

Availability and affordability of modern methods of
contraception in pharmacies and primary health care facilities
of five health networks in Armenia

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Acronyms

AMD	Armenian Dram
DHS	Demographic and Health Survey
HC	Health Center
HN	Health Network
HP	Health Post
ID	Identification Number
IUD	Intrauterine Device
MA	Medical Ambulatory
MOH	Ministry of Health
NGO	Non Governmental Organization
PC	Polyclinic
PHC	Primary Health Care
SCDMTE	Scientific Center of Drug and Medical Technology Expertise
UNFPA	United Nations Population Fund

Executive summary

A vast majority of unintended pregnancies are due to contraceptive nonuse, inconsistent use and reliance on ineffective methods of contraception. Among barriers to contraceptive use worldwide are: lack of a method of choice; lack of knowledge about safety, effectiveness and availability of choices; and financial constraints. The use of modern contraceptives in Armenia is low and the primary method of birth control is withdrawal which has a high failure rate. The present study aims to examine the availability and affordability of modern methods of contraception in pharmacies, polyclinics, ambulatories and health posts of five health networks of Armenia.

The study utilized a one-time descriptive cross sectional survey design. The instrument consisted of five subsections regarding modern methods of contraceptives. Five trained interviewers were involved in data collection process. The data were entered in the Access database and then exported and analyzed in STATA 7.0 statistical package. Institutional Review Board of the American University of Armenia approved the research.

More than 150 healthcare facilities and pharmacies in five health networks participated in the study. The main findings were summarized as availability of at least three methods (method choice), availability of each method of contraception, affordability measured as percentage of yearly wage spent for each method of contraception and utilization reflected in sales/distribution of modern methods per month and available stock of modern contraceptives in pharmacies and primary health care facilities.

Survey results have shown that the availability of method choice was quite low in all types of facilities. However, pharmacies provided better choice of modern contraceptives than other types of health facilities. None of the health posts had any method of modern contraception available. While the availability of the method choice was comparably higher in urban facilities, the population in rural areas had much lower access to modern methods of

contraception. The availability of condoms and hormonal pills was the highest in all types of facilities. The analysis of yearly costs of modern methods of contraception revealed that intrauterine devices were the cheapest methods of contraception and spermicides were the most expensive ones. Comparison of yearly costs of each method of contraception with yearly wages revealed that most of the modern methods of contraception constituted more than one percent of the yearly wages in all five marzes, which suggested that the modern methods of contraception were not affordable for the population in selected five health networks.

Further research and strategies should consider the issues of improved availability of modern methods of contraception in public rural facilities in a short term and all types of facilities in a long term.

1. INTRODUCTION

One fifth of the worldwide burden of illness and premature death are due to problems in reproductive and sexual health (1). Induced abortion is one of the reasons of high maternal mortality worldwide (2). Hemorrhage, infection, embolism and anesthesia complications are the most frequent causes of death from abortions (3). A vast majority of unintended pregnancies are due to contraceptive nonuse, inconsistent use and reliance on ineffective methods of contraception (4). The term reproductive health implies that everyone has a right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law (1).

In May 2004, the 57th World Health Assembly adopted the World Health Organization's strategy on reproductive health in order to accelerate progress towards meeting the Millennium Development Goals (1). One of the aspects of that strategy was providing high quality services for family planning. Family planning makes it possible for individuals and couples to determine the number and spacing of their children (1). As more effective long-acting contraceptives are utilized, the abortion rate has a potential to decline (3). However, 29% of women in developing countries have an unmet need for modern methods of contraception (1).

When effective methods of contraception had become available in the second part of the 20th century it was recognized as the "first reproductive revolution" (5). Today there are multiple modern methods of contraception with different routes of administration: hormonal, spermicidal, intrauterine devices, condoms, rings and others (5). Emergency contraception is a relatively new method which could also prevent significant number of unintended pregnancies (6).

Among barriers to contraceptive use worldwide are: lack of a method of choice; lack of knowledge about safety, effectiveness and availability of choices; and financial constraints (1;7).

Women who know where family planning services and modern methods of contraception are available are more likely to use modern methods of contraception (8). One of the major barriers to contraception access is the lack of availability at pharmacies which is not completely investigated (6;9). Direct access to the modern methods of contraception is important for all types of contraception and especially for emergency contraceptives, since they are effective within 72 hours after unprotected intercourse (10). The earlier it is used the more effective is the result (10;11).

Two main factors which determine safe behavior in terms of preventing unwanted pregnancies, which are knowledge and availability, are interrelated since lack of knowledge among both patients and providers results in the lack of demand and supply for the modern contraceptives (6). For an individual to make an informed choice and to use an appropriate method of contraception available methods should include male and female methods, some reversible methods which are temporary as well as long-acting and permanent ones (12;13). Prevalence of modern methods of contraception is the highest in countries where access to all methods is uniformly high (13).

Affordability is another important factor for the use of modern contraceptives. A research on the association between socioeconomic status and contraceptive use conducted in Indonesia showed that better-off women and moderately poor women had higher odds of using modern methods of contraception than did extremely poor women (14). Another study held in Guatemala showed that only 3.6% from lowest and 7.6% from second income quintiles were using modern methods of contraception, while 50.3% of women from the highest income quintile were using modern methods of contraception (8).

In the countries of the newly independent states of the former Soviet Union abortion rates are among the highest in the world (2;15). In Armenia, however, the Demographic and Health Survey has revealed statistically significant decline in the total abortion rate from 2.6 per woman in 2000 to 1.8 per woman in 2005 (16). This decline could not be attributed to increased contraception use since according to the same survey the use of modern methods of contraception among married women was 22% in 2000 and 20% in 2005 (16). The use of modern contraceptives is low and the primary method of birth control is withdrawal which has high failure rate (failure rate during the first year of use is nearly 30%) (17). A significant decline of the exposure to family planning messages from 44% in 2000 to 12% in 2005 could also explain low utilization of modern contraceptives in Armenia (16). One of the possible reasons of the decline in the total abortion rate is considered to be recent availability of the drug Cytotec, which is sold to cure ulcers, but can also be used to induce abortion of a pregnancy of up to 12 weeks of gestation (16).

Most Armenian women disapprove abortion and prefer contraception which indicates that there is a significant demand for fertility regulation in Armenia which is not met adequately since Armenian citizens of reproductive age still do not have access to modern methods of family planning (18). The reduction in abortion rate would constitute 63% if traditional method users and unmet need shifted to modern methods (15). Among women using traditional methods of contraception 26% mentioned unavailability of modern methods and 37% cost of the modern methods as reasons for not using modern methods of contraception (17). Earlier studies showed that women who had undergone abortion mentioned unavailability or elevated cost of contraceptives (15%) as the second frequent reason for not using contraception after lack of any contraceptive education (60%) (2). More educated and affluent women are more likely to use modern methods of contraception in Armenia (19). The main constrains for obtaining modern contraceptives in Armenia are lack

of supplies and services, resistance of physicians and the absence of women's advocacy groups to induce change (2).

One of the goals of national strategy on maternal and child health care adopted by the Armenian government is to increase provision of modern methods of contraception and double increase the number of women using modern methods of contraception by 2009 (20). The issue of low contraceptive use in Armenia is quite complicated and has multiple intervening factors. Better understanding of the problem could help develop better strategies to reach the goal by 2009.

According to the precede-proceed model there are several groups of factors necessary for the healthy behavior to occur, in this case the use of modern methods of contraception. These factors include predisposing, enabling and reinforcing factors (21). The present study focused mainly on enabling factors and aimed to examine the availability and affordability of modern methods of contraception in the pharmacies, polyclinics (PC), medical ambulatories (MA), health centers (HC) and health posts (HP) of five health networks (HN) in Armenia (one HN per marz (province)). The two main research questions under investigation were the following:

1. What is the availability of modern methods of contraception in pharmacies and primary health care (PHC) facilities in five HNs of Armenia?
2. What is the affordability of modern methods of contraception in five HNs of Armenia?

2. METHODS

Study design/settings

The study utilized a one-time descriptive cross sectional survey design. The research included the following HNs of Armenia: Talin HN in Aragatsotn marz, Vedi HN in Ararat marz, Armavir HN in Armavir marz, Sisian HN in Syunik marz, and Vayk HN in Vayots

dzor marz. Each HN consists of a polyclinic located in the central city and subordinate primary health care facilities: MAs, HCs and HPs located in villages (Appendix 1). In order to capture all legal sources of modern contraceptives pharmacies of the networks were also included in the study. The Ministry of Health (MOH) provided the list of licensed pharmacies. The sampling unit was a licensed pharmacy, a PC, an MA, an HC or an HP. The sample included all PCs, MAs, HCs, some of the HPs (convenience sample) and all of the pharmacies in villages of the HN. Since the number of pharmacies was not large in the cities as well, and taking into account probability of nonresponse and refusal rates all the pharmacies in the cities were also included in the sample.

Instrument

The study instrument was a specially developed form (Appendices 2;3). A similar instrument used by Lee et al (2007) in Armenia served as a prototype during development of the instrument (22). The instrument consisted of five subsections regarding modern methods of contraception (hormonal, emergency contraceptives, spermicidal, intrauterine devices (IUD) and condoms), including information about producer, unit, dose, subunit, price, sales/usage per month and available stock. The study instrument had information about contraceptive name, producer, unit, dose and subunits to save time and minimize interviewer mistakes. Selected types and specific names of the contraceptives were based on the list of registered contraceptives in Armenia from the Scientific Center of Drug and Medical Technology Expertise (SCDMTE) and 8 pricelists of drug distributing firms in Armenia.

The instrument was pretested in 2 pharmacies in Yerevan. Interviewer package included the instrument, one copy of guidelines to conduct the interviews, one copy of oral consent form, and the list of facility identification numbers (ID) (Appendices 2-7).

Data collection

Five trained interviewers were involved in data collection process. The student investigator trained the interviewers with the assistance of the advisor from Project NOVA. The training took 2 hours. The fieldwork lasted one month.

Data entry, cleaning and analysis

The data were entered in the Access database and then exported and analyzed in STATA 7.0 statistical package. Data entry lasted one month. Range and outlier check technique was used to clean the data.

Variables

Availability was defined as availability of at least three methods of modern contraception in pharmacies or PHC facilities. The term availability of at least three methods is used interchangeably with the term method choice in this paper.

Affordability or ability to pay for modern methods of contraception was defined as a percentage of income (wages for this study) paid for yearly use of a specific method of modern contraception.

Ethical considerations

Institutional Review Board of the American University of Armenia approved the research. The research did not pose any significant risk to the participants since collected information was public and could not be used to harm the participants. It did not include specific information on pharmacists or healthcare providers. The study focused only on

information concerning registered contraceptives. The eight-nine digit coded ID number included specific number for the marz, HN, city or village, and facility type.

3. RESULTS

Descriptive characteristics

More than 150 healthcare facilities and pharmacies were contacted to measure availability of modern methods of contraception in the Project NOVA-supported HNs. Table 1 presents the overall number of pharmacies and PHC facilities contacted during the fieldwork. The response rate was 100% in all five HNs, except for Sisian, where two pharmacies refused to participate in the survey, two other pharmacies refused to provide prices of modern contraceptives.

While MAs/HCs, PCs and HPs were located only in rural areas and PCs only in urban areas, the majority of pharmacies (75%) were located in urban areas and only a quarter of them were located in rural settlements. The urban/rural location of pharmacies was not universal across the HNs: only 57% of pharmacies were urban in Talin, while 100% were urban in Vayk HN (Table 2).

Availability of method choice

Table 3 demonstrates percentages of each facility type, which had at least 3 (method choice) and less than 3 methods of modern contraceptives available in all five HNs (Appendices 8;9). Out of 48 pharmacies surveyed in all five HNs less than half (44%) had at least 3 methods of modern contraception available. The situation was worse in public facilities, where only 6% out of 40 MCs/HCs had available method choice. Four out of five PCs (80%) had at least three methods of contraception available. The diversity of brands within each method was higher in pharmacies while in MAs/HCs and PCs there was only one

brand of contraceptives available within each method; only one PC had two brands of condoms (Appendix 10). The situation in HPs was the worst. The assessment showed that none of the surveyed HPs had any modern method of contraception available (including condoms).

