

# The National Composite Index for Family Planning (NCIFP)

## TAJIKISTAN 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 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.

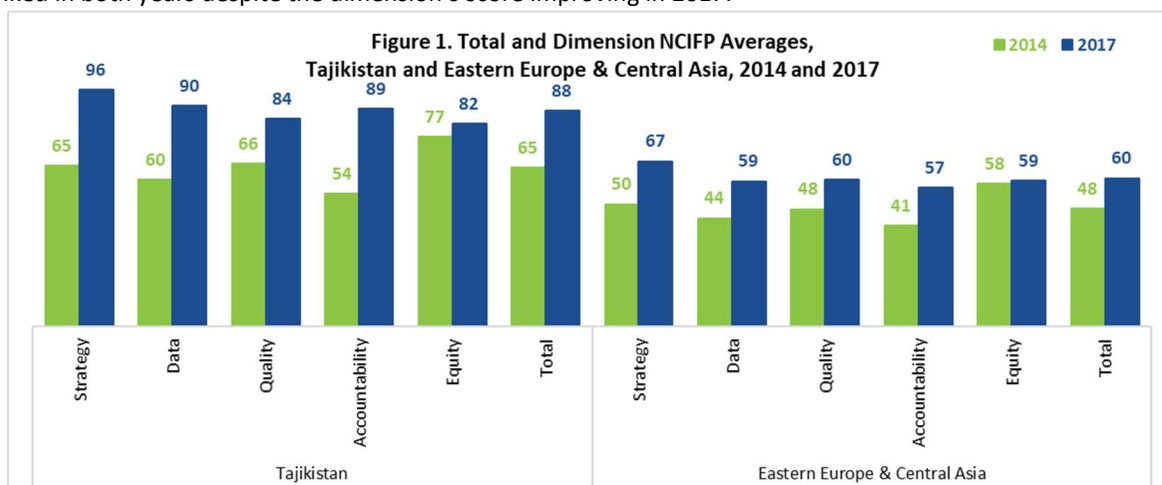
**Equity** - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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. NCIFP data are intended for policy and planning use by each country's FP stakeholders.

### Tajikistan vs Eastern Europe and Central Asia Results

Figure 1 shows total NCIFP scores for Tajikistan and the region rising between 2014 and 2017, with Tajikistan's total scores (65 and 88 respectively) much higher than the region's in both years (48 and 60 respectively).

- Equity was the country's highest rated in 2014; Strategy became its highest ranked in 2017. Tajikistan's lowest rated dimension was Accountability in 2014 and Equity (with Quality not too far behind) in 2017.
- The region's highest rated dimension was Equity in 2014 and Strategy in 2017. Accountability was the region's lowest ranked in both years despite the dimension's score improving in 2017.

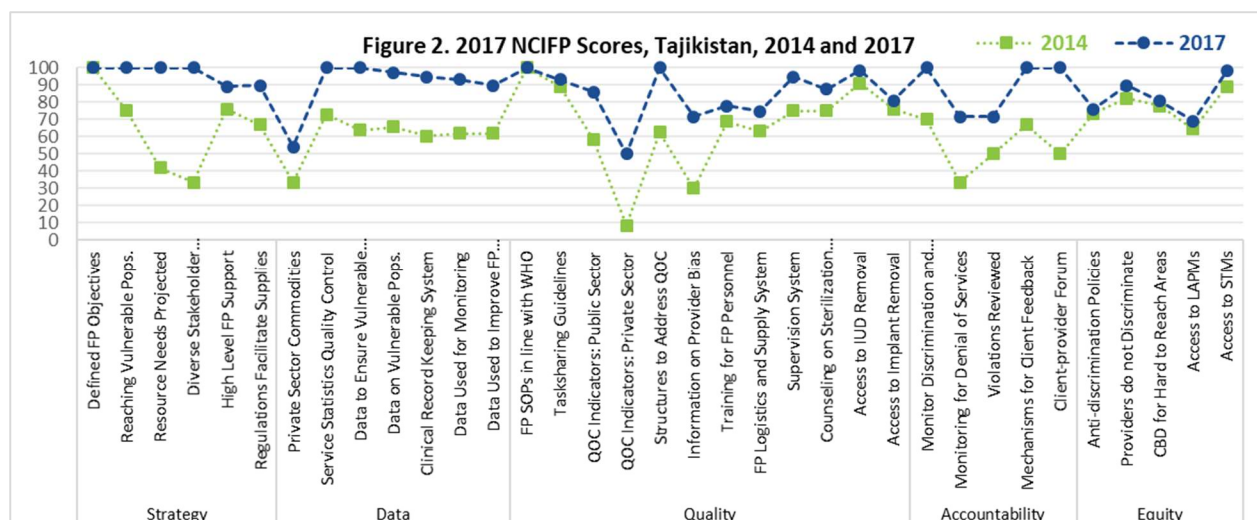


### Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items across the years indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows Tajikistan's scores improved for all items; 2017 scores were 50 or higher, including 20 items rated at least 90.

