

# The National Composite Index for Family Planning (NCIFP)

## Niger 2014 Results

### What is the NCIFP?

The NCIFP is a new tool developed to support FP2020's efforts to improve the enabling and policy environment for family planning. The NCIFP measures both the existence of policies and program implementation, using 35 individual scores organized under five dimensions: **strategy**, **data**, **quality**, **equity**, and **accountability**.

**Strategy** – whether the 1) national FP strategy/plan includes objectives that are quantified and 2) targets to reach the poorest and most vulnerable; 3) resource requirements are projected; 4) means to broaden participation among diverse stakeholders are supported; 5) seniority of FP program director; and 6) policies that facilitate contraceptive importation or local manufacturing.

**Data** - whether the government 7) collects data to monitor special sub-groups (e.g. the poor) and 8) availability data on private sector commodities; 9) quality control of service statistic in place; and 10) data used to ensure access by vulnerable groups; 11) adequate client record keeping in place; and 12-13) uses various data sources for program operations, monitoring and evaluation.

**Quality** – whether the 14) government uses WHO-based FP procedures; 15) has FP task-sharing guidelines; 16-17) has and uses quality of care indicators in public and private facilities, 18) has adequate structures in place to address quality, 19) collects information on informed choice and provider bias, 20) has adequate training programs in place, 21) logistics and transport systems insure sufficient stock, 22) adequate supervision system in place, 23) informed choice on sterilization, 24-25) access to IUD and implant removal.

**Equity** - whether 26) policies are in place to prevent discrimination; 27) extent to which service providers discriminate against special groups; 28) underserved areas are served by CBDs; and 29-30) the entire population has access to modern methods.

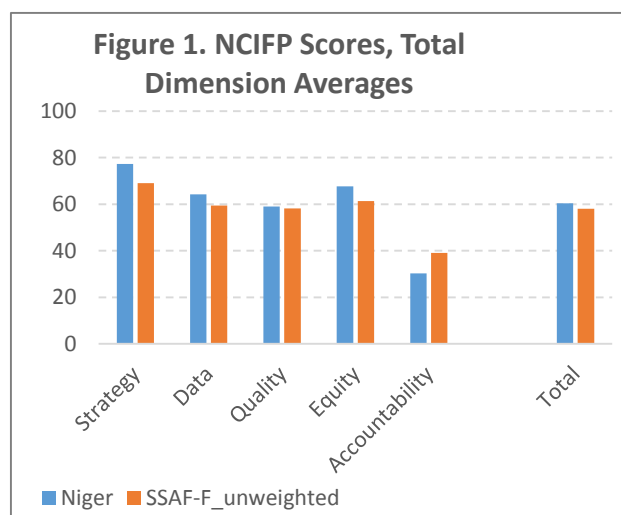
**Accountability** – whether there are 31) national, sub-national and facility-level mechanisms in place to monitor voluntary, non-discriminatory FP provision; 32-33) mechanisms to report denial of services in place and reviewed; 34) client feedback solicited, and 35) system in place to encourage dialogue between clients and providers.

The NCIFP builds on the long-standing *National Family Planning Effort Index* (FPE). In 2014, questionnaires of the two indices were fielded jointly in 90 countries by the Health Policy Project (implemented by Palladium with USAID funding) and Avenir Health (with funding from the Bill and Melinda Gates Foundation). NCIFP data allow assessments of FP programs and can help stimulate discussions among stakeholders about factors that help make FP programs effective, widely supported and sustainable.