Availability of method choice in pharmacies was the highest in Armavir (62%) and Vayk (60%) HNs, followed by Vedi (38%), Sisian (29%) and Talin (14%) HNs. Method choice was also available in 5% and 25% of MAs/HCs in Armavir and Talin HNs, respectively. All other MAs/HCs in Sisian, Vedi and Vayk HNs did not have any of the modern methods of contraception available. PCs, except for the one in Sisian, were in more favorable situation and had at least 3 methods of contraception available.

Facilities having at least 3 methods of modern contraception were unevenly distributed in urban versus rural areas of the HNs. Urban facilities included all pharmacies in the cities and PCs and rural facilities included pharmacies in villages, MAs/HCs and HPs. In urban settlements 61% and in rural settlements only 3% of facilities had at least 3 methods of modern contraception available in all five HNs (Table 4).

The pattern repeated in each HN. In urban areas availability of at least 3 methods of modern contraception ranged between 33% in Sisian and 72% in Armavir, whereas availability of at least 3 methods in rural areas was 0% in Sisian, Vayk and Vedi, 4% in Talin and maximum of 6% in Armavir HN.

Availability of at least 3 methods was also higher in private (pharmacies) versus public sector (HCs/MAs, PCs and HPs) (Table5). In all five HNs 46% of all private facilities and only 6% of all public facilities had method choice available. Availability of at least 3 methods ranged between 29% in Sisian and 62% in Armavir HN among all private facilities, whereas in public sector availability of at least 3 methods ranged between 0% in Sisian to the maximum of 10% in Vayk HN.

Availability of each method

Given the low percentage of facilities with method choice, the study also looked at availability of each method of modern contraceptive commodities (Table 6). Condoms had the highest availability in all networks (33%), followed by hormonal pills (31%). The availability of spermicides (17%), emergency contraceptives (10%), and IUDs (3%) was lower in all networks (Figure 1).

Distribution analysis of each method of modern contraception availability according to facility type revealed that in all five HNs 94% of pharmacies had at least one brand of condoms available, 88% of all pharmacies had at least one brand of hormonal pills available, 44% had at least one brand of spermicides available, 25% of pharmacies had at least one brand of emergency contraceptives available and 4% had at least one brand of IUDs available (Figure 2). PCs had 20% to 80% availability of each method. MA/HCs had 3% to 5% availability of at least one brand of each method and HPs did not have any contraceptives available in all five HNs.

The pattern of contraceptive availability had several similarities in all five networks (Table 6). In Armavir HN availability of each contraceptive method ranged from 0 to 95% for pharmacies, 0% to 100% for PCs, depending on the specific method of contraception and constituted 5% in MAs/HCs. In Sisian HN availability of each contraceptive method ranged from 0% to 71% in pharmacies depending on the specific method and constituted 0% in all MAs/HCs and PC. In Talin HN availability of each contraceptive method ranged from 0% to 100% in pharmacies, 0% to 100% in PC and 0% to 25% in MAs/HCs. In Vayk HN availability of each contraceptive method ranged from 20% to 100% in pharmacies, 0% to 100% in PC and was 0% in MAs/HCs. In Vedi HN availability of each contraceptive method ranged from 0% to 100% in pharmacies, 0% to 100% in PC and constituted 0% in MAs/HCs depending on the specific method.

Comparison of urban/rural distribution of facilities by each method of modern contraceptives revealed that in all five HNs availability of at least one brand of any method was uniformly higher in urban compared to rural facilities (Table7). Within each HN availability of each method was also higher in urban compared to rural areas with some exceptions.

Availability of each method of modern contraception in private (pharmacies) compared to public sector (PCs, MAs/HCs and HPs) was different in favor of private sector (Table 8). Thus, in all five HNs availability of hormonal pills was 88% in private sector and only 5% in public, availability of emergency contraceptives was 25% in private vs. 3% in public, availability of spermicides was 44% in private vs. 5% in public, availability of IUDs was 4% in private vs. 3% in public and availability of condoms was 94% in private vs. 6% in public sector.

Affordability

Table 9 presents mean prices per one unit of a contraceptive commodity. Average prices are presented only for contraceptives available in the private sector, since in public PHC facilities (PCs, MA/HCs and HPs) family planning services, including counseling and service provision is covered by the government and is free of charge for the population.

Taking into account average frequencies of use of different contraceptives during one year the average yearly cost of contraceptives was also estimated (Table 10). The study assumed that the individuals who have regular sexual life have an average of 2 sexual intercourses during one week in order to calculate mean number of spermicides and condoms used during one year (23). Since hormonal pills should be used regularly, it was assumed that women use 13 packs of hormonal pills per year, which corresponds to the number of menstrual cycles in one year. The yearly cost of IUDs was calculated assuming that one IUD

can be used at least for five years. The analysis showed that IUDs were uniformly the cheapest means of contraception and spermicides were the most expensive ones in all five HNs (Figure 3, Appendix11).

Table 11 presents yearly costs of each method of contraception as a percentage of mean yearly wage in each HN and overall. Thus, spermicides would constitute approximately 4.0% of the mean yearly wage if used regularly throughout the year, hormonal pills-3.1%, condoms-1.6% and IUDs-0.07%. Table 11 also demonstrates the percentage of population in lowest and second income quintiles in each of the selected five marzes (17).

Utilization

Pharmacists and healthcare providers reported about sales/utilization of different methods of contraception during one month period and number of available packs or units of contraceptives as an indicator of the available stock at the time of the survey. Overall, in all five HNs an average of 23.1 condoms, 2.4 IUDs, 1.2 packs of spermicides, 1.1 packs of hormonal pills and 0.6 packs of emergency contraceptives was sold/provided during one month per pharmacy or PHC facility.

Mean sales/provision per month ranged between 0.3 packs of hormonal pills in Talin up to 1.7 packs of hormonal pills in Vedi (Table11). For emergency contraceptives, the mean number of packs sold/provided to the patients in a month ranged between 0.04 in Talin and 0.9 in Vayk. For spermicides, the mean number of packs sold/provided during one month was between 0 in Sisian and 1.7 in Vedi HN. The mean number of IUDs sold or distributed during one month was between 2.0 in Armavir and 2.5 in Talin and Vayk HNs. The average number of condoms sold/distributed during one month period ranged from 9.9 in Sisian to 43.9 in Armavir.

An average of 31.4 condoms, 11.8 IUDs, 4.7 packs of spermicidal drugs, 1.8 packs of emergency contraceptives, and 1.2 packs of hormonal pills were available on the stock of the surveyed pharmacies and PHC facilities overall in all five HNs (Table 12).

The average number of packs of hormonal pills available on stock ranged between 0.8 in Talin to 1.5 in Vedi HN. Emergency contraceptives were on average available starting from 1.0 pack in Vedi to 9.0 packs in Talin HN. Average number of packs of spermicidal drugs available on stock ranged between 1.0 in Talin and 7.2 in Vayk HN. At least 2.0 IUDs were available in Armavir and at most 15.5 in Talin HN on average. The minimum average number of condoms was revealed in Talin and constituted 5.1, the maximum was revealed in Vedi and constituting 94.7 condoms. Appendices 12 and 13 present similar analysis performed for pharmacies only.

4. DISCUSSION

This study had several limitations that could lead to biased study results. The present study used information regarding only registered methods of contraception in registered facilities. Since there is anecdotal evidence that contraceptives were illegally available in other types of facilities the results might be somewhat underestimated. The study instrument was not a validated one.

High response rate of the study suggests that the study findings could be generalizable to the five marzes of Armenia. The observed difference in urban/rural distribution of pharmacies between networks could be due to several reasons. First, Armavir and Vedi HNs have more villages with larger population compared with other HNs. Due to a bigger demand, the bigger villages were more likely to have a pharmacy. Another reason is that the villages have different proximity to the central town (urban settlement).

Survey results have shown that the availability of the method choice was quite low in all types of facilities. However, pharmacies provided better choice of contraceptive commodities than other types of health facilities, since the diversity of brands within each method was much higher in pharmacies, especially for hormonal pills and condoms. MAs and HCs could not be considered as a good source of method choice since availability of the latter was very low there. In the public sector PCs were the main source of the method choice in all, but one HN. However, availability of only one polyclinic in each HN and its location only in the central towns as well as no diversity of brands within each method of contraceptives limited what PCs could offer.

HPs could not be considered as a source for obtaining contraceptives. Only nurses work in HP. They do not have a right to prescribe contraceptives, but could provide family planning counseling and refer the client to the higher level, where a physician (family doctor or obstetrician/gynecologist) could prescribe and provide contraceptives. However, HP nurses could provide condoms to their patients as there is no need for prescription.

While the availability of the method choice was comparably higher in urban facilities, the population in rural settlements had much lower access to contraceptive commodities. The modern method users have to travel all the way to the central town to be able to obtain modern methods of contraception of their choice or advised by their healthcare provider. It was shown in one of the previous studies that a woman who lived within one kilometer from the source of contraceptive method had three times higher probability of using that method than a woman who lived farther than one kilometer (24). The distance from villages to the central town was uniformly farther than one kilometer in all HNs. However, this issue needs more research to account for different components of accessibility such as availability of public transportation from villages to the city and back, its cost, condition of the roads and others.

The private facilities or pharmacies were the main source of the contraceptive method choice in most of the HNs. However, the number of pharmacies is not large in 10 marzes, since out of 900-1100 pharmacies existing in Armenia only 20-30% are located in marzes, the rest are located in Yerevan (25).

Even though the availability of method choice was not very high in pharmacies, the situation was substantially worse in the public sector. Primary healthcare facilities have been providing contraceptives for free to the population, which is especially important for people with low socioeconomic status. Low availability of method choice in the public sector affects primarily the rural population, since besides very limited number of pharmacies in villages where people could buy modern contraceptives the income of rural population is much lower than that of the urban population.

These findings are consistent with the results from Armenia DHS (Demographic and Health Survey) 2005, which also observed the difference in contraceptive availability in the private versus public sector. Moreover, availability of modern methods of contraception significantly declined in the public sector in 2005 compared to 2000; this trend was explained by the decline of provision of contraceptives as donation by different NGOs and individuals (16).

The present study revealed that all public facilities had the same brand within each method, except for one facility where two brands of condoms were available. This finding led to a conclusion that the same NGO (UNFPA) or individual recently distributed those contraceptives. Healthcare providers in several public facilities mentioned that they used to have more contraceptive commodities provided by different NGOs and that they had already distributed those among their patients.

Availability of modern methods of contraception in the public sector is important mainly for the population with low socioeconomic status. In countries where modern

methods of contraception are largely available in the public sector mainly low-income, young, minority, less educated, unmarried women are utilizing these services (26;27). For comparison, in the United States nearly all publicly funded family planning clinics offer pills, injectables and condoms, 75% offer the patch, and 80% offer emergency contraceptives (26).

The difference in mean prices of different methods of contraception could be attributed to wide range of prices for the same drug available in different pharmacies. Thus, the price of hormonal pill Marvelon ranged between 3800AMD up to 6700AMD in different pharmacies. An explanation for this is that consumer prices for pharmaceuticals are not regulated in Armenia and there is no “clawback system” which would allow the Government to recapture excess profits of pharmaceutical companies (25). This could create financial barriers for the population to purchase necessary drugs, including modern methods of contraception (25).

The differences in mean prices of different methods of contraception could also be explained by supply side factors. For example, the supply of spermicides was the largest in the Armavir network; therefore spermicide prices were the lowest in this HN. It is also possible that the available brands and the unit types (tablets, suppositories, creams and others) of contraceptives varied largely from network to network. Condoms had higher diversity of brands than other contraceptive methods, and the brands varied from network to network; this could be due to the fact that condoms are not required to be registered at the SCDMTE and have larger variety of brands available than other methods of modern contraception.

The analysis of yearly costs of modern methods of contraception revealed that IUDs were the cheapest method of contraception and spermicides were the most expensive ones. However, the availability and diversity of brands was the highest for condoms and hormonal pills in pharmacies. This could suggest about higher demand for these methods in the

population. It is consistent with other studies performed in developing countries, which revealed that condoms and pills contributed most to availability (40% and 26%, respectively) (13). Availability of IUDs in pharmacies was very low and either indicated that the demand for IUDs was low or that there were other sources of acquiring IUDs.

