

# The National Composite Index for Family Planning (NCIFP): 2021 Global Report



Rebecca Rosenberg  
Karen Hardee  
Inday Zosa-Feranil  
June 2023

Contents

Acknowledgements..... 3

Executive Summary..... 4

    Additional analysis: correlation between 2021 NCIFP and FP indicators ..... 5

    Impact of COVID-19 on FP programs ..... 5

Introduction ..... 6

Methodology..... 7

Results..... 11

    Summary of Global and Regional Results ..... 11

    Patterns for the Individual Scores by Region ..... 14

    Country variation ..... 16

Special Analysis ..... 19

    Correlation between NCIFP and mCPR ..... 19

    Impact of COVID-19 on FP Programs ..... 20

    Participation in FP2020 ..... 21

Conclusion..... 22

Annex: 2021 NCIFP Questionnaire..... 24

## Acknowledgements

The valuable assistance and support of many colleagues, professionals and experts made this report possible. We are sincerely grateful for the overall technical and administrative guidance provided by Track20 Project Director Emily Sonneveldt and the field and logistical support given by Jerry Parks, especially in working with Track20 Monitoring and Evaluation Officers (M&E Officers) in priority FP2020 countries.

Our sincere gratitude goes to all country experts who gave their time and perspectives by participating in the study, to all M&E Officers and consultants who served as country study managers in coordinating the data collection and encouraging expert respondents to use the new online confidential response system. We are also grateful to various organizations that facilitated identification of country study managers as well as encouraged participation in the study, particularly UNFPA resident representatives and officers, other UN agencies, and Ministries of Health across countries.

Lastly, we want to acknowledge the FP2020 PME Working Group who reviewed by 2017 questionnaire, commented on the 2017 reports, and gave input into the 2021 questionnaire.

## Executive Summary

Originally developed to support FP2020's efforts to improve the enabling environment for family planning (FP), the National Composite Index for Family Planning (NCIFP) is a tool that examines the levels and types of effort for a range of FP policy and programmatic indicators, including rights-based initiatives. The first round of the NCIFP was conducted in 2014 in 89 countries, the second round took place in 2017 in 84 countries and the third round was in 2021 conducted in 70 countries. This report presents the main findings of the 2021 NCIFP as well as comparisons to the 2017 NCIFP findings to illustrate change over time for the countries included in both the 2021 and 2017 rounds. The 2021 round included supplemental questions on the effect of COVID-19 on FP.

Results are presented globally, by region and by country which can be useful for informing policy development and revision and resource allocations. At the country level, decision-makers can review the scores for specific items to identify areas for potential improvements.

Results of the 2021 round of the NCIFP have revealed improvements from the 2017 round in the existence of policies and program implementation across four of the five dimensions: Data, Quality, Equity and Accountability.

The total 2021 NCIFP score, a total possible score of 100, is the average of 41 individual item scores for each country. Items are organized under five dimensions: Strategy, Data, Quality, Equity, and Accountability. Six items were added in 2021, so when results are compared to previous rounds, scores from only the original 35 items will be compared.

The overall 2021 NCIFP score, averaged over all the countries is 56. For the five dimensions, the overall averages are 58 (Strategy), 52 (Data), 58 (Quality), 49 (Accountability), and 62 (Equity), with a 13-point spread between the highest (Equity) and lowest (Accountability) scores. When comparing the 2017 and 2021 NCIFP, scores reflect the original 35 items among countries with data from both rounds (63 countries). The overall NCIFP score increased from 49 to 56. This rise was driven by scores for all five dimensions growing between the years. The largest increase between 2017 and 2021 was for Accountability (49 in 2021, up from 39). The other four dimensions increased more modestly: Strategy (58 to 60), Data (50 to 51), Quality (53 to 58), and Equity (61 to 62).

**Table 1. 2017 and 2021 NCIFP Scores by Dimension, for 63 countries with data from both rounds**

Dimension	2017 Score	2021 Score
Strategy	58	60
Data	50	51
Quality	53	58
Equity	61	62
Accountability	39	49
Total	52	56

Subregions range considerably in their scores, with Sub-Saharan Africa-Francophone (SSAF-F) having the highest total scores in 2021 (60) and Eastern Europe and Central Asia (EECA) the lowest (50). The largest increase in scores between 2017 and 2021 was seen in Asia, which rose from 50 to 57. Across the regions, scores for Accountability generally increased the most, while scores for Equity generally increased the least or declined.

Table 2. 2017 and 2021 NCIFP Scores by Dimension and Sub-region, for 63 countries with data from both rounds

Region	2017					
	Strategy	Data	Quality	Equity	Accountability	Total
SSAF-A	66	55	55	63	40	56
SSAF-F	58	54	56	65	41	55
Asia	57	46	51	59	38	50
LAC	50	44	49	61	34	47
MENA	57	52	58	59	43	54
EECA	52	46	50	57	41	49
Region	2021					
	Strategy	Data	Quality	Equity	Accountability	Total
SSAF-A	64	57	61	64	48	59
SSAF-F	64	59	63	67	49	60
Asia	61	49	60	62	51	57
LAC	54	46	53	60	45	52
MENA	59	47	61	58	54	56
EECA	50	44	49	56	49	50
SSAF-A: Sub-Saharan Africa-Anglophone; SSAF-F: Sub-Saharan Africa-Francophone; LAC: Latin America and the Caribbean; MENA: Middle East and North Africa; EECA: Eastern Europe and Central Asia.						

### Additional analysis: correlation between 2021 NCIFP and FP indicators

Analysis was conducted to look the relationship between a key FP indicator, modern contraceptive prevalence rate (mCPR), and results of the 2021 NCIFP to provide a deeper understanding of the results. This analysis divided regions between sub-Saharan Africa (SSA) and non-SSA countries. For both SSA and non-SSA regions, mCPR is positively related to total NCIFP score. A ten-point increase in total NCIFP score is associated with a 5-point increase in mCPR in sub-Saharan Africa and a 4-point increase in non-SSA countries.

### Impact of COVID-19 on FP programs

The 2021 NCIFP was carried out during a challenging time as countries had been grappling with the COVID-19 pandemic globally and response rates were muted in at least one region by a war. Still, responses from 70 countries indicate that while there was an impact of COVID-19 on FP, the environment for FP continues to strengthen and that even in the midst of COVID-19, governments maintained their commitment to FP. COVID-19 appeared to have the largest impact on advocacy and community mobilization efforts and the least amount of impact on countries' ability to maintain their commitment to FP and availability of methods. Results revealed that the FP programs of countries in SSAF-F may have been least affected by COVID-19, and countries in LAC may have been most affected.

Finally, countries were mostly positive (with an average score of 70) that being part of the FP2020 global partnership had been beneficial to the national FP program. The results from the 2021 round of the NCIFP serve as a benchmark for the FP2030 partnership.

## Introduction

The National Composite Index for Family Planning (NCIFP) was developed to support FP2020 measurement efforts to capture indicators related to an enabling policy environment and a rights-based approach to family planning (FP) services. FP2020 working groups<sup>1</sup>, donors and various implementing partners collaborated with Avenir Health's Track20 Project in tool development and analysis. The NCIFP focuses on FP policies, plans and structures, including data systems, that pertain to quality of care, choice, accountability, and equity.

The NCIFP builds on the National Family Planning Effort (FPE) index that has been regularly applied to developing countries since 1972<sup>2</sup> to measure the level of effort that goes into FP programs and to track changes over time.<sup>3</sup> In 2014, the NCIFP questionnaire was added at the end of the FPE questionnaire, so data were gathered on both instruments at the same time in all countries. The intention was to build on the standard FPE questions, adding items to capture areas not fully covered by the FPE, particularly issues related to rights, notably quality, accountability, and equity. In this first round, most question responses were in a yes/no format with only some questions having a 1-10 scale response. A total of 89 countries participated.

In 2017, a second round of NCIFP data collection took place to enable more frequent monitoring of changes in the enabling environment and rights-based FP program efforts over time. Track20 built on the analysis, lessons learned and recommendations from the 2014 data collection to simplify the 2017 questionnaire.<sup>4</sup> One of the major changes to the 2017 NCIFP questionnaire was the addition of 1-10 scale responses after every yes/no question. Data collection in 2014 revealed several challenges related to asking mostly yes/no questions. First, the score for each question ended up simply representing the percent of respondents who said yes. Additionally, for some questions, a clear cut "yes" or "no" answer was not feasible because the question asked about multiple issues or the answer fell into an intermediate place between a simple "yes" or "no" response. Analysis of scores by response type (yes/no vs. 1-10 scale) revealed that the 1-10 scale responses allowed for more moderate, nuanced scores.<sup>5</sup> The 2017 NCIFP was meant to serve as a bridge between the 2014 round and all future rounds, which will present results by 1-10 scale responses only. A total of 84 countries participated in the 2017 round.

The 2021 round of the NCIFP represents the third round of data collection and analysis. Data collection took place from October 2021 through May 2022. Challenges related to COVID-19 during this time, along with the war in Ukraine, and the political situation in Afghanistan, Iraq, and Eritrea, made it difficult for some countries to participate. A total of 70 countries successfully completed data collection,

---

<sup>1</sup> FP2020's Performance Monitoring and Evidence (PME) Working Group and the Rights and Empowerment Working Group (REWG) contributed to the 2014 NCIFP questionnaire.

