

The National Composite Index for Family Planning (NCIFP)

REPUBLIC OF CONGO 2017 Scores and 2014-2017 Trendsⁱ

What is the NCIFP?

The NCIFP is a tool that supports FP2020'sⁱⁱ efforts to improve the policy environment for family planning (FP). The NCIFP measures the existence of family planning (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 and uses data on private sector commodities and the needs of special sub-groups (e.g. the poor), data quality control systems exist, evaluation is data-based, and research informs program improvement efforts.

Quality – whether the government uses WHO-based 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, IUD and implant removal, participatory monitoring, and informed choice, including informing clients about sterilization being permanent.

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.

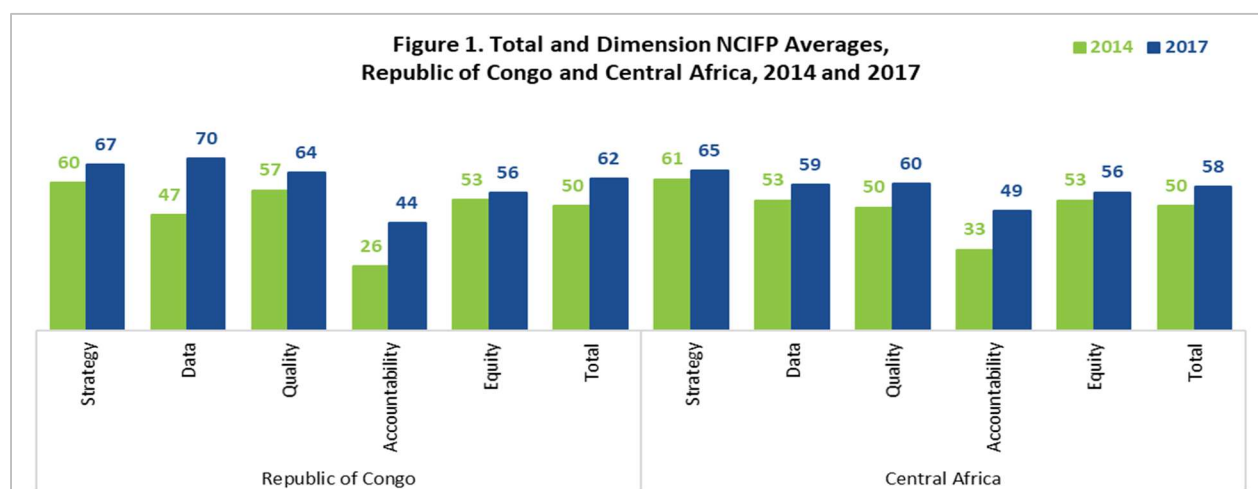
Equity – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

First undertaken in 2014, the NCIFP builds on the long-standing National Family Planning Effort Index (FPE). 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.

Republic of Congo (Brazzaville) vs Central Africa Results

Figure 1 shows that the Congo's total NCIFP score rose from 50 in 2014 to 62 in 2017 (+12 pts). Central Africa's total score was also 50 in 2014 then increased to 58 by 2017. Dimension averages of both areas also went up during the two years studied.

- Strategy was the region's highest rated dimension in both years. Strategy was also the Congo's highest scoring dimension in 2014, but in 2017 ranked second as Data improved significantly to become the highest rated dimension.
- The Congo's averages for Strategy and Quality went up by 7 points while that of Equity gained only 3 points. Both the country and the region had the same score levels for Equity in both years.
- Although largely improving, Accountability remained the lowest rated dimension in the two areas in both years.