Comparison of the yearly cost of each method of contraception with yearly wages revealed that most of the modern methods of contraception were not affordable for the population in five HNs since the yearly cost constituted more than one percent of the mean yearly wages in all five marzes for all methods but IUDs. It has been estimated that willingness to pay for contraceptives sharply decreases when the price reaches 1% of the income (28). Yearly wages were used as an approximation of income in this study (29). However, the actual income is much lower, taking into account unemployment rates and high percentage of population in lowest and second income quintiles according to the Armenia DHS 2005.

5. RECOMMENDATIONS

The study findings suggest the following steps and recommendations that could help to increase the use of modern methods of contraception:

- To determine association between availability and utilization of modern methods of contraception, and affordability and utilization of modern methods of contraception
- To explore the reasons of lower availability of modern methods of contraception in public and rural facilities
- To conduct research in order to reveal possible reasons for uneven availability of different methods of contraception, for example: very low availability of IUDs

- To develop strategies directed to increase availability of modern methods of contraception in public rural facilities in a short term and all types of facilities in a long term
- To develop strategies of price regulation applied to modern methods of contraception in order to increase affordability of modern methods of contraception for the population

6. CONCLUSION

The issue of low contraceptive use is quite complicated and has multiple intervening factors. The findings of the present study support the hypothesis that availability and affordability are among important factors, which determine contraceptive use in Armenia and could be useful in further research and implementation of specific actions to reach the goal of double increase in the number of women using modern methods of contraception by 2009 indicated in the National Strategy on Maternal and Child Health Care.

Reference List

1. Reproductive health and family planning. UNFPA annual reports. 2004. Available at: <http://www.unfpa.org/swp/2004/english/ch6/index..htm>. Accessed April 15, 2007.
2. Dolian G, Ludicke F, Katchatryan N, Morabia A. Contraception and induced abortion in Armenia; a critical need for family planning programs in Eastern Europe. *American Journal of Public Health*. 1998; 88(5): 803-805.
3. Harper C, Henderson J, Darney P. Abortion in the United States. *Annual Review of Public Health*. 2005; 26: 501-512.
4. Cope J, Yano E, Martin L, Washington D. Determinants of contraceptive availability at medical facilities in the Department of Veterans Affairs. *Journal of General Internal Medicine*. 2006; 21: 33-39.
5. Benagiano G, Bastianelli C, Farris M. Contraception today. *Annals of New York Academy of Sciences*. 2006; 1092: 1-32.
6. Esprey E, Ogburn T, Howard D, Qualls C, Ogburn J. Emergency contraception: pharmacy access in Albuquerque, New Mexico. *Obstetrics & Gynecology*. 2003; 102[5]: 918-921.
7. Heise L. Beyond acceptability: reorienting research on contraception choice. 2010. Health Development Policy Project. Available at: <http://www.who.int/reproductive-health/publications>. Accessed May 12, 2007.
8. Chen C., Santiso R., Morris L., Impact of accessibility of contraceptives on contraceptive prevalence in Guatemala. *Studies in Family Planning*. 1983; 14(11): 275-283.
9. Kerins M, Maguire E, Fahey D, Glucksman E. Emergency contraception. Has over the counter availability reduced attendance at emergency departments? *Emergency Medical Journal*. 2004; 21: 67-68.
10. Jackson R, Schwarz E, Freedman L, Darney P. Advance supply of emergency contraception: effect on use and usual contraception - a randomized trial. *Obstetrics & Gynecology*. 2007; 102(1), 8-16.
11. Camp S, Wilkerson D, Raine T. The benefits and risks of the over-the-counter availability of levonorgestrel emergency contraception. *Contraception*. 2003; 68: 309-317.
12. Elements of informed choice: Recommendations for updating selected practices in contraceptive use. Report of the cooperating agencies task force. Johns Hopkins University, Baltimore, Maryland, USA, 1989. Available at <http://www.reproline.jhu.edu/English/6read/6multi/tgwg/pdf/tgrh02e.pdf>. Accessed June 24, 2007.
13. Ross J, Hardee K, Mumford E, Eid S. Contraceptive method choice in developing countries. *International Family Planning Perspectives*. 2001; 28(1): 32-40.

14. Schoemaker J. Contraceptive use among poor in Indonesia. *International Family Planning Perspectives*. 2005; 31(3): 106-114.
15. Westoff C. Recent trends in abortion and contraception in 12 countries. 2004. Office of Population Research, Princeton University. Available at: <http://www.prcdc.org/summaries/abortionscontr/abortionscontr.html>. Accessed June 30, 2007.
16. Johnson K. 2007. *Migration, Economy and Policy: Recent changes in Armenia's Demographic and Health Indicators: Further Analysis of Data from the Armenia Demographic and Health surveys*. DHS Trend report No. 3 Calverton, Maryland , USA: Macro International Inc.
17. National Statistical Service [Armenia] , Ministry of Health [Armenia], and ORC Macro. 2006. *Armenia Demographic and Health Survey 2005*. Calverton, Maryland: National Statistical Service, Ministry of Health, and ORC Macro.
18. Westoff C, Sullivan J, Newby H, Themme A. 2002. *Contraception-abortion connections in Armenia*. DHS Analytical Studies No.6. Calverton, Maryland: ORC Macro.
19. Thompson M, Harutyunyan T. Contraceptive practices in Armenia: panel evaluation of an information-education-communication campaign. *Social Science and Medicine* .2006; 63: 2770-2783.
20. Strategy on maternal and child health care for 2003-2015, approved by the government of Armenia. Available at http://www.nova.am/eng/g_policy.php. Accessed October 20, 2007.
21. Green L, Kreuter M. *Health promotion planning: an educational and environmental approach*. Mountain View: Mayfield Publishing Company; 1991.
22. Lee D., Miralles M., Khachatryan N., Najaryan O. 2007. *Options for improving supply and use of medicine for primary health care in Armenia*. Rational Pharmaceutical Management Plus. Center for Pharmaceutical Management. Management sciences for Health. Arlington , Virginia, USA
23. Sacci I., Chief of Party, Project NOVA, IntraHealth International Inc. Personal Communication, 2007.
24. Thang N, Anh D. Accessibility and use of contraceptives in Vietnam. *International Family Planning Perspectives*. 2000; 28(4): 214-219.
25. Hakobyan T, Nazaretyan M, Makarova T, Aristakesyan M, Margaryants H, Nolte E, Armenia: Health systems review. *Health Systems in Transition*. 2006; 8(6): 1-180.
26. Lindberg L, Frost J, Sten C, Dailard C. Provision of contraceptive and related services by publicly funded family planning clinics, 2003. *Perspectives on Sexual and Reproductive Health*. 2006; 38(3): 139-147.

27. Frost J, Public or private providers? U. S. women's use of reproductive health services. *Family Planning Perspectives*. 2001; 33(1): 4-12.
28. Hudgins T, Rao R. 2004. *Republic of Georgia contraceptive availability assessment: Final Report*. JSI Research and Training Institute Inc. Healthy Women in Georgia Program.
29. Socioeconomic condition of the Republic of Armenia. National Statistical Service, January-June 2007. Available at: [http:// www.armstat.am](http://www.armstat.am). Accessed October 10, 2007.

6. TABLES

Table 1: Number of contacted pharmacies and health facilities in five HNs (health networks)¹

Health Network	Pharmacies	MA/HCs	HPs	PCs (WCC)	Total
Armavir	21	20	12	1	54
Sisian	9	7	12	1	29
Talin	7	4	18	1	30
Vayk	5	1	8	1	15
Vedi	8	8	9	1	27
Total	50	40	60	5	155

¹The sample included all pharmacies, MA/HCs (medical ambulatories/health centers) and PCs (polyclinics) of the health network as well as 50% to 100% of HPs (health posts) depending on the network

Table 2: Urban and rural distribution of pharmacies

Health Network	Urban		Rural		Total
	n	%	n	%	
Armavir	17	81%	4	19%	21
Sisian	5	71%	2	29%	7
Talin	4	57%	3	43%	7
Vayk	5	100%	0	0%	5
Vedi	5	63%	3	37%	8
Total	36	75%	12	25%	48

Table 3: Percentages of facilities with at least 3 and less than 3 contraceptive methods available within each facility type by HN

Facilities of Health Networks	At least 3 methods	Less than 3 methods
<i>Armavir</i>		
• Pharmacy (n=21)	62%	100%
• MA/HC ¹ (n=20)	5%	5%
• PC (n=1)	100%	100%
• HP (n=12)	0%	0%
<i>Sisian</i>		
• Pharmacy (n=7)	29%	100%
• MA/HC (n=7)	0%	0%
• PC (n=1)	0%	0%
• HP (n=12)	0%	0%
<i>Talin</i>		
• Pharmacy (n=7)	14%	100%
• MA/HC* (n=4)	25%	25%
• PC (n=1)	100%	100%
• HP (n=18)	0%	0%
<i>Vayk</i>		
• Pharmacy (n=5)	60%	100%
• MA/HC (n=1)	0%	0%
• PC (n=1)	100%	100%
• HP (n=8)	0%	0%
<i>Vedi</i>		
• Pharmacy (n=8)	38%	100%
• MA/HC (n=8)	0%	0%
• PC (n=1)	100%	100%
• HP (n=10)	0%	0%
<i>Total</i>		
• Pharmacy (n=48)	44%	100%
• MA/HC (n=40)	6%	6%
• PC (n=5)	80%	80%
• HP (n=60)	0%	0%

¹ In Armavir and Talin networks contraceptive commodities were available only in HCs

Table 4: Urban/Rural distribution of facilities having at least 3 methods of contraception in five HNs

	Armavir	Sisian	Talin	Vayk	Vedi	Total
Urban¹	72%	33%	40%	67%	67%	61%
Rural²	6%	0%	4%	0%	0%	3%
Total	28%	7%	10%	27%	15%	18%

¹Urban facilities include pharmacies in the cities and PCs

²Rural facilities include pharmacies in villages, MAs/HCs and HPs

Table 5: Private/Public distribution of facilities having at least 3 contraceptive methods in five HNs

	Armavir	Sisian	Talin	Vayk	Vedi	Total
Private¹	62%	29%	14%	60%	38%	46%
Public²	6%	0%	9%	10%	5%	6%
Total	28%	7%	10%	27%	15%	18%

¹Private sector includes only pharmacies

²Public sector includes PCs, MAs/HCs and HPs

Table 6: Availability¹ of modern methods of contraception in each facility type by HN

Health Network	Hormonal Pills	Emergency Contraceptives	Spermicides	IUDs	Condoms
<i>Armavir</i>					
• pharmacy	95%	24%	62%	0%	95%
• PC	100%	0%	100%	0%	100%
• MA/HC	5%	5%	5%	5%	5%
• HP	0%	0%	0%	0%	0%
<i>Total</i>	41%	11%	28%	2%	41%
<i>Sisian</i>					
• Pharmacy	71%	29%	43%	0%	71%
• PC	0%	0%	0%	0%	0%
• MA/HC	0%	0%	0%	0%	0%
• HP	0%	0%	0%	0%	0%
<i>Total</i>	19%	7%	11%	0%	19%
<i>Talin</i>					
• Pharmacy	86%	0%	0%	14%	100%
• PC	100%	0%	100%	0%	100%
• MA/HC	25%	25%	0%	25%	25%
• HP	0%	0%	0%	0%	0%
<i>Total</i>	27%	3%	3%	7%	30%
<i>Vayk</i>					
• pharmacy	80%	60%	40%	20%	100%
• PC	100%	0%	100%	100%	100%
• MA/HC	0%	0%	0%	0%	0%
• HP	0%	0%	0%	0%	0%
<i>Total</i>	33%	20%	20%	13%	40%
<i>Vedi</i>					
• pharmacy	88%	25%	38%	0%	100%
• PC	0%	100%	100%	0%	100%
• MA/HC	0%	0%	0%	0%	0%
• HP	0%	0%	0%	0%	0%
<i>Total</i>	26%	11%	15%	0%	33%
<i>Grand Total</i>	31%	10%	17%	3%	33%

¹Availability is defined as availability of at least one type of the specified contraceptive commodity in the health facility or pharmacy