<sup>2</sup> The FPE has been applied every 5 years up until 2014. Some FPE questions are retained in the NCIFP.

<sup>3</sup> Ross, J, and E. Smith, "Trends in National Family Planning Programs, 1999, 2004 and 2009. *Int'l Perspectives on Sexual and Reproductive Health*. 2011, 37(3): 125-133. Doi: 10.1363/3712511

<sup>4</sup>For a more detailed description of the modifications made to the 2017 NCIFP, please see the 2017 NCIFP Report, which can be found on the Track20 website. [http://www.track20.org/pages/data\\_analysis/policy/NCIFP.php](http://www.track20.org/pages/data_analysis/policy/NCIFP.php).

<sup>5</sup> The 2017 NCIFP Report, which includes 2017 global results as well as trends in scores from 2014 to 2017 can be found on the Track20 website. [http://www.track20.org/pages/data\\_analysis/policy/NCIFP.php](http://www.track20.org/pages/data_analysis/policy/NCIFP.php).

with 63 participating in both 2017 and 2021. Table 3 shows the list of countries that participated in 2021, by region.

Table 3. Countries in the 2021 NCIFP, by Regional Grouping (countries with data from 2017 are in bold font)

Asia (ASIA)	Latin America and the Caribbean (LAC)	Middle-East/ North Africa (MENA)	Anglophone Sub-Saharan Africa (SSAF-A)	Francophone Sub-Saharan Africa (SSAF-F)	Eastern Europe and Central Asia (EECA)
<b>Bangladesh</b>	<b>Bolivia</b>	Djibouti	Botswana	<b>Burkina Faso</b>	<b>Armenia</b>
<b>Bhutan</b>	<b>Dominican Republic</b>	<b>Egypt</b>	<b>Eswatini</b>	<b>Burundi</b>	Azerbaijan
<b>Cambodia</b>	Ecuador	<b>Jordan</b>	<b>Ethiopia</b>	<b>Cameroon</b>	<b>Georgia</b>
China	<b>El Salvador</b>	<b>Morocco</b>	<b>The Gambia</b>	<b>Cote d'Ivoire</b>	<b>Kazakhstan</b>
<b>India</b>	<b>Guatemala</b>	<b>Palestine</b>	<b>Ghana</b>	<b>Democratic Rep.</b>	<b>Kyrgyz Republic</b>
Indonesia	<b>Haiti</b>		<b>Kenya</b>	<b>Congo</b>	<b>Romania</b>
<b>Lao PDR</b>	<b>Honduras</b>		<b>Lesotho</b>	<b>Guinea</b>	<b>Tajikistan</b>
<b>Malaysia</b>	<b>Jamaica</b>		<b>Liberia</b>	<b>Guinea-Bissau</b>	<b>Turkmenistan</b>
<b>Mongolia</b>	<b>Peru</b>		<b>Malawi</b>	<b>Madagascar</b>	<b>Uzbekistan</b>
<b>Nepal</b>			<b>Nigeria</b>	<b>Mali</b>	
<b>Pakistan</b>			<b>Sierra Leone</b>	<b>Mozambique</b>	
<b>Papua New Guinea</b>			<b>Somalia</b>	<b>Niger</b>	
<b>Philippines</b>			South Africa	<b>Sao Tome and Principe</b>	
<b>Timor-Leste</b>			<b>South Sudan</b>	<b>Tchad</b>	
<b>Viet Nam</b>			<b>Tanzania</b>	<b>Togo</b>	
			<b>Uganda</b>		
			<b>Zambia</b>		
			<b>Zimbabwe</b>		

## Methodology

Study leaders of the 2021 NCIFP reached out to the countries that participated in the 2017 NCIFP, the 2014 FPE/NCIFP survey and earlier FPE data collection. The NCIFP uses a key informant approach, identifying experts in each country who have a comprehensive understanding of the FP program. Data collection at the country-level was managed by a local consultant who was familiar with the national FP program and could identify people who could gauge the effort levels of its various features. The consultant in each country instructed 10-15 local respondents in questionnaire completion and followed up to obtain the responses. Participants included individuals who were considered FP program leaders, experts, and observers. To obtain a variety of perspectives, respondents worked in four different capacities: inside the FP program, in government but outside the FP Program (e.g. Parliamentarians), in local civil society organizations (CSOs), and non-governmental organizations (NGOs) and private entities, in local academic or research organizations, and resident staff of international agencies.

The 2021 questionnaire was conducted via a user-friendly online form which automatically saved responses to an online cloud as they were submitted. This allowed for real-time data quality checks and rapid follow-up. Local consultants provided respondents with a link to the questionnaire, and a unique ID number. The ID numbers corresponding to respondents' names and organizational affiliations were kept securely offline and only the study leaders had access to both the online responses and the file with identifying information. Identifying information was used for follow-up purposes only and is not present in any of the analyses.

Table 4 shows all 41 items of the 2021 NCIFP report, with questions that were added in the 2021 round marked as such. The scores for each country, converted into total and dimension scores, reflect the averages of responses given by FP experts.

**Table 4: 2021 NCIFP Individual Items, by Dimension, along with Supplemental Questions**

Dimension	Question	Question Code	New in 2021
Strategy	Does the National Family Planning Action plan include defined objectives over a 5-to 10-year period, including quantitative targets?	Defined objectives	
	Does the National Family Planning Action plan include objectives to reach the poorest and most vulnerable groups with quality FP information and services?	Reaching vuln	
	Extent to which the National Family Planning Action Plan pays sufficient attention to, including designating funds for, demand creation and social behavior change (SBC)	SBC	<b>New</b>
	Does the National Family Planning Action plan include a projection of the resources (material, human and financial) required to implement the strategy?*	Resource needs projected	<b>See note below*</b>
	Extent to which the National Family Planning program is successful in securing sufficient resources to implement the strategy.	Securing resources	
	Extent to which government commitments to purchase contraceptives are achieved.	Contraceptives purchased	<b>New</b>
	Extent to which the FP program monitors government expenditures on contraceptives.	Expenditures monitored	<b>New</b>
	Does the National Family Planning Action plan include a mechanism and funding to support meaningful participation of diverse stakeholders?	Diverse participation	
	Extent to which there is a high level of seniority of the director of the national family planning program and whether director reports to a high level of government.	High level support	
	Extent to which import laws and legal regulations facilitate the importation of contraceptive supplies or extent to which contraceptives are manufactured locally.	Regulations facilitate	
	Extent to which any laws or regulations pose barriers to access or provision of any types of contraceptive methods.	Regulations barrier	<b>New</b>
Data	Does the government collect data to monitor special sub-groups?***	Monitor subgroups	
	Does the government collect data from the private sector on commodities?	Data collect private commodities	
	Is there a system of quality control for service statistics?	Quality control for SS	
	Are data used to ensure that the poorest and most vulnerable women and girls have access to quality FP services?	Data used for vuln access	
	Extent to which systems for client recordkeeping, clinic reporting and feedback of results are adequate.	Recordkeeping	



Dimension	Question	Question Code	New in 2021
	Extent to which program statistics, national surveys, and small studies are used by specialized staff to report on program operations and measure progress.	Data used to measure progress	
	Extent to which program managers use research and evaluation findings to improve the program in ways suggested by findings.	Data used for program improvement	
Quality	Are FP SOP in line with WHO and used for determining areas of need for quality improvement?	SOPs match WHO	
	Are there guidelines on task sharing of family planning services?	Taskshare	
	Are indicators for quality of care collected and used for public sector family planning services?	QoC indicators public	
	Are indicators for quality of care collected and used for private sector family planning services?	QoC private	
	Are there structures in place to address quality, including participatory monitoring or community/facility quality improvement activities?	Structures to address QoC	
	Does government collect information related to informed choice and provider bias?	Info on provider bias	
	Extent to which training programs, for each category of staff in the family planning program, are adequate to provide personnel with information and skills necessary to carry out their jobs effectively.	Training	
	Extent to which the logistics and transport systems are sufficient to keep stocks of contraceptive supplies and related equipment available at all service points, at all times and at all levels (central, provincial, local).	Logistics and supply	
	Extent to which the system of supervision at all levels is adequate (regular monitoring visits with corrective or supportive action).	Supervision	
	Extent to which clients adopting sterilization are routinely informed that it is permanent?	Sterilization counsel	
	Extent to which the entire population has ready and easy access to IUD removal.	IUD removal access	
Extent to which the entire population has ready and easy access to implant removal.	Implant removal access		
Equity	Are there policies in place to prevent discrimination towards special sub-groups? **	Policies	
	To what extent do service providers discriminate against special sub-groups? **	Providers	
	Extent to which areas of country not easily serviced by clinics or other service points are covered by CBD programs for distribution of contraceptives (especially rural areas).	CBD	
	Extent to which the entire population has ready access to LAPMs. ±	LAPMs	
	Extent to which the entire population has ready access to STMs. ±±	STMs	