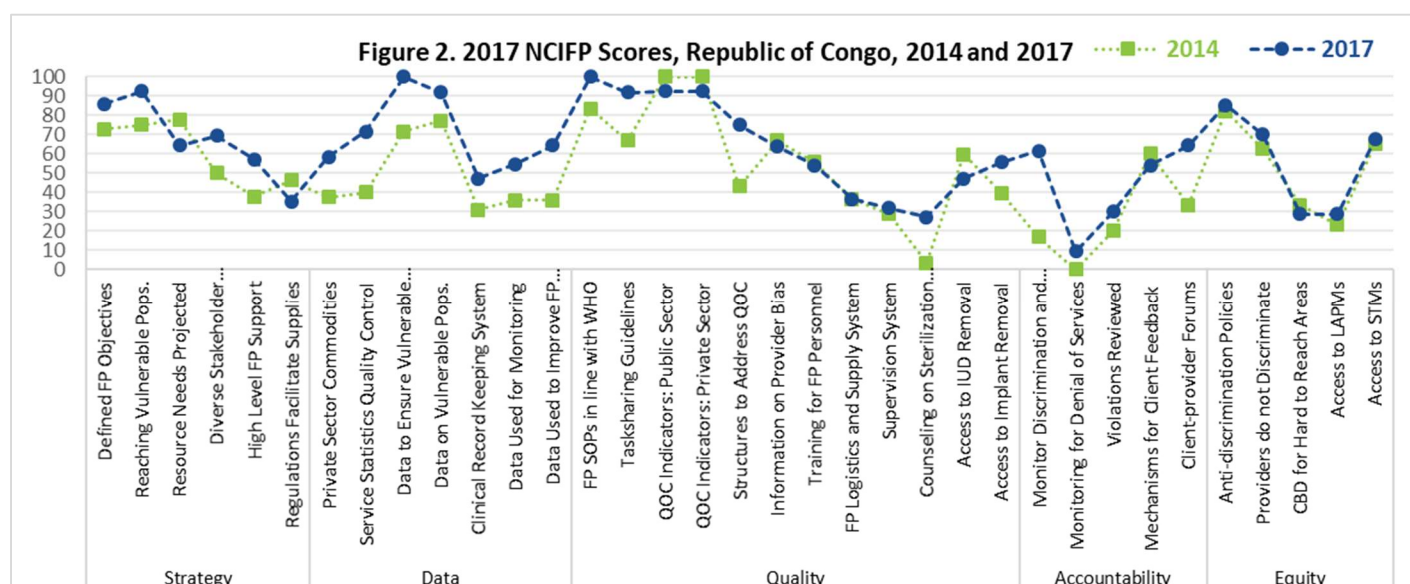


Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time specify which FP program activities are progressing well, stagnating, or deteriorating.

Figure 2 shows the Congo's scores for specific NCIFP items in 2014 and 2017. The country's marks varied widely in both years. In 2017, around 20 items had improved scores, including seven items rated over 80 but five items had scores only in the 40s or below.

- **Strategy** – Items with improved 2017 scores include the FP action plan specifying vulnerable populations (92) and quantifiable objectives (86), stakeholder participation (69) and program seniority level (57). Scores fell regarding questions about whether the strategy has estimates of resource needs (from 78 to 64) and regulations facilitate contraceptive imports (from 46 to 35).
- **Data** – All items rated higher by 2017. Two items involving vulnerable groups scored over 90, followed by service statistics quality control (71) and research-based program improvement (64). Data on private sector supplies, clinical recordkeeping, and use of data in monitoring had ratings below 60 in both years.
- **Quality** – Items with much higher scores in 2017 included the use of WHO SOPs and tasksharing guidelines (over 90), and clinic/community structures to monitor QOC (75). Access to implant removal improved from 40 in 2014 to 56 in 2017. Despite its score rising from only 3 in 2014 to 27 in 2017, informing clients about sterilization remained the lowest rated Quality item. Scores hardly changed for logistics, supervision, training, and monitoring of provider bias. On the other hand, scores declined around 10 points for the use of quality indicators in public and private facilities and access to IUD removal.
- **Accountability** – While 2017 scores for monitoring discrimination and free choice and provider-client dialogue rose to the 60s, ratings minimally grew for review of violations (from 20 to 30) and reporting denial of services (from 0 to 9) along with almost no change in facility-level feedback (54). These low scores account for the dimension averaging the lowest in 2017.
- **Equity** – The scores and rankings of individual items hardly changed from 2014 to 2017. The ratings for anti-discrimination policies remained in the mid-80s; those regarding provider discrimination against certain population groups and access to STMs stayed around 70; while CBD coverage of underserved areas and access to LAPM continued to be lower than 30.



Implications

Rather than a declining trend like in most developing countries, the total fertility rate of the Congo went up from 4.8 to 5.1 births from 2005 to 2011-12. During the same period, birth rates increased among women belonging to the two poorest wealth quintiles and those in the ages 15-39.ⁱⁱⁱ Adolescent pregnancy is a major problem. Maternal mortality, although declining, is still high by global standards. Gender issues, for example the lack of female decision-making power about her own health-seeking activities, hamper individual, family, and broader societal progress. Despite an array of constraints, it is encouraging that modern contraceptive use in the Congo rose from 13% in 2005 to 20% in 2011-2012. Clearly, modern FP use must continue expanding to help ensure the health and welfare of mothers, children and families.

The Congo's NCIFP results for 2014 and 2017 show that various FP program activities improved, particularly efforts to focus on population sub-groups and the most vulnerable and to employ standards and policies designed to improve quality and equity. However, several FP program components need to be improved significantly: regulations affecting contraceptive products; clinical recordkeeping and feedback to clients; data-based monitoring; inadequate support systems to ensure quality of care, especially regarding logistics, training and supervision; access to LAPMs along with access to IUD removal; various accountability mechanisms particularly review of violations and denial of services; and CBD coverage of underserved areas.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): REPUBLIC OF CONGO 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 to enable 120 million more women and girls to use contraceptives by 2020. See <http://www.familyplanning2020.org/>

ⁱⁱⁱ Source: Demographic and Health Surveys, <https://statcompiler.com/en/>