Table 7: Percentage of urban¹ and rural² facilities having each type of modern methods of contraception by HN

Health Network	Hormonal Pills	Emergency Contraceptives	Spermicides	IUDs	Condoms
<i>Armavir</i>					
urban	94%	22%	78%	0%	100%
rural	14%	6%	3%	3%	11%
<i>Sisian</i>					
urban	67%	33%	50%	0%	67%
rural	5%	0%	0%	0%	5%
<i>Talin</i>					
urban	100%	0%	20%	20%	100%
rural	12%	4%	0%	4%	16%
<i>Vayk</i>					
urban	83%	50%	50%	33%	100%
rural	0%	0%	0%	0%	0%
<i>Vedi</i>					
urban	67%	50%	67%	0%	100%
rural	14%	0%	0%	0%	14%
<i>Total</i>					
urban	85%	29%	61%	7%	95%
rural	11%	3%	1%	2%	11%

¹Urban facilities include pharmacies in the cities and PCs

²Rural facilities include pharmacies in villages, MAs/HCs and HPs

Table 8: Percentage of private¹ and public² facilities having each type of modern methods of contraception by HN

Health Network	Hormonal Pills	Emergency Contraceptives	Spermicides	IUDs	Condoms
<i>Armavir</i>					
• Private	95%	24%	62%	0%	95%
• Public	6%	3%	6%	6%	6%
<i>Sisian</i>					
• Private	71%	29%	43%	0%	71%
• Public	0%	0%	0%	0%	0%
<i>Talin</i>					
• Private	86%	0%	0%	14%	100%
• Public	9%	4%	4%	4%	9%
<i>Vayk</i>					
• Private	80%	60%	40%	20%	100%
• Public	10%	0%	10%	10%	10%
<i>Vedi</i>					
• Private	88%	25%	38%	0%	100%
• Public	0%	5%	5%	0%	5%
<i>Total</i>					
• Private	88%	25%	44%	4%	94%
• Public	5%	3%	5%	3%	6%

¹Private sector includes only pharmacies

²Public sector includes PCs, MAs/HCs and HPs

Table 9: Mean prices per unit¹ of different modern methods of contraception in pharmacies of five HNs in AMD

Health Network	Hormonal Pills	Emergency Contraceptives	Spermicides	IUDs	Condoms
Armavir	112	1390	288	NA ²	131
Sisian	95	NA ²	NA ²	NA ²	100
Talin	72	NA ²	NA ²	2000	116
Vayk	83	2006	313	3600	122
Vedi	152	1300	330	NA	150
Total	114	1598	310	2800	124

¹Unit is defined as one tablet, IUD, condom and others depending on the type of commodity

² NA stands for the health networks where the contraceptive method was not available or where the prices were not provided

Table 10: Mean yearly cost of different modern methods of contraception in five HNs in AMD

Health Network	Hormonal Pills	Spermicides	IUDs	Condoms
Armavir	29541	29952	NA	13624
Sisian	24780	NA	NA	10400
Talin	19066	NA	400	12064
Vayk	21821	32552	720	12688
Vedi	26954	34320	NA	15600
Overall mean	24432	32275	560	12875

Table 11: Mean yearly cost of each method of contraception as a percentage of mean yearly wages by marz

Marz	Average yearly wages	Pills	Spermicides	IUDs	Condoms	% population in lowest and second quintiles
Armavir	795120	3.7%	3.8%	NA	1.7%	67.0%
Syunik	1100472	2.3%	NA	NA	0.9%	30.0%
Aragatsotn	695400	2.7%	NA	0.06%	1.7%	80.6%
Vayots dzor	679248	3.2%	4.8%	0.1%	1.9%	69.7%
Ararat	729180	3.7%	4.7%	NA	2.1%	65.6%
Overall mean	799884	3.1%	4.0%	0.07%	1.6%	

Table 12: Mean sales/provision of different modern methods of contraception in number of packs or units during one-month period in all facility types

Health Networks	Hormonal Pills¹	Emergency Contraceptives¹	Spermicides¹	IUDs²	Condoms²
Arnavir	1.2	0.7	1.4	2.0	43.9
Sisian	0.8	0.5	0	NA	9.9
Talin	0.3	0.04	1.0	2.5	10.4
Vayk	0.8	0.9	0.7	2.5	10.0
Vedi	1.7	0.1	1.7	NA	14.8
Overall mean	1.1	0.6	1.2	2.4	23.1

¹Mean number of packs

²Mean number of units

Table 13: Mean available stock of different modern methods of contraception in number of packs or units available at the time of the survey in all facility types

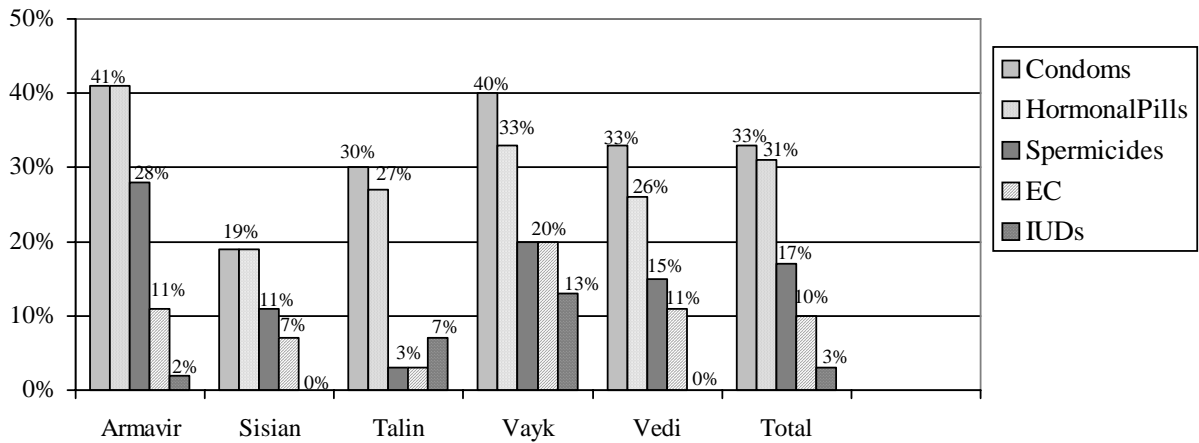
Health network	Hormonal Pills¹	Emergency Contraceptives¹	Spermicides¹	IUDs²	Condoms²
Arnavir	1.2	1.1	5.2	2.0	23.3
Sisian	1.1	1.5	3.5	NA	16.3
Talin	0.8	9.0	1.0	15.5	5.1
Vayk	1.3	2.0	7.2	13.0	8.5
Vedi	1.5	1.0	2.7	NA	94.7
Overall mean	1.2	1.8	4.7	11.8	31.4

¹Mean number of packs

²Mean number of units

7. FIGURES

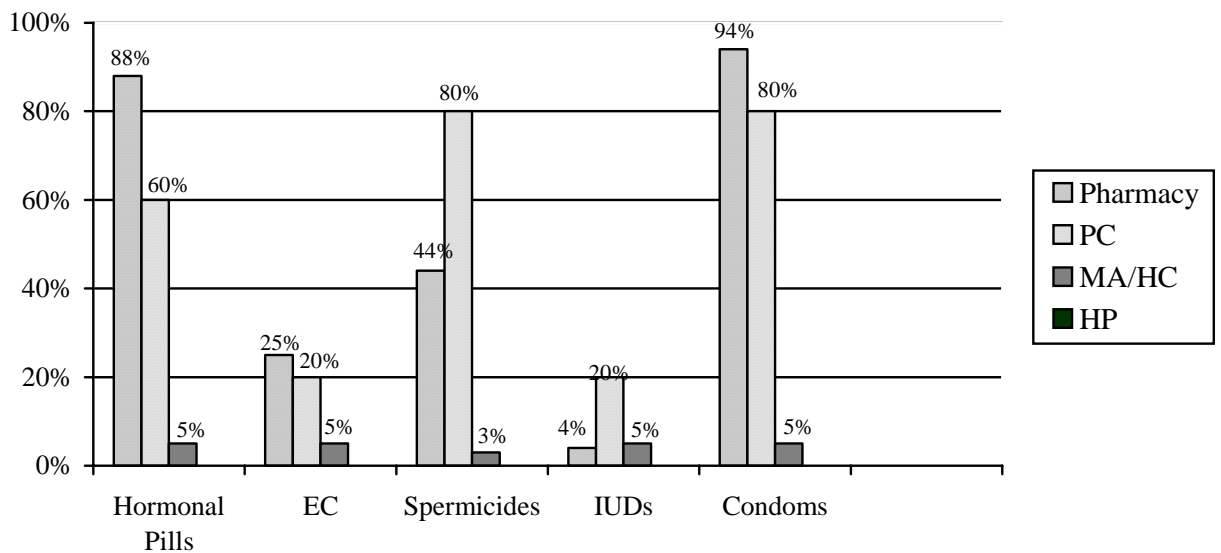
Figure 1: Availability¹ of each method of modern contraception in five HNs



¹ Availability is defined as availability of at least one type of the specified modern methods of contraception in the PHC (primary health care) facility or pharmacy

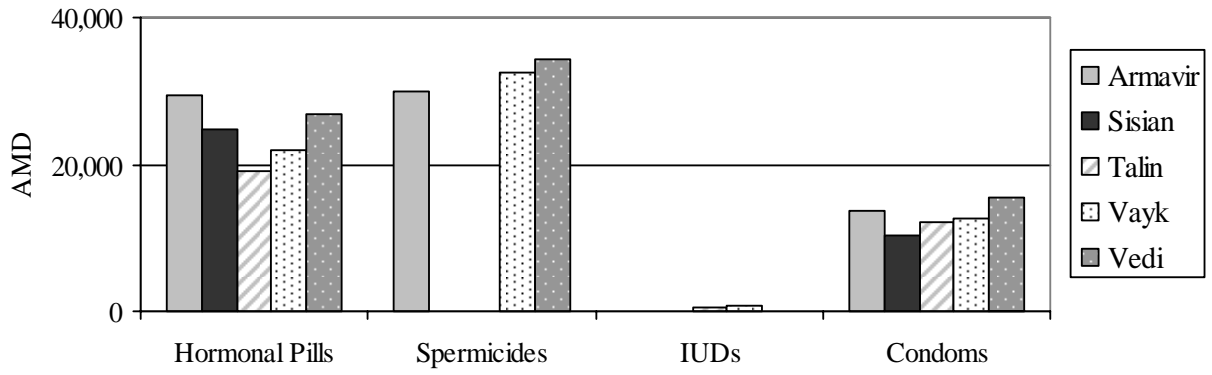
² EC-Emergency Contraceptives

Figure 2: Availability¹ of modern methods of contraception in all five HNs by facility type