Dimension	Question	Question Code	New in 2021
<b>Accountability</b>	Are there mechanisms in place at the national, subnational, and facility level to monitor whether or not access to voluntary, non-discriminatory FP information and services is being achieved?	Monitor access	
	Does the government have mechanisms in place for reporting instances of denial of services on non-medical grounds (age, marital status, ability to pay), or coercion (including inappropriate use of incentives to clients or providers)?	Denial of services	
	Are violations reviewed on a regular basis?	Violations review	
	Are there mechanisms in place at the facility level to solicit and use feedback from clients?	Feedback	
	Is there a system in place that encourages dialogue and communication between users and service providers/health officials about service availability, accessibility, acceptability and quality?	Communication	
	Extent to which the FP program is receptive to citizen engagement in holding the program accountable for fulfilling its commitments for family planning.	Citizen engagement	<b>New</b>
<b>Supplemental Questions for 2021</b>	<i>Extent to which being part of the FP2020 global partnership has been beneficial to the national family planning program.</i>	FP2020	<b>New</b>
	<i>Extent to which COVID-19 interfered with the country's ability to reach its family planning objectives:</i>		
	<i>Interfered with financing for FP</i>	Interfered with financing	<b>New</b>
	<i>Interfered with advocacy or community mobilization efforts</i>	Interfered with advocacy	<b>New</b>
	<i>Interfered with the supply of contraceptives, including transport and logistics systems</i>	Interfered with logistics and supply	<b>New</b>
	<i>Interfered with recording and reporting of services (routine data)</i>	Interfered with routine data	<b>New</b>
	<i>Restrictions to movement/transport that interfered with the population's access to short-term FP methods</i>	Interfered with access to STMs	<b>New</b>
	<i>Restrictions to movement/transport that interfered with the population's access to long-term and permanent FP methods</i>	Interfered with access to LAPMs	<b>New</b>
	<i>Extent to which the government maintained its commitment to family planning during COVID-19</i>	Government maintained commitment to FP	<b>New</b>
	<i>Extent to which the FP program was able to maintain availability of contraceptive information and services, including contraceptive methods during COVID-19</i>	Maintained availability of contraceptives	<b>New</b>
<i>Extent to which clients were able to access contraceptive counseling and methods during lockdowns associated with COVID-19</i>	Access during lockdowns	<b>New</b>	

Dimension	Question	Question Code	New in 2021
	<p>* This and the next question were combined in the 2017 round into one question: Does the National Family Planning Action plan include projection of the resources (material, human and financial) required to implement the strategy, as well as sets forth a plan to secure the resources?</p> <p>**Subgroups include: Youth; Unmarried Women; Wealth Status; Post-abortion; and HIV Status            ± LAPM include: Female Sterilization; Male Sterilization; IUDs; Implants</p>		

Data were exported to Excel, with checks for consistency and data quality. The responses from each respondent in a country were averaged to obtain a country score for each individual question. The total score, and scores for each dimension were calculated from averaging across the individual questions. All questions were coded in the same direction, so that positive responses correspond to higher scores and negative responses correspond to lower scores. For example, scoring for the item “Extent to which any laws or regulations pose barriers to access or provision of any types of contraceptive methods” was reversed so that large barriers correspond to lower scores and little or no barriers corresponds to high scores. Analytic techniques included cross-tabulations, graphical and correlation approaches. When the 2017 and 2021 results are compared directly in the report, analyses only include the original 35 items, and only the 63 countries that have data for both rounds.

Results are presented globally, by region and by country which can be useful for informing policy judgements and resource allocations. At the country level, decision-makers can review the scores for specific items to identify areas for potential improvements. It is important to note that regional and global averages only represent the countries included in the survey, not all countries.

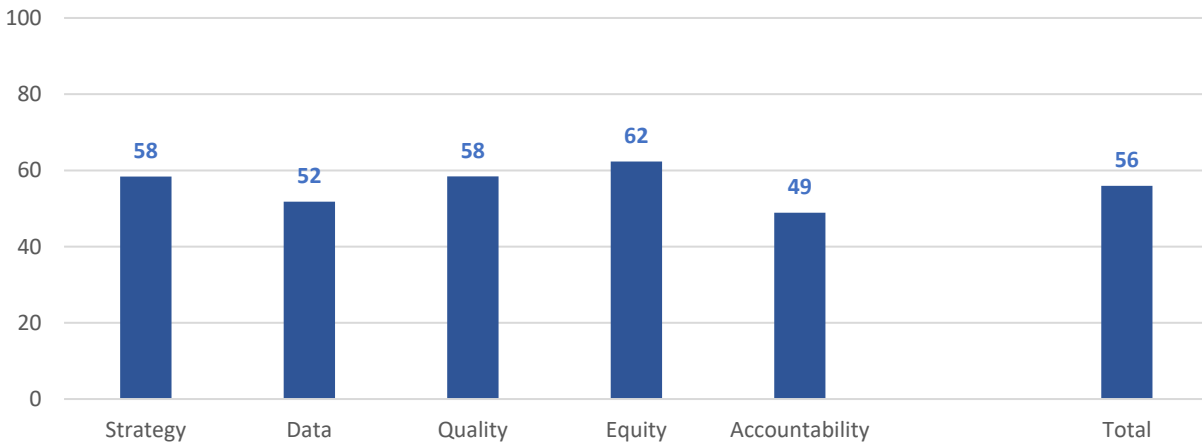
## Results

The results section of this report is comprised of three subsections: summary of global and regional results, country variation, and patterns for the individual item scores by region. The first section provides an overview of dimension scores (Strategy, Data, Quality, Equity, Accountability) overall and by region. 2021 scores are shown alongside 2017 scores to give a sense of change over time. The next subsection shows dimension scores and total scores by country. In the final subsection of the results, analysis is at the individual item level, rather than the dimension level. Regional averages for each individual item are shown, and the median difference in individual scores from 2017 to 2021 are presented.

### Summary of Global and Regional Results

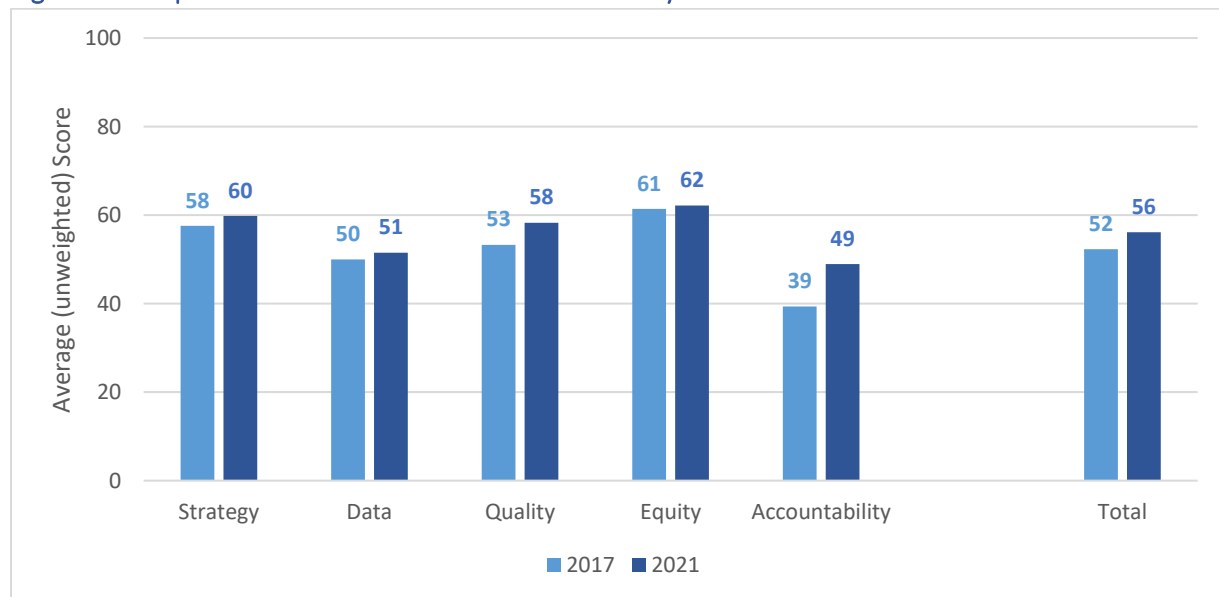
Figure 1 provides an overview for the 70 countries that participated in the 2021 NCIFP. The total score was 56, slightly over half of the maximum possible score of 100. Overall, the Equity dimension scored the highest (62) and Accountability the lowest (49). Quality (58) and Strategy (58) were close together, while Data (52) scored slightly lower.

Figure 1: 2021 Global Scores by Dimension



Looking only at the 63 countries with data in both 2017 and 2021, with scores reflecting the original 35 items among countries with data from both rounds, the overall NCIFP score increased modestly from 52 to 56. (Figure 2). This rise was driven by scores for four of the five dimensions growing between the years. The largest increase between 2017 and 2021 was for Accountability (49 in 2021, up from 39). The other four dimensions increased modestly: Strategy (58 to 60), Data (50 to 51), Quality (53 to 58) and Equity (61 to 62). Equity remained the highest rated both years and Accountability the lowest.

