

The National Composite Index for Family Planning (NCIFP)

SIERRA LEONE 2017 Scoresⁱ

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 FP procedures, task-sharing guidelines, and quality of care 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.

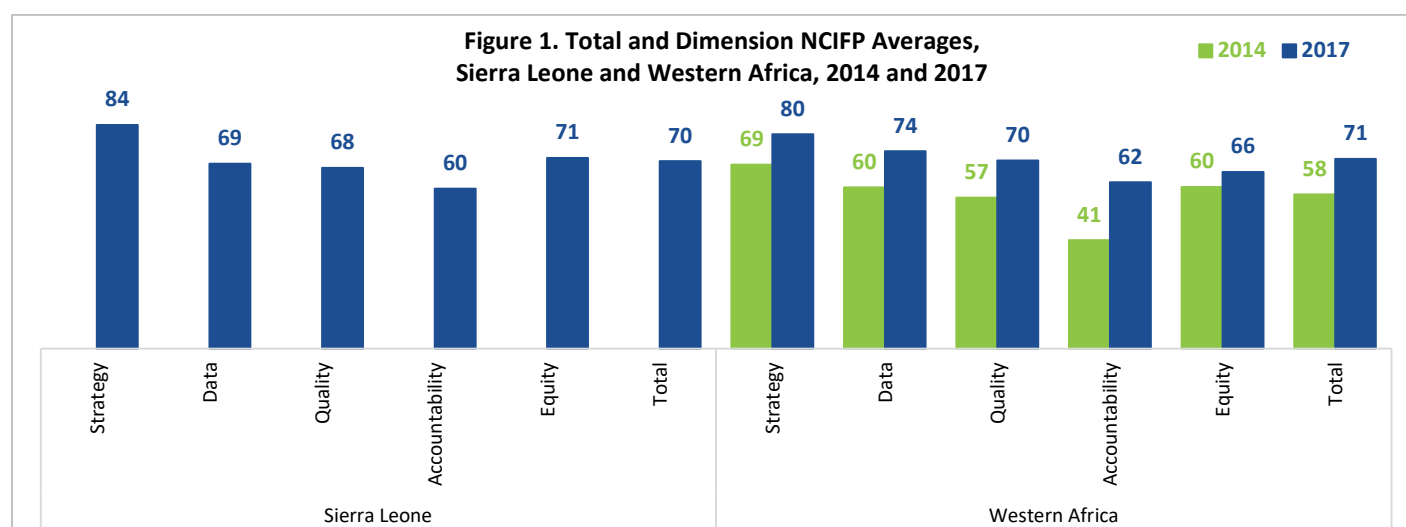
Equity – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

First undertaken in 2014, the NCIFP builds on the long-standing 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. Sierra Leone did not participate in the 2014 study. This brief presents Sierra Leone results for 2017. To facilitate comparison with other countries that have both 2014 and 2017 NCIFP data, the analysis in this brief uses the 2014 approach which involved primarily yes/no questions.

Sierra Leone vs Western Africa Results

Figure 1 shows Sierra Leone's total NCIFP score (70) nearly equaled the region's score (71). It should be noted that these scores are higher than the global average of 64 in 2017. In terms of 2017 dimension averages:

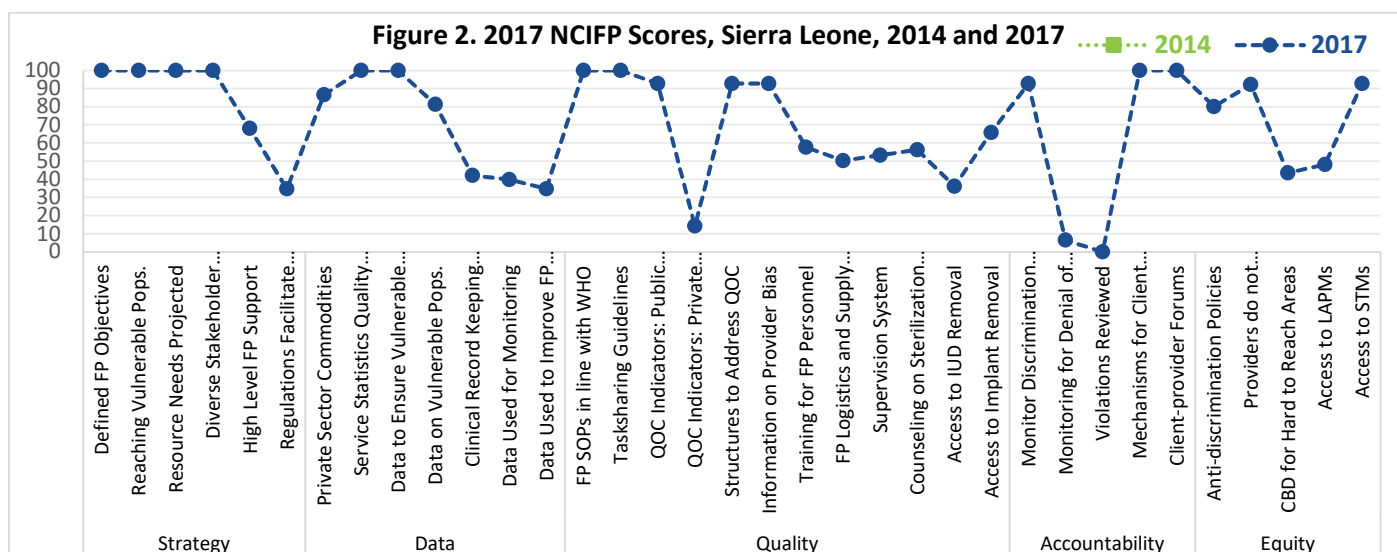
- Strategy was the highest rated dimension in both areas. This is also the case in most countries and regions.
- Accountability was the lowest rated dimension for both the country and the region.