### What do the Niger results look like?

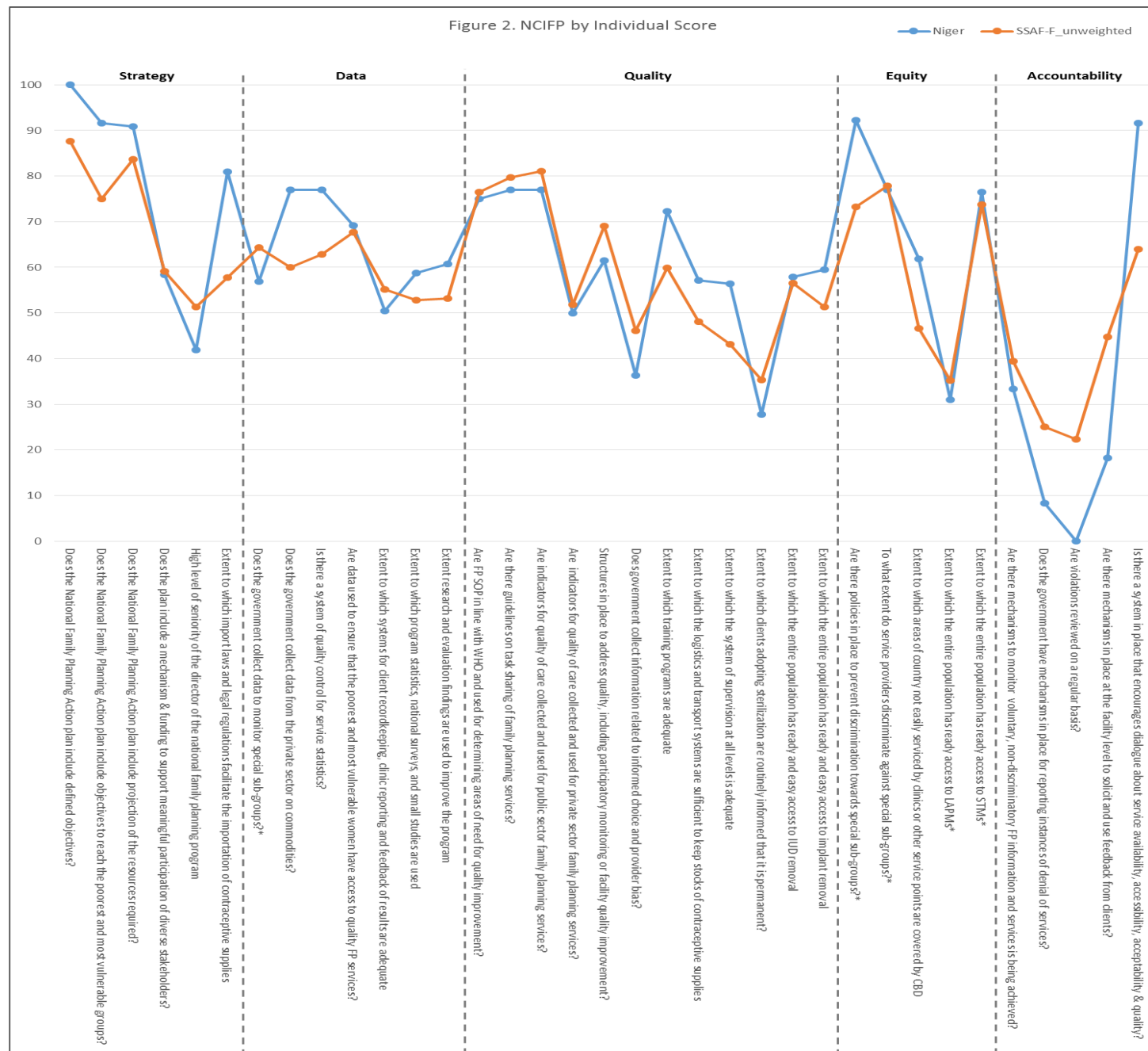
Overall, Niger scored higher than Francophone SSAF (60 vs 58, as shown in Figure 1). Niger's scores across NCIFP dimensions were also higher than corresponding regional averages except for Accountability.

The general patterns of individual item scores are similar for Niger and Francophone SSAF (Figure 2), indicating similarities in what areas are achieving more strongly, and, less well. Although surpassing regional scores on some NCIFP items, Niger's ratings for most other items approximated those of the region. Niger highest scores were for its National FP Action Plan having a) defined objectives over a 5 to 10 year period, b) objectives to reach the poorest, and c) projected resource requirements. High scores also went to having policies to prevent discrimination towards special sub-groups (Equity) and a system that encourages dialogue about access (Accountability). But Niger's lowest ratings (40s or below, most of which lower than regional averages) were for most Accountability items: whether violations are regularly reviewed (scoring 0), and whether various mechanisms exist for reporting denial of services on non-medical grounds, or to monitor voluntariness, or to solicit/use client feedback at the facility level. Other low scoring items include seniority level of the national FP program director (under Strategy), Quality items on whether clients are informed about sterilization being permanent, whether information on informed choice and provider bias is collected, and the population having ready access to LAPMs.



## Implications

During the FP2020 Summit in 2012, the Government of Niger pledged to intensify efforts to increase contraceptive use to 50% by 2020 through (a) policy initiatives such as implementing economic development policies that support slowing down the country's very rapid population growth (3.3% per year), completing enforcement decrees of the Reproductive Health Law to implement FP programs, enabling community health workers to provide injectables, and increasing the FP and health budgets per the Abuja Declaration (25% allocated to RH of which 10% will be for FP); (b) service delivery strategies such as demand-generation, husbands' involvement, working with faith-based networks, and integrating FP in the school health curriculum, reaching out to marginalized groups and the youth, and offering long-term methods; and (c) improving data, monitoring, and evaluation by revitalizing the national committee monitoring RH commodities, conducting contraceptive coverage surveys every 3 years and surveys and tracking systems on availability of contraceptive products in all districts and regions, and assessing progress in policy implementation. The NCIFP provides data that can be used by Niger's stakeholders to strengthen the national program and assess progress and results.



Want to know more: Read the full NCIFP report and use the interactive data tool available at [track20.org](http://track20.org)