Figure 2: Comparison of 2017 and 2021 Global Scores by Dimension



Regional differences in 2021 by dimension are displayed in Figures 3 and 4. Sub-Saharan Africa – Francophone (SSAF-F) had the highest overall NCIFP score (60), and the highest scores for four dimensions (Strategy-61, Data-59, Quality-63, and Equity-67) (Figure 3). Eastern Europe and Central Asia (EECA) posted the lowest overall score (49), with the lowest scores in four dimensions (Strategy-51, Data-44, Quality-49, and Equity-56). With the exception of the Middle East and North Africa (MENA),

Equity scored the highest of the dimensions across the regions. MENA registered the highest score for Accountability (52).

Figure 3: 2021 NCIFP Score, by Region and Dimension

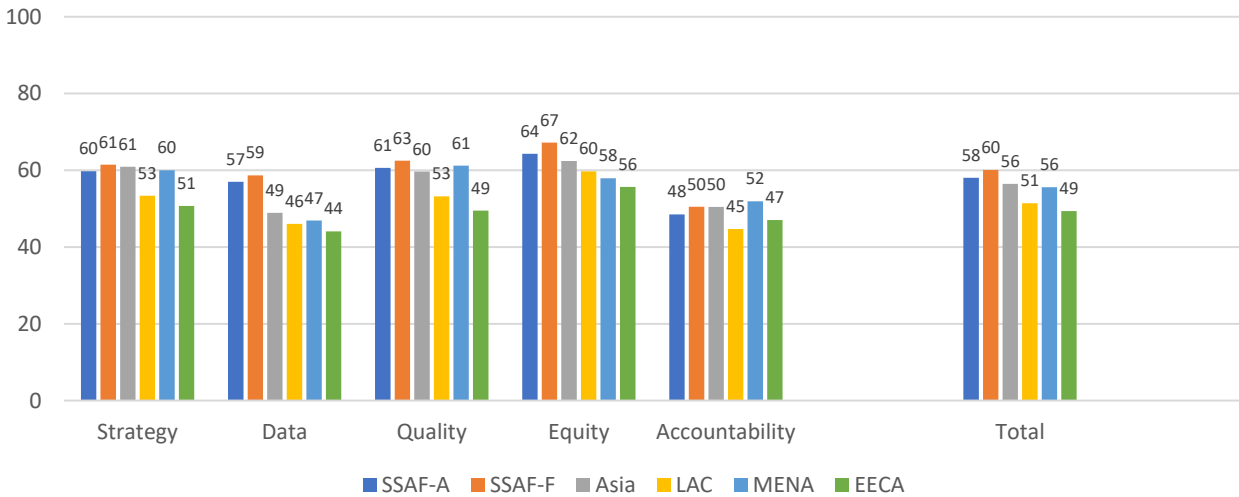
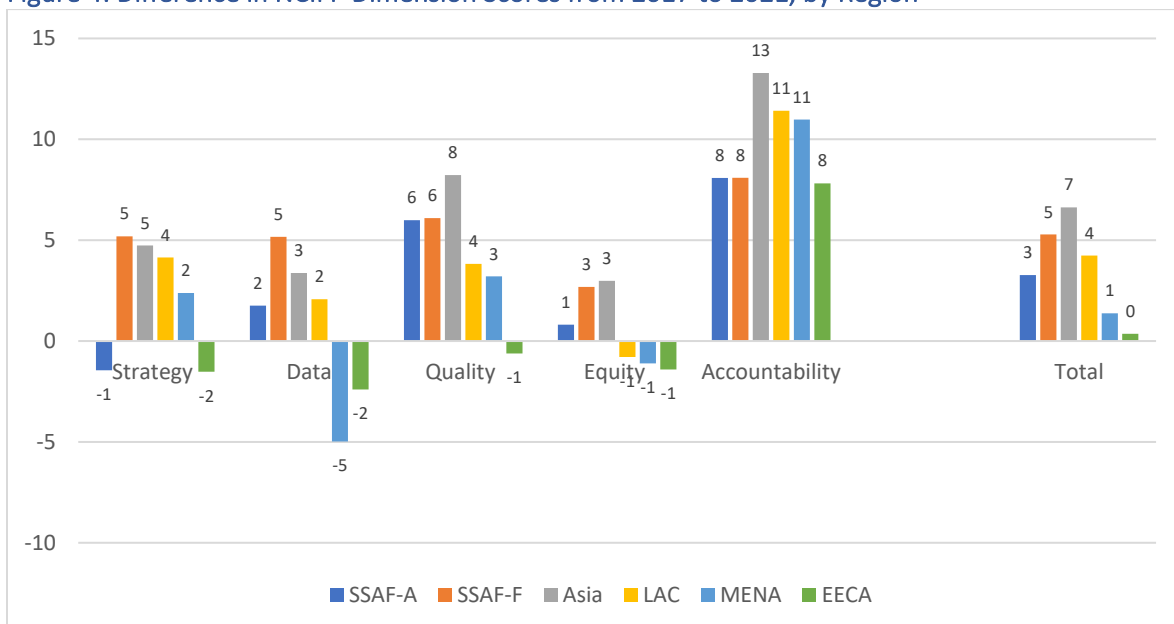


Figure 4 shows the difference in dimension scores from 2017 to 2021 by region for the 63 countries with data for both years. Asia registered the largest positive median point difference between 2017 and 2021 (7 points). The dimension with the worst performance (i.e., smallest increase or largest decline), varied across regions. Strategy was the worst performing dimension for SSAF-A, Data was the worst performing dimension for MENA and EECA, and Equity was the worst performing dimension for SSAF-F, Asia, Latin America and the Caribbean (LAC). The dimension of Accountability registered the largest positive point differences, and Quality also showed sizeable improvement across most regions. This pattern across the regions suggests a growing focus on some rights-based dimensions of FP programming.

Figure 4: Difference in NCIFP Dimension Scores from 2017 to 2021, by Region



## Patterns for the Individual Scores by Region

Figure 5 illustrates that regional lines related to the individual item scores for 2021 generally rise and dip together, indicating common experiences with FP policies and programs across regions, albeit at different levels for individual items and across the five dimensions. This figure suggests that programs exert stronger efforts in some of the items. High scores cluster around four individual items across regions. For four of the regions (SSAF-A, SSAF-F, Asia, LAC and MENA), the item with the highest score relates to the Equity item regarding extent to which short term methods are readily available to the entire population (ranging from 81 in SSAF-A to 77 in LAC). Another positive cluster of scores relates to a new question added to the Strategy dimension in 2021, “Extent to which any laws or regulations pose barriers to access or provision of any types of contraceptive methods.” With an average score across the regions of 71, the regional scores range between 79 in SSAF-F to 65 in LAC.

The highest scoring item for EECA was the Quality item on ready and easy access to intra-uterine device (IUD) removal for the entire population (76). Other items that cluster with high scores among the regions are that “FP Standard Operating Procedures are in line with WHO and used for determining areas for quality improvement” (Quality); “Extent to which clients adopting sterilization are routinely informed that it is permanent” (Quality); and the “Extent to which providers discriminate against special sub-groups” (these include youth; unmarried women; wealth status; post-abortion; and HIV status) (Equity). Across all countries, the highest score on provider discrimination relates to wealth status (e.g. discrimination against the poor), followed by post-abortion women (73), HIV status (71), unmarried (70), and youth (66).

The lowest scores by region are:

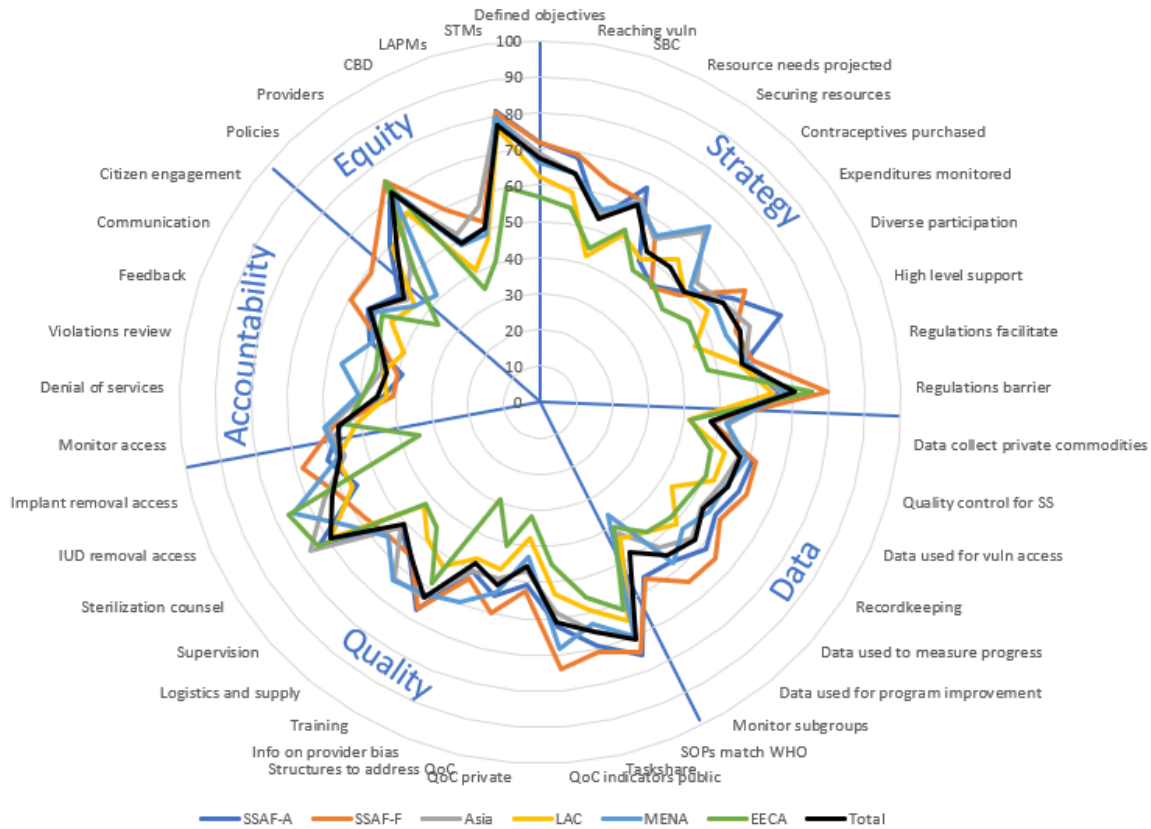
SSAF-A and SSAF-F: ACCOUNTABILITY - Are violations (of denial of services) reviewed on a regular basis (39 and 40 respectively).

