

The National Composite Index for Family Planning (NCIFP)

Haiti 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 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.

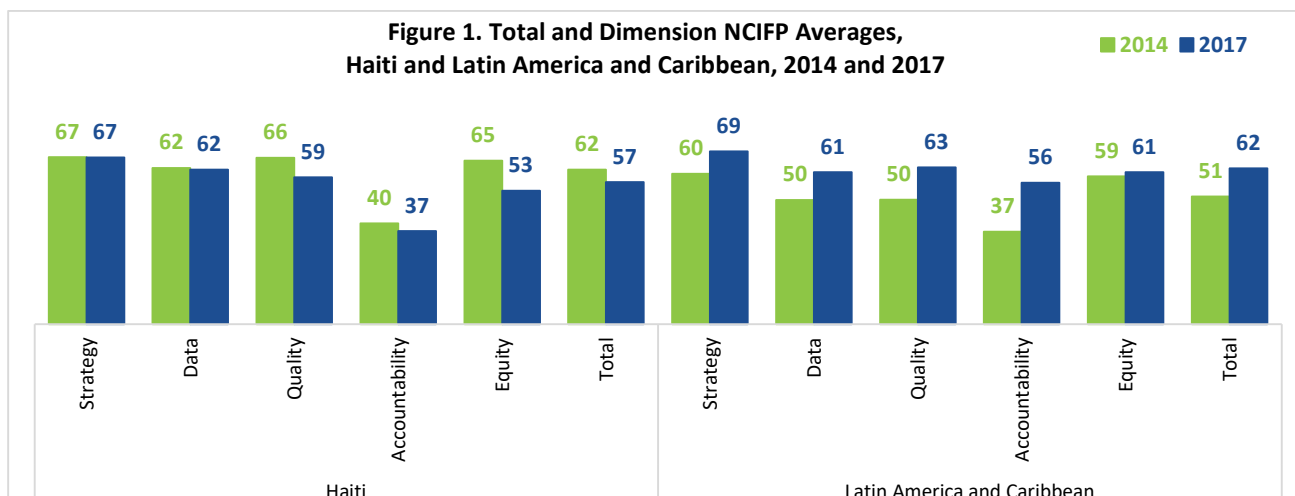
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Haiti vs Latin America and Caribbean (LAC) Results

Figure 1 shows that Haiti's total NCIFP score of 62 in 2014 was higher than that of the region (51) but standings reversed in 2017 as Haiti's total score declined to 57 while the region's rating rose to 62. Three of Haiti's dimensions also scored lower in 2017 compared to the region averaging higher across all five dimensions.

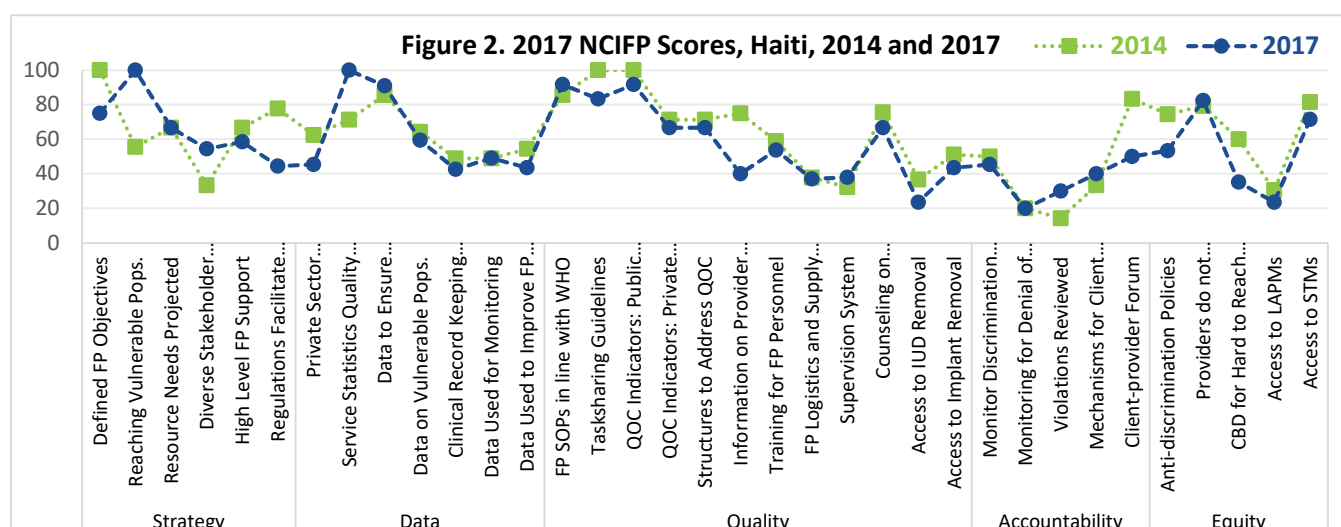
- Strategy, Quality and Equity were Haiti's highest ranked with averages around 66, but in 2017, Strategy was the sole highest rated as averages for Quality and Equity fell. The region's highest rated dimensions in 2014 were Strategy and Equity; in 2017 Strategy received the highest mark.
- Accountability persisted as the lowest rated dimension in both areas and years. Haiti's dimension score declined in 2017 while the region's Accountability rating rose to levels only 5 points below scores for Data and Equity.



Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows that in 2017, Haiti's scores notably improved for only 4 items (with 2 items rated 100). Over 10 items had lower marks while ratings hardly changed for the large number of remaining NCIFP items.

- **Strategy** –Ratings rose for the strategy’s focus on vulnerable groups (100) and diverse participation (55) but declined regarding the strategy’s objectives (75), high-level leadership (59), and regulations that facilitate contraceptive importation (44). The rating for estimating resource needs remained the same (67).
- **Data** – 2017 ratings were also higher for quality control of service statistics (100) and the use of data to ensure the most vulnerable have access (91). Scores fell regarding data collection on population sub-groups (60) and government collection of data on private sector commodities (45) but stayed in the 40s for clinic recordkeeping and results feedback, data-based monitoring, and management use of research findings to improve the program.
- **Quality** – 2017 ratings were in the 90s for the use of WHO SOPs and QOC indicators in public facilities (the latter was slightly down from its 2014 score of 100). The score for tasksharing also dropped from 100 down to 83. Five other items had scores that declined by five points or less in 2017: 67 each for QOC indicators in private facilities, community/clinic structures to monitor QOC, and sterilization counseling; and 54 for training. 2017 ratings, however, were below 50 for information on provider bias (40), the systems for supervision (38) and logistics (37), as well as for access to implant (44) and IUD removal (24).
- **Accountability** – Violations review (30) and mechanisms for client feedback (40) improved while marks declined for client-provider dialogue (50), and monitoring discrimination and free choice (45). Reporting denial of services remained at 20.
- **Equity** –2017 scores of individual items were either stagnant (82 for provider non-discrimination of certain population groups) or declining (72 for STM access, 53 for anti-discrimination policies, 35 for CBD coverage, and 24 for LAPM access).



Implications

Haiti committed to the Global FP2020 Partnership in 2017 and pledged to reduce unmet need and increase modern FP use by 10% by aiming to develop a Ministry of Public Health budget line item to increase resources for FP and reproductive health (RH), contribute up to 5% for contraceptive purchase by 2020; create a RH inter-ministerial committee; establish a legal framework for youth RH; ensure maternal health care continuum by integrating FP in postpartum and post-abortion care; strengthen linkages between FP and programs for HIV/AIDS and vaccination; improve service delivery, including last-mile services; and expand modern method mix, especially LAPM, at the community level. Haiti is gradually refocusing its health systems while recovering from natural disasters. It has also worked on an RH strategy (2018-2022) and a youth health strategy with Pan-American Health Organization support. With an all-women mCPR of 22.8%, there is much potential for rapid growth, although key challenges include supply chain and service delivery issues especially with hard-to-reach populations.ⁱⁱⁱ

Haiti’s NCIFP results point to FP program activities with very high 2017 scores particularly the strategy’s focus on vulnerable groups and the use of data to ensure the most vulnerable have access; the service statistics system; and quality of care efforts involving WHO-based SOPs, tasksharing, and QOC indicators in public facilities. But the NCIFP data also flagged out many items with scores that declined significantly or remained at very low levels, particularly regulations that facilitate contraceptive products, various data collection and utilization efforts, quality issues such as provider bias monitoring and the logistics and supervision systems, a range of accountability mechanisms, and access concerns especially CBD coverage of underserved groups and access to LAPMs that also includes IUD and implant removal services. These challenges relate closely to the country’s FP2020 commitments and are for the country’s stakeholders to ensure accessible, high-quality services and reach the most vulnerable sectors of the population.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): JORDAN 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. (<https://www.familyplanning2020.org/>)

ⁱⁱⁱ <https://www.familyplanning2020.org/haiti>