

The National Composite Index for Family Planning (NCIFP)

ETHIOPIA 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.

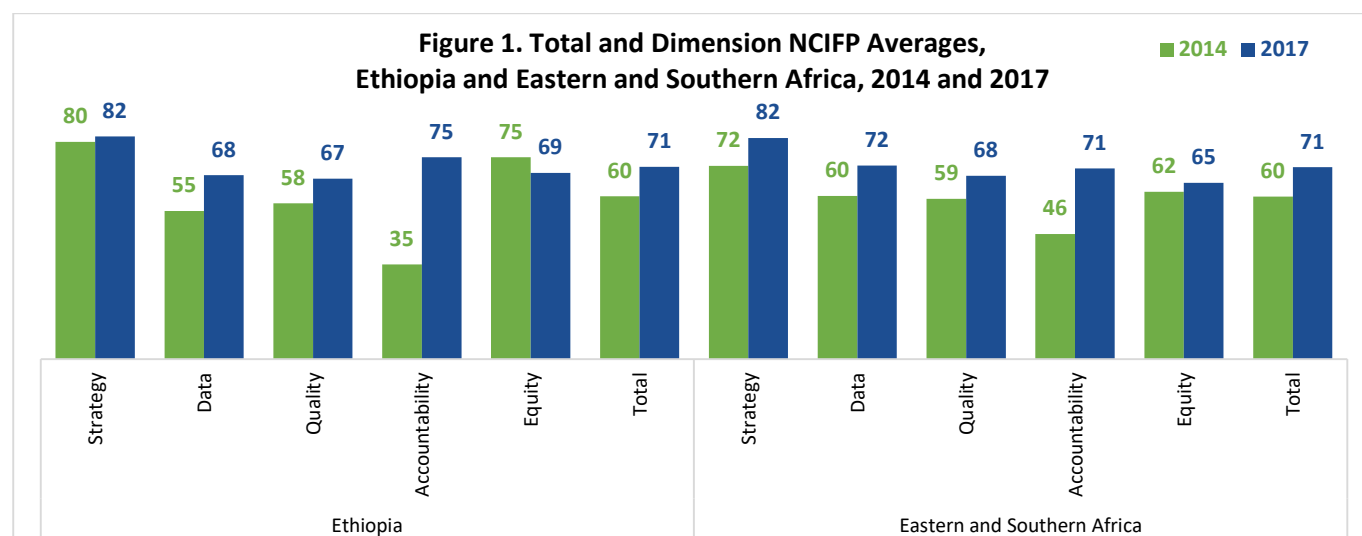
Equity - whether policies are in place to ensure access to modern methods, prevent discrimination against special groups, and provide services to underserved areas through community-based distribution (CBD).

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. The data are intended for policy and planning use by each country's FP stakeholders.

Ethiopia vs Eastern and Southern Africa (E&SA) Results

Figure 1 shows Ethiopia and the region having similar total NCIFP scores of 60 in 2014 and 71 in 2017. Dimension score levels and trends varied. The region's averages for all five dimensions rose in 2017 compared to four dimensions improving for Ethiopia as its average for Equity declined slightly.

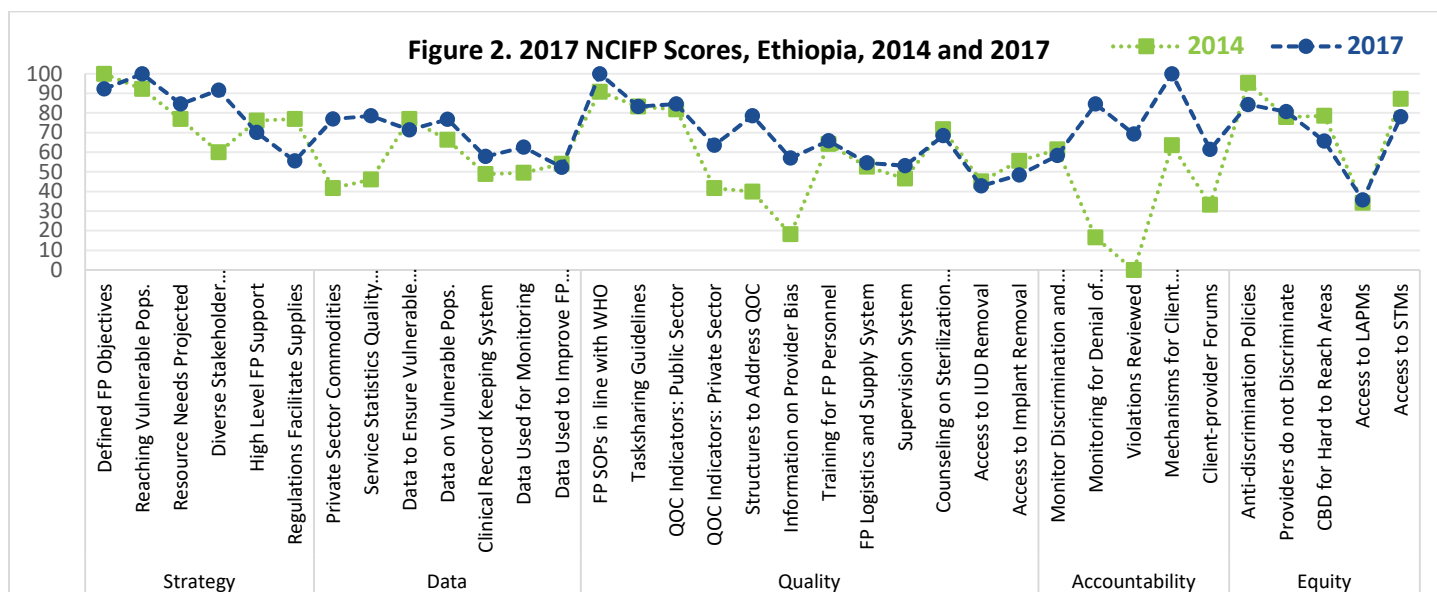
- Strategy was the highest rated dimension in both areas and years.
- The lowest rated dimension for both areas in 2014 was Accountability. Both areas scored much higher for Accountability in 2017, when Quality (followed closely by Data and Equity) became Ethiopia's lowest rated. Equity, with Quality second, was the region's lowest rated in 2017.