- Strategy** – High scores included 100 for the strategy's clear objectives, focus on vulnerable groups, estimated resource needs, support for diverse participation; and about 90 for high-level support and regulations facilitating contraceptive importation.
- Data** –The rating for government data collection of private sector commodities was 54 in 2017, while all other items had scores between 90 and 100.

- **Quality** – Ratings included 100 for the use of WHO SOPs and clinic/community structures to monitor QOC; 90s for access to IUD removal, tasksharing and the supervision system; 80s for the use of QOC indicators in public facilities, sterilization counseling and access to implant removal; and 70s for information on provider bias, and the training and logistics systems. The use of QOC indicators in private facilities had the lowest mark (50).
- **Accountability** – Three items scored 100 in 2017: mechanisms to monitor discrimination and free choice, solicit client feedback at the facility level, and enable client-provider dialogue. Mechanisms to report denial of services and review violations scored 71 each.
- **Equity** – 2017 scores of individual items included 98 for STM access, 80s for whether providers discriminate against certain groups and for CBD coverage of the underserved, 76 for anti-discrimination policies, and 69 for access to LAPMs.



## Implications

Tajikistan's population grew from 6.2 million in 2000 to over 9 million in 2019.<sup>iii</sup> It is one of the fastest growing countries in the region and also the youngest with 46% of the population less than 20 years old. Over 70% of inhabitants live in rural areas. The total fertility rate (TFR) of 5.2 lifetime births per woman in 1990 declined to 4 in 2000 but has been unchanged at 3.8 births since 2012. The 2017 Demographic and Health Survey also showed higher birth rates among rural residents, the poor, and the less educated<sup>iv</sup>. Modern FP use among married women was 26% in 2012 and 27% in 2017, with the IUD as the most popular method, and nearly 90% of users relying on the government as their contraceptive source. Unmet need for FP was 23% in 2017. Another problem is HIV prevalence as it rose more than 25% in the years preceding 2012.<sup>v</sup> The UNFPA Programme Document 2016-2020 cited the country's development efforts and donor assistance that helped reduce poverty levels from 83% in 1999 to 36% in 2013.<sup>vi</sup> However, many challenges persist, including limited economic opportunities and high youth unemployment. The health care system which almost collapsed during the country's 1992-1997 civil war had been severely affected by poor governance and inadequate resource allocation that weakened medical institutions particularly at the primary care level. Maternal mortality levels remain high due to short birth intervals, limited high-quality antenatal care, and lack of emergency obstetrics services especially in rural areas. Reproductive health has been constrained by limited availability of services and provider capacities, improper use of existing protocols, poor laboratory systems, and widespread discrimination. Despite a shortage of health professionals in rural regions, midwives are only permitted to perform basic medical procedures. The need for high-quality statistics, analysis, and data utilization to inform policy, planning, and implementation was also cited.

Tajikistan's NCIFP results from 2014 to 2017 are very encouraging as they reflect FP experts assessment that in the recent years, the country has undertaken a large number of important, positive initiatives to strengthen its FP program. Two items - government collection of data on private sector commodities and the use of QOC indicators in private facilities – lag behind and are important factors for the country's key stakeholders to consider efforts to strengthen private sector involvement.

<sup>i</sup> Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): TAJIKISTAN 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> UN World Population Prospects, 2019 Revision. See <https://population.un.org/wpp/>

<sup>iv</sup> <https://www.dhsprogram.com/publications/publication-fr341-dhs-final-reports.cfm>

<sup>v</sup> 2012 UNAIDS Report on the Global AIDS Epidemic. See

[https://www.unaids.org/sites/default/files/media\\_asset/20121120\\_UNAIDS\\_Global\\_Report\\_2012\\_with\\_annexes\\_en\\_1.pdf](https://www.unaids.org/sites/default/files/media_asset/20121120_UNAIDS_Global_Report_2012_with_annexes_en_1.pdf)

<sup>vi</sup> <https://www.unfpa.org/data/transparency-portal/unfpa-tajikistan>