

The National Composite Index for Family Planning (NCIFP)

PAKISTAN 2017 Scores and 2014-2017 Trendsⁱ

What is the NCIFP?

A tool that supports FP2020'sⁱⁱ 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-based standards of practice (SOPs), task-sharing guidelines, and quality of care (QOC) indicators in public and private facilities. Quality of services 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 dialogue between clients and providers.

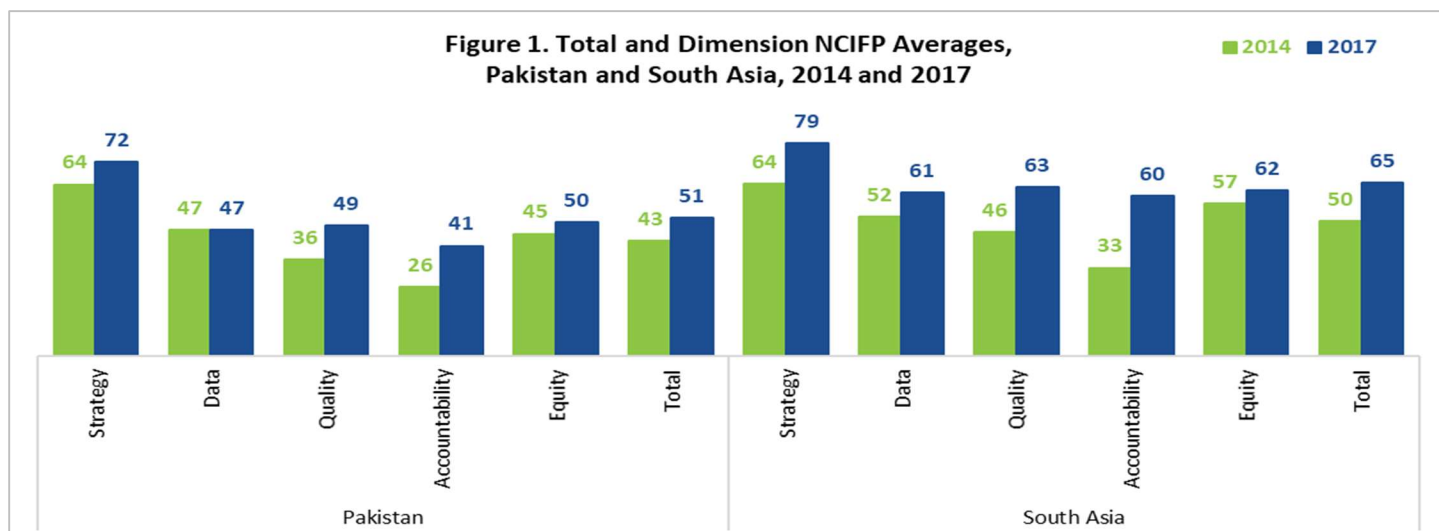
Equity – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

First undertaken in 2014, the NCIFP builds on the long-standing 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.

Pakistan vs South Asia Results

Figure 1 shows that from 2014 to 2017, Pakistan's total NCIFP score increased from 43 to 51 respectively, while that of the region rose from 50 to 65. Along with total score, the region's averages across all 5 dimensions also surpassed those of Pakistan in both years. Except for Strategy, Pakistan's dimension averages in 2017 were no higher than 50 compared to regional levels in the 60s.

- Both areas had Strategy persisting as the highest rated dimension and Accountability the lowest during the years studied.
- The country's average for Data remained the same, compared to a 9-point increase registered by the region.