Asia and MENA: DATA – Does the government collect data to monitor special sub-groups (43 and 37 respectively).

LAC: QUALITY – Are indicators for quality of care collected and used for private sector family planning services (38).

EECA: QUALITY – Does the government collect information related to informed choice and provider bias? (29).

Figure 5: Individual NCIFP Scores by Dimension and Region, 2021



Note: See Table 4 for a list of the individual items, grouped by dimension. Figure 5 does not include the supplemental questions added in 2021.

Median point differences from 2017 to 2021 for the 35 individual items common for both years is shown in Figure 6. Again, this figure only shows the scores for the 63 countries that completed an NCIFP in both 2017 and 2021. To calculate the median point differences, first the difference between 2017 and 2021 was calculated for each country for each indicator. Then, the median difference across all countries was calculated each indicator. Among the 63 countries, the largest median point increases, around 13 points different, were for the items:

- ACCOUNTABILITY: Does the government collect information related to informed choice and provider bias?
- ACCOUNTABILITY: Are violations (of denial of services) reviewed on a regular basis?

Other items with a 10-11 median point difference include:

- STRATEGY: Does the National Family Planning Action plan include a mechanism and funding to support meaningful participation of diverse stakeholders?
- DATA: Does the government collect data from the private sector on commodities?
- DATA: Is there a system of quality control for service statistics?

- ACCOUNTABILITY: Are there mechanisms in place at the facility level to solicit and use feedback from clients?

These clusters of items with the largest median point differences between 2017 and 2021 further highlight improving (albeit slowly in many countries) focus on certain rights-based aspects of programming (accountability).

Figure 6: Median Point Difference in Individual Item Scores from 2017 to 2021



### Country variation

Figure 7 shows the variation in total scores by country and region and Figure 8 shows dimension scores by country and region. Both figures include all 70 countries that completed the 2021 NCIFP and include all 41 questions from the 2021 round. These figures indicate that there is a large variation in scores, even across countries within the same region. EECA has the widest range in score, with Kazakhstan as the highest score (67) and Romania as the lowest (30). Countries in MENA have the smallest range of total scores – from 52 in Jordan to 57 in Morocco. Among all regions, Tanzania has the highest score (73) and Romania has the lowest (30).

Figure 8 shows the country scores by dimension. The length of the bars in Figure 7 represents the relative difference in total scores across countries, but total scores are an average of all five dimensions, not a sum, so the length of the bars should not be interpreted as total score values. Across most countries, with some exceptions, the highest score is for Equity and the lowest is for Accountability. Patterns for dimension scores are relatively consistent in all regions except EECA.



Figure 7: Total 2021 Scores by Country and Region

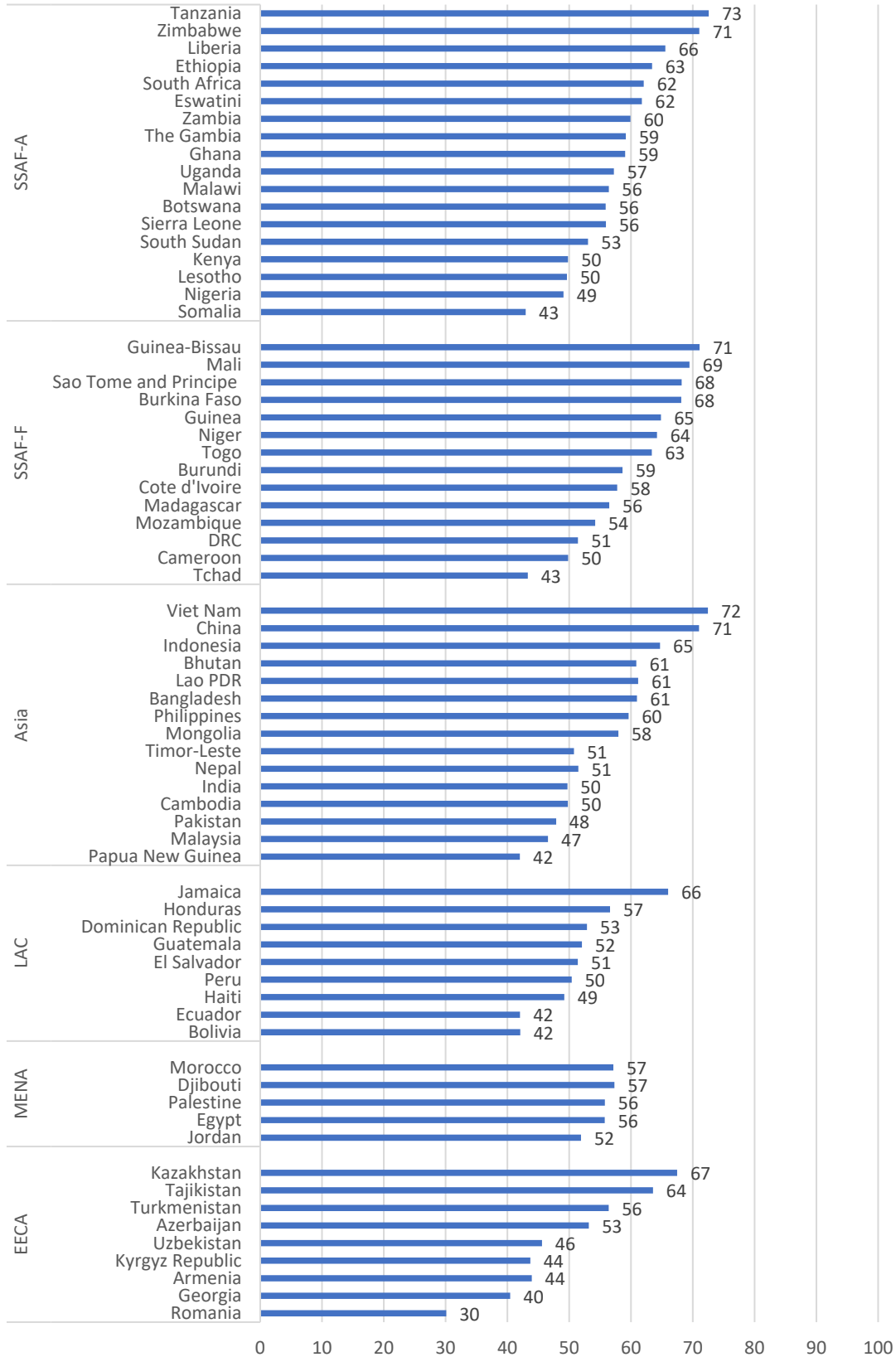
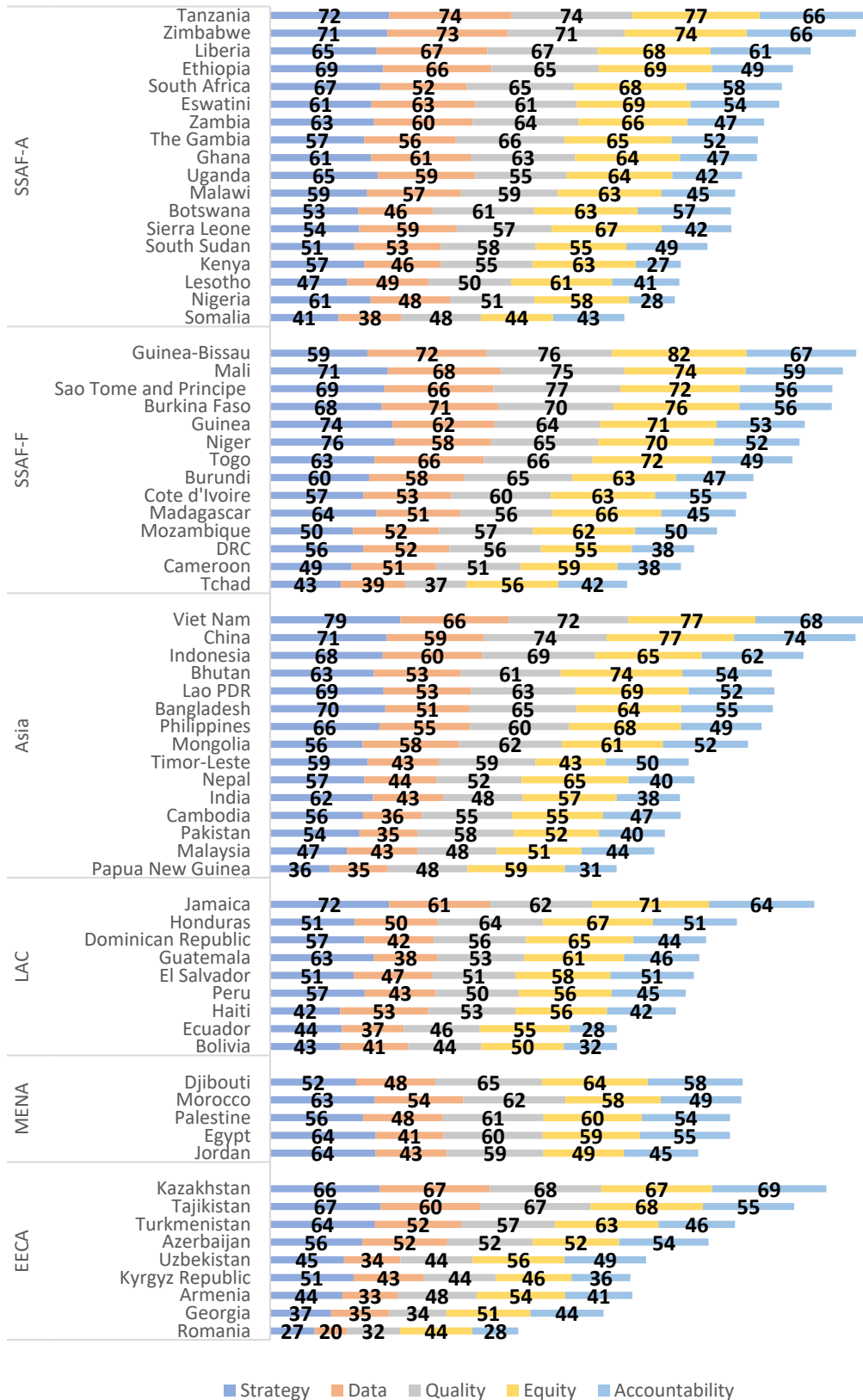


