

# The National Composite Index for Family Planning (NCIFP)

## UNITED REPUBLIC OF TANZANIA 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.

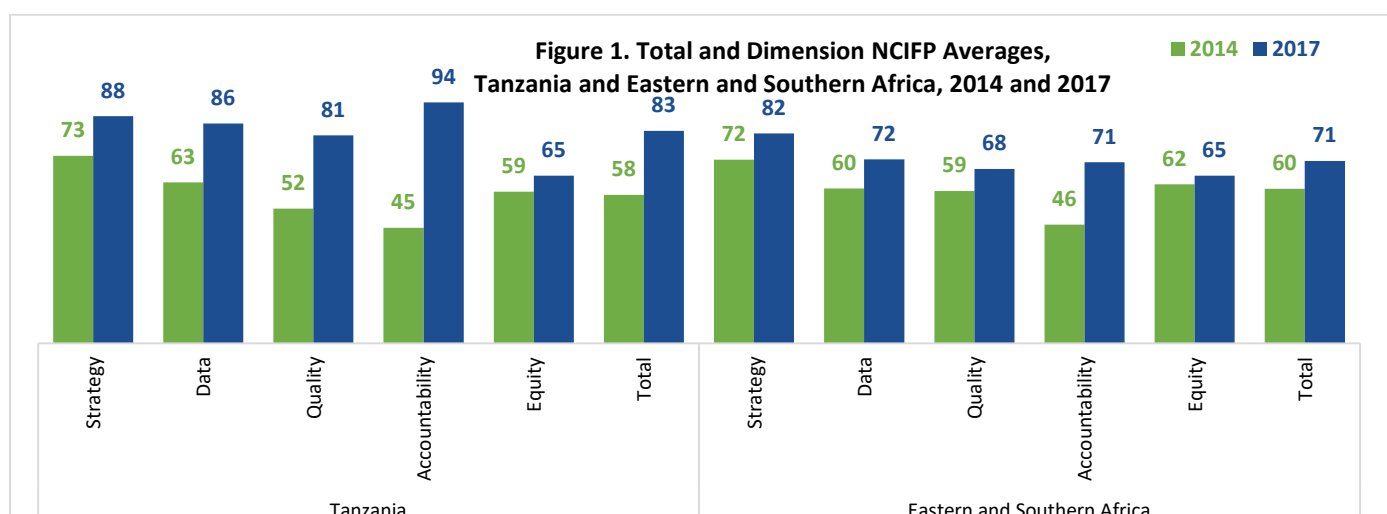
**Equity** – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

### Tanzania vs Eastern and Southern Africa Results

Figure 1 shows Tanzania's total NCIFP score soaring from 58 in 2014 to 83 in 2017 compared to the region's score increasing from 60 to 71. Both areas averaged higher for all five dimensions in 2017.

- Strategy was the highest rated dimension for Tanzania in 2014 and for the region in both years.
- Accountability was the lowest rated dimension for Tanzania and the region in 2014 (each averaged about 45) then Equity took over as both area's lowest rated in 2017 (each area scored 65). Both areas had much higher 2017 scores for Accountability, especially Tanzania as its Accountability's average jumped from 45 to 94 to become Tanzania's highest rated in 2017.

