

The National Composite Index for Family Planning (NCIFP)

CHAD 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 monitoring and research to improve the program.

Quality – whether the government uses WHO standards of practice (SOPs), task-sharing guidelines, and quality of care (QOC) indicators in public and private facilities. Quality also considers the adequacy of structures for training, logistics, supervision, clinical/community monitoring, 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.

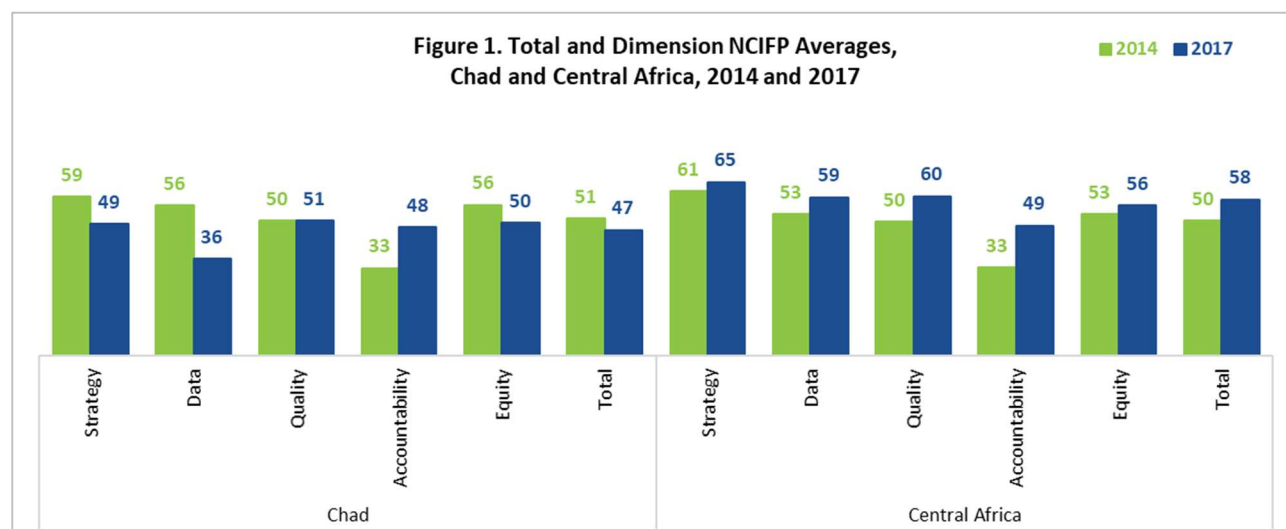
Equity - whether anti-discrimination policies exist, providers discriminate against vulnerable groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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. The data are intended for policy and planning use by each country's FP stakeholders.

Chad vs Central Africa Results

Figure 1 shows that Chad's total NCIFP score declined slightly from 51 in 2014 to 47 in 2017 (-4 pts) while Central Africa's total score increased from 50 to 58 (+8 pts). While all five dimensions of the region averaged higher by 2017, Chad's trends varied.

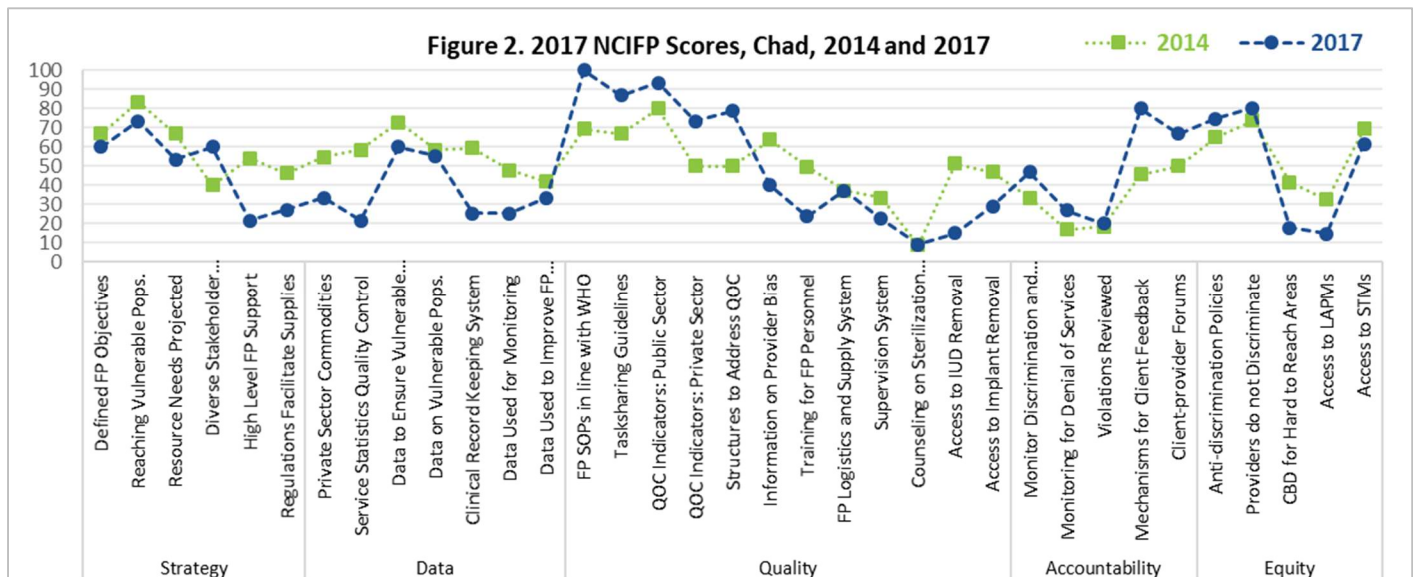
- Chad's averages for Strategy, Data and Equity declined during the three years studied. The drop was most pronounced for Data as the dimension became the country's lowest rated in 2017.
- Strategy was Chad's highest rated dimension in 2014 but dropped to third in 2017 after Quality and Equity.
- Accountability was the lowest rated dimension in 2014 for Chad and the region (both with scores =33). By 2017, the dimension averaged much higher for both areas. Chad's score (48) nearly matched the region's average (49).
- Chad's average for Quality hardly changed.
- Except for Accountability, Chad's 2017 dimension averages in 2017 were much lower than those of the region.



