

The National Composite Index for Family Planning (NCIFP)

TURKMENISTAN 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 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, supervision, logistics, 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.

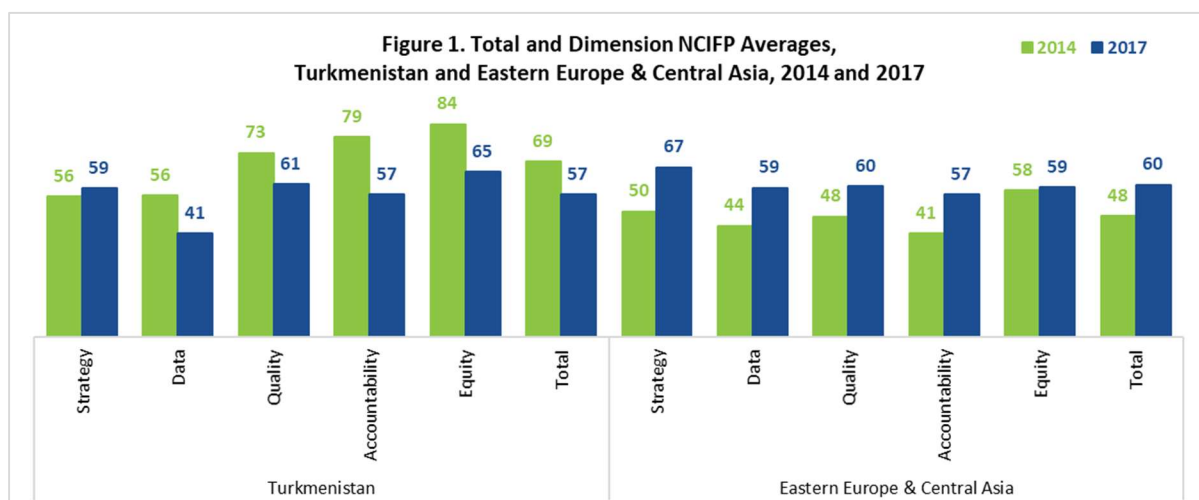
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Turkmenistan vs Eastern Europe and Central Asia Results

Figure 1 shows that Turkmenistan's total NCIFP score of 69 in 2014 dropped to 57 by 2017. By contrast, the region's total score rose from only 48 in 2014 to 60 in 2017. Except for Strategy, Turkmenistan's averages in all dimensions also declined in 2017.

- The country's highest rated dimension was Equity in both 2014 and 2017 even though the dimension's average declined in the second year. Turkmenistan's lowest rated dimensions were Strategy and Data in 2014 but only Data in 2017.
- The region's highest rated dimension was Equity in 2014 and Strategy in 2017. Its lowest ranked in both years was Accountability despite the dimension's improving score.

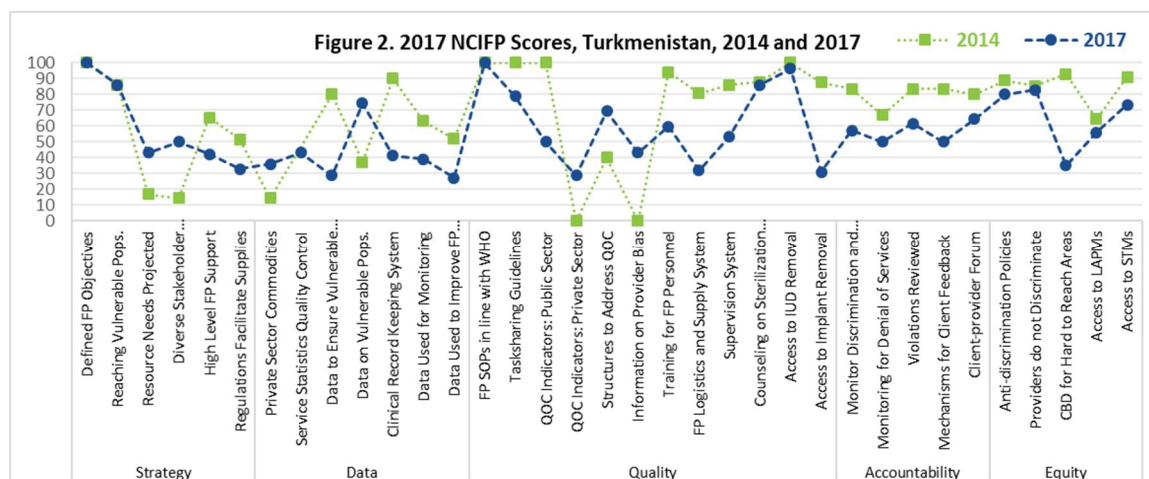


Individual NCIFP Trends, 2014 and 2017

Assessments of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows that Turkmenistan had scores as high as 100 in both years, but ratings for most NCIFP items decreased in 2017.

