

# The National Composite Index for Family Planning (NCIFP) A New FP2020 Measurement Tool

**What is the NCFIP?** The NCIFP is a new tool developed to support FP2020's efforts to improve the enabling environment for family planning.

The NCIFP measures the existence of policies and guidelines, as well as the extent to which family planning program implementation includes measurable dimensions of quality service provision.

FP2020's Performance Monitoring & Evidence (PME) and Rights & Empowerment (RE) Working Groups provided oversight and technical guidance for the development of the NCIFP. Avenir Health's Track20 Project led the development process and the analysis of the results.

## Where does the data come from?

The NCIFP builds on the long-standing National Family Planning Effort Index (FPE). The data for both the NCIFP and FPE are distilled from detailed questionnaires administered to between 10 and 15 highly informed respondents in each country.

*The combined NCIFP and FPE survey was fielded in 90 countries in 2014*

<i>Asia</i>	<i>L America &amp; Caribbean</i>	<i>M East &amp; N Africa</i>	<i>SS Africa Anglophone</i>	<i>SS Africa Francophone</i>	<i>E Europe &amp; Central Asia</i>
17	15	12	19	15	11
<i>Afghanistan</i>	<i>Bolivia</i>	<i>Algeria</i>	<i>Cameroon</i>	<i>Benin</i>	<i>Armenia</i>
<i>Bangladesh</i>	<i>Costa Rica</i>	<i>Egypt</i>	<i>Eritrea</i>	<i>Burundi</i>	<i>Azerbaijan</i>
<i>Cambodia</i>	<i>Dom Rep</i>	<i>Iran</i>	<i>Ethiopia</i>	<i>Chad</i>	<i>Georgia</i>
<i>China</i>	<i>Ecuador</i>	<i>Iraq</i>	<i>Ghana</i>	<i>Congo</i>	<i>Kazakhstan</i>
<i>India</i>	<i>El Salvador</i>	<i>Jordan</i>	<i>Kenya</i>	<i>Cote d'Ivoire</i>	<i>Kyrgyzstan</i>
<i>Indonesia</i>	<i>Guatemala</i>	<i>Lebanon</i>	<i>Lesotho</i>	<i>DR Congo</i>	<i>Moldova</i>
<i>Malaysia</i>	<i>Haiti</i>	<i>Libya</i>	<i>Liberia</i>	<i>Guinea Bissau</i>	<i>Romania</i>
<i>Mongolia</i>	<i>Honduras</i>	<i>Morocco</i>	<i>Malawi</i>	<i>Madagascar</i>	<i>Tajikistan</i>
<i>Myanmar</i>	<i>Jamaica</i>	<i>Oman</i>	<i>Mauritius</i>	<i>Mali</i>	<i>Turkmenistan</i>
<i>Nepal</i>	<i>Mexico</i>	<i>Tunisia</i>	<i>Namibia</i>	<i>Mauritania</i>	<i>Ukraine</i>
<i>Pakistan</i>	<i>Nicaragua</i>	<i>Turkey</i>	<i>Nigeria</i>	<i>Mozambique</i>	<i>Uzbekistan</i>
<i>Papua NG</i>	<i>Panama</i>	<i>Yemen</i>	<i>South Africa</i>	<i>Niger</i>	
<i>Philippines</i>	<i>Paraguay</i>		<i>South Sudan</i>	<i>Rwanda</i>	
<i>Sri Lanka</i>	<i>Peru</i>		<i>Swaziland</i>	<i>Senegal</i>	
<i>Thailand</i>	<i>Trinidad &amp; Tobago</i>		<i>Tanzania</i>	<i>Togo</i>	
<i>Timor-Leste</i>			<i>The Gambia</i>		
<i>Vietnam</i>			<i>Uganda</i>		
			<i>Zambia</i>		
			<i>Zimbabwe</i>		

To obtain a variety of perspectives, respondents were drawn from the staff of government family planning programs, local NGOs, local academic or research institutions, and international agencies working locally. In 2014, the FPE and NCIFP questionnaires were fielded jointly in 90 countries by Avenir Health and Palladium Group.