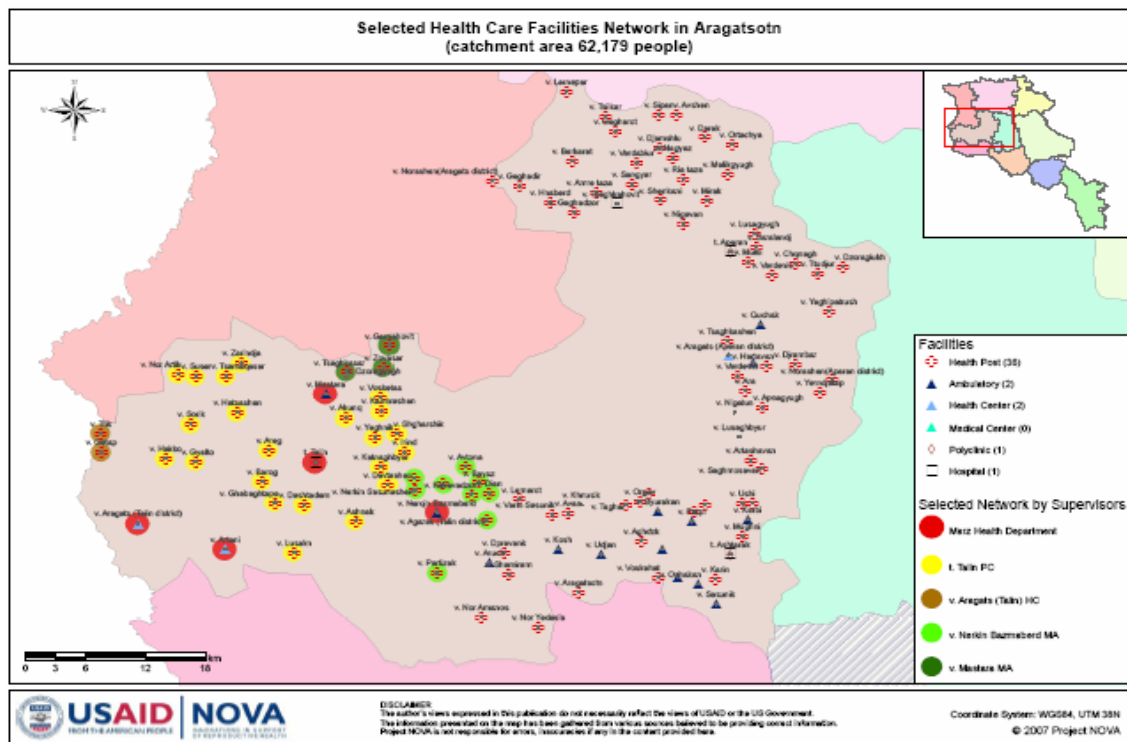
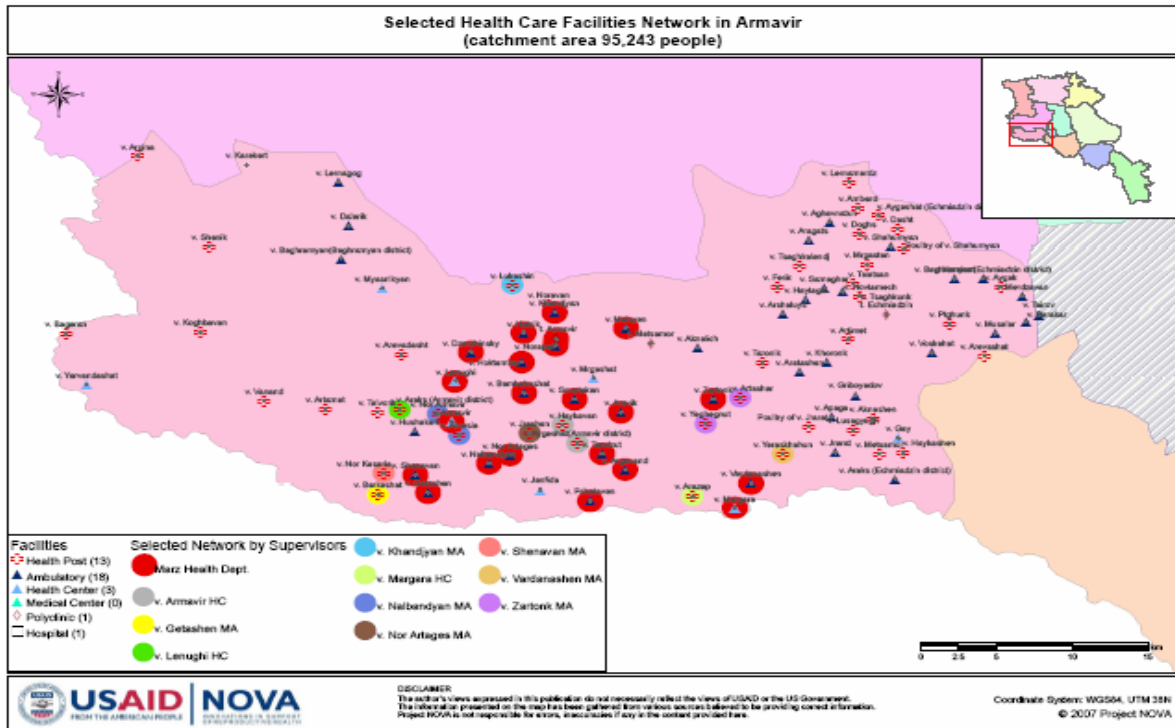
¹ Availability is defined as availability of at least one type of the specified modern methods of contraception in the PHC (primary health care) facility or pharmacy

Figure 3: Mean yearly cost of different methods of modern contraception in five HNs in AMD

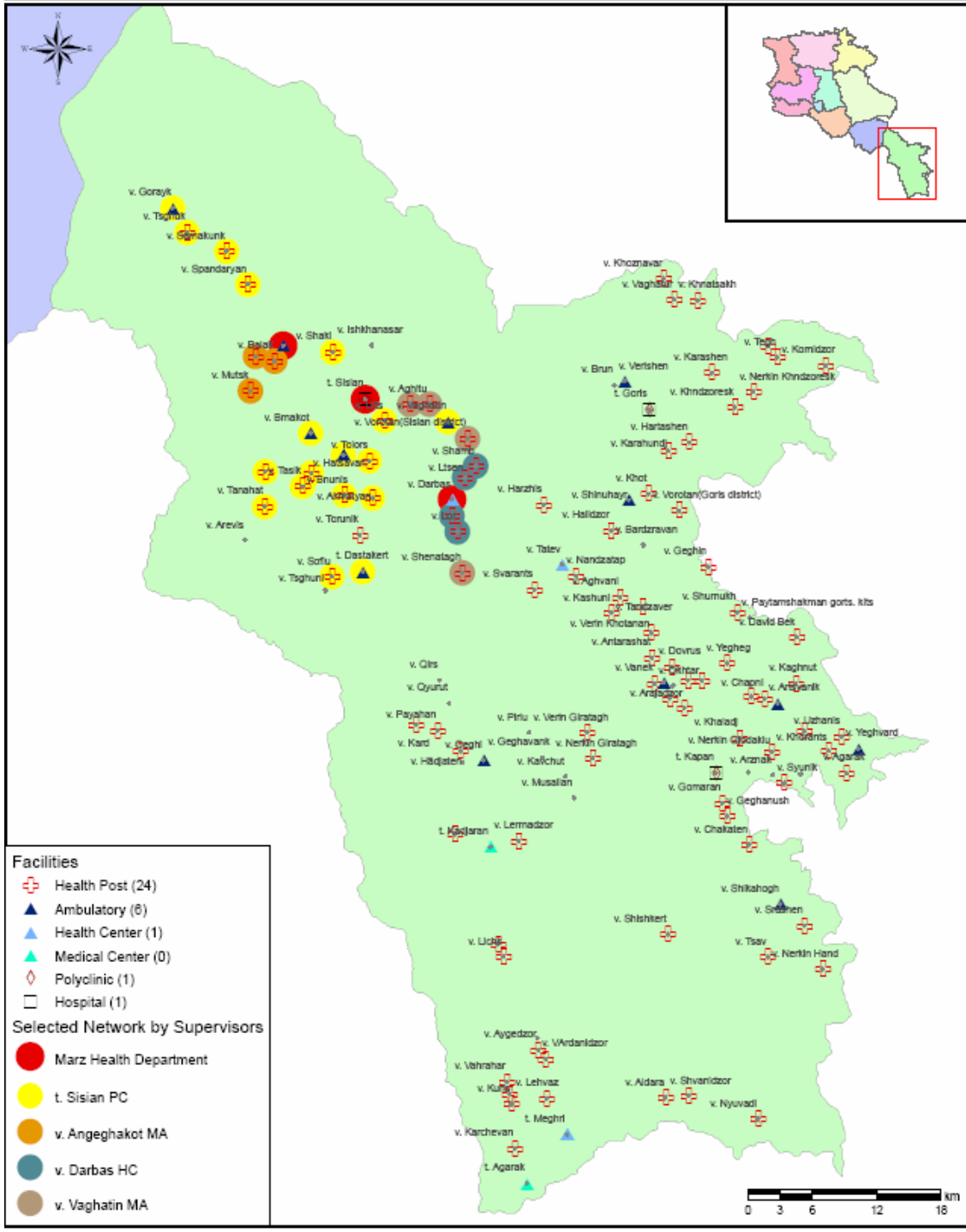


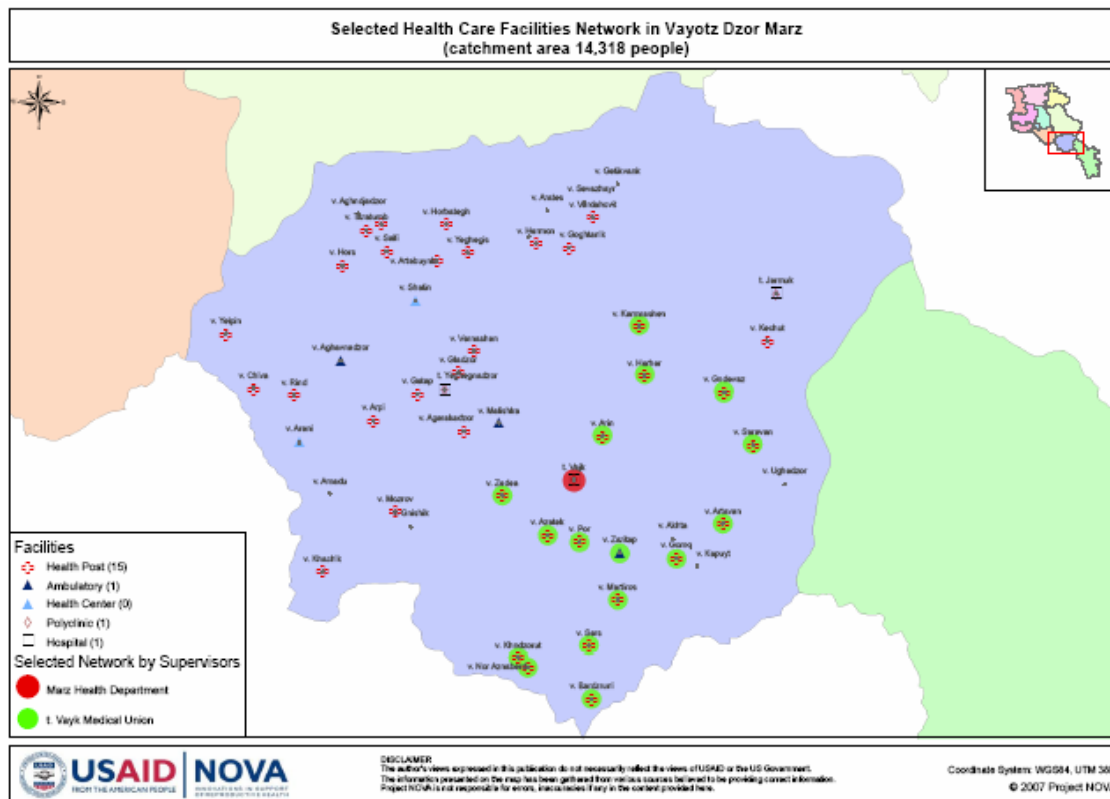
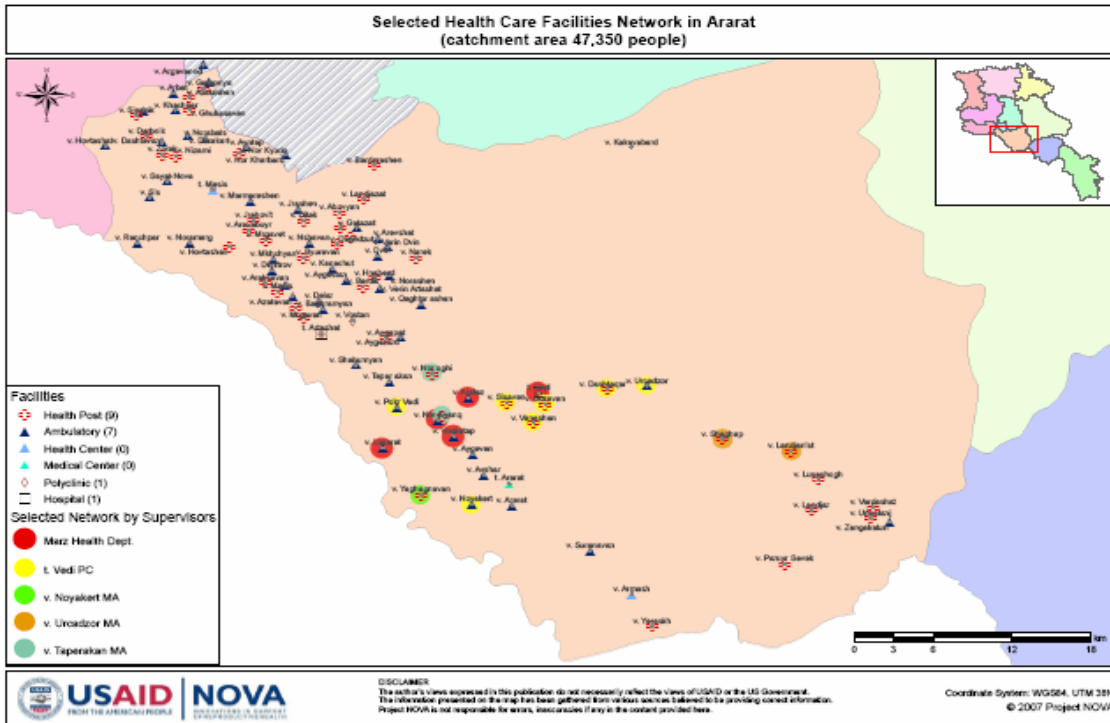
8. APPENDICES

