

# The National Composite Index for Family Planning (NCIFP)

## ZIMBABWE 2017 Scores and 2014-2017 Trends<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, and informed choice, including informing clients on 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.

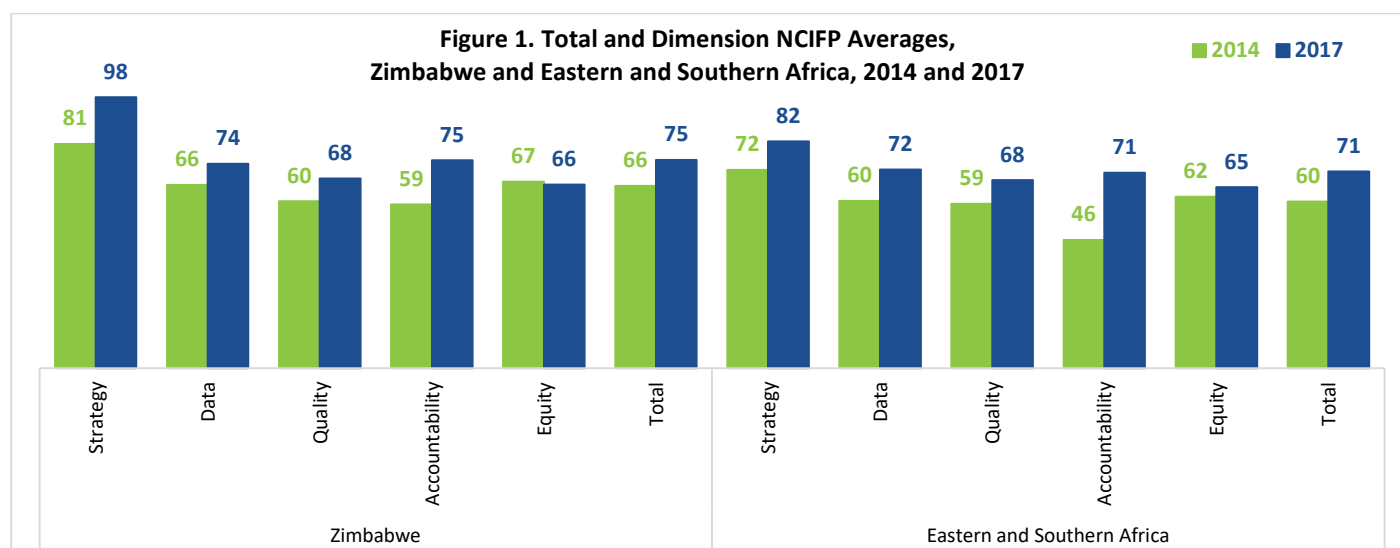
**Equity** – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

### Zimbabwe vs Eastern and Southern Africa Results

Total NCIFP ratings for Zimbabwe and the region improved from 2014 to 2017, with the country's total scores slightly higher than those of the region in both years (Figure 1). Areal dimension levels and trends varied.

- Strategy was the highest rated dimension in both areas and years. Zimbabwe averaged a very high 98 in 2017.
- In 2014, Accountability was the lowest rated dimension in both areas, with Quality a close second for Zimbabwe. In 2017, Equity and Quality averaged the lowest in both areas.