Individual NCIFP Trends, 2014 and 2017

Scores of individual NCIFP items over time specify which FP program activities are progressing well, stagnating, or deteriorating. Figure 2 shows Chad's NCIFP results for 2014 and 2017, with more than half of all items having declining scores.

- **Strategy** – Only stakeholder participation had a higher score (60). Ratings declined slightly to between about 50 to 70 regarding the FP plan's specification of objectives, priority groups, and resource needs. Scores notably fell to the 20s for high-level program leadership and regulations facilitating contraceptive importation.
- **Data** – Items involving vulnerable sub-groups scored between 55 to 60, but all other items averaged only in the 20s (quality control of service statistics, clinical record-keeping/feedback to clients, and data-based evaluation) or 30s (data on private sector supplies and management use of research findings to improve the program).
- **Quality** – Five items scored much higher in 2017: the use of WHO SOPs (100), task-sharing guidelines (87), quality indicators in public (93) and private (73) facilities, and clinic/community monitoring structures (79). But most of the remaining items had much lower ratings: only around 40 for monitoring provider bias and the logistics system; in the 20s for the training and supervision systems, and access to implant removal; and even lower for IUD removal (15) and sterilization counseling (9).
- **Accountability** – Higher 2017 scores went to facility-level feedback (80) and provider-client communication (67). Although improved, the 2017 scores for monitoring discrimination and free choice (47), review of violations (20) and reporting denial of services (27) are very low.
- **Equity** – Higher 2017 ratings were given to anti-discrimination policies (75) and non-discrimination by providers (80). The 2017 score slightly declined for STM access (61) while ratings dropped significantly for CBD coverage (18) and LAPM access (14).



Implications

A member of the SWEDD (Sahel Women's Empowerment and Demographic Dividend project), Chad joined the Global FP2020 Partnership by pledging to increase modern contraceptive use from 5% to 8% by 2020. The country has many challenges including high poverty levels, maternal and child mortality rates, and an ongoing humanitarian crisis. The FP program has been hampered by frequent stockouts and limited domestic resources. Adolescents and youth make up 45% of the total population; early pregnancies and marriages are common. Several government plans are in place: the 2018 National Sexual Health Strategy for Adolescents and Youth, National Health Development Plan 2017-2020, and 5-year Development Plan 2016-2021. Government efforts also include drafting a new national framework for advocacy and resource mobilization for the demographic dividend; designing strategies to support RH rights and informed choice; expanding the method mix; improving the FP/RH supply chain; addressing socio-cultural barriers to FP acceptance; strengthening training and health staffing; mobilizing communities and religious and traditional leaders to promote FP; investing in comprehensive sexual education for the youth; and strengthening the data collection and analysis system.ⁱⁱⁱ

Chad's NCIFP results for 2014 and 2017 indicate that various FP program activities improved, particularly efforts to encourage stakeholder participation in planning; the use of policies, standards and indicators for high-quality and equitable services, and having in place accountability mechanisms to encourage communication with clients. However, many challenges remain: the need for high-level program leadership; regulations that facilitate FP importation; the collection and use of data to effectively monitor, evaluate and improve FP program activities, with particular emphasis on data regarding the most vulnerable population sectors; limited access to LAPMs as well as access to IUD and implant removal; inadequate quality of care support systems; limited review of violations and reporting denial of services on non-medical grounds; and CBD coverage of underserved areas.

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

ⁱⁱⁱ Source: <http://www.familyplanning2020.org/Chad>