Individual 2017 NCIFP Scores

The scores of individual NCIFP items over time specify which FP program activities are doing well, stagnating, or deteriorating. Sierra Leone does not have 2014 data, but 2017 NCIFP scores (Fig. 2) which vary widely are revealing and serve as benchmarks to assess future progress. Sixteen items scored between 90 to 100 while 10 others scored only in the 40s or even lower.

- **Strategy** – Ratings include 100 for the strategy’s objectives, focus on vulnerable groups, estimated resource needs, and support for diverse participation, 68 for high-level leadership, but only 35 for regulations facilitating contraceptive products.
- **Data** – Data use to ensure access of special groups and the information system quality control received perfect marks while scores were in the 80s for data on sub-groups and private sector commodities. The lowest rated were clinical recordkeeping and feedback to clients (42), and the use of data in monitoring/evaluation (40) and for program improvement (35).
- **Quality** – Scores included 100 for the use of WHO SOPs and tasksharing guidelines and 90s for QOC indicators in public facilities, clinic/community monitoring structures, and information on provider bias and informed choice. Access to implant removal was rated at 66 while scores were in the 50s for the training, logistics, and supervision systems, and also for sterilization counseling. The lowest rated were access to IUD removal (36) and quality indicators in private facilities (14).
- **Accountability** –Facility-level feedback and client-provider communication had perfect marks while discrimination and free choice monitoring had a 93 rating. But two rights-related items – violations review and reporting denial of services – were rated as practically non-existent, the lowest among all individual NCIFP items, and resulting in Accountability the lowest rated dimension.
- **Equity** – Whether providers discriminate against subgroups and STM access scored in the 90s followed by anti-discrimination policies (80). The lowest ratings went to CBD coverage (44) and access to LAPMs (48).



Implications

Sierra Leone committed to the Global FP2020 Partnership in 2012ⁱⁱⁱ by pledging to achieve 34% modern contraceptive use in 2022, reduce commodity stock-outs and lower adolescent birth rates. The country is recovering from 10 years of a brutal civil war and two Ebola outbreaks, and the Government sees FP as playing an important role in achieving national development and health goals. Sierra Leone aims to improve access to quality FP services through a three-pronged approach that involves: (1) securing financing of the maternal, newborn and adolescent strategy by tapping government funding and international donors; (2) improving access to FP commodities by reforming the supply chain and logistics data systems; and (3) improving adolescent health and reducing teenage pregnancy through a strategy that focuses on the young.

Sierra Leone’s very high marks for several NCIFP items in 2017 indicate experts’ recognition of key Government efforts involving strategy development and financing, prioritizing the most vulnerable especially adolescents, stakeholder participation, the use of quality of care standards and structures especially in the public sector, provider bias monitoring, and non-discrimination against subgroups, and access to STMs. The NCIFP results also show program activities with low scores, including regulations that facilitate contraceptive importation; quality of care efforts, particularly the logistics, supervision, and training systems; sterilization counseling, and the use of quality indicators in private facilities; data utilization issues especially clinic recordkeeping and results feedback to clients, data-based program evaluation, and management use of research findings to improve the program; mechanisms to review violations and report denial of services; CBD outreach to vulnerable groups and areas and access to LAPMs that also includes IUD removal services. These challenges are for the country’s stakeholders to discuss, identify underlying factors, and agree on how best to address them in order to strengthen the FP program and help achieve Sierra Leone’s health and development goals.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): SIERRA LEONE 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 and development community work together toward a shared goal of enabling 120 million more women and girls to use contraceptives by 2020. For more on FP2020 visit <http://www.familyplanning2020.org/>

ⁱⁱⁱ <https://www.familyplanning2020.org/sierra-leone>