

The National Composite Index for Family Planning (NCIFP)

LIBERIA 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 family planning (FP) policies and program implementation based on 35 items that are 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, support for broadened stakeholder participation, high-level leadership, and supportive contraceptive importation or local manufacturing policies.

Data – whether the government collects and uses, in operations and in monitoring/evaluation activities, data on client needs and access among special sub-groups (e.g. the poor), private sector commodities, and quality of service statistics.

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, report denial of services, solicit client feedback, and encourage dialogue between clients and providers.

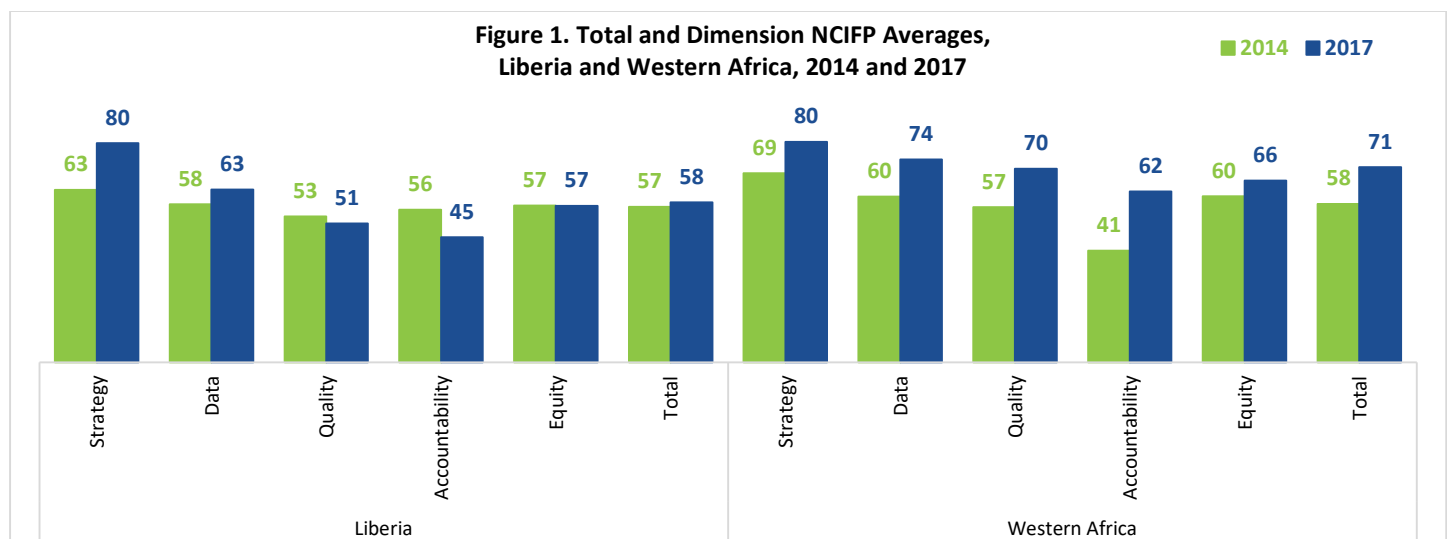
Equity - whether policies are in place to ensure access to modern methods, prevent discrimination against special groups, and provide services to underserved areas through community-based distribution (CBD).

First undertaken in 2014, the NCIFP builds on the long-standing National Family Planning Effort Index (FPE). Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation to assist countries participating in the FP2020 Global Initiative) collected NCIFPs in 2017 to assess national FP program status in 2017 and changes since 2014.

Liberia vs Western Africa Results

Figure 1 shows Liberia's total NCIFP score hardly changing from 2014 to 2017 in contrast to the region's total score notably higher in 2017. Liberia and the region's dimension averages did not differ much in 2014, but the region's averages increased significantly in 2017. The country's dimension trends varied.

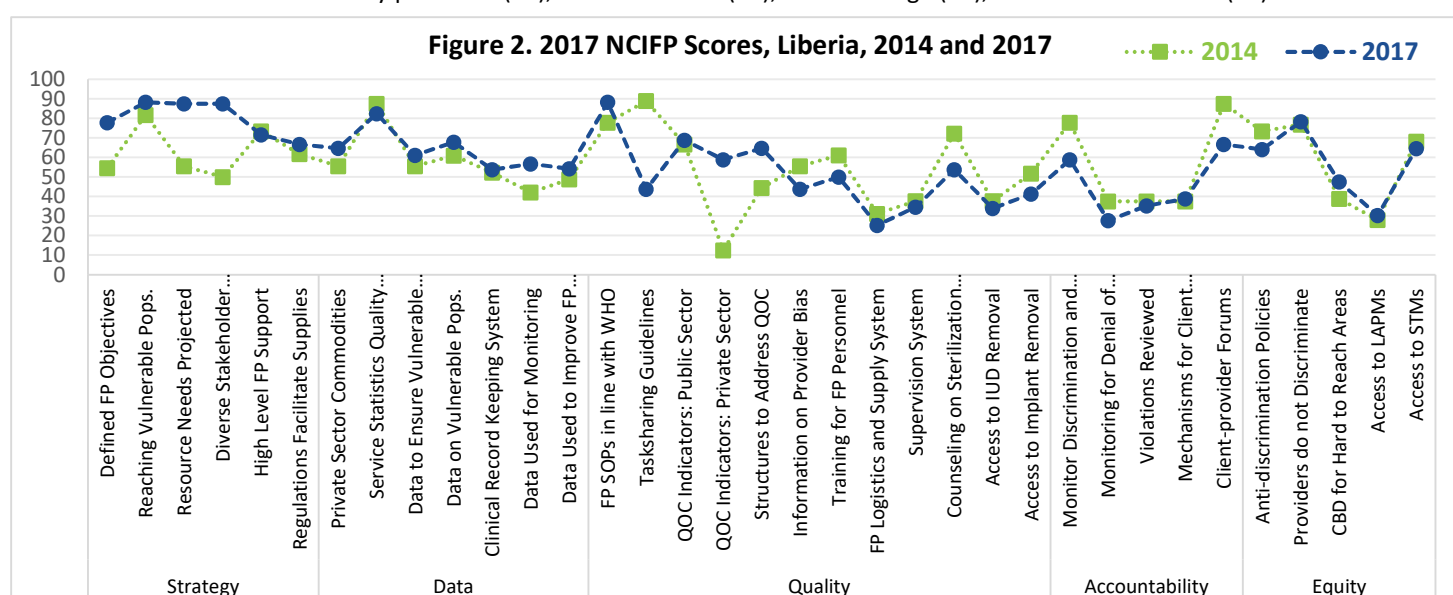
- Just like the region, Strategy was Liberia's highest rated dimension in 2014 (63) and in 2017, with the average rising to 80.
- The country's Data average improved slightly in 2017 but was stagnant for Equity.
- Liberia's lowest rated dimension was Quality in 2014, with an average of 53 which then fell to 51 in 2017.
- Accountability averaged 56 for Liberia in 2014 then dropped to 45 to become the lowest rated dimension in 2017.