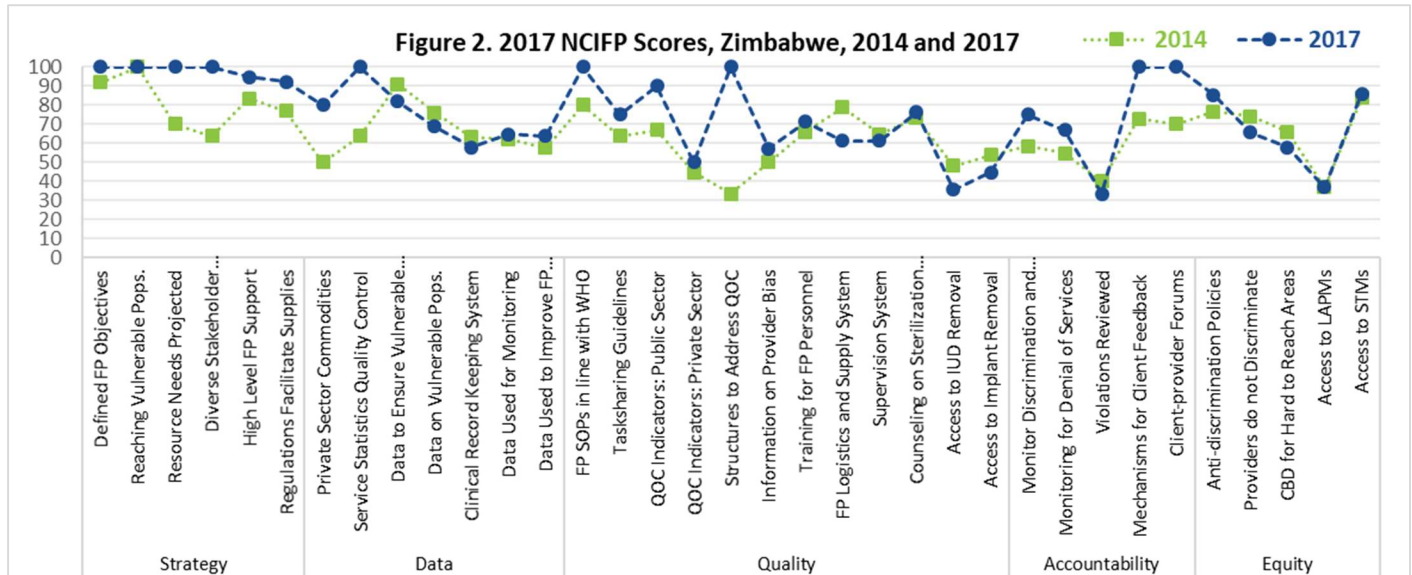


### Individual 2014 and 2017 NCIFP Scores

Scores of individual NCIFP items over time indicate which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows the results for Zimbabwe in the two years studied. All items under Strategy had very elevated ratings in 2017. Although scores mostly improved for the other dimensions, several items also posted declines.

- **Strategy** –2017 ratings included 100 for the FP strategy defining its objectives, target groups, resource needs, and support for diverse participation; and 90s for having high-level program leadership and regulations facilitating contraceptive importation.

- **Data** – In 2017, scores rose to 100 for quality control of service statistics and 80 for government data collection on private sector commodities. Ratings slightly improved to 64 each for data-based monitoring and program improvement. 2017 ratings, however, slightly declined regarding the use of data to ensure the most vulnerable have access (82), data collection on vulnerable groups (69), and clinic recordkeeping/feedback of results to clients (58).
- **Quality** – 2017 ratings included 100 for the use of WHO SOPs and clinic/community structures to monitor QOC; 90 for QOC indicators in public facilities; and 70s for the use of tasksharing guidelines, the training system, and sterilization counseling. Scores slightly improved to the 50s for QOC indicators in private facilities and monitoring provider bias. By contrast, ratings declined to 61 each for the supervision and logistics systems and below 45 for access to IUD and implant removal.
- **Accountability** – Scores rose to 100 for facility-level feedback mechanisms and client-provider dialogue; to 75 for monitoring discrimination and free choice and to 67 for mechanisms to report denial of services; but dropped to 33 for violations review.
- **Equity** – Ratings for anti-discrimination policies and STM access improved to mid-80s in 2017; declined regarding provider discrimination against vulnerable groups (65) and CBD coverage (58); and remained constant at 37 for LAPM access.



## Implications

In 2012, Zimbabwe joined the global FP2020 initiative by pledging to improve access to quality FP services for all women and achieve by 2020 a modern contraceptive prevalence rate (mCPR) of 68%, reduce unmet need for FP to 6.5%, and lower adolescent girls' unmet need to 8.5%. The 2015 Zimbabwe Demographic and Health Survey showed that the country's total fertility rate declined slightly from 4.1 births per woman in 2010-11 to 4.0 births per woman in 2015, but rates were still high among the poorest, those with primary or no education, and in rural areas where teenage childbearing is more common. However, MCPR among currently married women has significantly risen over the years and was estimated at 66% in 2015. Unmet need for FP among married women was only 10% in 2015 but 22% among uneducated married women and 21% among sexually active unmarried women.<sup>iii</sup>

In 2017, Zimbabwe updated its FP2020 commitment and pledged to improve access to voluntary FP services among adolescent girls and expand choice by promoting a comprehensive accessible and affordable package, with 30% of married women using long-acting reversible contraceptives by 2020. Efforts include mobilising domestic resources and advocating to leaders for this purpose; engaging the private sector; strengthening the supply chain; training; supporting behaviour change initiatives especially marginalized areas; delivering integrated FP services at outreach sites; and delivering youth-friendly health services in in-and out-of-school contexts<sup>iv</sup>.

Zimbabwe's higher total NCIFP rating in 2017 as well as very high scores for various components of its FP strategy, the service statistics system, public sector QOC efforts, and mechanisms to obtain client input attest to the country's progress in improving its FP program. The NCIFP study also points out FP program activities that posted noteworthy score declines (especially the collection of data on the most vulnerable, the logistics system, provider non-discrimination against certain population groups, and CBD coverage) or with scores lower than 50 in 2017 (particularly access to LAPMs along with IUD and implant removal). These challenges are for Zimbabwe's stakeholders to discuss and agree on appropriate action to strengthen the FP program and achieve key objectives.

<sup>i</sup> Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): ZIMBABWE 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://dhsprogram.com/publications/publication-fr322-dhs-final-reports.cfm>

<sup>iv</sup> <http://www.familyplanning2020.org/Zimbabwe>