

# The National Composite Index for Family Planning (NCIFP) Afghanistan 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.

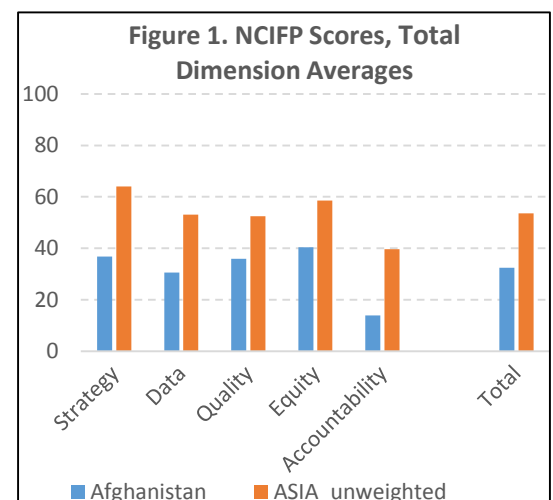
**Accountability** – whether there are 31) national, sub-national and facility-level mechanisms in place to monitor voluntary, non-discriminatory FP provision; 32-33) mechanisms to report denial of services in place and reviewed; 34) client feedback solicited, and 35) system in place to encourage dialogue 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's Track20 project (funded by 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 Afghanistan results look like?

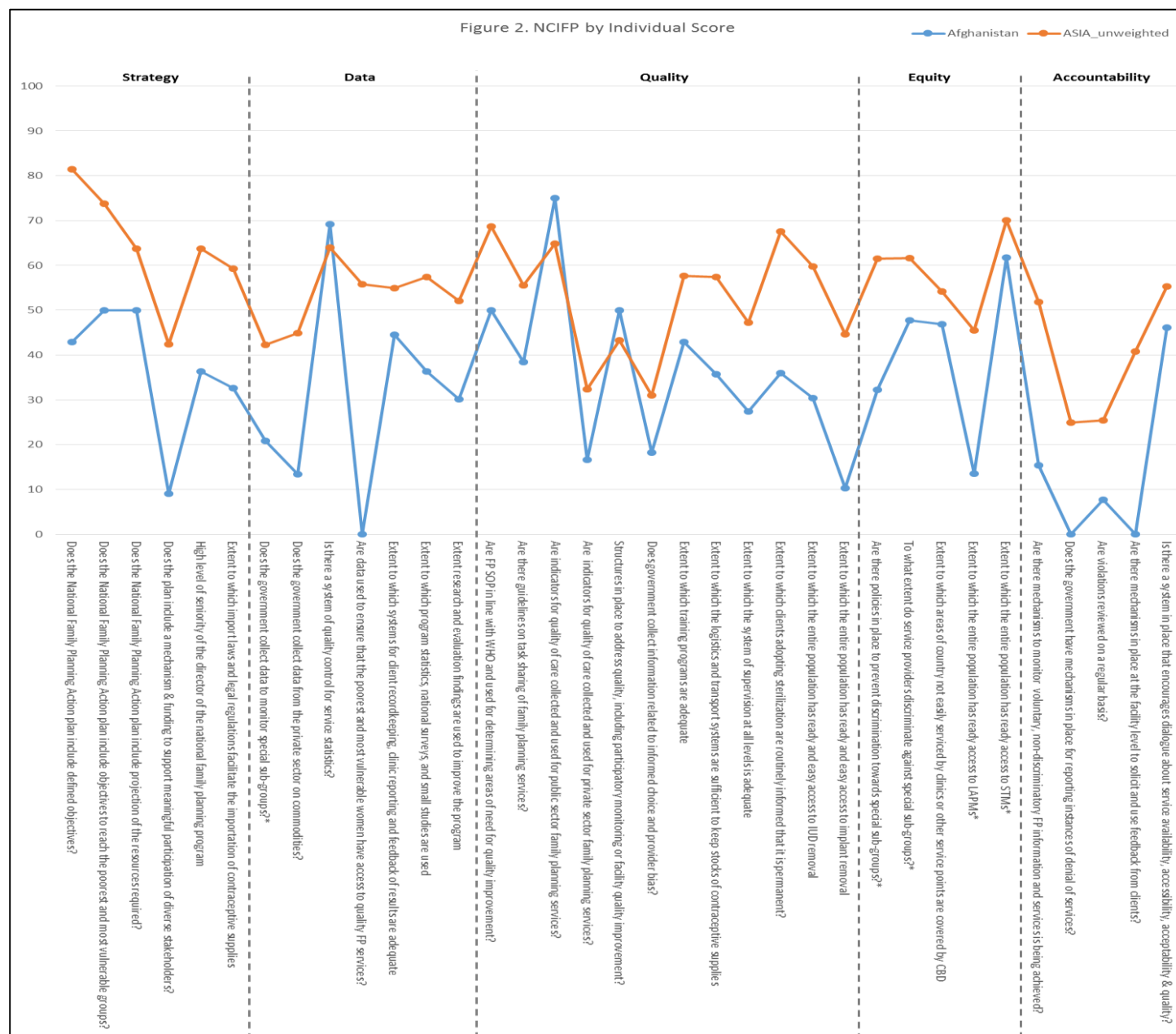
Afghanistan's total NCIFP rating is way below the regional average for Asia (32 vs 54, in Fig. 1). This is also the case across all five dimensions. In terms of individual items, Afghanistan's scores rise and dip along the Asia pattern, but the country's scores are lower than corresponding regional averages except for public sector quality of care indicators and a quality control system for service statistics (Fig. 2).

Afghanistan scored 0 (meaning all respondents answered 'no') on three items: whether a) Data are used to ensure that the poorest/most vulnerable have access to quality FP services; b) an Equity mechanism exist to report denial of services on non-medical grounds; and c) an Accountability mechanism is in place at the facility level to solicit/use client feedback. Several FP activities were rated lower than 40: under Strategy on whether a) the FP action plan supports a mechanism for meaningful stakeholder participation, b) the director of the national FP program has high level seniority, and c) import regulations facilitate contraceptive importation; under Data on whether the government collects data a) to monitor special sub-groups and b) on private sector commodities; under Quality on whether a) private sector quality of care indicators are collected/used, b) the government collects information on informed choice and provider bias, and c) there is easy access to implant removal; under Equity regarding the entire population's easy access to LAPMs; and under Accountability on whether mechanisms exist a) to monitor voluntariness and non-discrimination in FP services and b) for reporting denial of services on non-medical grounds.



## Implications of the NCIFP results

Afghanistan's low NCIFP scores are not surprising considering its past history of political instability and the relative newness of the country's FP/RH efforts. Rather than viewed negatively, the low NCIFP results identify activities and mechanisms that are important in global efforts to improve FP program planning, accessibility, quality, equity and accountability, and as such, are for discussion and appropriate action by key stakeholders of the country. The results are relevant considering the country's FP2020 commitments articulated in 2016. The Government aims to reduce unmet need and increase modern contraceptive use to 30% by 2020 by improving the method mix, focusing on long-acting and reversible methods and postpartum FP, and including implants in the essential medicines list; operationalizing the RHSC Strategic Action Plan and developing a costed FP implementation plan (2017-2020); ensuring accountability through program performance review using RMNCH quarterly scorecards; advocating for increased government allocation to health especially RH/FP; mobilizing the community by involving religious and community leaders, civil society, and youth to address barriers to access; and fostering public-private sector coordination, commitment, and collaboration to improve RH/FP services, training, supplies, equipment, and commodities.



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

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