

# The National Composite Index for Family Planning (NCIFP)

## SOLOMON ISLANDS 2017 Scores<sup>i</sup>

### What is the NCIFP?

A tool that supports FP2020's<sup>ii</sup> 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, clinic/community monitoring, 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.

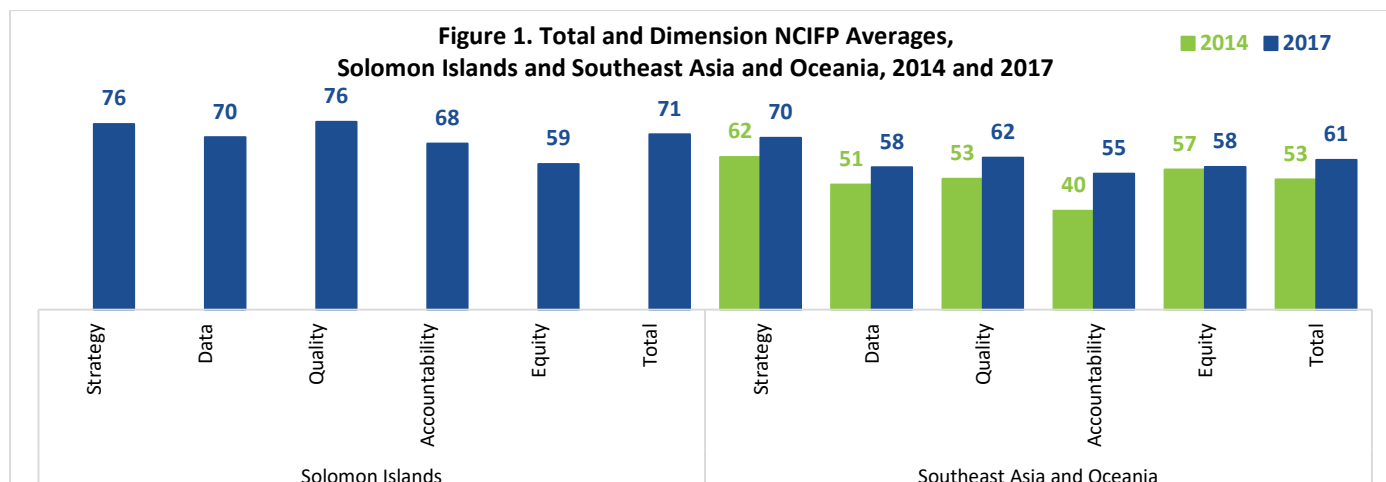
**Equity** – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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. The Solomon Islands did not participate in the 2014 study. This brief presents Solomon Islands results for 2017. To facilitate comparison with other countries that have both 2014 and 2017 NCIFP data, the analysis in this brief uses the 2014 approach which involved yes/no questions.

### Solomon Islands vs Southeast Asia and Oceania Results

Figure 1 shows the total NCIFP score of the Solomon Islands (71) in 2017 was 10 points higher than that of the Southeast Asia and Oceania region (61). Dimension levels and rankings varied.

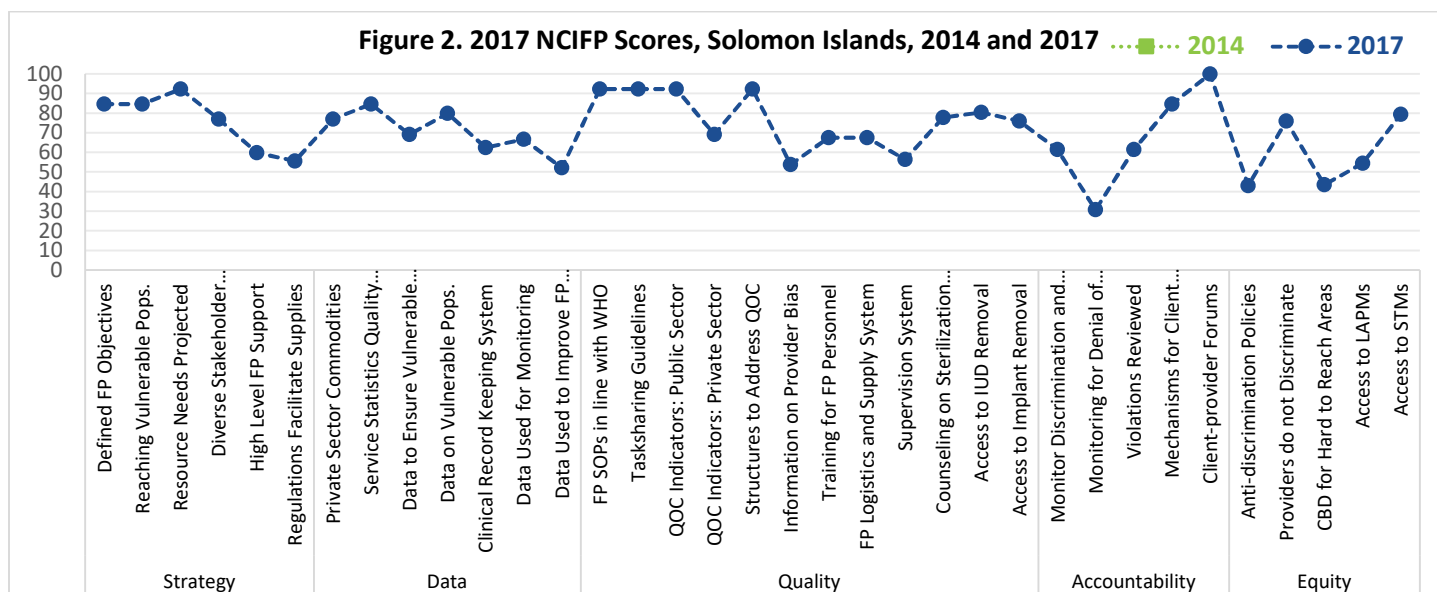
- Strategy and Quality tied as the country's highest rated dimension compared to Strategy alone for the region.
- The Solomon Islands averaged higher than the region in all dimensions, although in the case of Equity wherein the country's average was only a point more than that of the region.
- Equity was the country's lowest ranked compared to Accountability for the region.



