method	Using any LAPM	IUD	Implant	Female steril	Male steril	Ratio: modern to any method use	Ratio: LAPM to modern method use
Central Asia/West Asia/North Africa/Europe												
Albania (2002)	CDC	Married women	3965	75.1	7.9	4.4	0.5	0	3.9	0	11%	56%
Armenia (2000)	DHS	Currently married women	4125	60.5	22.3	12.1	9.4	0	2.7	0	37%	54%
Azerbaijan (2001)	CDC	Currently married & in union	5146	55.4	11.9	7.3	6.1	0	1.2	0	21%	61%
Egypt (2000)*	DHS	Currently married women	14382	56.1	53.9	37.1	35.5	0.2	1.4	0	96%	69%
Georgia (2000)	CDC	Currently married women	5117	40.5	19.8	11.3	9.7	0	1.6	0	49%	57%
Jordan (2002)	DHS	Currently married women	5706	55.8	41.2	26.5	23.6	0	2.9	0	74%	64%
Kazakhstan (1999)	DHS	Currently married women	3018	66.1	52.7	44.8	42.0	0	2.8	0	80%	85%
Kyrgyz Republic (1997)	DHS	Currently married women	2675	59.5	48.9	40.0	38.2	0	1.8	0	82%	82%
Moldova (1997)	CDC	Currently in union	4023	73.7	50.0	41.8	38.4	0	3.4	0	68%	84%
Romania (1999)	CDC	Currently married women	4846	63.8	29.5	9.8	7.3	0	2.5	0	46%	33%
Turkey (1998)	DHS	Currently married women	5921	63.9	37.7	24.0	19.8	0	4.2	0	59%	64%
Turkmenistan (2000)	DHS	Currently married women	4892	61.8	53.1	40.8	39.0	0	1.8	0	86%	77%
Ukraine (1999)	CDC	In union	4794	67.5	37.6	20.0	18.6	0	1.4	0	56%	53%
Uzbekistan (2002)	DHS	Currently married women	3720	67.7	62.8	54.4	51.8	0	2.6	0	93%	87%
Yemen (1997)	DHS	Currently married women	9786	20.8	9.8	4.5	3.0	0	1.4	0.1	47%	46%
* Egypt 2003 survey not included in order to have comparability with data in Appendix Table 4a.												
Latin America & Caribbean												
Bolivia (2003)	DHS	Currently in union	10569	58.4	34.9	16.7	10.2	0	6.5	0	60%	48%
Brazil (1996)	DHS	Currently married women	7584	76.7	70.3	43.8	1.1	0	40.1	2.6	92%	62%
Colombia (2000)	DHS	Currently in union	5935	76.9	64.0	40.7	12.4	0.2	27.1	1.0	83%	64%

IUDs and Private Sector Market Share

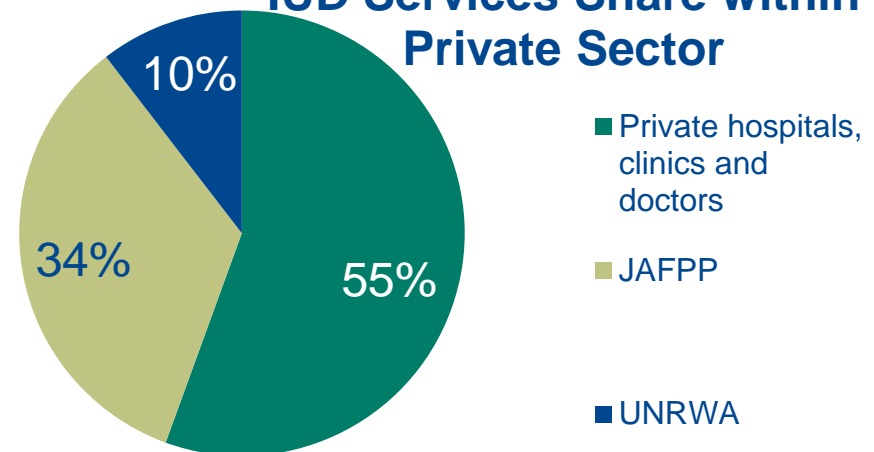
Over half (54%) of modern method users in Jordan use the IUD

Private sector still the dominant provider of IUD services

IUD Services Market Share



IUD Services Share within Private Sector



Factors Behind the Relative Success of Private Sector in Providing IUDs in Jordan

- Female providers
- Quality of service
- Convenient access
- Trust
- Relatively affordable
- Project support

Factors Behind the Relative Success of Private Sector in Providing IUDs in Jordan

❑ **Female providers**

- ✓ Women in Jordan prefer female providers
- ✓ Public sector lacks female providers
- ✓ Most female doctors have private clinics
- ✓ JAFPP's 17 clinics have all-female staff

❑ **Service quality in the private sector**

- ✓ Shorter waiting time
- ✓ Respect for the client
- ✓ Better counseling skills
- ✓ Good clinical skills

Factors Behind the Relative Success of Private Sector in Providing IUDs in Jordan

❑ **Convenient access**

- ✓ Providers in the private sector are available throughout the day, public clinics close at 3:00 pm
- ✓ Good distribution of private clinics in all governorates

❑ **Trust**

- ✓ In general, people in Jordan have more trust in the private sector than in the public

Factors Behind the Relative Success of Private Sector in Providing IUDs in Jordan

☐ **Affordability**

- ✓ People in middle and lower income groups willing to pay for relatively affordable services offered by private providers, particularly GPs

☐ **USAID projects support private sector**

- ✓ USAID projects (SOMARC, CMS, PSP and SHOPS) have supported the private sector for two decades
 - Focus on expanding access through GPs, targeting females
 - Created private network of doctors
 - Training and QA programs
 - Demand: outreach, referrals and service vouchers

Implanon®

□ Implanon® at MoH

- ✓ In 2006, MoH introduced Implanon in its FP method mix (complementing copper IUDs, COCs, POPs, DMPA and condoms)
- ✓ Currently approx. 100 trained MoH doctors
- ✓ Implanon services provided at 40 MoH clinics
- ✓ Implants accounted for only .1% percent prevalence in 2009 JPFHS
- ✓ MoH still exclusive supplier of Implanon in Jordan

□ Implanon® in the Private Sector (public private partnership)

- ✓ In 2011, PSP Jordan initiated PPP (public private partnership) pilot project in Zarqa governorate (since taken over by SHOPS Jordan)
- ✓ MoH provides supplies, project provides training and monitoring
- ✓ 12 Network Doctors (network doctors established through PSP Jordan project, continued under Ta'ziz)
- ✓ 140 Implanon insertions over 3-month period, only 2 removals

Implanon®

❑ Next steps under SHOPS Jordan

- ✓ Introduce Implanon services at the JAFPP clinics
- ✓ Train 24 JAFPP doctors at MoH centers
- ✓ Expand Network Doctors training in other governorates
- ✓ Encourage UNRWA to offer Implanon at its clinics
- ✓ Supply constraints at the MoH
- ✓ Supply options could include introduction to private market but cost will be an issue
 - ✓ Insurance could create access
 - ✓ Vouchers/coupons could be a short term option to spur initial demand but not a long term solution



Conclusion
