A primary goal of reproductive health and family planning programs is to ensure that people can choose, obtain, and use a wide range of high-quality, affordable contraceptive methods and confirm for the HIV prevention. Reflected to as contraceptive security, this goal requires sustainable strategies to ensure and maintain access to and availability of supplies.

### Uses
The results are a powerful tool for raising awareness about CS and the inter-relationships between program components, different sectors, and program outcomes. The CS Index can be useful for cross-country comparisons, computing inputs, and program outputs. At the country level, it can identify areas of relative strengths and weaknesses to help stakeholders target their resources more effectively and appropriately. However, in-depth assessment is required at the country level to identify issues that need to be addressed through the development of a strategic plan designed to move countries toward contraceptive security. The CS Index can be used to set priorities and to advocate for national and international support for promoting progress toward contraceptive security. It is also a useful guide for advocating among global donors and lenders to determine the countries most in need of assistance and to determine what kind of assistance they need. The results can be used to monitor progress toward the goal of contraceptive security over time. By drawing attention to the importance of contraceptive security, this tool can help donors and governments focus on meeting the growing contraceptive needs into the future.

Finally, the CS Index should be updated periodically, as new data become available (ideally, every two to three years).

### Results
Table 1 shows the 17 indicators, grouped into the five components used to construct the CS Index. Figures 2 and 3 show the weighted component scores for the five components across different countries at different intervals. They are also aggregated to establish a composite index, which can be used to measure the level of contraceptive security in countries. These indicators can be used separately to monitor progress in each component. They are also aggregated to establish a composite index, which can be used to monitor progress over time within a country.

The Contraceptive Security Index can also be used for priority setting, planning, and advocacy at the national and international levels to support policies and other interventions that promote contraceptive security. The index can help country governments, donors, and lenders improve resource allocation by providing them with a tool to track where countries are on a continuum of contraceptive security. With repeated measures over time, the index is meant to provide a measure of progress toward the goal of contraceptive security.

### Table 1. CS INDEX INDICATORS

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
<th>Score</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply Chain</td>
<td>Access to supplies and services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>Capacity to manage the supply chain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy</td>
<td>Policy and regulatory environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health &amp; Social Environment</td>
<td>Sectoral approach to contraceptive security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td>Utilization and adoption of contraceptive methods</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 2. WEIGHTED COMPONENT SCORES

<table>
<thead>
<tr>
<th>Component</th>
<th>Score</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply Chain</td>
<td></td>
<td></td>
</tr>
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<td></td>
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<tr>
<td>Policy</td>
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<td>Health &amp; Social Environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td></td>
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</tr>
</tbody>
</table>
Both efforts have drawn much needed attention to the issues around contraceptive security and have generated interest in refining a methodology to measure CS. The CS Index takes additional indicators into account, organizes them around a conceptually consistent framework, and is designed to capture the preferences of suppliers and users. All efforts also add considerable content to the index for cross-country comparisons and its inter-country analysis.

Methodology

The work noted above was a starting point for a working group convened to conceptualize the CS Index. The group consisted of experts from USAID, Johns Hopkins, World Bank, Futures Group, TFGI, and other donor agencies.

Component III: Finance—

This component is composed of three indicators that measure client behaviors in terms of contraceptive use patterns. The three indicators measure the degree to which clients use a range of contraceptive methods. The component of “ready and easy access” to a broad range of at least three contraceptive methods by taking the highest-scored method, also means that if one method becomes unavailable, other methods are available to clients in the interim. This concept is defined as standardized by a standard of living index (SLI). Data from Demographic and Health Surveys (DHS) and Reproductive Health Indicators (RHS) are used and can be compared to the SLI and the distribution of public sector supplies per SLI category.

Spread of access to modern family planning methods—Spreads of access to modern family planning methods across the five dimensions of the index can be used to determine the degree to which clients can choose and obtain their methods of family planning. Total contraceptive prevalence rates for each SLI category can be used to determine the difference between the most and least available CS data for each country.

Component IV: Access—

The first four indicators were obtained from John Snow, Inc. (JSI) Family Planning Logistics Management (FPLM) project’s conceptual framework vetted by a wide range of family planning experts, and allows additional countries to be scored in the index.

The CHS Index—Future efforts will focus on improving country level indicators from national surveys and allowing additional countries to be scored in the index. The conceptual framework at the core of the CHS Index was used as a guide in developing the CS Index. It defines the program and program environment components that are required to achieve RH commodity security, whether for contraceptives or other RH commodities. See figure 4.

Additional contraceptive security resources are further described in the following:

DElIVER Project: DELIVER.pj@usaid.gov
Commercial Market Strategies: CMSC.pj@usaid.gov

References


Finkle, Clea T., Jane Hutchings, and Janet Vail. 2001. “Ready and Easy Access to a Broad Range of At Least Three Contraceptive Methods” was organized by the Interim Working Group on Reproductive Health Supplies (IWG). This was a collaborative effort by John Snow, Inc. and Reproductive Health Care, Inc. Funding for the development and publication of the CS Index was provided by USAID, and additional funding for development of the index and wallchart. We also thank reviewers of the CS Index Technical Manual for their comments.

Additional contraceptive security resources are further described in the following:

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3. Component II: Finance—

The CHS Index was used as a guide in developing the CS Index. It defines the program and program environment components that are required to achieve RH commodity security, whether for contraceptives or other RH commodities. See figure 4.

4. Component IV: Access—

The first four indicators were obtained from John Snow, Inc.'s (JSI) Family Planning Logistics Management (FPLM) project’s conceptual framework vetted by a wide range of family planning experts, and allows additional countries to be scored in the index.