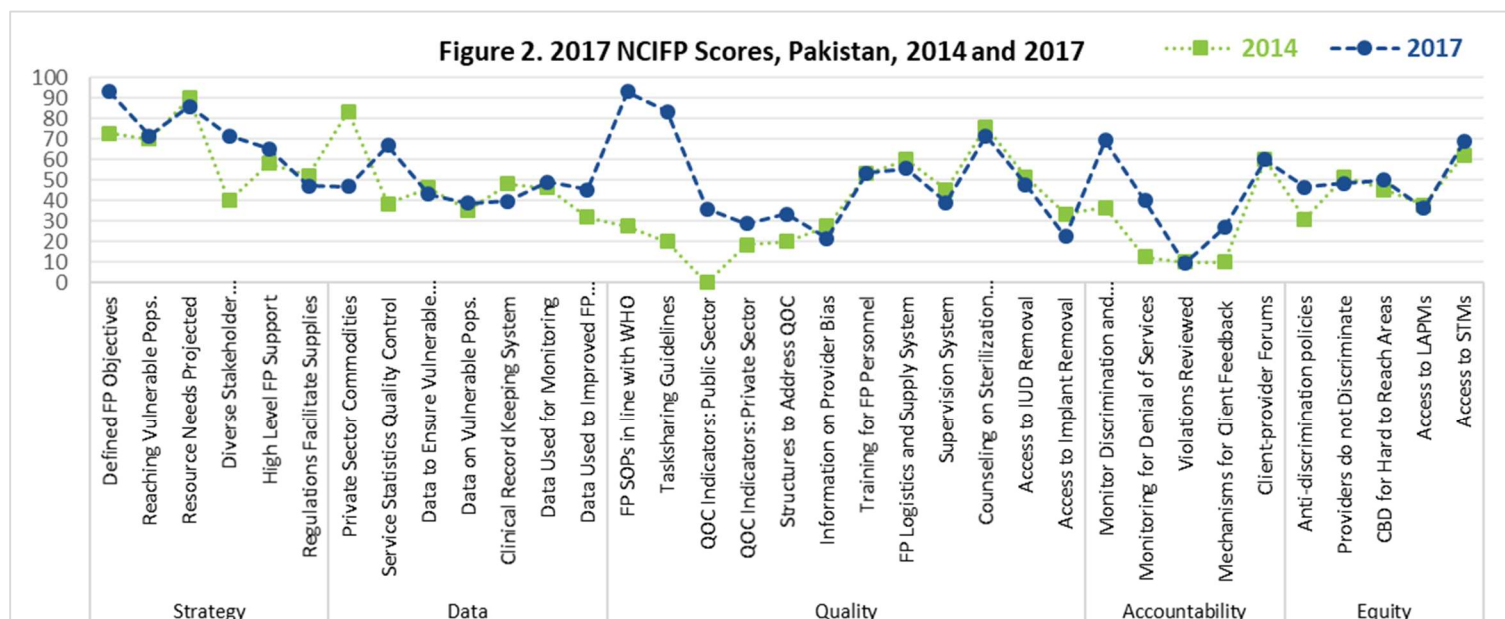


NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time indicate which FP program activities are progressing well, stagnating, or deteriorating.

Figure 2 shows that in 2017 Pakistan achieved gains of at least 5 points for over 10 NCIFP items compared to 6 items losing at least 5 points. Scores stagnated or minimally changed for nearly 20 items, including those scoring only in the 40s or below in 2017.

- **Strategy** – 2017 scores were at least 20 points higher for the strategy’s objectives (93) and support for diverse participation (71), improved slightly regarding high-level program leadership, but minimally changed regarding vulnerable groups (low 70s), estimated resource needs (mid-80s), and regulations that facilitate contraceptive products (around 50).
- **Data** – Results improved in 2017 for quality control of service statistics (67) and using research findings to improve the program (45) but hardly changed regarding data-based monitoring (upper 40s), data collection on populations groups (upper 30s), and using data to ensure the most vulnerable have access (mid-40s). The score on systems for clinical recordkeeping slightly decreased to 40 while data collection on private sector commodities significantly fell from 83 to 47.
- **Quality** – Ratings of half of the items improved in 2017, resulting in very high scores for the use of WHO-based SOPs (93) and tasksharing (83), but still low marks for QOC indicators in facilities of the public (36) and private (29) sectors and regarding clinic/community monitoring structures (33). The score was flat for training (53) while most of other items had lower scores: sterilization counseling (71), logistics (56), access to IUD removal (48), supervision (39), and provider bias monitoring (21). The biggest score decline was observed in access to implant removal (from 33 in 2014 to 22 in 2017).
- **Accountability** – Results were very mixed. Scores largely increased (+17 pts or more) for discrimination and free choice monitoring (69) and two other items: mechanisms for reporting denial of services (40) and client feedback at the facility-level (27). Ratings were stagnant at 60 for provider-client dialogue and less than 10 for review of violations.
- **Equity** – Scores improved regarding access to short-term FP methods (69) and policies to prevent discrimination (46), minimally changed for CBD coverage (about 50) and access to long-acting and permanent methods (mid-30s) but declined slightly in regards to providers discriminating against certain population groups (48).



Implications

In 2017, the Government of Pakistan (GoP) reiterated its 2012 commitment to increase FP use to 50% by 2020. Under the devolved system, the GoP aims to strengthen regional collaboration to reach more populations through increased private and public financing with support from the Federal and local governments. Efforts also include promoting the acceptability of FP by working with religious leaders and men; widening contraceptive choice; ensuring coverage of the underserved through task-sharing; training public and private providers on long-acting methods; and addressing the unmet needs of about 100,000 married girls aged 15-19.ⁱⁱⁱ

Pakistan’s 2017 NCIFP ratings show that only a few items had declining ratings whereas scores improved for several FP program activities that the country identified as key to achieving its 2020 objectives. Although improving, the ratings of some items were no higher than the 40s in 2017. Moreover, a number of items continue to have very low scores. These results indicate the need to assess the FP program in terms of resource requirements and regulations affecting contraceptive products; data collection and use regarding private sector commodities and the most vulnerable populations; clinic recordkeeping and results feedingback to clients; QOC initiatives including quality indicators in public and private facilities, clinic or community monitoring structures; provider bias, and supervision; mechanisms for client feedback and to review violations and denial of services; and structures to prevent discrimination against certain groups and ensure equitable access to LAPMs that also includes implant and IUD removal services.

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

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

ⁱⁱⁱ Source: http://www.familyplanning2020.org/sites/default/files/Govt_Pakistan_FP2020_Commitment_2017.pdf