Appendix 1: Maps of the five selected HNs (health network)



Selected Health Care Facilities Network in Syunik (catchment area 35,501 people)





Appendix 2: Instrument for measuring availability and affordability of modern methods of contraception in pharmacies and primary health care facilities of five HNs in Armenia (English version)

Id number _____

Start time __ : __

1. Hormonal Contraceptives										
1. Name of the drug	2. Producer/ Country	3. Unit	4. Dosage	5. # of subpacks in the pack	6. # of units in subpack	7. Price per pack	8. Price per unit (tab, dragee, ampules, capsules, etc.)	9. Sales/Usage during last month		10. Available resources
						AMD	AMD	# of packs	# of months	# of packs
1. Depo-Provera	Farmacia/ Italy	amp	1000mg/6.7ml	1	1					
2. Depo-Provera	Farmacia/ Italy	amp	500mg/3.3ml	1	1					
3. Depo-Provera	Farmacia/Italy	amp	150mg/1ml	1	1					
4. Diane 35	Shering/Germany	dragee	2mg/0.035mg	1	21					
5. Janin	Shering/Germany	dragee	2mg/0.03mg	1	21					
6. Lindinet	Gedeon Richter/Hungary	tab	0.075mg/0.02mg	1	21					
7. Marvelon	Organon/ Netherlands	tab	0.15mg/0.03mg	1	21					
8. Norkolut	Merz/ Germany	tab	5mg	1	20					
9. Norplant	Leiras	caps	36mg							
10. Novinette	Gedeon Richter/Hungary	tab	0.15mg/0.02mg	1	21					

1. Name of the drug	2. Producer/ Country	3. Unit	4. Dosage	5. # of subpacks in the pack	6. # of units in subpack	7. Price per pack	8. Price per unit (tab, dragee, ampules, capsules, etc.)	9. Sales/Usage during last month		10. Available resources
						AMD	AMD	# of packs	# of months	# of packs
11. Orgametril	Organon/Netherlands	tab	0.5mg	1	30					
12. Ovidon	Gedeon Richter/Hungary	tab	0.25mg/0.05mg	1	21					
13. Regulon	Gedeon Richter/Hungary	tab	0.15mg/ 0.03mg	1	21					
14. Regulon	Gedeon Richter/Hungary	tab	0.15mg/ 0.03mg	3	21					
15. Rigevidon	Gedeon Richter/Hungary	tab	0.15mg/0.03mg	1	21+7					
16. Rigevidon	Gedeon Richter/Hungary	tab	0.15mg/0.03mg	1	21					
17. Rigevidon	Gedeon Richter/Hungary	tab	0.15mg/0.03mg	3	21+7					
18. Rigevidon	Gedeon Richter/Hungary	tab	0.15mg/0.03mg	3	21					
19. Tri- Regol	Gedeon Richter/Hungary	tab		1	21					
20. Tri-Regol	Gedeon Richter/Hungary	tab		3	21					
21.										
22.										
23.										
24.										
25.										

Comments _____

2. Emergency Contraceptives									
1. Name of the drug	2. Producer/ Country	3. Unit	4. Dosage	6. # of units in subpack	7. Price per pack	8. Price per unit (tab, dragee, ampules, capsules, etc.)	9. Sales/Usage during last month		10. Available resources
					AMD	AMD	# of packs	# of months	# of packs
1. Postinor	Gedeon Richter/Hungary	tablets	0.75mg	2					
2. Escapel	Gedeon Richter/Hungary	tablets	1.5mg	1					
3.									
4.									
5.									
6.									
7.									

Comments _____

3. Spermicides

1. Name of the drug	2. Producer/ Country	3. Unit	4. Dosage	6. # of units in subpack	7. Price per pack	8. Price per unit (tab, dragee, ampules, capsules, etc.)	9. Sales/Usage during last month		10. Available resources
					AMD	AMD	# of packs	# of months	# of packs
1. Patentex Oval.	Merz/Germany	vaginal suppository		12					
2. Farmatex	Innotec/France	vaginal cream	72g	1					
3. Farmatex	Innotec/France	unidose vaginal cream	4.5g	1					
4. Farmatex	Innotec/France	vaginal suppository		5					
5. Farmatex	Innotec/France	vaginal suppository		10					
6. Farmatex	Innotec/ France	vaginal soft capsules		6					
7. Farmatex	Innotec/France	vaginal tablets	20mg	12					
8. Farmatex	Innotec/France	vaginal tampons		2					
9.									
10.									
11.									
12.									
13.									
14.									

Comments _____

4. Intrauterine devices							
1. Name of the drug	2. Producer/ Country	6. # of units in subpack	7. Price per pack	8. Price per unit (tab, dragee, ampules, capsules, etc.)	9. Sales/Usage during last month		10. Available resources
			AMD	AMD	# of packs	# of months	# of packs
1. "Nova"	Shering /Germany	1					
2. Copper T380A							
3. Multiload CU 375	Organon/Netherlands						
4. Ortho TCu 380A	Ortho pharmaceuticals/ Canada						
5.							
6.							
7.							
8.							
9.							
10.							

Comments _____

5. Condoms							
1. Name of the drug	2. Producer/ Country	6. # of units in subpack	7. Price per pack	8. Price per unit (tab, dragee, ampules, capsules, etc.)	9. Sales/Usage during last month		10. Available resources
			AMD	AMD	# of packs	# of months	# of packs
1. Bamber	Malaisia						
2. Billy boy	Mara/Germany						
3. Blauzigel HT	Mara/Germany						
4. Carex	Carex/Malaisia						
5. Control	Control/Spain						
6. Durex	Durex/India						
7. FAM&C	FAM&C/ China						
8. Favorit	Malaisia						
9. Fromms	Mara/Germany						
10. Hello	China						
11. Horoscope of love	Shanghai/China						
12. Innotex	Innotec/France						
13. Kazanova	India						
14. Kimono	Shuretex/Tailand						
15. King	Korea						
16. Lux	Tyandi/China						
17. Masculan	Germany						
18. Nevalashka	FAM & C/ China						
19. Ocamoto	Ocamoto/Japan						
20. One Touch	Japan						
21. Passion	Mara/Germany						
22. Primeros	Czech republic						
23. Protex	Avaka/Malaysia						
24. Romantic Love	Romantic/Malaisia						
25. Romed	Germany						
26. Ritex	Germany						
27. Setabello	SEtabello/Italy						
28. Sico	CPR/ Germany						
29. Simplex	Simplex/China						

1. Name of the drug	2. Producer/ Country	6. # of units in subpack	7. Price per pack	8. Price per unit (tab, dragee, ampules, capsules, etc.)	9. Sales/Usage during last month		10. Available resources
			AMD	AMD	# of packs	# of months	# of packs
30. Style jeans	Japan						
31. Super Lux	England						
32. Unidus							
33. Unity	USA						
34. Viva	Joinville/ Brazil						
35. Viva	Shuretex/Tailand						
36. Visit	Condomi Erfurt/ Germany						
37.							
38.							
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51.							
52.							
53.							

Comments _____

End time __ : __

Appendix 3: Instrument for measuring availability and affordability of modern methods of contraception in pharmacies and primary health care facilities of five health networks in Armenia (Armenian version)

Ինքնազննման փայլարկի մասին _____

Ելակետ _____ :

1. Ծանուցված է ընդհանուր առաջարկներ									
1. Սնունդի անվտանգություն	2. Հիմնական/հիմնական	3. Օրական	4. Սնունդի քանակ	5. Կրթական մակարդակ	6. Կրթական մակարդակ	7. Ծննդաբանական հարցեր	8. Օրական հարցեր (Նշանակ, հարց, հարց, հարց)	9. Ինքնազննման փայլարկի անվտանգություն	10. Հիմնական
						Սնունդ	Սնունդ	Հարցեր	Հարցեր
1. Depo-Provera	Farmacia/ Italy	amp	1000mg/6.7ml	1	1				
2. Depo-Provera	Farmacia/ Italy	amp	500mg/3.3ml	1	1				
3. Depo-Provera	Farmacia/Italy	amp	150mg/1ml	1	1				
4. Diane 35	Shering/Germany	dragee	2mg/0.035mg	1	21				
5. Janin	Shering/Germany	dragee	2mg/0.03mg	1	21				
6. Lindinet	Gedeon Richter/Hungary	tab	0.075mg/0.02mg	1	21				
7. Marvelon	Organon/ Netherlands	tab	0.15mg/0.03mg	1	21				
8. Norkolut	Merz/ Germany	tab	5mg	1	20				
9. Norplant	Leiras	caps	36mg						
10. Novinette	Gedeon Richter/Hungary	tab	0.15mg/0.02mg	1	21				

1. »ØÇ ³ Ýí³ ÝáóÙ	2. ²ñí³ ¹ñáÙ/ °ñíÇñ	3. ØÇ³ í áñ	4. »Ø³ á³ ÷	5. °ÝÁ³ ÷³ Á»Á - Ý»ñÇ ÁÇí Á	6. °ÝÁ³ ÷³ Á»ÁáóÙ ÙÇ³ í áñÝ»ñÇ ÁÇí Á	7. Ö³ Á»ÁÇ · ÇÝÁ	8. ØÇ³ í áñÇ · ÇÝÁ (Ñ³ μ, ¹ñ³ Á», ëñí³ Ý, á³ í Ç× ·³ ÆÝ)	9. Ý »ñÇÇÝ ¹³ Ùëí³ ÁÝÁ³ óúáóÙ í³ ×³ éùÁ/ ëá³ éáóÙÁ		10. ²éí³ é»éáóñéÝ»ñ
						ñ³ Úáí	ñ³ Úáí	÷³ Á»ÁÝ»ñÇ ÁÇí Á	³ ÙÇèÝ»ñÇ ÁÇí Á	÷³ Á»ÁÝ»ñÇ ÁÇí Á
11. Orgametril	Organon/Netherlands	tab	0.5mg	1	30					
12. Ovidon	Gedeon Richter/Hungary	tab	0.25mg/0.05mg	1	21					
13. Regulon	Gedeon Richter/Hungary	tab	0.15mg/ 0.03mg	1	21					
14. Regulon	Gedeon Richter/Hungary	tab	0.15mg/ 0.03mg	3	21					
15. Rigevidon	Gedeon Richter/Hungary	tab	0.15mg/0.03mg	1	21+7					
16. Rigevidon	Gedeon Richter/Hungary	tab	0.15mg/0.03mg	1	21					
17. Rigevidon	Gedeon Richter/Hungary	tab	0.15mg/0.03mg	3	21+7					
18. Rigevidon	Gedeon Richter/Hungary	tab	0.15mg/0.03mg	3	21					
19. Tri- Regol	Gedeon Richter/Hungary	tab		1	21					
20. Tri-Regol	Gedeon Richter/Hungary	tab		3	21					
21.										
22.										
23.										
24.										
25.										

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2. Δημιουργία Νέου Προϊόντος										
1. Όνομα Πρωτογενούς	2. Κατασκευαστής/Εταιρεία	3. Φάρμακο	4. Δοσολογία	5. Δοσολογική Μορφή	6. Ομάδα Φάρμακων	7. Ομάδα Φάρμακων	8. Χημική Ουσία	9.1. Χημική Ουσία	9.2. Χημική Ουσία	10. Σύνθεση
1. Postinor	Gedeon Richter/Hungary	tablets	0.75mg	2						
2. Escapel	Gedeon Richter/Hungary	tablets	1.5mg	1						
3.										
4.										
5.										
6.										
7.										