Figure 8: 2021 NCIFP Dimension Scores by Country and Region



## Special Analysis

### Correlation between NCIFP and mCPR

Next, we look at a key indicator, modern contraceptive prevalence rate (mCPR), combining results of the 2021 NCIFP and data from an external source to provide a deeper understanding of the results. The following figures show correlation between different components of the 2021 NCIFP and mCPR, separated by sub-Saharan African (SSA) countries and non-sub-Saharan African (non-SSA) countries. Of the 70 countries in the 2021 NCIFP, 32 are in SSA and 38 are non-SSA countries. Estimates for all women modern contraceptive prevalence (mCPR) in 2021 were estimated using the Family Planning Estimation Tool (FPET).<sup>6</sup> R<sup>2</sup> values are provided to show the goodness of fit of the linear trend between variables.

Figure 9 shows the correlation between total NCIFP score and mCPR for SSA countries and non-SSA countries. For both SSA and non-SSA regions, mCPR is positively related to total NCIFP score. A ten-point increase in total NCIFP score is associated with a 5-point increase in mCPR in SSA and a 4-point increase in non-SSA countries. Correlations between mCPR and NCIFP are not especially strong. mCPR is just one indicator for measuring program strength and does not reflect many important components of a rights-based FP program, including desired fertility and need for contraception.

Figure 9: Total 2021 NCIFP Score and mCPR, by Regional Grouping

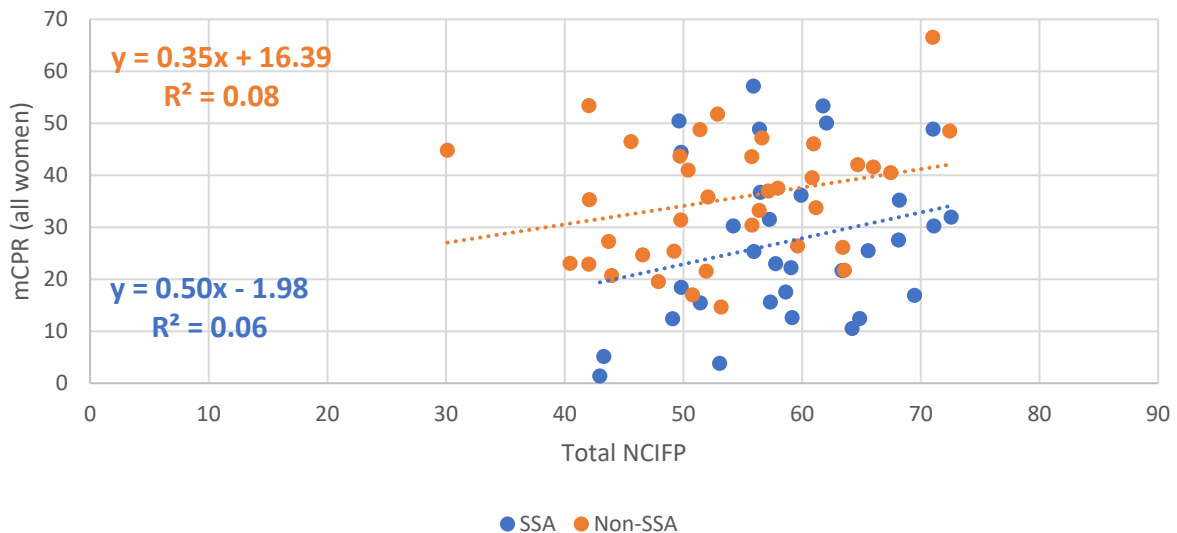


Table 6 gives the “r” correlations for the total score and the five dimension scores with mCPR, by SSA and Non-SSA regional groupings:

**SSA countries:** mCPR correlates positively and moderately with the total ( $r=0.25$ ) and dimension scores. There is variation between the dimension scores, ranging from a high of  $r=0.36$  for the Equity dimension and a low of  $r=0.18$  for the Accountability Dimension.

<sup>6</sup> [http://www.track20.org/pages/track20\\_tools/FPET.php](http://www.track20.org/pages/track20_tools/FPET.php)

**Non-SSA countries:** mCPR also correlates positively, although not very strongly, with the total ( $r=0.28$ ) and dimension scores in the non-SSA region. The variation in the dimension scores ranges from  $r=0.46$  for the Equity dimension to  $r=0.13$  for the Data dimension.

For both regions, Equity was the most strongly correlated with mCPR.

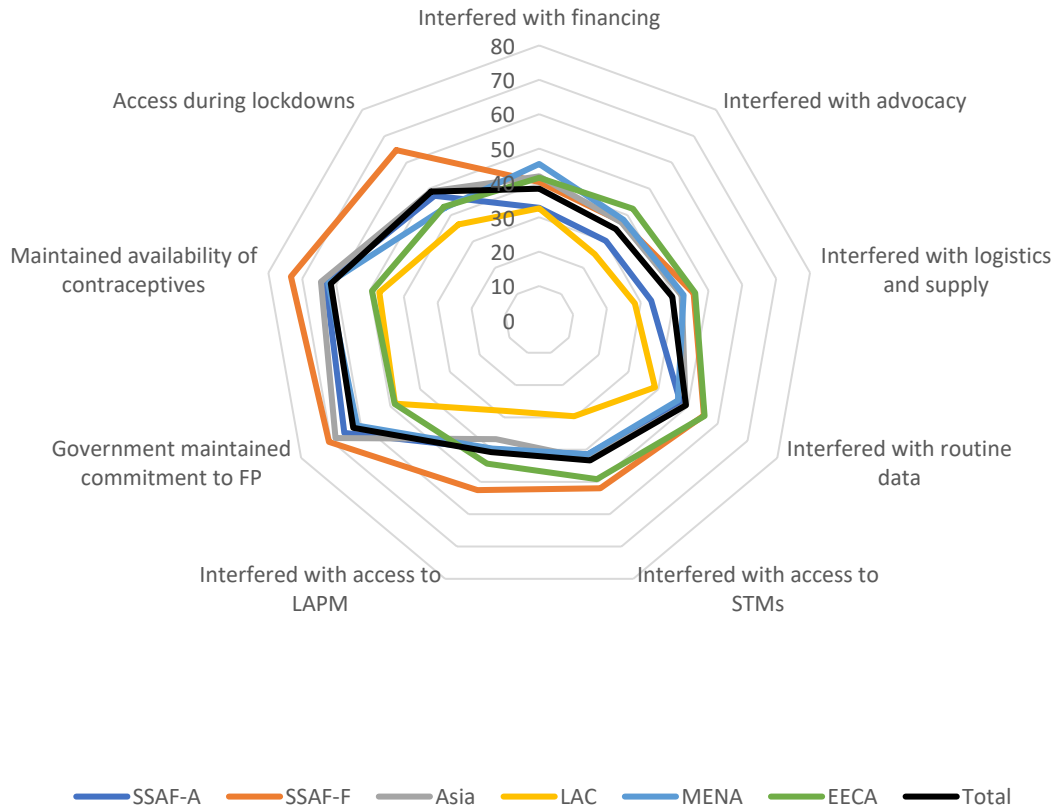
**Table 6: Correlation between 2017 Dimension Scores and mCPR, by Regional Grouping**

