Uses of the Contraceptive Security Indicators Survey

Multiple factors across several sectors contribute to the availability and accessibility of contraceptives within countries, including political commitment, financial capital, partner coordination, capacity, client demand and use, and commodity availability. As demand for family planning continues to grow and outpace financing, the ability of governments and other stakeholders to direct resources and legislation in support of supply chains and service delivery increases in importance. The CS Indicators can assist stakeholders and countries in obtaining data and monitoring progress toward contraceptive security objectives and goals. Here are some examples of potential uses of the data by various stakeholders:

Global donor community

- Advocate for increased financing for family planning to meet the demand.
- Advocate for increased financing by domestic governments for family planning as a share of overall financing.
- Advocate for countries to make FP2020 commitments or to seek Global Financing Facility funding.

Ministries of health

- Strengthen CS committee functionality and inclusion of multiple sectors.
- Commit to or adhere to existing commitments for creating a dedicated budget line for CS commodities, allocating funding, ensuring funding meets demand, and increasing the government's share of total contraceptive expenditures.
- Promote policies that other countries have used to meet FP2020 and other FP objectives, including those that enable broader private sector distribution of contraceptives.
- Promote policies with a focus on increasing access to FP by specific vulnerable or underserved populations.
- Counteract pervasive myths about FP through public platforms and social mobilization campaigns.
- Ensure a robust FP method mix is available within the public and private sectors.
- Develop a national strategy that includes specific objectives for contraceptive security.
- Implement task-shifting or mobile/community health worker strategies to facilitate access to contraceptives through community health workers or other lower-level cadres.
- Reduce or eliminate duties on FP commodities.
- Provide subsidies or full financing of FP services and commodities for those who cannot afford to pay.
- Increase the number of FP commodities on the national essential medicines list and ensure their inclusion in national health insurance coverage.
- Ensure training of FP providers on implant and IUD insertion and removal.
- Strengthen supply chains to reduce stockouts of FP commodities and increase local procurement.
- Strengthen and streamline product registration requirements to increase availability of quality-assured contraceptives.
- Improve practices of the national quality control laboratory to bring it up to WHO and/or ISO 17025 standards.
- Facilitate partnerships with the private sector to increase availability and affordability of contraceptives.
- Strengthen the enabling environment to attract growth of local manufacturing of FP commodities.

Civil Society

- Advocate with the government to ensure adequate financing for contraceptives and an increased share by the government.
- Advocate for policies to increase access to FP, especially for vulnerable populations.
- Counteract pervasive myths about FP through social media and social mobilization campaigns.
- Use community-based platforms to allow community members to give feedback on or ask questions about FP services and methods, availability of FP commodities, etc.
- Advocate for improved systems to ensure quality of FP commodities.
- Partner with the public sector to increase outlets for/coverage of FP commodities.

Private Sector (associations, wholesalers, retailers, distributors, social marketing organizations, etc.)

- Advocate for partnerships with government for provider training, tax exemptions, streamlined registration processes and licensing requirements.

Sample CS Monitoring Country Scorecard

The following is a sample scorecard that stakeholders can use to help track progress in terms of positive steps toward contraceptive security, and also potential areas of weakness, through reviewing indicator results on the dashboard or in the country's own survey response.

Sample CS Monitoring Scorecard

Positives		Negatives	
A. Leadership and Coordination			
CS committee/FP technical working group (TWG) includes commercial sector participation.	✓		
CS committee/FP TWG has formal legal or administrative status.	✓		
CS committee/FP TWG has a formal written terms of reference.	✓		
CS committee/FP TWG met at least 4 times in the past year.	✓	CS committee/FP TWG has met fewer than twice in the past year.	☒
CS committee/FP TWG developed/started developing policies, procedures, and/or actions plans in the past year.	✓	CS committee/FP TWG has not yet begun developing policies, procedures, and/or actions plans in the past year.	☒
CS committee/FP TWG has adhered to/followed-up on policies, procedures, and/or action plans in the past year.	✓		
B. Finance and Procurement			
There is a government budget line item specifically for the procurement of contraceptives.	✓	The forecast is updated less than annually.	☒
Government funds were allocated for contraceptives in the most recent fiscal year.	✓	There was a funding gap for contraceptives in the most recent fiscal year.	☒
Government funds were spent on contraceptives in the most recent fiscal year.	✓		
Government's share of total funds spent on contraceptives in the most recent fiscal year was > 50%.	✓	Government's share of total funds spent on contraceptives in the most recent fiscal year was < 50%.	☒
Funds have been allocated for contraceptives for the current survey year.	✓		