### Individual NCIFP Scores, Solomon Islands 2017

Ratings of individual NCIFP items over time specify which FP program activities are progressing well, stagnating, or deteriorating. Solomon Islands does not have 2014 data, but its 2017 NCIFP scores (Fig. 2) are analyzed based on which program efforts scored high (70 or more) or low (50s or less) for use in present and future FP program assessments and planning.

- **Strategy** – The highest rated items involved the strategy’s estimate of resource needs (92), quantifiable objectives and focus on vulnerable groups (85 each). Other scores included the strategy’s support for diverse participation (77), high-level program leadership (60), and regulations that facilitate contraceptive importation (56).
- **Data** – Scores were in the 80s for quality control of service statistics and data collection on population sub-groups; 77 for government collection of data private sector supplies; 60s for the use of data to ensure access among the most vulnerable, data-based monitoring, and clinical recordkeeping/feedback of results to clients; and 52 for the use of research findings to improve program performance.
- **Quality** – High ratings included 90s for the use of WHO standards, tasksharing guidelines, QOC indicators in public facilities, and community/clinic monitoring of QOC; and about 80 for access to IUD and implant removal and sterilization counseling. Mid-level scores involved the 60s for the training and logistics systems and the use of QOC indicators in private facilities and in the 50s for supervision and provider bias monitoring.
- **Accountability** – The mark was 100 for client-provider dialogue and 85 for facility-level client feedback, 60s for discrimination and free choice monitoring and violations review, but only 31 for mechanisms to report denial of services.
- **Equity** - Ratings were in the upper 70s for STM access and provider non-discrimination against certain groups. The next sets of scores were 54 for access to LAPMs and 40s for CBD coverage and the existence of anti-discrimination policies.



## Implications

The Solomon Islands prioritized actions for acceleration to meet the country’s FP2020 goals that were first articulated during the FP2020 Global Partnership launching in 2012. The government committed to (1) making FP a priority under the reproductive health (RH) program section of the National Health Strategic Plans (NHSP) for 2016-2020 and link it to the Role Delineation Policy( The NHSP aims to improve service quality and coverage and to strengthen partnerships; and (2) engage with men and boys as partners in all RH issues, including voluntary FP. The country aims to develop a rights-based Family Planning Communication Strategy, expand Adolescent and Youth Friendly Services, support the formulation of the costing implementation Plan that includes an FP situation analysis, resource costing, and Financial Gap Assessment.<sup>iii</sup>

The Solomon Islands’s 2017 NCIFP results show widely varying ratings across FP program components and concerns. Highly rated items included various aspects of the FP strategy; the service statistics system and data on vulnerable population; the use of QOC standards, guidelines, and public sector indicators and available services particularly sterilization counseling and the removal of IUDs and implants; communication with clients to improve accountability; and equity efforts involving STM access and provider non-discrimination against certain population groups. The 2017 NCIFP study also showed key FP activities with low ratings: regulations that facilitate contraceptive importation, management use of research findings to improve the program, provider bias monitoring, mechanisms for reporting denial of services based on non-medical grounds, anti-discrimination policies, CBD coverage, and access to LAPMs. These challenges are for the country’s FP stakeholders to discuss and agree on appropriate action in order to achieve the country’s health and development goals.

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

<sup>ii</sup> FP2020 is a global initiative through which governments, civil society, multilateral organizations, donors, the private sector, and the research and development community work together to enable more women and girls to use contraceptives by 2020. See <http://www.familyplanning2020.org/>

<sup>iii</sup> <https://www.familyplanning2020.org/solomon-islands>