

The National Composite Index for Family Planning (NCIFP)

RUSSIAN FEDERATION 2017 Scores and 2014-2017 Trendsⁱ

What is the NCIFP?

A tool that supports FP2020'sⁱⁱ efforts to improve the policy environment for family planning (FP), the NCIFP provides information on FP program activities that are not readily available in national demographic or reproductive health surveys or service statistics systems. The NCIFP measures the existence of FP policies and program implementation based on 35 items that fall under five dimensions: **Strategy, Data, Quality, Equity, and Accountability**.

Strategy – whether a national FP strategy/plan exists that includes quantified objectives, targets to reach the poorest and most vulnerable, projected resource requirements, and support for wider stakeholder participation. Also included are two items that affect strategy implementation: high-level leadership and regulations that facilitate contraceptive importation or production.

Data – whether the government collects/uses data on special sub-groups (e.g. the poor) and their access, private sector commodities, and the quality of service statistics. It also includes data-based evaluation and research to improve the program.

Quality – whether the government uses WHO standards of practice (SOP), task-sharing guidelines, and quality of care indicators in public and private facilities. Quality of care (QOC) also considers the adequacy of structures for training, logistics, supervision, IUD and implant removal, and informed choice, including informing clients about the permanence of sterilization.

Accountability – whether mechanisms exist to monitor discrimination and free choice, review violations, report denial of services, enable facility-level feedback, and encourage communication between clients and providers.

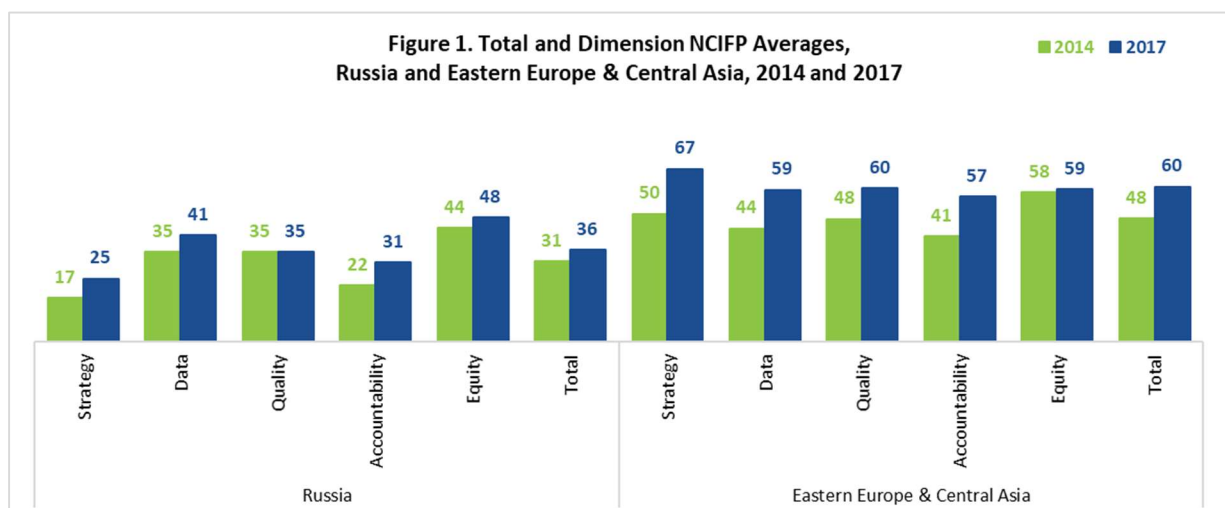
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved areas through community-based distribution (CBD).

First undertaken in 2014, the NCIFP builds on the long-standing National Family Planning Effort Index (FPE). In 2017 Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation to assist countries participating in the FP2020 Global Initiative) administered a new round of NCIFPs to assess current national FP program status and changes since 2014. NCIFP data are intended for policy and planning use by each country's FP stakeholders.

Russia vs Eastern Europe and Central Asia Results

Figure 1 shows that Russia's total NCIFP score of 31 in 2014 increased slightly to 36 in 2017. These ratings were much lower than the region's totals for both years. Russia's dimension averages were also lower than the region's during the years studied. In terms of trends, Russia's average for Quality was stagnant at 35 compared to slightly improved marks for the four other dimensions. In the region's case, the average for Equity hardly changed but scores for the other dimensions rose substantially.