Υπογραφή _____

3. εα»ñÙÇóÇ¹Ý»ñ									
1. »ØÇ ³ Ýí³ ÝáóÙ	2. ²ñí³ ¹ñáÓ/ °ñÍÇñ	3. ØÇ³ í áñ	4. »Ø³ á³ ÷	6. ö³ Á»ÁáóÙ ÙÇ³ í áñÝ»ñÇ ÁÇí Á	7. ö³ Á»ÁÇ · ÇÝÁ	8. ØÇ³ í áñÇ · ÇÝÁ (Ñ³ μ, ¹ñ³ Á», ëñí³ Í, á³ í Ç× ³ (ÉÝ)	9. ¹ »ñÇÇÝ ¹³ Ùér³ ÁÝÁ³ óóáóÙ í³ x³ éúÁ/ éá³ éáóÙÁ		10. ²éí³ é»éáóñéÝ»ñ
					»ñ³ Úáí	»ñ³ Úáí	÷³ Á»ÁÝ»ñÇ ÁÇí Á	³ ÙÇéÝ»ñ Ç ÁÇí Á	÷³ Á»ÁÝ»ñÇ ÁÇí Á
1. Patentex Oval.	Merz/Germany	vaginal suppository		12					
2. Farmatex	Innotec/France	vaginal cream	72g	1					
3. Farmatex	Innotec/France	unidose vaginal cream	4.5g	1					
4. Farmatex	Innotec/France	vaginal suppository		5					
5. Farmatex	Innotec/France	vaginal suppository		10					
6. Farmatex	Innotec/ France	vaginal soft capsules		6					
7. Farmatex	Innotec/France	vaginal tablets	20mg	12					
8. Farmatex	Innotec/France	vaginal tampons		2					
9.									
10.									
11.									
12.									
13.									
14.									

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4. Ü»ñ³ ñ. ³ Ý¹³ ÌÇÝ ëàÇñ³ ÉÝ»ñ							
1. ä³ ñ³. ³ ÌÇ³ Ý¹³ ÝáóÙ	2. ²ñì³ ¹ñáÓ/ °ñíÇñ	6. ö³ Ä»ÄáóÙ ÙÇ³ í áñÝ»ñÇ ÄÇí Á	7. ö³ Ä»ÄÇ · ÇÝÁ	8. ØÇ³ í áñÇ · ÇÝÁ	9. í »ñÇÇÝ¹³ Ùèí³ ÁÝÄ³ óúáóÙ í³ x³ éúÁ/éä³ éáóÙÁ		10. ²éí³ é»éáóñèÝ»ñ
			ñ³ Úáí	ñ³ Úáí	÷³ Ä»ÄÝ»ñÇ ÄÇí Á	³ ÙÇèÝ»ñÇ ÄÇí Á	÷³ Ä»ÄÝ»ñÇ ÄÇí Á
1. “Nova”	Shering /Germany	1					
2. Copper T380A							
3. Multiload CU 375	Organon/Netherlands						
4. Ortho TCu 380A	Ortho pharmaceuticals/ Canada						
5.							
6.							
7.							
8.							
9.							
10.							

ÜBáóÙÝ»ñ _____

5. ä³ Ñá³ Ý³ İÝ»ñ							
1. ä³ ñ³ . ³ İç³ Ýı³ YaóÙ	2. ²ñı³ ¹ñáÙ/ °ñİçñ	6. Ö³ Ä»ÄáóÙ Ùç³ İ áñÝ»ñç Äçİ Ä	7. Ö³ Ä»Äç · çÝÄ	8. Øç³ İ áñç · çÝÄ	9. İ »ñççÝ 1³ Üér³ ÄÝÄ³ óuáóÙ İ³ x³ éuÁ/éä³ éáóÙÄ		10. ²éİ³ é»éáóñéÝ»ñ
			ñ³ Uáİ	ñ³ Uáİ	÷³ Ä»ÄÝ»ñç Äçİ Ä	³ ÜçéÝ»ñç Äçİ Ä	÷³ Ä»ÄÝ»ñç Äçİ Ä
1. Bamber	Malaisia						
2. Billy boy	Mara/Germany						
3. Blauzigel HT	Mara/Germany						
4. Carex	Carex/Malaisia						
5. Control	Control/Spain						
6. Durex	Durex/India						
7. FAM&C	FAM&C/ China						
8. Favorit	Malaisia						
9. Fromms	Mara/Germany						
10. Hello	China						
11. Horoscope of love	Shanghai/China						
12. Innotex	Innotec/France						
13. Kazanova	India						
14. Kimono	Shuretex/Tailand						
15. King	Korea						
16. Lux	Tyandi/China						
17. Masculan	Germany						
18. Nevalashka	FAM & C/ China						
19. Ocamoto	Ocamoto/Japan						
20. One Touch	Japan						
21. Passion	Mara/Germany						
22. Primeros	Czech republic						
23. Protex	Avaka/Malaysia						
24. Romantic Love	Romantic/Malaisia						
25. Romed	Germany						
26. Ritex	Germany						
27. Setabello	SEtabello/Italy						
28. Sico	CPR/ Germany						
29. Simplex	Simplex/China						

1. »ØÇ³ Ýí³ ÝáóÙ	2. ²ñí³ ¹ñáÓ/ °ñíÇñ	6. Ö³ Ä»ÄáóÙ ÙÇ³ í áñÝ»ñÇ ÄÇí Á	7. Ö³ Ä»ÄÇ · ÇÝÁ	8. ØÇ³ í áñÇ · ÇÝÁ	9. í »ñÇÝ 1³ Ùér³ ÁÝÁ³ óúáóÙ í³ x³ éúÁ/éá³ éáóÙÁ		10. ²éí³ é»éáóñéÝ»ñ
			ñ³ Úáí	ñ³ Úáí	÷³ Ä»ÄÝ»ñÇ ÄÇí Á	³ ÙÇéÝ»ñÇ ÄÇí Á	÷³ Ä»ÄÝ»ñÇ ÄÇí Á
30. Style jeans	Japan						
31. Super Lux	England						
32. Unidus							
33. Unity	USA						
34. Viva	Joinville/ Brazil						
35. Viva	Shuretex/Tailand						
36. Visit	Condomi Erfurt/ Germany						
37.							
38.							
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²í³ ñí Á __ : __

Appendix 4: Guidelines for completing the instrument (English version)

General Comments: Please make sure to fill information in appropriate row and column. Try to write as clear as possible. Use space for comments at the end of each section to indicate any important details not included in the form. For each category of drugs ask the pharmacist/healthcare provider to show all types of available contraceptives.

1. Compare the **name** of the drug or the product in the list with the name indicated on the pack. If the name is indicated follow to the next point. In case if the drug/product is not on the list add as a new item at the end of the section and fill in the rest of the information.
2. Check the **producer and country** or fill in if missing.
3. Check the **unit** type or fill in if missing.

Types of units		
English	ᐃᓃ ᐃᓃᓃᓃᓃᓃ	Русский
tablet	ᓃᓃ ᓃ	таблетка
capsule	ᓃᓃ ᓃ ᓃᓃ	капсула
dragee	ᓃᓃᓃ ᓃᓃ	драже
ampule	ᓃᓃᓃ ᓃᓃ	ампула
suppository	ᓃᓃᓃᓃᓃ	свечка

4. Check the **dosage** of the drug. Make sure to choose correct dosage if there are several dose types of the same drug. For example, spermicide Farmatex has several doses and unit types.
5. Find out how many blisters or subpacks are there in the pack and indicate if missing or incorrect on the list. For example, hormonal contraceptive Novinette may have one or three subpacks in one pack with 21 tablets in each subpack. Thus, one whole pack of Novinette will have either 21 or 63 tablets in it.
6. Indicate **number of units** in the pack (tablets, dragee, ampules, suppositories, IUDs, condoms). For example if one pack contains 10 tablets or 3 condoms record 10 or 3 respectively.
7. Indicate the **price** of the whole **pack** in AMD.
8. Indicate the **price** of one **unit** in the pack (tablet, dragee, ampules, suppositories, IUDs, condoms) in AMD. For example if the price of one pack of hormonal contraceptive Diane 35 is 4000 AMD and it has 21 dragees in one pack then the price of one unit which is dragee in this case will be 4000/21=190 AMD.
9. Find out the number of packs sold in pharmacies or distributed in the health facilities in the last month from the registration journal. In case that there is no such a journal, ask the pharmacist to give the best estimate of the number of the packs sold in last month. If in one month less than one pack had been sold than ask the pharmacist in how many months they sell one pack and record it in the form.
10. Find out the **stock** of each drug **available** in the pharmacy. Ask the pharmacist or healthcare provider how many packs of the drug they have at the moment and record it in the form.

Appendix 5: Guidelines for completing the instrument (Armenian version)

Խորհուրդներ ձևը լրացնելու համար

Ընդհանուր նկատառումներ

Համոզվեք, որ տվյալները գրանցվում են համապատասխան շարքի վանդակներում: Աշխատեք հնարավորինս պարզ գրառումներ կատարել: Օգտվեք յուրաքանչյուր աղյուսակի վերջում տրամադրված տարածքից՝ որևէ հավելյալ տվյալներ լրացնելու համար: Հակաբեղմնավորիչների ամեն տիպի համար խնդրեք դեղագործին կամ բուժաշխատողին ցույց տալ առկա հակաբեղմնավորիչների ողջ տեսականին:

1. Համեմատեք դեղի կամ պարագայի ցուցակում նշված անվանումը փաթեթի վրա նշված անվանման հետ: Եթե անվանումը առկա է ցուցակում՝ անցեք հաջորդ քայլին: Եթե դեղի/պարագայի անվանումը ցուցակի մեջ նշված չէ, ապա գրանցեք այն և այլ համապատասխան տվյալները աղյուսակի վերջում տրամադրված ազատ տողերում:
2. Համեմատեք արտադրող երկրի և կազմակերպության անվանումը փաթեթի վրա և ցուցակում կամ գրանցեք, եթե այդ տվյալները ցուցակում չկան:
3. Համեմատեք ցուցակում նշված միավորի տիպը փաթեթի վրա նշված միավորի տիպի հետ:

Միավորների տիպեր		
English	ԹՅ ԹՆՅ	Русский
tablet	ՌՅ Մ	таблетка
capsule	ՁՅ Ի Շx	капсула
dragee	ՌՅ Ա»	драже
ampule	ԵՌԻ Յ Ի	ампула
suppository	ՍՁԱՇԸ	свечка

