The National Composite Index for Family Planning (NCIFP)

IRAQ 2017 Scores and 2014-2017 Trends[i]

What is the NCIFP?

A tool that supports FP2020's[ii] 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).

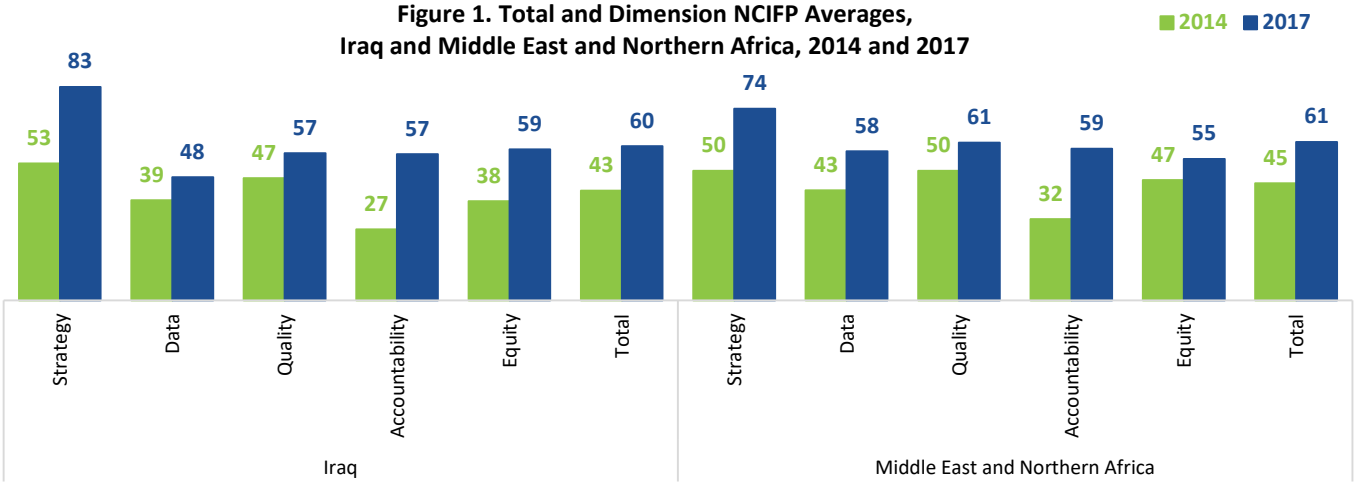
First undertaken in 2014, the NCIFP builds on the long-standing National Family Planning Effort Index (FPE). In 2017 Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation to assist countries participating in the FP2020 Global Initiative) administered a new round of NCIFPs to 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.

Iraq vs Middle East and North Africa (MENA) Results

Figure 1 shows that total NCIFP scores for both and the MENA region rose from 2014 to 2017, with Iraq's ratings slightly lower than those of the region. Dimension averages also increased in both areas but dimension trends and rankings varied.

- Quality and Strategy averaged the highest for the region in 2014. Strategy was Iraq's highest rated dimension in both years and the region's in 2017.
- Accountability and Data were Iraq and the MENA's lowest rated in 2014. Accountability averaged much higher for both areas by 2017 and Data ranked as Iraq's lowest compared to Equity for the region.

Figure 1. Total and Dimension NCIFP Averages, Iraq and Middle East and Northern Africa, 2014 and 2017

