DELIVER
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Implemented by John Snow, Inc. (JSI) (contract no. HRN-C-00-00-00010-00) and subcontractors (Manoff Group, Program for Appropriate Technology in Health [PATH], and Crown Agents Consultancy, Inc.), DELIVER strengthens the supply chains of health and family planning programs in developing countries to ensure the availability of critical health products for customers. DELIVER also provides technical management of USAID’s central contraceptive management information system.

Recommended Citation
The Contraceptive Security Index was calculated and presented for the first time in 2003; the 2006 edition updates those findings. A total of 63 countries are represented in the 2006 index, including the 57 countries from the 2003 index plus six additional countries.

This user’s guide describes and explains how governments, program managers, policymakers, donors, and other stakeholders can use the Contraceptive Security Index to raise awareness, support advocacy, focus priorities, and target resources to achieve contraceptive security.

The Contraceptive Security Index uses 17 indicators to measure a country’s level of contraceptive security and to monitor global progress toward reaching that goal, over time. The indicators include five components that are essential to contraceptive security—

- how well the supply chain for contraceptives functions
- the prospects for government and household financing of family planning services and contraceptives
- the broader health and social environment as it affects the prospects for contraceptive security
- the availability and access to modern methods of contraception
- contraceptive use.

The indicators are combined into aggregate scores for each of the five components; these scores are then combined to produce an index measure for each country.

**Methodological Considerations**

Some care should be taken when using the Contraceptive Security Index:

- Although the index represents a country’s contraceptive security situation at a point in time, the actual data were collected over a number of years. Different indicators were updated at different times; the most recently available data are used for each indicator. Ideally, the index will be updated every two to three years.

- Since the 2003 index, the data collection methodology for some of the supply chain indicators changed. Consequently, comparing index scores at the country level between 2003 and 2006, or between the 2003 and 2006 scores for the individual supply chain indicators and component, is not recommended at this time. Only aggregate level comparisons between the 2003 and 2006 data are recommended.

- Indicators in the Contraceptive Security Index should be reviewed within the broader context of a country situation, including aspects that are not captured in the index because of data limitations. To inform program design and implementation, the index can point to areas that require more in-depth analysis.
Using the *Contraceptive Security Index*

The information provided in the *Contraceptive Security Index* can be used to—

1. Advocate for and raise awareness about contraceptive security by demonstrating where investments have already been successful.

2. Identify priority areas for support at the global, regional, and national level by examining different components.

3. Help allocate resources at the global and regional levels by comparing countries and regions and identifying where assistance is most needed.

Following are examples of these three uses:

**USING THE CONTRACEPTIVE SECURITY INDEX AS AN ADVOCACY TOOL**

By highlighting successes, the *Contraceptive Security Index* can be used as an advocacy tool to reinforce the commitment of countries, donors, and lenders to contraceptive security. For example, the per capita gross national income (GNI)—one of the indicators used in the index—represents the ability to pay for contraceptives at the household level. Greater ability to pay is associated with better prospects for contraceptive security. Bangladesh ranks second to last in per capita GNI within the Asia and Pacific region. But, when examined globally within the context of other countries with similar per capita GNI (range +/- $500), Bangladesh has the highest total index score. Even though Bangladesh’s per capita GNI is among the lowest in the region, compared with other countries with similar per capita GNI, investments in contraceptive security are making a difference in Bangladesh (see figures 1 and 2).

![Figure 1. Per Capita GNI in the Asia & Pacific Region, 2006](image-url)
Figure 2. Contraceptive Security Index Score among Countries with Similar Per Capita GNI, 2006

**USING THE CONTRACEPTIVE SECURITY INDEX TO IDENTIFY PRIORITIES**

The *Contraceptive Security Index* can be used to give donors and lenders some indication of where regions rank within the spectrum of contraceptive security, and to identify where intensified efforts toward contraceptive security are needed. For example, by roughly dividing the range of total scores of all ranked countries into top, middle, and bottom thirds, and segregating by regions, it is clear that the total scores of the majority of sub-Saharan African countries fall within the bottom third of all the ranked countries. However, the majority of total scores in the Latin America and Caribbean region fall within the top third of total scores of all countries ranked, with none falling in the bottom third range of scores (see figure 3).

Figure 3. Total Contraceptive Security Index Scores by Region, 2006
For another look at sub-Saharan Africa, the *Contraceptive Security Index* can be used to identify and set priorities among sub-regions and components. For example, by comparing the index scores among the four sub-regions (see figure 4), it is clear that the central African sub-region has the farthest to go toward achieving contraceptive security.

**Figure 4. Comparison of Total Score in Sub-Saharan Africa by Region, 2006**

Looking still further by component, figure 5 shows that finance is the weakest component across all four sub-regions in sub-Saharan Africa; and it is even weaker in East Africa.

**Figure 5. Component Score Comparisons in Sub-Saharan Africa, 2006**
By looking within a sub-region, we see areas of strength and weakness that can help determine the countries most in need of assistance and the kind of assistance they need. In comparing the total scores across seven countries in southern Africa (see figure 6), Zambia stands out as the country with the lowest total contraceptive security score.

**Figure 6. Total Scores among Southern African Countries, 2006**

![Bar chart showing total scores among Southern African countries, 2006.](image)

Further component score comparisons between top-ranked South Africa and bottom-ranked Zambia (see figure 7) reveal the components that are most affecting the total score and where advocacy efforts should be targeted.

**Figure 7. Component Score Comparison: South Africa and Zambia, 2006**

![Bar chart showing component scores for South Africa and Zambia, 2006.](image)
The Contraceptive Security Index can be used to improve resource allocation by identifying where assistance is most needed. For example, in Guatemala the strongest component is the supply chain; the weakest component is finance—followed by utilization, access, and health and social environment (see figure 8). If additional resources are targeted to first strengthen the financial situation, this positive change can help improve overall prospects for contraceptive security.

Figure 8. Identifying Strengths and Weaknesses in Guatemala, 2006

Comparisons among countries within a region that have similar total scores can also be used to extract lessons for country programming. For example, Paraguay and Peru have similar total scores of 63.1 and 63.6, respectively. However, there are variations in terms of component strengths: the supply chain is the strongest in Peru and utilization is the strongest in Paraguay (see figure 9). What types of investments for supply chain improvements might be applicable in Paraguay? Conversely, why is utilization of modern contraception higher in Paraguay, and what does this say about the allocation of resources for contraceptive security in Peru?
Although comparisons should not be made from 2003 to 2006 between scores from individual countries, regional comparisons across time can be used to gauge relative progress over time within a region; this is another way to identify where progress is lagging and where resources may need to be allocated. For example, in the Latin American and Caribbean region, relative improvements have been made in supply chain, health and social environment, and utilization, with finance remaining stable and access decreasing slightly (see figure 10). By examining these changes within the regional context, policymakers and program managers can focus efforts on certain areas of need.

**Figure 10. Component and Total Scores for Latin America and the Caribbean, 2003–2006**
FOCUSING ON THE FUTURE

Stakeholders and program managers must continue to focus attention on long-term contraceptive security. Programs cannot meet their clients’ reproductive health and family planning needs without the reliable availability of high-quality contraceptive supplies and services. To plan effective interventions to reach this goal, policymakers, program managers, and international donor agencies need to know if and how their programs are progressing toward contraceptive security. The *Contraceptive Security Index* is a useful tool that can be used to monitor progress toward reaching contraceptive security over time. This user’s guide provides illustrative examples of how stakeholders can use the information provided in the index to raise awareness, identify priority areas, and improve resource allocation.
For more information, please visit—


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