Individual NCIFP Trends, Ethiopia 2014 and 2017

The scores of NCIFP items over time specify which FP program activities are progressing well, stagnating, or deteriorating. Figure 2 shows Ethiopia with about half of the 35 NCIFP items scoring higher in 2017. Moreover, the scores of most items in 2017 were in the mid-level range of 50s to the 70s instead of widely diverging values in 2014.

- **Strategy** – The highest ratings in 2017 were 100 for the strategy’s focus on vulnerable groups , in the 90s for well-defined objectives (although down from 100 in 2014) and diverse participation, and 85 for estimated resource needs. The score for high-level support declined from 76 to 70 and for regulations facilitating contraceptive products (from 77 in 2014 to 56 in 2017).
- **Data** – 2017 ratings were in the 70s for service statistics quality control and for data on private sector supplies and population sub-groups. Clinical recordkeeping/feedback, data-based monitoring and program improvements scored between 52 to 63.
- **Quality** – Very high 2017 scores included 100 for the use of WHO SOPs, around 80 for QOC indicators in public facilities, tasksharing, and community/facility structures for QOC. Ratings were in the 60s for the training system, QOC indicators in private facilities, and sterilization counseling; and in the 50s for logistics, supervision, and information on provider bias. The lowest Quality marks (in the 40s) in 2017 involved access to implant and IUD removal.
- **Accountability** – Only monitoring discrimination and free choice had a stagnant rating (58). Scores soared for all other items: mechanisms to solicit client feedback (100), report denial of services (85), review violations (69), and encourage client-provider dialogue (62).
- **Equity**- Three items had slightly lower marks in 2017: anti-discrimination policies (84); STM access (78) and CBD (66). Scores were unchanged for non-discrimination by providers (about 80) and LAPM access (36 the lowest of all 35 NCIFP items).



Implications

Although Ethiopia’s total fertility rate has declined to about 5 lifetime births per woman and modern contraceptive prevalence is increasing, contraceptive use remains low among vulnerable population groups, especially adolescents, the poor, and those in rural and far-flung regionsⁱⁱⁱ. A member of the Global FP2020 Initiative since 2012, Ethiopia has developed and updated its strategies and action plans to improve the national FP program and address challenges that include the high unmet need for FP among young women and inequitable access across regions. The country aims to progressively boost financing for FP; increase the number of skilled health professionals to provide comprehensive FP services including long-acting and reversible contraceptives (LARCs); strengthen post-partum FP services; enhance the FP logistics system; encourage private sector involvement; strengthen community-based efforts and deploy health extension workers with FP as a key activity; improve access to high-quality FP services; support civil society groups in awareness-raising efforts and in advocating for FP; and improve sex-disaggregated data collection and use^{iv}.

Ethiopia’s improved ratings for most NCIFP items attest to its progress in FP strategy development; the collection of data on key FP indicators and their utilization in monitoring/evaluation; the use of QOC policies, indicators, and structures; and mechanisms to ensure accountability and equity. The NCIFP results also point out activities with declining or relatively low scores- particularly regulations facilitating contraceptive products, the logistics and supervision systems, information on provider bias, and access to LAPM services including IUD and implant removal. Most of the problems just mentioned are specified in the county’s action plans or affect related activities, hence are important topics for Ethiopia’s key stakeholders to discuss and decide on appropriate action.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): ETHIOPIA 2017 Scores and 2014-2017 Trends”. 2017 NCIFP Policy Brief Series (March 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 <https://dhsprogram.com/publications/publication-fr328-dhs-final-reports.cfm>

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