4. Համեմատեք **դեղաչափը** ցուցակում և փաթեթի վրա: Եթե դեղաչափը նշված չէ կամ սխալ է նշված ցուցակում ապա ուղղեք այն կամ գրանցեք ճշգրիտ դեղաչափը՝ հիմք ընդունելով փաթեթի տվյալները: Օրինակ՝ Ֆարմատեքս սպերմիցիդը ներկայացված է տարբեր դեղաչափերով և միավորներով:
5. Պարզեք թե քանի **ենթափաթեթ է առկա մեկ փաթեթում** և գրանցեք կամ ստուգեք եղած տվյալները: Օրինակ՝ Նովինետ հորմոնալ հակաբեղմնավորիչը ներկայացված է երկու տիպի փաթեթավորմամբ: Մեկ փաթեթը պարունակում է 21 հաբ, իսկ մյուսը պարունակում է 3 ենթափաթեթ, որոնցից յուրաքանչյուրում կա 21 հաբ: Այսպիսով, Նովինետի մեկ ամբողջական փաթեթը պարունակում է կամ 21 կամ 3 անգամ 21, այսինքն 63 հաբ:
6. Գրանցեք յուրաքանչյուր **փաթեթում միավորների թիվը** /հաբեր, դրաժեներ, մոմիկներ, սպիրալներ, պահպանակներ/: Օրինակ՝ Եթե մեկ տուփում առկա է 10 հաբ կամ 3 պահպանակ ապա գրանցեք համապատասխանաբար 10 կամ 3:
7. Գրանցեք մեկ ամբողջ **փաթեթի գինը** դրամով՝ հարցնելով դեղագործին:
8. Գրանցեք փաթեթում **մեկ միավորի** /հաբեր, դրաժեներ, մոմիկներ, սպիրալներ, պահպանակներ/**գինը** դրամով: Օրինակ, եթե Դիանե 35 հորմոնալ հակաբեղմնավորիչի մեկ փաթեթի գինը 4000 դրամ է և այն պարունակում է 21 դրաժե, ապա մեկ միավորի, այս դեպքում դրաժեի, գինը կկազմի 4000/21, այսինքն 190դրամ:
9. Պարզեք դեղատանը **վաճառված** կամ բուժհաստատության կողմից **բաժանված փաթեթների թիվը** վերջին ամսվա ընթացքում համապատասխան գրանցման մատյանի օգնությամբ: Եթե այդպիսի մատյան չկա, ապա խնդրեք դեղագործին/բուժաշխատողին վերհիշել թե քանի փաթեթ է վաճառվել վերջին ամսվա ընթացքում: Եթե վերջին ամսվա ընթացքում վաճառված փաթեթների թիվը մեկից պակաս է ապա խնդրեք վաճառողին կամ բուժաշխատողին վերհիշել թե քանի ամսում է վաճառվել մեկ ամբողջ փաթեթը և գրանցեք այն համապատասխան վանդակում:
10. Դեղագործից կամ բուժաշխատողից պարզեք յուրաքանչյուր հակաբեղմնավորիչի համար տվյալ պահին **առկա փաթեթների թիվը** և գրանցեք այն ցուցակի համապատասխան վանդակում:

Appendix 6: Oral consent form (English version)

My name is In this research we will study the availability and affordability of contraceptives in pharmacies and healthcare facilities. The study is conducted by Project Nova in collaboration with American University of Armenia. The aim of Project Nova is to improve reproductive health and maternal and child health throughout Armenia.

Your pharmacy/facility has been selected to participate in the study because it is located in this region. We need information concerning the types, prices and sources of contraceptives in your pharmacy/facility. It will take you no more than 15 minutes to answer the questions.

Provided information will not affect your business or employment. You, personally, will not benefit from the study, but it will help us to understand the barriers for contraception use and to develop correct interventions in order to prevent thousands of unintended pregnancies.

The information obtained will be used in a summarized format. No specific names or addresses will be collected. Only information concerning city or village name will be gathered. Confidentiality will be assured through special code system, which will be understandable only by researcher. Every effort will be made to protect the confidentiality of information.

It is your choice to participate in the study. If you decide not to participate in the study, it will not have any undesirable consequences for you or your business. If you have any questions concerning the study, please contact Varduhi Petrosyan, tel.: (37410) 512565 or Zaruhi Mkrtchyan, tel.: (37410)274125. In case that you feel that you have not been treated fairly or you think that you had been hurt by joining the study please contact Yelena Amirhanayan, American University of Armenia tel.: (37410) 512568

Appendix 7: Oral consent form (Armenia version)

ԹՅՈՒՆՆԵՐ . ՀՈՒՆՆԵՐ

Ես չեմ հասկանում ինչ է նշում քեզ համար այս բանը և չեմ կարողանում
հասկանալ ինչ է նշում այս բանը։ Ես չեմ կարողանում հասկանալ
այս բանը և չեմ կարողանում հասկանալ այս բանը։
Ես չեմ կարողանում հասկանալ այս բանը և չեմ կարողանում
հասկանալ այս բանը։

Ես չեմ կարողանում հասկանալ այս բանը և չեմ կարողանում
հասկանալ այս բանը։ Ես չեմ կարողանում հասկանալ
այս բանը և չեմ կարողանում հասկանալ այս բանը։

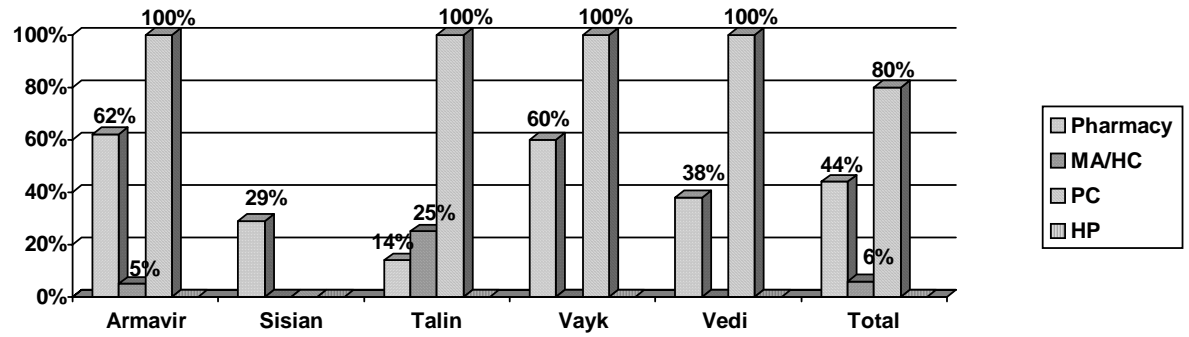
Ես չեմ կարողանում հասկանալ այս բանը և չեմ կարողանում
հասկանալ այս բանը։ Ես չեմ կարողանում հասկանալ
այս բանը և չեմ կարողանում հասկանալ այս բանը։

Ես չեմ կարողանում հասկանալ այս բանը և չեմ կարողանում
հասկանալ այս բանը։ Ես չեմ կարողանում հասկանալ
այս բանը և չեմ կարողանում հասկանալ այս բանը։

Ես չեմ կարողանում հասկանալ այս բանը և չեմ կարողանում
հասկանալ այս բանը։ Ես չեմ կարողանում հասկանալ
այս բանը և չեմ կարողանում հասկանալ այս բանը։

Ես չեմ կարողանում հասկանալ այս բանը և չեմ կարողանում
հասկանալ այս բանը։ Ես չեմ կարողանում հասկանալ
այս բանը և չեմ կարողանում հասկանալ այս բանը։

Appendix 8: Percentage of facilities with at least 3 methods of modern contraception available in each facility type by HN



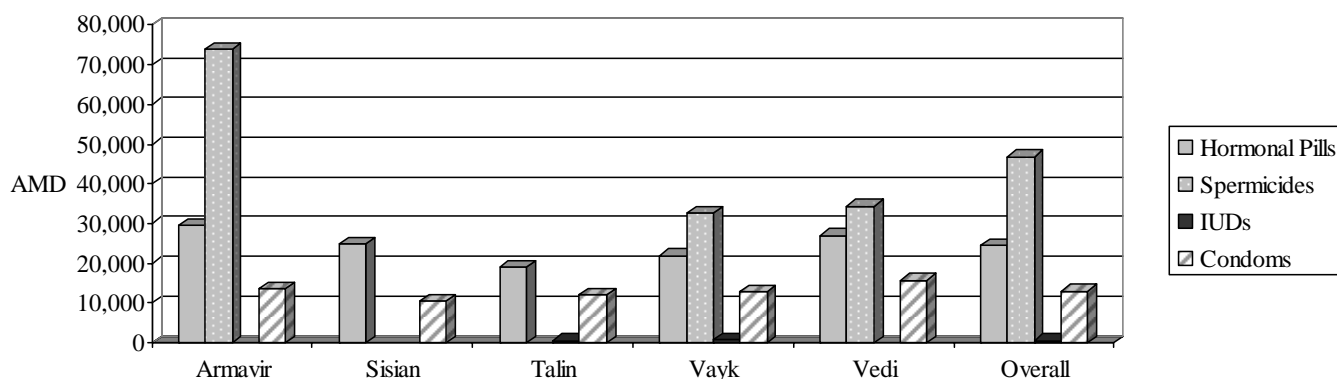
Appendix 9: Percentages of facilities with at least 1,2,3,4 and all 5 modern methods of contraception available by facility type and HN

Health network facilities	All 5 methods	At least 4 methods	At least 3 methods	At least 2 methods	At least 1 methods
<i>Armavir</i>					
• Pharmacy (n=21)	0%	14%	62%	95%	100%
• MA/HC (n=20)	5%	5%	5%	5%	5%
• PC (n=1)	0%	0%	100%	100%	100%
• HP (n=12)	0%	0%	0%	0%	0%
<i>Sisian</i>					
Pharmacy (n=7)	0%	29%	29%	72%	100%
• MA/HC (n=7)	0%	0%	0%	0%	0%
• PC (n=1)	0%	0%	0%	0%	0%
• HP (n=12)	0%	0%	0%	0%	0%
<i>Talin</i>					
• Pharmacy (n=7)	0%	0%	14%	85%	100%
• MA/HC (n=4)	0%	25%	25%	25%	25%
• PC (n=1)	0%	0%	100%	100%	100%
• HP (n=18)	0%	0%	0%	0%	0%
<i>Vayk</i>					
• Pharmacy (n=5)	20%	40%	60%	80%	100%
• MA/HC (n=1)	0%	0%	0%	0%	0%
• PC (n=1)	0%	100%	100%	100%	100%
• HP (n=8)	0%	0%	0%	0%	0%
<i>Vedi</i>					
• Pharmacy (n=8)	0%	25%	38%	88%	100%
• MA/HC (n=8)	0%	0%	0%	0%	0%
• PC (n=1)	0%	0%	100%	100%	100%
• HP (n=10)	0%	0%	0%	0%	0%
<i>All five networks</i>					
• Pharmacy (n=48)	0%	17%	44%	86%	100%
• MA/HC (n=40)	3%	6%	6%	6%	6%
• PC (n=5)	0%	20%	80%	80%	80%
• HP (n=60)	0%	0%	0%	0%	0%

Appendix 10: Number of different brand names within each method stratified by HN and facility type

Health network	Hormonal Pills	Emergency Contraceptives	Spermicides	IUDs	Condoms	Total
<i>Armavir</i>						
• pharmacy	11	1	5	0	27	44
• MA/HC	1	1	1	1	1	5
• PC	1	0	1	0	1	3
• HP	0	0	0	0	0	0
<i>Sisian</i>						
• pharmacy	9	1	3	0	23	36
• MA/HC	0	0	0	0	0	0
• PC	0	0	0	0	0	0
• HP	0	0	0	0	0	0
<i>Talin</i>						
• pharmacy	6	0	0	1	20	27
• MA/HC	3	1	0	1	1	6
• PC	1	0	1	0	1	3
• HP	0	0	0	0	0	0
<i>Vayk</i>						
• pharmacy	8	2	2	1	25	38
• MA/HC	2	0	1	1	1	5
• PC	0	0	0	0	0	0
• HP	0	0	0	0	0	0
<i>Vedi</i>						
• pharmacy	8	1	3	0	20	32
• MA/HC	0	1	1	0	2	4
• PC	0	0	0	0	0	0
• HP	0	0	0	0	0	0

Appendix 11: Mean yearly cost of different methods of modern contraception in five HNs in AMD



Appendix 12: Mean sales of different methods of contraception in number of packs or units during one-month period in pharmacies

Health network	Hormonal Pills ¹	Emergency Contraceptives ¹	Spermicides ¹	IUDs ²	Condoms ²
Armavir	1.2	0.7	1.3	NA	44.9
Sisian	0.8	0.5	0	NA	9.9
Talin	0.3	NA	NA	2.0	10.9
Vayk	0.8	0.9	0.5	0	10.3
Vedi	1.7	0.2	0.9	NA	12.2
Overall mean	1.1	0.6	1.0	1.0	23.1

¹Mean number of packs

²Mean number of units

Appendix 13: Mean available stock of different methods of contraception in number of packs or units available at the time of the survey in pharmacies

Region	Hormonal Pills ¹	Emergency Contraceptives ¹	Spermicides ¹	IUDs ²	Condoms ²
Armavir	1.2	0.9	1.9	NA	23.8
Sisian	1.1	1.5	3.5	NA	16.3
Talin	0.5	NA	NA	2.0	5.4
Vayk	0.8	2.0	0.8	1.0	8.7
Vedi	1.5	1.0	1.6	NA	14.3
Overall mean	1.2	1.3	2.0	1.5	15.9

¹Mean number of packs

²Mean number of units