Positives		Negatives	
C. Commodities			
More than 8 FP methods are offered in the public and/or private sector	✓	More than one FP method is not offered in any sector.	☒
		Several FP methods are not offered in the public or private sector.	☒
D. Policy			
		There is no national strategy in place that includes objectives for contraceptive security.	☒
There are policies in place that enable/support the private sector to provide contraceptives.	✓	There are policies in place that hinder the ability of the private sector to provide contraceptives.	☒
There are multiple methods that are provided by community health workers in the public and/or private sectors.	✓	A number of methods can only be offered by a doctor or clinical officer in the public and private sectors.	☒
The country has laws, regulations, or policies that **increase** access to effective FP services/commodities for one or more sub-populations.	✓	The country has laws, regulations, or policies that **make it difficult** for one or more sub-populations to access effective family planning services/commodities.	☒
The country has operational, cultural, or other practices that may **increase** access to effective FP services/commodities for one or more sub-populations.	✓	The country has operational, cultural, or other barriers and practices that make it difficult for one or more sub-populations to access effective FP services/commodities.	☒
National health insurance covers FP services and/or commodities.	✓	FP commodities are subject to duties in one or more sectors.	☒
There are exemptions on fees for FP services/commodities for those who cannot afford to pay.	✓	There are charges to the client in the public sector for FP services and/or commodities without exemptions for people who cannot afford to pay, and not covered by a national health insurance plan.	☒
Family planning is extensively promoted through one or more of the following channels: social marketing, mass media, mobile outreach/education, or community mobilization/engagement.	✓	There are informal, unofficial, or unposted charges to the client in the public sector for FP.	☒

Positives		Negatives	
Eight (8) or more FP methods are on the national essential medicines list.	✓	Fewer than eight FP methods are on the national essential medicines list.	☒
		Fewer than 61% of public sector family planning providers have been trained in implant and IUD insertion and removal.	☒
The country has made an FP2020 commitment that includes one or more of the following areas: • Improving domestic financing for contraceptives • Increasing affordability of contraceptives for clients • Improving access to or availability of contraceptives (beyond commitments discussed in the previous two areas)	✓	The country has not made an FP2020 commitment.	☒
The country is a Global Financing Facility (GFF) partner	✓		
The GFF financing includes one or more of the following provisions: • Provisions for family planning • Provisions for procurement of contraceptive commodities • Provisions for supply chain management • Technical assistance in support of a transition to domestic financing of contraceptives	✓		
E. Supply Chain			
The country has a logistics management information system (LMIS) for the public sector that includes contraceptives.	✓	Central level annual average stockout rates are above 5% for one or more FP commodities.	☒
		Service delivery point (SDP) level annual average stockout rates are above 10% for one or more commodities.	☒
		FP commodity logistics data are not accessible down to the SDP level.	☒
F. Quality			
There is a requirement that all contraceptives that are locally manufactured or imported be registered by the in-country national medicines regulatory authority (NMRA).	✓	Drug registration requirements are not strictly adhered to.	☒

Positives		Negatives	
The average lead time for the registration of contraceptive products is less than six months.	✓	The average lead time for the registration of contraceptive products is more than a year.	☒
The NMRA participates in WHO-prequalified (WHO-PQ) Collaborative Procedures	✓	No contraceptives (excluding condoms) were tested by the NQCL post-shipment in the past year.	☒
There is a requirement that contraceptives, imported or locally manufactured, be tested by the in-country national quality control laboratory (NQCL).	✓	No condoms were tested by the NQCL post-shipment in the past year.	☒
The NQCL is ISO 17025 (International Organization of Standards) certified/accredited and/or WHO-prequalified.	✓	The NMRA did not conduct field surveillance monitoring in the past year to identify SSFFC (substandard, spurious, falsely labelled, falsified and counterfeit) contraceptives.	☒
In the past year, the NMRA conducted field surveillance monitoring to identify SSFFC (substandard, spurious, falsely labelled, falsified and counterfeit) contraceptives.	✓	The NMRA conducted field surveillance monitoring to identify SSFFC's in the past year but limited or no enforcement actions were taken despite findings.	☒
G. Private Sector			
Most or all FP methods have WHO-PQ or SRA-approved products registered for distribution in the country.	✓	For several FP methods, there are fewer than two manufacturers registered in the country for distribution of WHO-PQ or SRA-approved contraceptives.	☒
There are joint ventures between multinational pharmaceutical companies and local manufacturers of contraceptives.	✓	For most or all FP methods, there are no in-country local manufacturers.	☒
There have been public/private partnerships established or brokered in the last two years with the purpose of expanding private sector provision of health services including FP products/services.	✓		
The government has developed/started developing a private sector engagement (PSE) plan for FP/RH, or with an FP/RH component.	✓		
If a PSE is in place, most or some actions related to FP/RH are being implemented.	✓		