	<i>Correlation between Dimension Scores and mCPR (all women)</i>
	<b>mCPR: SSA Countries</b>
<b>Total Score</b>	0.25
<b>Strategy</b>	0.19
<b>Data</b>	0.20
<b>Quality</b>	0.21
<b>Equity</b>	0.36
<b>Accountability</b>	0.18
	<b>mCPR: Non-SSA Countries</b>
<b>Total Score</b>	0.28
<b>Strategy</b>	0.20
<b>Data</b>	0.13
<b>Quality</b>	0.21
<b>Equity</b>	0.46
<b>Accountability</b>	0.29

### Impact of COVID-19 on FP Programs

The average score across all 70 countries for whether COVID-19 interfered with the FP program was 47 out of 100, where a high score indicates little interference and a low score indicates a great deal of interference. COVID-19 appeared to have the largest impact on advocacy and community mobilization efforts (35) and the least amount of impact on countries' ability to maintain their commitment to FP and availability of contraceptives (63 and 62 respectively). Results revealed FP in countries in SSA-F may have been least affected by COVID-19 (55), and FP in countries in LAC may have been most affected (35).

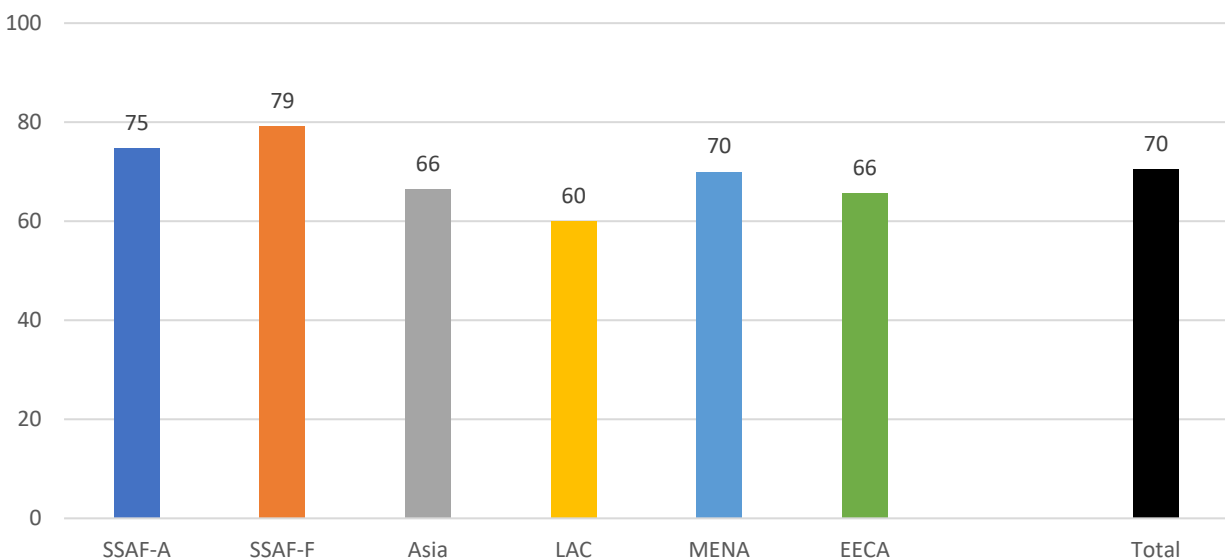
Figure 10. Impact of COVID-19 Items, by Region



### Participation in FP2020

Since the 2021 round of the NCIFP came at the end of the FP2020 global partnership and the beginning of FP2030, countries were asked about the “Extent to which being part of the FP2020 global partnership has been beneficial to the national family planning program.” Overall, the response to this item was positive, with a total score of 70. Figure 11 shows the scores to this individual item, by region. SSAF-F has the most positive response (79), followed by SSAF-A (75), MENA (70), Asia (66), EECA (66) and LAC (60). Though scores were lowest in LAC, this was also the region with the fewest FP2020 focus countries (Bolivia, Haiti, Honduras and Nicaragua); of which only three (Bolivia, Haiti and Honduras) completed the 2021 NCIFP.

Figure 11. FP2020 Partnership Item, by Region



## Conclusion

The National Composite Index for Family Planning (NCIFP) is a measurement tool to help capture the enabling environment in which family planning (FP) programs are implemented, including rights-based framing. The NCIFP has been conducted three times; the first round in 2014, the second round in 2017 and the third round in 2021. The 2021 was carried out during a challenging time as countries had been grappling with the COVID-19 pandemic globally and response rates were muted in at least one region by the war in Ukraine.

Evidence from the 70 countries that completed the 2021 round showed that there is scope for strengthening FP programming – with the average score (56) only slightly over half of the maximum possible score.

Results are presented globally, by region and by country which can be useful for informing policy development and refinement and resource allocations. At the country level, decision-makers can review the scores for specific items to identify areas for potential improvements. For the countries included in both 2017 and 2021, results of the two most recent rounds are comparable, allowing us to see trends in the different indicators over time. Results of the 2021 round of the NCIFP have revealed improvements from the 2017 round in the existence of policies and program implementation across all five of the dimensions: Strategy, Data, Quality, Equity and Accountability, with the largest increase related to Accountability.

Analysis of the median point differences between 2017 and 2021 highlight country focus on rights-based aspects of programming, with large point differences between the two years in items related to collection of information related to informed choice and provider bias, and regular review of violations (of denial of services), mechanisms to support meaningful participation of diverse stakeholders, data collection on the private sector, quality control for service statistics, and mechanisms to solicit and use feedback from clients.

Correlation coefficients between scores and fertility indicators were also presented in this report. For both sub-Saharan Africa (SSA) and non-sub-Saharan Africa (non-SSA) regions, mCPR is positively related to total NCIFP score, though relationships are not particularly strong. For both regions, the Equity dimension is most strongly correlated with mCPR.

The 2021 round of the NCIFP asked supplemental questions to gauge the impact of COVID-19 on family planning programming. COVID-19 appeared to have the largest impact on advocacy and community mobilization efforts and the least amount of impact on countries' ability to maintain their commitment to FP. Most regions were able to maintain availability of contraceptives.

Finally, countries were mostly positive that being part of the FP2020 global partnership had been beneficial to the national family planning program. The results from the 2021 round of the NCIFP serve as a benchmark for the FP2030 partnership.



# **National Composite Index for Family Planning —2021 Cycle—**

**Conducted by  
Avenir Health**

This questionnaire is intended to provide internationally comparable information for over 80 countries. It concerns large-scale family planning programs, and it will update previous investigations of the characteristics and strengths of these programs.



# Informed Consent

Hello, and welcome to the 2021 National Composite Index for Family Planning (NCIFP) questionnaire. The 2021 NCIFP study is being conducted by Avenir Health/Track20 Project. The NCIFP estimates the strength of different components of the national family planning program, and is measured in over 80 countries around the world.

The NCIFP provides a unique look at components of the family planning (FP) program that focus on a government's commitment to integrating a FP program that prioritizes equity and the rights. The first NCIFP was done in 2014, and the 2021 round is the third time the data has been collected. It measures five different dimensions of an FP program: strategy, data use, quality of services, equity, and accountability. The scores are used by researchers around the world as a way of estimating programmatic strength.

The questionnaire is confidential and you will not be identified by name, position or institution in any reports or analyses of the results. No identifying information will be shared beyond the research team. Completion of this questionnaire is voluntary and you can choose not to answer any individual question or all of the questions. You can stop at any time. However, we hope that you will participate in this questionnaire since your views are important.

This study is funded by the Bill and Melinda Gates Foundation.

Will you participate in the 2021 NCIFP?

Yes, I will participate in this study

No, I do not want to participate in this study

# Instructions

To give a summary picture of program effort, please answer the following questions. For some questions, you will be asked to respond with a yes/no, and if you respond yes, to provide a score for the same question. The score provides additional detail that allows you to rate the strength of the item.

For the score: 1 represents non-existent, which is equivalent to having responded "no". 2 represents very weak effort and 10 represents extremely strong effort.

Within each section there are some questions that only require a scale response. These questions are noted, but please read carefully.

Try to answer each item; select "Don't Know" only if you lack information.

Please enter the name of your country below

---

Please enter your unique ID below.

---

# Strategy

First, we'd like to collect some information on what plans are in place, whether they include important elements and whether there is government support for FP in your country.