## What does the NCIFP tell us?

	Strategy	Data	Quality	Equity	Account.
<i>Yes/no</i>	4	3	6	0	5
<i>Scale 1 - 10</i>	2	3	6	1	0
<i>Composite</i>	0	1	0	4	0

The NCIFP consists of 35 items organized under five dimensions: **strategy**, **data**, **quality**, **equity**, and **accountability**. 18 items require yes or no answers, while 12 use a scale of 1 to 10. The remaining 5 are composite scores based on averages from a battery of individual questions.

The overall score, averaged across all countries, is 54 on a scale in which the maximum (100) represents very strong effort. Despite differences between countries, there are similarities among the 35 individual scores: they tend to move together, agreeing largely in which rank higher and lower. This suggests a commonality in what programs find more or less difficult to achieve, and is one of many promising avenues for further investigation.

## How will the NCIFP be used?

The NCIFP is a valuable source of information for the global family planning community. Like the FPE, it helps to inform qualitative assessments of family planning programs. It may also prove to be a useful tool to stimulate and facilitate discussions among stakeholders about the factors that contribute to a strong family planning program, and whether there is agreement on perceptions of quality and equity.



## National Composite Index for Family Planning

### Strategy

Does the national FP action plan include defined objectives over a 5 to 10 year period, including quantitative targets?	Yes/No
Does the national FP plan include objectives to reach poorest and most vulnerable groups with quality FP information and services?	Yes/No
Does the national FP 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?	Yes/No
Does the national FP action plan include a mechanism and funding to support meaningful participation of diverse stakeholders?	Yes/No
High level of seniority of the director of the national FP program and whether director reports to a high level of government	Scale 1-10
Extent to which import laws and legal regulations facilitate the importation of contraceptive supplies or extent to which contraceptives are manufactured locally	Scale 1-10

### Data

Does the government collect data to monitor special sub-groups?	Composite
Does the government collect data from the private sector on commodities?	Yes/No
Is there a system of quality control for service statistics?	Yes/No
Are data used to ensure that the poorest and most vulnerable women and girls have access to quality family planning services?	Yes/No
Extent to which systems for client recordkeeping, clinic reporting and feedback of results are adequate	Scale 1-10
Extent to which program statistics, national surveys, and small studies are used by specialized staff to report on program operations and measure progress	Scale 1-10
Extent to which program managers use research and evaluation findings to improve the program in ways suggested by findings	Scale 1-10

### Quality

Are FP SOP in line with WHO and used for determining areas of need for quality improvement?	Yes/No
Are there guidelines on task sharing of FP services?	Yes/No
Are indicators for quality of care collected and used for public sector FP services?	Yes/No
Are indicators for quality of care collected and used for private sector FP services?	Yes/No
Are there structures in place to address quality, incl. participatory monitoring or community/facility quality improvement activities?	Yes/No
Does government collect information related to informed choice and provider bias?	Yes/No
Extent to which training programs, for each category of staff in the FP program, are adequate to provide personnel with information and skills necessary to carry out their jobs effectively	Scale 1-10
Extent to which 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)	Scale 1-10
Extent to which the system of supervision at all levels is adequate (regular monitoring visits with corrective or supportive action)	Scale 1-10
Extent to which clients adopting sterilization are routinely informed that it is permanent?	Scale 1-10
Extent to which the entire population has ready and easy access to IUD removal	Scale 1-10
Extent to which the entire population has ready and easy access to implant removal	Scale 1-10

### Equity

Are there policies in place to prevent discrimination towards special sub-groups?	Composite
To what extent do service providers discriminate against special sub-groups	Composite
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)	Scale 1-10
Extent to which the entire population has ready access to long-acting and permanent methods of contraception	Composite
Extent to which the entire population has ready access to short-term methods of contraception	Composite

### Accountability

Are there mechanisms in place at the national, subnational, and facility level to monitor whether or not access to voluntary, non-discriminatory family planning information and services is being achieved?	Yes/No
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
Are violations reviewed on a regular basis?	Yes/No
Are there mechanisms in place at the facility level to solicit and use feedback from clients?	Yes/No
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

## Want to know more?

A full report on the NCIFP is available to download at: <http://www.avenirhealth.org/publications.php>. We are also working on an interactive data tool, as well as a country discussion guide; both will be ready soon and will be posted at the link above and on the FP2020 website: [www.familyplanning2020.org](http://www.familyplanning2020.org). Check back for updates.