- **Strategy** – Scores were high for the strategy's objectives (100) and focus on vulnerable groups (86); improved to near 50 for stakeholder participation and estimated resource needs; and declined for high-level leadership (42) and regulations that facilitate contraceptive importation (33).

- **Data** – Scores improved for data on vulnerable groups (74) and data on private sector commodities (36). The scores of four items - using data to ensure the most vulnerable have access, clinic recordkeeping, and data-based monitoring and program improvement – declined to the 20 to 40 range. There was no 2017 score for quality control of service statistics.
- **Quality** – Ratings remained high for the use of WHO SOPs (100), access to IUD removal (96), and sterilization counseling (86). Scores increased to 69 in 2017 for clinic/community monitoring structures, to 43 for provider bias monitoring and to 29 for the use of QOC indicators in private facilities. However, 2017 ratings declined for tasksharing guidelines (79), QOC indicators in the public sector (50), key support systems (training, logistics and supervision scored only between 30 to 60 in 2017), and access to implant removal (31). The largest declines involved public sector QOC, access to implant removal, and logistics.
- **Accountability** – Ratings fell to the 50s (for discrimination and free choice monitoring, mechanisms to report denial of services and solicit client feedback) and the 60s (for violations review and client-provider forums).
- **Equity** – Provider non-discrimination against certain groups retained its mid-80s score. Rated around 90 in 2014, the scores fell for STM access (73) and anti-discrimination policies (80). Scores declined to 56 for access to LAPMs and to 35 for CBD coverage.



Implications

Turkmenistan, a resource-rich country with a population of six million, has a young age structure with almost 50% of the population below 25 years of ageⁱⁱⁱ. The UNFPA Country Programme Document 2016-2020^{iv} cited Turkmenistan's impressive economic growth in recent years as well as persisting wide disparities in access to services by rural-urban status (half of the population live in rural areas), region, wealth quintile, and gender along with other important social dimensions, such as disability and opportunities for the youth. Turkmenistan has progressed in complying with international human rights treaty obligations, including the Convention on Elimination of All Forms of Discrimination against Women. The country is also undertaking legal reforms to harmonize national legislation with international standards. In recent years, access to FP services expanded by establishing government-maintained FP service delivery points all over the country. The 2015-26 Turkmenistan Multiple Indicator Cluster Survey^v estimated the total fertility rate (TFR) at 3.2 lifetime births per woman. Contraceptive use was 50% among currently married women; the IUD was the most popular method. Only 2% of married women age 15-19 used contraception compared to much higher use among older women. An estimated 12% of currently married women age 15-49 have an unmet need for FP. The UNFPA Report also cited Government plans to gradually shift contraceptive procurement from donor support to State ownership and to strengthen data collection and analysis of age and gender-disaggregated data and their utilization for policy and planning.

The preceding paragraph provides additional reasons regarding the continuing relevance of Turkmenistan's national FP program and the need to support its efforts to ensure choice and access among the country's youth and women, especially the most vulnerable. The country's stakeholders need to assess the large number of NCIFP items with scores that significantly declined or were still at very low levels, most particularly high-level support for FP, regulations facilitating contraceptive importation, the collection and utilization of FP-related data to monitor and improve FP services, the use of quality indicators in public and private facilities, monitoring of provider bias and informed choice, the logistics and training systems, various accountability mechanisms, CBD coverage, and access to STMs as well as LAPMs that also includes implant removal. Efforts to address these challenges can build on Turkmenistan's efforts to adopt international standards, undertake legal and health reform, and improve data systems.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): TURKMENISTAN 2017 Scores and 2014-2017 Trends". 2017 NCIFP Policy Brief Series (2019).

ⁱⁱ FP2020 is a global initiative involving governments, civil society, local, and international organizations work together to enable more women and girls to use contraceptives by 2020. See <http://www.familyplanning2020.org/>

ⁱⁱⁱ UN World Population Prospects, 2019 Revision. <https://population.un.org/wpp/DataQuery/>

^{iv} <https://www.unfpa.org/sites/default/files/portal-document/en-Turkm.pdf>

^v https://mics-surveys-prod.s3.amazonaws.com/MICS5/Europe%20and%20Central%20Asia/Turkmenistan/2015-2016/Final/Turkmenistan%202015-2016%20MICS_English.pdf