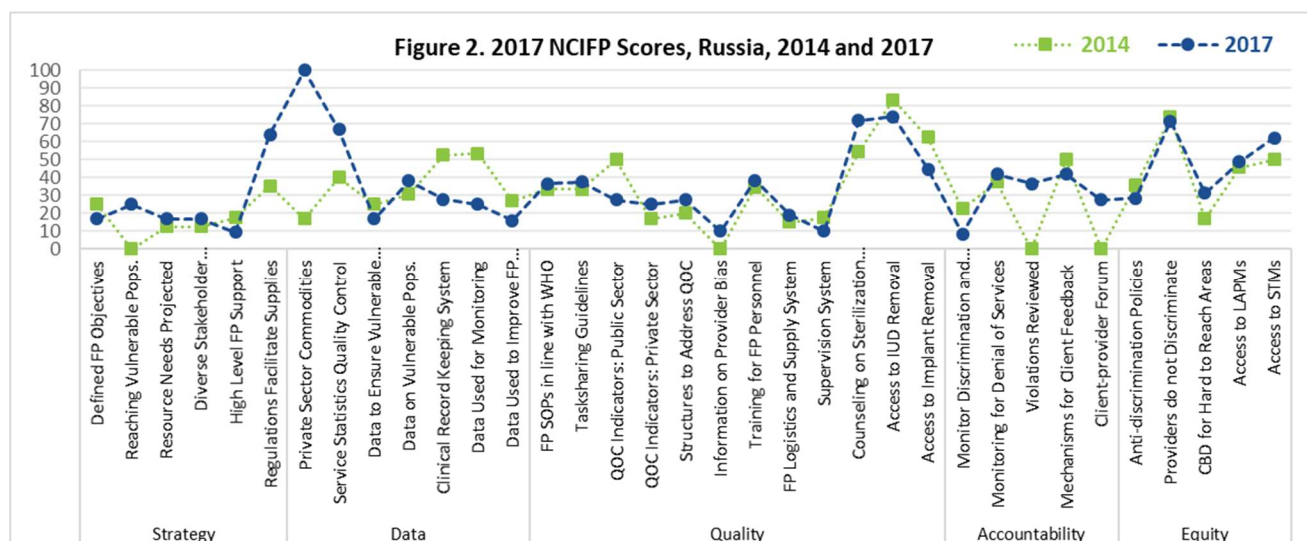
- Equity was Russia's highest rated dimension and Strategy the lowest ranked in both years.
- The region's highest rated dimension was Equity in 2014 and Strategy in 2017. Accountability remained the region's lowest ranked in both years despite the dimension's improving score.



Individual NCIFP Trends, 2014 and 2017

Assessments of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows that Russia's ratings for a large number of items stayed mostly below 40. While about 10 items had scores gaining at least 10 points in 2017 (7 items had scores above 60), an almost equal number had scores falling around 10 points.

- **Strategy** –Although regulations facilitating contraceptive imports or products scored higher at 64, the 2017 scores for all remaining items ranged only from 9 to 25, with much lower marks regarding high-level support for the FP program and the strategy’s objectives. Strategy items were among the lowest rated.
- **Data** – While scores rose to 100 for data on private sector commodities and 67 for service statistics quality control, ratings in 2017 fell to only between 16 to 38 for the 5 other items which involve the use of data to reach clients including the most vulnerable and data-based monitoring/evaluation and program improvement efforts.
- **Quality** – Only sterilization counseling scored much higher (from 54 to 72) in 2017. Ratings fell for access to the removal of IUDs (from 83 to 74) and implants (from 63 to 44) and for public sector use of QOC indicators (from 50 to 27). The scores of the large number of remaining Quality items stayed between 10 and 40 during the two years studied, with monitoring provider bias and the supervision system getting the lowest marks.
- **Accountability** –2017 scores included 8 for discrimination and free choice monitoring, 27 for mechanisms to ensure client-provider dialogue, 36 for violations review and the low 40s mechanisms to solicit client feedback or report denial of services.
- **Equity** –Lack of provider discrimination against population subgroups stayed in the low 70s. Ratings improved for STM access (62) but remained in the upper 40s for LAPM access. Anti-discrimination policies and CBD coverage scored around 30 in 2017.



Implications

Based on official statistics and the 2011 Russia Reproductive Health Survey (RRHS), the total fertility rate was 1.6 lifetime births per woman in the 2008-11 period, which is below 2.1 replacement fertility level. For decades, women in Russia relied on abortion to control their fertility, but after the dissolution of the Soviet Union, abortion rates fell as modern contraceptive use increased.ⁱⁱⁱ An estimated 55% of women 15-44 used modern FP methods in 2011, with the condom the most popular. Unmet need for modern contraception, however, was high, with 17% of women age 15-44 at risk of pregnancy were not using any FP method or are used traditional methods which have high failure rates and likely to result in unintended and unwanted pregnancies and induced abortion. A recent study described Russia as “aging” in both motherhood and abortion. The contribution of 15-19 year-olds to the total abortion rate fell from 10% in 2010 to 6% by 2015 while the share of women over 30 years of age rose from 42% to 48%.^{iv} The 2011 RRHS reported that major reasons for choosing abortion included socioeconomic circumstances that prevent the family from supporting another child (33%), desire to stop childbearing (24%), partner opposition to another child (17%), health reasons (11%), and desire to space the next birth (10%). These reasons, as well as RRHS 2011 data showing that even if most induced abortions in Russia occur in medical facilities, 22% were followed by complications, argue strongly for access to high-quality FP services.

Russia’s NCIFP results indicate key FP program components that are well in place, especially data on private sector commodities, regulations that facilitate contraceptive importation and production, service statistics quality control, non-discrimination by providers, and access to STMs. But the NCIFP data also point out various dimensions and key activities of the FP program that appear to be neglected or not a priority, maybe because of the country’s fertility rate is already low. But FP remains relevant and necessary to support efforts to ensure improved reproductive health of women and families in the Russian Federation.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): RUSSIA 2017 Scores and 2014-2017 Trends”. 2017 NCIFP Policy Brief Series (2019).

ⁱⁱ FP2020 is a global initiative involving governments, civil society, local, and international organizations work together to enable more women and girls to use contraceptives by 2020. See <http://www.familyplanning2020.org/>

ⁱⁱⁱ <https://www.cdc.gov/reproductivehealth/global/publications/surveys/russia/Russia-Survey-2011-Exec-Sum.pdf>

^{iv} See Sakevich and Lippman in <http://www.ponarseurasia.org/point-counter/article/abortion-russia-how-has-situation-changed-soviet-era>