



# Contraceptive Security Indicators Survey Methodology

The CS Indicators build off the Strategic Pathway for Reproductive Health Commodity Security (SPARHCS) framework as an approach to assess, identify, and prioritize reproductive health (RH) issues around the “7 Cs”: context, commitment, coordination, capital, capacity, commodities, and client demand and use. Multiple factors across several sectors contribute to the availability and accessibility of affordable, quality-assured contraceptives within countries, including political commitment, financial capital, partner coordination, capacity, client demand and use, and commodity availability.

The survey is divided into the following seven thematic areas, which together encompass the “7 Cs”:

- A. Leadership and Coordination
- B. Finance and Procurement
- C. Commodities
- D. Policy
- E. Supply Chain
- F. Quality
- G. Private Sector

Through a mixed methods approach of qualitative and quantitative elements, the survey assesses each country’s contraceptive security landscape.

## Questionnaire Design

The sections of the survey roughly map to the SPARHCS elements as follows:

“7 C’s”	Relevant Section of Survey/Indicators
Client Utilization and Demand	Section B (Finance and Procurement): <ul style="list-style-type: none"> <li>• Forecast (Estimated need in USD for the public sector);</li> </ul> Section D (Policy): <ul style="list-style-type: none"> <li>• Laws, regulations, or policies that increase access or make it difficult for sub-populations to access effective FP services/commodities</li> <li>• Operational, cultural, or other practices that increase access or make it difficult for sub-populations to access effective FP services/commodities</li> <li>• Official and unofficial charges for FP services or commodities</li> <li>• Are there exemptions for people who cannot pay?</li> <li>• National health insurance coverage</li> </ul> Section G (Private Sector) “Contextual Measures” section: <ul style="list-style-type: none"> <li>• Access metrics</li> </ul>

**“7 C’s”      Relevant Section of Survey/Indicators**

- Utilization metrics

Commodities	<p>Section C (Commodities):</p> <ul style="list-style-type: none"> <li>• Commodity mix indicator</li> </ul> <p>Section D (Policy):</p> <ul style="list-style-type: none"> <li>• National essential medicines list questions</li> </ul> <p>Section F (Quality)</p> <p>Section G (Private Sector):</p> <ul style="list-style-type: none"> <li>• Are there any WHO-PQ or SRA-approved products registered for distribution in the country?</li> <li>• How many manufacturers are registered in the country for distribution of WHO-prequalified and/or SRA-approved contraceptive products?</li> <li>• How many in-country local manufacturers exist who produce any combined oral contraceptives?</li> <li>• Are there any joint ventures between multinational pharmaceutical companies and local manufacturers of contraceptives?</li> </ul> <p>Has the government developed or started developing a private sector engagement (PSE) plan for family planning/reproductive health, or with an FP/RH component?</p>
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Commitment	<p>Section B (Finance and Procurement):</p> <ul style="list-style-type: none"> <li>• Questions on amount budgeted and allocated, donor financing.</li> </ul> <p>Section D (Policy):</p> <ul style="list-style-type: none"> <li>• Questions on CS strategy</li> <li>• Hindering and enabling policies for private sector distribution</li> <li>• Official and unofficial charges for FP services or commodities</li> <li>• Are there exemptions for people who cannot pay?</li> <li>• National health insurance coverage</li> <li>• FP2020 commitments</li> <li>• GFF partnerships</li> <li>• National essential medicines list questions</li> </ul> <p>Section G (Private Sector):</p> <ul style="list-style-type: none"> <li>• Are there any joint ventures between multinational pharmaceutical companies and local manufacturers of contraceptives?</li> <li>• Has the government developed or started developing a private sector engagement (PSE) plan for family planning/reproductive health, or with an FP/RH component?</li> </ul>
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Capital	<p>Section B (Finance and Procurement)</p> <p>Section D (Policy):</p> <ul style="list-style-type: none"> <li>• Official and unofficial charges for FP services or commodities</li> <li>• Are there exemptions for people who cannot pay?</li> </ul> <p>National health insurance coverage</p>
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Capacity	<p>Section B (Finance and Procurement):</p> <ul style="list-style-type: none"> <li>• Forecast accuracy</li> </ul> <p>Section E (Supply Chain):</p> <ul style="list-style-type: none"> <li>• Stockout rate</li> <li>• Stock management challenges</li> </ul> <p>Section F (Quality)</p>
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“7 C’s”	Relevant Section of Survey/Indicators
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Section G (Private Sector)

