Components of the Contraceptive Security Indicators Survey

The contraceptive security (CS) indicator survey aims to capture a country's level at which everyone is able to choose, obtain, and use a wide variety of high quality and affordable contraceptive methods when they need them for family planning and reproductive health (FP/RH). Based on the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) framework, the survey looks at a variety of factors that contribute to contraceptive security, including political context and commitment, financial capital, partner coordination, capacity, client demand and utilization, and commodity availability, and now also pharmaceutical quality and private sector contributions. The survey tool was updated in 2019 by GHSC-PSM and USAID to make needed changes to indicator wording, removing a few indicators that had not proven useful in the last iteration in 2017, and adding several indicators in several areas. The survey enables program managers, advocates, and decision makers in countries and in the global health community to monitor progress toward contraceptive security, inform program planning, and advocate for improved policies and resources. The sections below provide additional details on each of the survey components.

Leadership and Coordination

The leadership and coordination section of the survey recognizes that for CS/reproductive health commodity security (RHCS) to become a reality, stakeholders who are involved in contraceptive financing, procurement, and distribution must work together to promote sustainable, effective, and efficient service delivery and supply chain systems (Measure Evaluation, 2017). For instance, one of the indicators measures the existence of a national committee that works on contraceptive security, understanding that an active CS/RHCS committee at the national level can play an important technical and/or political role by coordinating stakeholders and showing country commitment towards sustained national CS/RHCS (Measure Evaluation, 2017).

Procurement and Finance

The finance and procurement section recognizes that a country must have sustainable and adequate financing from a combination of sources, including national and local governments, international donors, and lenders to provide FP program components that are essential to contraceptive security, such as procurement of contraceptives and service delivery. Indicators in the procurement and finance section aim to gauge whether a country's contraceptive-related financial planning, allocation, and actual expenditure is used to obtain an overall country-level picture of contraceptive financing from a variety of sources and assess the country's sustainability of contraceptive security. For instance, one of the indicators asks about the forecasted dollar value of contraceptives needed to be procured for the public sector for the most recent complete fiscal year, seeking to establish the total dollar value of contraceptives needed to be procured for the public sector.

Commodities

The commodities section recognizes that providing a mix of contraceptive methods is essential to ensure that clients can choose the contraceptive that best fits their needs. For instance, one of the indicator asks whether an identified list of contraceptive methods is offered through the commercial, public sector, NGOs, or social marketing. This indicator is a critical component of contraceptive security as it provides information on the types of methods that are available from which sources in a particular country. Importantly, this indicator also recognizes that a better mix of contraceptive methods decreases contraceptive discontinuation, and ultimately reduces the number of unintended pregnancies (UNFPA, 2012).

Policy

Policies indicate the level of government commitment to contraceptive security, as well as influence practices that can promote or hinder CS. Having supportive FP/RH policies is integral to the existence of successful health systems and strong FP programs. The policy section of the survey recognizes how FP/RH policies are made, who makes them, and how contentious the issues being addressed all have implications for policy implementation. The indicators in this section aim to address key policies affecting contraceptive security and their implementation to help determine whether a country has an enabling environment for and is committed to CS.

Supply Chain

The supply chain section recognizes that an effective supply chain ensures the continuous supply of sufficient quantities of high-quality contraceptives needed to achieve contraceptive security and that effective management of supplies is associated with better prospects for contraceptive security (USAID | DELIVER Project, 2010). For instance, one of the indicators in this section explores whether there is a national logistics management information system (LMIS) that collects data on contraceptive commodities. In this case the indicator aims to gauge the level of visibility into the supply chain for family planning commodities as well as clarifying what data is represented by the subsequent stockout indicator.

Quality

The section on quality recognizes that by ensuring that FP commodities are consistently produced and monitored, quality assurance of FP commodities ensures patient safety is protected and maximum benefit and reliable results are achieved. Additionally, it understands that to ensure that these commodities are of consistent quality, production facilities and procedures and distribution and storage conditions must be monitored. This includes registering drug manufacturers and using recognized and trusted suppliers who provide products and backup services of good quality; prequalifying suppliers, especially for bulk procurement at the national level, so that all concerned know which products and suppliers have been approved; and exchanging experiences between programs and providers about the quality of suppliers and products at the service delivery level and the procurement level to accumulate knowledge and expertise on quality assurance (WHO, 2007). Indictors in this section explore issues such as whether there is a requirement that all contraceptives that are locally manufactured or imported

must be registered by the in-country national medicines regulatory authority, and whether drug registration requirements are strictly adhered to.

Private Sector

The private sector is defined as all the providers, suppliers, and ancillary and support services that lie outside the public sector – or non-state actors. These include commercial or for-profit entities, nonprofit organizations, community groups, informal vendors, and a small but growing number of private providers, such as doctors, pharmacies, drug store, and hospital staff (Armand et al., 2007). The section on private sector understands that the private sector is increasingly being recognized as a vital partner in global efforts to provide RH and FP services and commodities. It includes various indicators such as those seeking to provide a sense as to what extent the government has visibility into the private sector market for contraceptives so as to better coordinate activities across sectors and target government resources where needed.

Contextual measures

The CS Indicators were designed to complement the former CS Index, which was collected every three years between 2003 and 2015. Data for the CS Index were obtained from secondary sources to develop a composite index. These secondary indicators, now called Contextual Measures, are still captured every two years alongside the CS Indicators and presented by country on the dashboard. The Contextual Measures and the former CS Index provide insight into a mix of higher-level indicators to help countries identify strengths and weaknesses across five components — financing, supply chain, utilization, access, and health and social environment. It has guided stakeholders in determining which countries are most in need, where to focus resources, and what type of assistance is needed. When taken together, the two tools have enabled high-level and granular analyses of CS constituent elements and contributing factors in fixed locations and in trends over time and across countries.