**STRATEGY 1.** Does the National Family Planning Action Plan include objectives over a 5-to 10-year period, including quantitative targets?

- Yes
- No
- Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**STRATEGY 2.** Does the National Family Planning Action Plan include objectives to reach the poorest and most vulnerable groups with quality FP information and services?

- Yes
- No
- Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**STRATEGY 3.** Extent to which the National Family Planning Action Plan pays sufficient attention to, including designating funds for, demand creation and social behavior change (SBC). (1 = non-existent; 10 = extremely sufficient)

**STRATEGY 4.** Does the National Family Planning Action plan include a projection of the resources (material, human and financial) required to implement the strategy?

- Yes
- No
- Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**STRATEGY 5.** Extent to which the National Family Planning program is successful in securing sufficient resources to implement the strategy. (1 = not successful; 10 = extremely successful)

**STRATEGY 6.** Extent to which government commitments to purchase contraceptives are achieved. (1 = not at all; 10 = fully achieved)

**STRATEGY 7.** Extent to which the FP program monitors government expenditures on contraceptives. (1 = not at all; 10 = monitors very closely)

**STRATEGY 8.** Does the National Family Planning Action plan include a mechanism and funding to support meaningful participation diverse stakeholders?

- Yes
- No
- Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**STRATEGY 9.** Extent to which there is a high level of seniority of the director of the national family planning program and whether director reports to a high level of government. (1 = non-existent; 10 = extremely strong effort)

**STRATEGY 10.** Extent to which import laws and legal regulations facilitate the importation of contraceptive supplies or extent to which contraceptives are manufactured locally. (1 = non-existent; 10 = extremely strong effort)

**STRATEGY 11.** Extent to which any laws or regulations pose barriers to access or provision of any types of contraceptive methods. (1 = not at all; 10 = extreme barriers)

## Data

The next set of questions will focus on data collection and use of data to inform decisions.

**DATA 1.** Does the government collect data from the private sector on commodities?

- Yes
- No
- Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**DATA 2.** Is there a system of quality control for service statistics?

- Yes
- No
- Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**DATA 3.** Are data used to ensure that the poorest and most vulnerable women and girls have access to quality FP services?

- Yes
- No
- Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**DATA 4.** Extent to which systems for client recordkeeping, clinic reporting and feedback of results are adequate. (1 = non-existent; 10 = extremely strong effort)

**DATA 5.** Extent to which program statistics, national surveys, and small studies are used by specialized staff to report on program operations and measure progress. (1 = non-existent; 10 = extremely strong effort)

**DATA 6.** Extent to which program managers use research and evaluation findings to improve the program in ways suggested by findings. (1 = non-existent; 10 = extremely strong effort)

**DATA 7.** Does the government collect data to monitor special sub-groups? (1 = not at all; 10 = extremely strong effort)

*Note: For this question, you must rate each of the following subgroups separately.*

Youth  
Unmarried Women  
Wealth Status  
Post-abortion  
HIV Status

## Quality

The next set of questions will explore whether quality of care indicators are monitored and whether there are structures in place to support quality services.

**QUALITY 1.** Are FP Standard Operating Procedures (SOPs) in line with WHO and used for determining areas of need for quality improvement?

Yes  
No  
Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**QUALITY 2.** Are there guidelines on task sharing of family planning services?

Yes  
No  
Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**QUALITY 3.** Are indicators for quality of care collected and used for public sector family planning services?

Yes  
No  
Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**QUALITY 4.** Are indicators for quality of care collected and used for private sector family planning services?

Yes  
No  
Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**QUALITY 5.** Are there structures in place to address quality, including participatory monitoring or community/facility quality improvement activities?

Yes

No  
Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**QUALITY 6.** Does government collect information related to informed choice and provider bias?

Yes  
No  
Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**QUALITY 7.** Extent to which training programs, for each category of staff in the family planning program, are adequate to provide personnel with information and skills necessary to carry out their jobs effectively. (1 = non-existent; 10 = extremely strong effort)

**QUALITY 8.** Extent to which the logistics and transport systems are sufficient to keep stocks of contraceptive supplies and related equipment available at all service points, at all times and at all levels (central, provincial, local). (1 = non-existent; 10 = extremely sufficient)

**QUALITY 9.** Extent to which the system of supervision at all levels is adequate (regular monitoring visits with corrective or supportive action). (1 = non-existent; 10 = extremely strong effort)

**QUALITY 10.** Extent to which clients adopting sterilization are routinely informed that it is permanent. (1 = non-existent; 10 = extremely strong effort)

**QUALITY 11.** Extent to which the entire population has ready and easy access to IUD removal. (1 = no access; 10 = easy access)

**QUALITY 12.** Extent to which the entire population has ready and easy access to implant removal. (1 = no access; 10 = easy access)

## Accountability

The next section will collect information on monitoring and addressing issues related to ensuring informed choice, voluntariness, coercion and denial of services.

**ACCOUNTABILITY 1.** Are there mechanisms in place at the national, subnational, and facility level to monitor whether or not access to voluntary, non-discriminatory FP information and services is being achieved?

Yes  
No  
Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**ACCOUNTABILITY 2.** Does the government have mechanisms in place for reporting instances of denial of services on non-medical grounds (age, marital status, ability to pay), or coercion (including inappropriate use of incentives to clients or providers)?

Yes

No  
Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**ACCOUNTABILITY 3.** Are violations reviewed on a regular basis?

Yes  
No  
Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**ACCOUNTABILITY 4.** Are there mechanisms in place at the facility level to solicit and use feedback from clients?

Yes  
No  
Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**ACCOUNTABILITY 5.** Is there a system in place that encourages dialogue and communication between users and service providers/health officials about service availability, accessibility, acceptability and quality?

Yes  
No  
Don't Know

If YES, please rate from 1 to 10. (1 = non-existent; 10 = extremely strong effort)

**ACCOUNTABILITY 6.** Extent to which the FP program is receptive to citizen engagement in holding the program accountable for fulfilling its commitments for family planning. (1 = not at all receptive; 10 = extremely receptive)

## Equity

The next questions focus on issues related to both policies and programmatic issues related to discrimination, efforts to reach under-served groups, and wide-spread access to methods.

**EQUITY 1.** Are there policies in place to prevent discrimination towards special subgroups? (1 = non-existent; 10 = strong policies exist)

*Note: For this question, you must rate each of the following subgroups separately.*

Youth  
Unmarried Women  
Wealth Status  
Post-abortion  
HIV Status

**EQUITY 2.** To what extent do service providers discriminate against special sub-groups? (1 = providers do NOT discriminate; 10 = providers discriminate extensively)

*Note: For this question, you must rate each of the following subgroups separately.*

Youth  
Unmarried Women  
Wealth Status  
Post-abortion  
HIV Status

**EQUITY 3.** Extent to which areas of the country not easily serviced by clinics or other service points are covered by CBD programs for distribution of contraceptives (especially rural areas). (1 = non-existent; 10 = extremely high coverage)

**EQUITY 4.** Extent to which the entire population has ready access to LAPMs. (1 = no access; 10 = easy access)

*Note: For this question, you must rate each of the following LAPMs separately.*

Female Sterilization  
Male Sterilization  
IUDs  
Implants

**EQUITY 5.** Extent to which the entire population has ready access to STMs. (1 = no access; 10 = easy access)

*Note: For this question, you must rate each of the following STMs separately.*

Condoms  
Pills  
Injectables

## Supplementary Questions

This final set of questions is unique to the 2021 NCIFP. This section is meant to capture the resiliency of the health system and experience as part of the FP2020 partnership.

**SUPPLEMENT 1.** Extent to which being part of the FP2020 global partnership has been beneficial to the national family planning program. (1 = not beneficial; 10 = extremely beneficial)

**SUPPLEMENT 2.** Extent to which Covid-19 interfered with the country's ability to reach its family planning objectives. (1 = not at all; 10 = extremely interfered)

*Note: For this question, you must rate each of the following areas separately.*

Interfered with financing for FP  
Interfered with advocacy or community mobilization efforts  
Interfered with the supply of contraceptives, including transport and logistics systems  
Interfered with recording and reporting of services (routine data)  
Restrictions to movement/transport that interfered with the population's access to short-term FP methods  
Restrictions to movement/transport that interfered with the population's access to long-term and permanent FP methods  
Other (please specify)

**SUPPLEMENT 3.** Extent to which the government maintained its commitment to family planning during Covid-19. (1 = not at all; 10 = maintained commitment)



**SUPPLEMENT 4.** Extent to which the FP program was able to maintain availability of contraceptive information and services, including contraceptive methods during Covid-19. (1 = not at all; 10 = availability maintained)

**SUPPLEMENT 5.** Extent to which clients were able to access contraceptive counseling and methods during lockdowns associated with Covid-19. (1 = no access; 10 = easy access)

**SUPPLEMENT 6.** Do you have any final comments or suggestions for improving the questionnaire?

## Closing

That is all the questions we have for you at this time. Please check over your responses and make sure you have responded to each item to the best of your ability. Once you are satisfied with your responses, please save your PDF form as "2021\_Questionnaire\_YOURIDNUMBER" and email it to Track20.