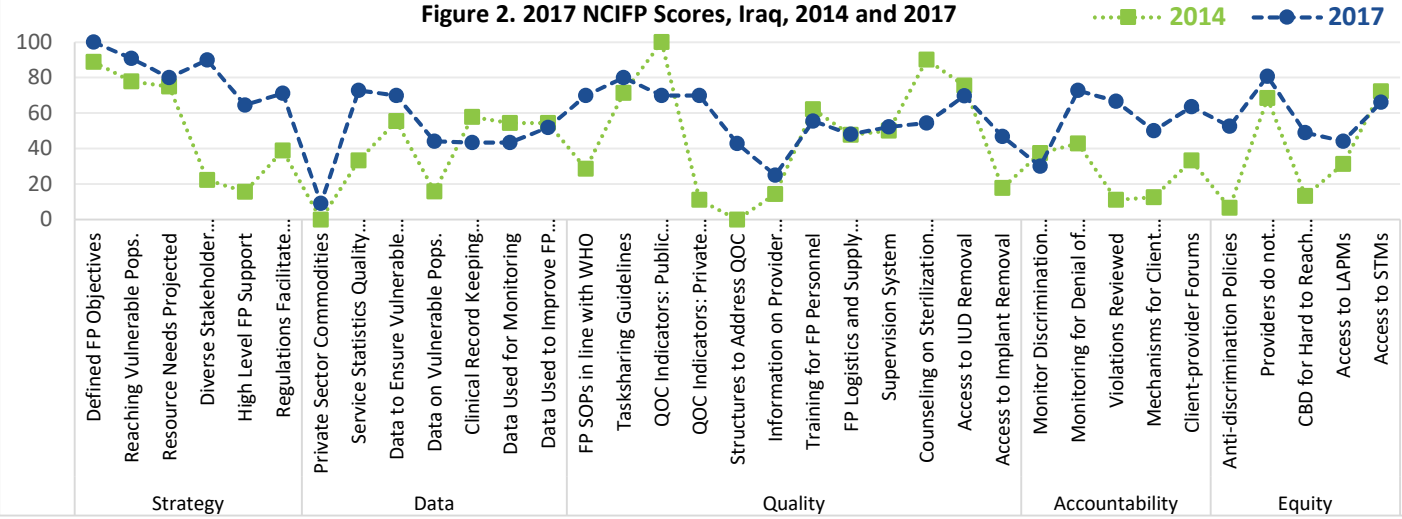


Individual NCIFP Trends, 2014 and 2017

Scores of individual NCIFP items over time indicate which specific FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows Iraq's score levels widely diverging in both years although ratings improved for about 25 items by 2017.

- **Strategy** – All items scored higher in 2017: the strategy for having defined objectives (100), specifying vulnerable groups and supporting diverse participation (each rated about 90); estimating resource needs (80), and having regulations facilitating contraceptive importation (71) and high-level program leadership (64).
- **Data** – Score levels and trends varied widely. 2017 ratings rose to the 70s for quality control of service statistics and the use of data to ensure the most vulnerable have access. Two items had improved although still low scores: data collection on vulnerable groups (43) and data on private sector commodities (9). On the other hand, 2017 ratings declined for the use research findings to improve the program (52), clinic recordkeeping (43), and data-based monitoring (43).
- **Quality** – Higher 2017 scores included 80 for the use of tasksharing guidelines and 70 each for WHO SOPs and QOC indicators in private facilities. Although improving, 2017 scores were low for access to implant removal (47), clinic or community structures to monitor QOC (43), and information on provider bias (25). The rating for logistics remained at 48. Items with declining scores included: QOC indicators in public facilities (70), access to IUD removal (70), training (56), and sterilization counseling (54).
- **Accountability** – The score for discrimination and free choice monitoring declined (30). Improved ratings included: mechanisms to report denial of services (73), client-provider dialogue (64), violations review (67), and facility-level client feedback (50).
- **Equity** – The score for access to STMs declined slightly to 66. 2017 ratings improved for the other items: lack of provider discrimination (81), anti-discrimination policies (53), and 40s for CBD coverage (49) and LAPM access (44).

Figure 2. 2017 NCIFP Scores, Iraq, 2014 and 2017



Implications

The results of Iraq's 2014 and 2017 NCIFP study that are presented in this technical brief point to notable positive changes regarding the FP program, particularly the FP strategy's defined objectives, prioritization of the most vulnerable, and support for diverse participation; service statistics and the use of data to ensure vulnerable groups have access; the use of tasksharing, WHO SOPs and QOC indicators in private facilities; accountability mechanisms being put in place; and anti-discrimination efforts. But the NCIFP results also point out FP program activities that continue to have scores that continue to be very low (especially data collection on private sector commodities and information on provider bias) or that declined significantly (particularly the use of QOC indicators in public facilities, the collection of information on provider bias, and voluntarism monitoring).

During the Consultation on Ending Unmet Need for Family Planning in June 2019,[iii] UNFPA and partners discussed Iraq's latest demographic and FP information to help the country make data-driven decisions regarding investments and strategies to address the unmet need for FP. Demographic indicators that were the focus of the Iraq discussions included the following: 9.8 million women or reproductive ages 15-49 of which 39% were below 25 years old; the country's still high total fertility rate of 4.3 lifetime births per woman; 57% of currently married women using an FP method; and 30% unmet need for FP among all married women but more than 50% higher among those in the lowest wealth quintile compared to those in the wealthiest. Aside from the data just mentioned, the consultation also referred to Iraq's NCIFP results to stress the following factors that need to be address to reduce unmet need in Iraq: its high risk for a humanitarian crisis, policy barriers to youth and gender access, limited financing, contraceptive supply, LAPM access, provider reach and capabilities, and data collection and use in monitoring and evaluation.

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[i] Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): IRAQ 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. See http://www.familyplanning2020.org/

[iii] http://www.familyplanning2020.org/iraq and https://www.familyplanning2020.org/resources/consultation-ending-unmet-need-family-planning-newsletter-summary