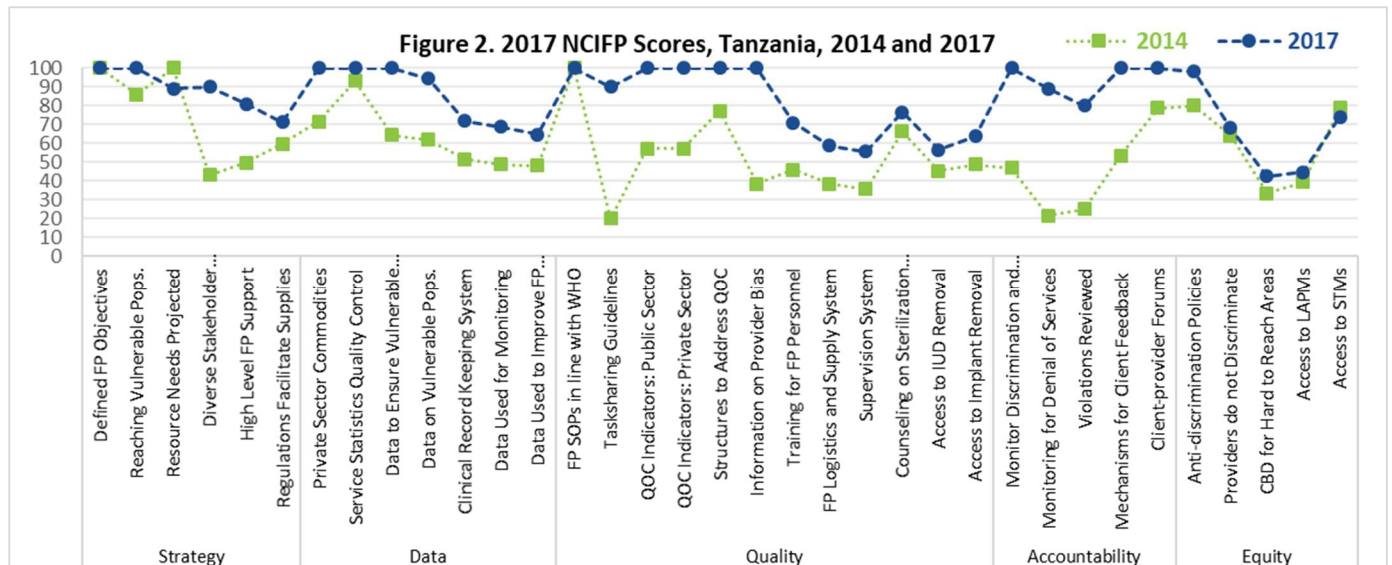


### Individual 2014 and 2017 NCIFP Scores

Ratings of individual NCIFP items over time indicate which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows detailed NCIFP item scores for Tanzania, with nearly all items receiving improved ratings in 2017.

- **Strategy** – 2017 scores were perfect for the FP strategy having defined objectives and reaching vulnerable populations, near the 90s for estimating resource needs (despite slightly declining from its 2014 rating) and supporting diverse participation (from scoring only 43 in 2014), 81 for high-level program leadership, and 71 for having regulations that facilitate contraceptive importation or production.

- **Data** – All Data items scored higher in 2017: from mid-90s to 100 for data on private sector supplies, service statistics quality control, the use of data to ensure vulnerable groups have access, and data on special sub-groups; 70 for clinic record-keeping and feedback to clients; and 60s for data-based monitoring and using research findings to improve the program.
- **Quality** – The use of WHO SOPs was constant at 100 while 2017 ratings rose for all other items: 100 for QOC indicators in public and private facilities, community/clinic QOC structures, and provider bias monitoring and 90 for tasksharing guidelines (from only 20 in 2014). Ratings were in the 70s for sterilization counseling and training, and 64 for access to implant removal. Logistics, supervision, and access to IUD removal scored in the 50s, among the lowest of all NCIFP items.
- **Accountability** – 2017 scores were higher for all items: 100 for mechanisms to monitor discrimination and free choice, solicit client feedback, and facilitate provider-client dialogue; and 80s for violations review and monitoring denial of services.
- **Equity** – Only anti-discrimination policies scored much higher in 2017 (98). The scores for providers not discriminating against certain groups and STM access stayed around 70. Although improving in 2017, the ratings for CBD coverage (42) and LAPM access (44) were the lowest among all NCIFP items, mainly accounting for Equity averaging the lowest in 2017.



## Implications

One of the first group of countries that committed to the Global FP2020 Initiative in 2012, Tanzania pledged to achieve a 60% contraceptive prevalence rate in 2020 by increasing FP financing, strengthening public-private partnerships, and improving maternal, child, and adolescent health services. The 2015-16 Tanzania Demographic and Health Survey showed the total fertility rate at 5.2, a decline from 5.7 children in 2004-05. However, fertility levels remained very high among rural residents, the less educated, and the poorest.<sup>iii</sup> The data also showed that teenage childbearing had been relatively steady. In 2017, Tanzania updated its FP2020 commitment and pledged to increase funding for FP commodities from Tsh 14 billion in 2017 to Tsh 17 billion by 2020; improve supply chain management to reduce stock-outs and increase the availability of modern contraceptive methods at all health care levels; apply a total market approach to increase access to modern FP methods in the public and private sectors; improve reproductive health policies and services through integration and outreach to ensure equity and access among young people and marginalized populations; advocate for FP financing and accountability by targeting high-level government decision-makers, parliamentarians, regional and local government officials, and NGOs; and strengthen the participation of civil society organizations and community groups in social accountability efforts.<sup>iv</sup>

Tanzania's commitment to improve the national FP program finds confirmation in the country's high or much improved NCIFP marks in 2017 particularly regarding the strategy; the collection and use of data on vulnerable groups; various aspects involving private sector participation; the use of QOC protocols, structures, and indicators, and several accountability mechanisms. The NCIFP data also point out problematic areas: the logistics and supervision systems, CBD coverage, and access to LAPMs including IUD removal – all of which are important components of the country's FP2020 commitments. These challenges are for the country's stakeholders to discuss, identify underlying causes, and agree on appropriate action to further strengthen the national FP program and achieve its objectives.

<sup>i</sup> Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): UNITED REPUBLIC OF TANZANIA 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/pubs/pdf/FR321/FR321.pdf>

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