Individual NCIFP Trends, Liberia 2014 and 2017

The scores of individual NCIFP items over time indicate which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows Liberia's detailed scores for individual items in 2014 and 2017. The ratings for around 10 items improved compared to declines for a nearly equal number. The results for the remaining minimally changed.

- **Strategy** – Scores rose to near 90 for the strategy’s focus on vulnerable groups, estimated resource needs, and stakeholder participation, and to 78 for the strategy’s objectives. Ratings hardly changed for high-level leadership (72) and regulations that facilitate contraceptive products (67).
- **Data** – Individual 2017 ratings differed slightly from 2014 levels. Quality control of service statistics scored 82 in 2017; all other items had ratings ranging from the 50s to the 60s.
- **Quality** – Only three items scored higher in 2017: the use of WHO SOPs (88), QOC indicators in private facilities (from 13 in 2014 to 59 in 2017) and community/clinic structures to monitor QOC (65). Results hardly changed for QOC indicators in public facilities (69), supervision (35), and access to IUD removal (34). All remaining items had declining scores in 2017: training (50), provider bias monitoring (44), sterilization counseling (54), access to implant removal (41), the use of tasksharing guidelines (44 from 89 in 2014), and logistics (its 25 mark was among the lowest of all 35 NCIFP items).
- **Accountability** – No item was rated higher in 2017. Results stayed in the 30s for violations review and client feedback at the facility level while scores declined for client-provider dialogue (67), discrimination and free choice monitoring (59), and mechanisms for reporting denial of services based on non-medical grounds (its 28 rating was also among the lowest of all NCIFP items).
- **Equity** – The rating for anti-discrimination policies declined slightly (from 73 to 64) while results hardly changed for all other items: non-discrimination by providers (78), access to STMs (65), CBD coverage (48), and access to LAPMs (30).



Implications

Liberia joined the Global FP2020 Partnership in 2012 and committed to increase the modern contraceptive prevalence rate (mCPR) from 10% to 20% by 2021. The 2013 Demographic Health Survey (DHS) showed the country’s CPR at already 20%, well ahead of its 2020 target. FP use, however, remains low among adolescents, the poorest, and those living in rural and more remote regionsⁱⁱⁱ. In 2017, Liberia updated its FP2020 commitments and pledged to scale up FP services at all health care levels; work toward sustainable financing mechanisms by committing 5% of the national health budget for FP; expand private sector involvement; and improve the logistics system. The program gives priority to communities with high fertility rates, unmet need and low mCPRs. With about 63% of its population below 25 years of age, the country is undertaking youth-friendly initiatives that include social marketing; community mobilization; pilot-testing dedicated, youth-friendly counselling rooms; and providing free FP services and supplies to young people.^{iv} Liberia’s many high NCIFP ratings point to the country’s progress in strategy development and some data-related efforts. The NCIFP results also specify a number of quality, accountability and equity items with scores that are declining or stagnating at very low levels: provider bias monitoring; the use of tasksharing guidelines; the training, logistics, and supervision systems; structures for violations review, facility-level client feedback, and reporting denial of services; CBD coverage of the underserved, and access to LAPMs that also includes IUD and implant removal services. The problems and issues just mentioned are numerous but not daunting considering how much Liberia has achieved in increasing FP use in just a few years. These challenges are for Liberia’s key stakeholders to discuss and decide on next steps to strengthen the national FP program further and ensure more accessible, accountable, and equitable services.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): Liberia 2017 Scores and 2014-2017 Trends”. 2017 NCIFP Policy Brief Series (May 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 to enable more women and girls to use contraceptives by 2020. For more on FP2020 visit <http://www.familyplanning2020.org/>

ⁱⁱⁱ <https://www.dhsprogram.com/pubs/pdf/FR291/FR291.pdf>

^{iv} <http://www.familyplanning2020.org/liberia>