The National Composite Index for Family Planning (NCIFP)

ESWATINI 2017 Scores and 2014-2017 Trends[i]

What is the NCIFP?

A tool that supports FP2020's[ii] 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 systsems. 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).

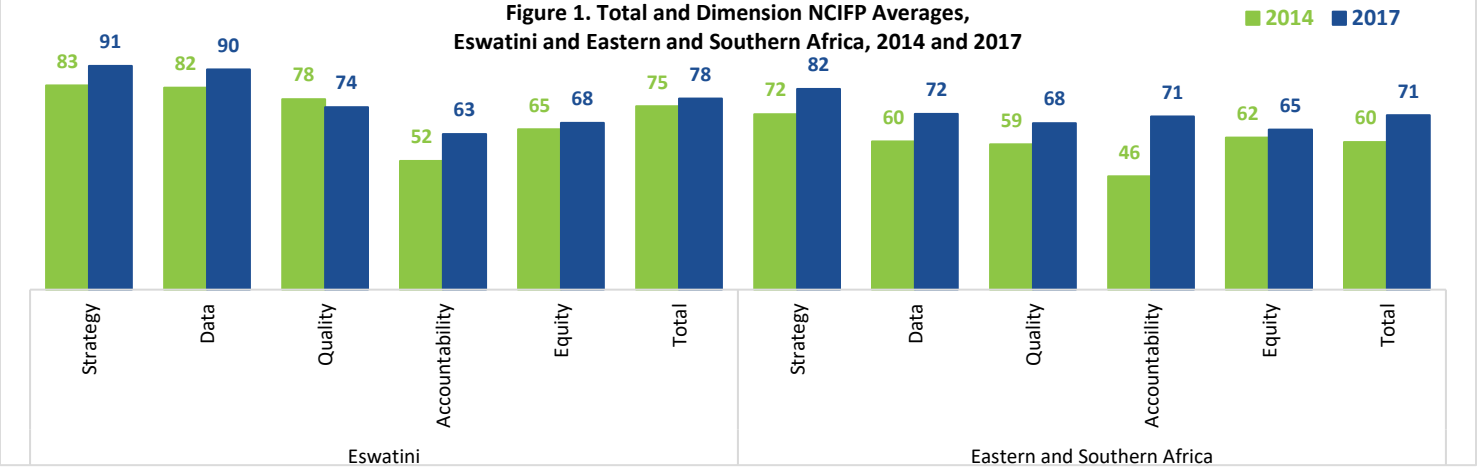
First undertaken in 2014, the NCIFP builds on the long-standing National Family Planning Effort Index (FPE). In 2017 Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation to assist countries participating in the FP2020 Global Initiative) administered a new round of NCIFPs to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

Eswatini vs Eastern and Southern Africa Results

Figure 1 shows that Eswatini's total NCIFP score increased slightly from 75 in 2014 to 78 in 2017. These total scores were higher than what the region received for both years despite improving from 60 to 71. Country and regional dimension patterns varied slightly.

- Just like many areas, Strategy was the highest rated dimension for Eswatini and the region during the two years studied.
- Accountability persisted as Eswatini's lowest rated dimension in both years. It was also the region's lowest scored in 2014 but was replaced by Equity in 2017.
- Eswatini's dimension averages were higher than those of the region in 2014. The same pattern prevailed in 2017 except for Accountability as the region's average rose from 46 to 71 compared to Eswatini's score increasing from 52 to 63.

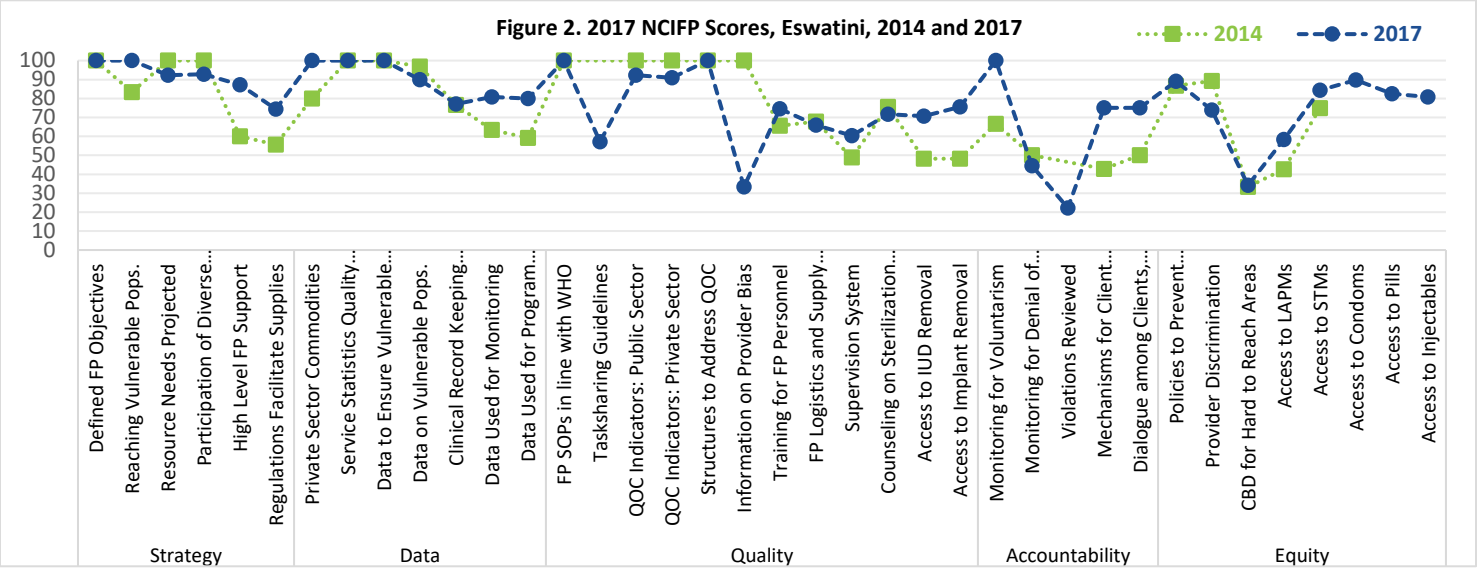
Figure 1. Total and Dimension NCIFP Averages, Eswatini and Eastern and Southern Africa, 2014 and 2017