Coordination	Section A (Leadership and Coordination) Section D (Policy): <ul style="list-style-type: none"> <li>• Questions on CS strategy</li> </ul> Section G (Private Sector): <ul style="list-style-type: none"> <li>• How many wholesalers are registered in the country (for distributing FP products)?</li> <li>• Are wholesalers required to report to the government their sales and services?</li> </ul> Public/private partnerships
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Context	Section D (Policy): <ul style="list-style-type: none"> <li>• Hindering and enabling policies</li> </ul> Section F (Quality) “Contextual Measures” (former CS Index) section
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## Survey response and validation process

The survey tool was created in MS Excel and incorporates drop-down menus and free-text response elements. Responses to questions were collected through key informant interviews and document reviews within each of the focus countries. In countries with project presence, GHSC personnel led the data collection and initial validation. Elsewhere, this was done by USAID, Ministry of Health officials, or representatives of another donor or implementing partner (e.g. UNFPA).

Depending on local data collection opportunities and constraints, key informants may include staff at the Ministry of Health, Ministry of Finance, other government officials, managers, and policymakers for FP/RH programs, representatives from associations of pharmacists or health providers, representatives of nongovernmental organizations (NGOs) or donor agencies, and/or representatives of private-sector retailers, manufacturers, or associations. Key informants in some cases may be able to cite official documents such as policies, budgets, or strategies in their responses. Survey respondents are requested to cite the sources they consulted to the extent possible for each response, whether these sources are organizational entities and/or documents, databases, or information systems. These sources are captured in the documentation (which can be found in the downloadable database and listed in columns O and P of the surveys).

The GHSC-PSM and Francophone Task Order (FTO) home offices coordinate with in-country survey leads to validate the responses. This includes ensuring that there is internal logic, consistency, and completion within each survey and with previous CS surveys completed by the country. Secondary sources were referenced for some indicators, most notably the GHSC-PSM ARTMIS database for USAID procurement values, the UNFPA RH Interchange database for UN and other donor procurements, and the FP2020 commitment follow-up interviews with countries.

## Analysis

Responses for each section were aggregated across countries, within-country, or, where country aggregation is not meaningful, using other descriptive (non-inferential) methods. To present the commodity mix and stockout rates, for example, data are presented by FP commodity rather than by country. Percentages as well as the underlying numerators and denominators are presented in the dashboard.

Quantitative data is presented in the dashboard through descriptive statistics that allow users to view results by survey section and by indicator at a country or cross-country (global) level. A downloadable database is available for users to conduct additional analysis themselves, as needed.

Qualitative data are analyzed thematically and discussed throughout the survey report. Some qualitative indicators are depicted in frequency charts in the dashboard, while others are presented by country in the downloadable database summary tab. Full qualitative responses can be found in the country survey tabs of the downloadable database. Key qualitative themes are presented on this site as document briefs.

## Limitations

Data presented in this survey reflect the most recently completed fiscal or calendar year in each country, provided by key informants based on the information they had access to at the time of the survey. Therefore, time periods reflected in the data between countries may vary due to availability of the most recent data and the rolling survey completion dates.

Most of the data provided are from secondary sources. This is a centrally and remotely collected survey where the principal authors did not have direct access to the data sources. When possible, indicators were validated against other secondary data sources, though most relied on the key informants and their sources. As with all data provided by key informants, these data rely on respondent knowledge and may be affected by reporting biases. Government officials may be prone to biases in reporting publicly on outcomes that reflect their country's position or standing. Where responses were unknown or not applicable at the time of survey completion, they have been removed from the denominator when calculating percentages.

The FP commodity funding gap in countries is depicted as the percent of U.S. dollars spent on FP commodities for the public sector out of the total FP commodity forecast for the public sector. This measure can be difficult to interpret due to exchange rate fluctuations, changes in commodity costs, and the inclusion of freight costs in some expenditure figures, all of which could artificially increase or decrease the FP funding gap.

Regional comparisons have not been drawn in this survey, due to the limited numbers of respondent countries in several regions and the nonrandom selection of the countries responding in each region.

Although a comprehensive data collection and use manual was made available to respondents, interpretations of questions may still vary.

Due to revisions to some questions and additions of others, comparisons with previous CS Indicator surveys are limited.