Individual 2014 and 2017 NCIFP Scores

Ratings of individual NCIFP items over time indicate which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows Eswatini's results for the two years, with about 15 items rated higher in 2017. Ratings of items under Quality, Accountability and Equity widely diverged but with the majority of items having lower scores compared to 2014. By contrast, rating of items under Strategy and Data ranged mainly between 70 and 100.

- **Strategy** –2017 scores included 100 for the strategy's defined objectives and prioritization of vulnerable groups; 90s for estimated resource needs and support for diverse participation; 87 for high-level program leadership, and 74 for regulations facilitating contraceptive importation. The last two items scored no higher than 60 in 2014.
- **Data** –2017 ratings were 90 or higher for data on private sector commodities, quality control of service statistics, the use of data to ensure the most vulnerable have access, and data collection on vulnerable groups; and around 80 for clinic record-keeping and client feedback, data-based monitoring, and the use of research findings to improve the program. The last two items, which involve data-use, scored around 60 in 2014.
- **Quality** –2017 scores included 100 for the use of WHO SOPs and clinic/community structures to monitor QOC. Scores were in the 90s for the use of QOC indicators in public and private facilities (these two items scored 100 in 2014); 70s for training, sterilization counseling, and access to implant or IUD removal (the two access items scored only 48 in 2014); 60s for logistics and supervision; and 57 for the use of tasksharing guidelines (which was unrated in 2014). Provider bias monitoring was the lowest rated Quality item in 2017; its 33 score a big drop from 100 in 2014.
- **Accountability** –The country's 2017 ratings were 100 for monitoring discrimination and free choice; 75 for mechanisms for clients' facility-level feedback and provider-client dialogue. The lowest scores went to mechanisms to report denial of services (44) and review violations (22); the former item scored 50 in 2014 while the latter was not rated.
- **Equity** – Scores in 2017 included 80s for anti-discrimination policies and access to STMs; 74 (down from 89 in 2014) for providers not discriminating against certain population groups, 58 for LAPM access, and 34 for CBD coverage.



Implications

Eswatini is a country of more than a million people with a modern contraceptive prevalence rate (mCPR) of over 60% and a fertility rate of about 3 lifetime births per woman.[iii] Available data, however, indicate that fertility levels remain high among the poorest and early childbearing is still a problem especially in rural areas. Post-natal and post-abortion FP services are part of Eswatini's Essential Health Care Package (EHCP)[iv]. Condom use is a critical component of Eswatini's HIV prevention efforts considering its still high, albeit declining, HIV prevalence and the negative impact of the HIV/AIDS epidemic on the population's health status and economic progress.

The country's 2014 and 2017 NCIFP ratings specify components and activities of the national FP program that are in place, most particularly regarding the FP strategy and the collection and use of FP-related data. The NCIFP study also points out four FP program activities that scored lower than 50: 1) information on provider bias considering its implications on informed choice (this item suffered the biggest ratings drop); 2) mechanisms to monitor denial of services due to non-medical grounds and to review violations; and 3) CBD coverage of underserved areas and populations considering the national health strategy's emphasis on improving access among the poor and most vulnerable.[v] These challenges are for Eswatini's stakeholders to discuss, identify underlying causes, and agree on appropriate action to further strengthen the FP program and achieve the country's health and development objectives.

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

[ii] 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/

[iii] For national demographic and health survey estimates of fertility and mCPRs for countries in the region, access https://www.statcompiler.com/en/

[iv] The EHCP was developed by the Ministry of Health with WHO assistance. See http://www.gov.sz/index.php/health-documents

[v] http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/swaziland/swaziland_nhssp_ii_draft_zero_29_aug_2014.pdf