

# The National Composite Index for Family Planning (NCIFP)

## COTE D'IVOIRE 2017 Scores and 2014-2017 Trends<sup>i</sup>

### What is the NCIFP?

A tool that supports FP2020's<sup>ii</sup> 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 (QOC) indicators in public and private facilities. Quality also considers the adequacy of structures for clinic/community QOC monitoring, training, logistics, supervision, monitoring provider bias/informed choice, sterilization counseling and IUD and implant removal.

**Accountability** – whether mechanisms exist to monitor discrimination and free choice, review violations, report denial of services, enable facility-level feedback, and encourage client-provider dialogue.

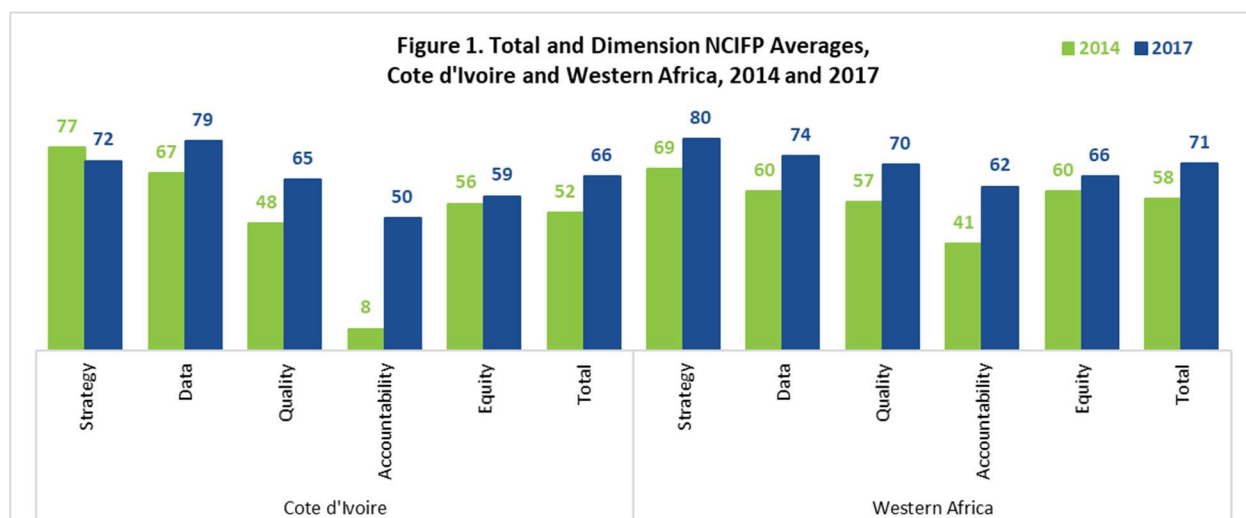
**Equity** – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

First undertaken in 2014, the NCIFP builds on the long-standing National Family Planning Effort Index (FPE). 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 national FP program status and changes since 2014. NCIFP results are intended for use by each country's FP stakeholders in policy and planning efforts.

### Cote d'Ivoire vs Western Africa Results

Figure 1 shows Cote d'Ivoire's total NCIFP score grew from 52 in 2014 to 66 in 2017; these scores were slightly lower than the region's total scores for the years mentioned. All dimensions scored higher for the region in 2017 compared to four dimensions for the country.

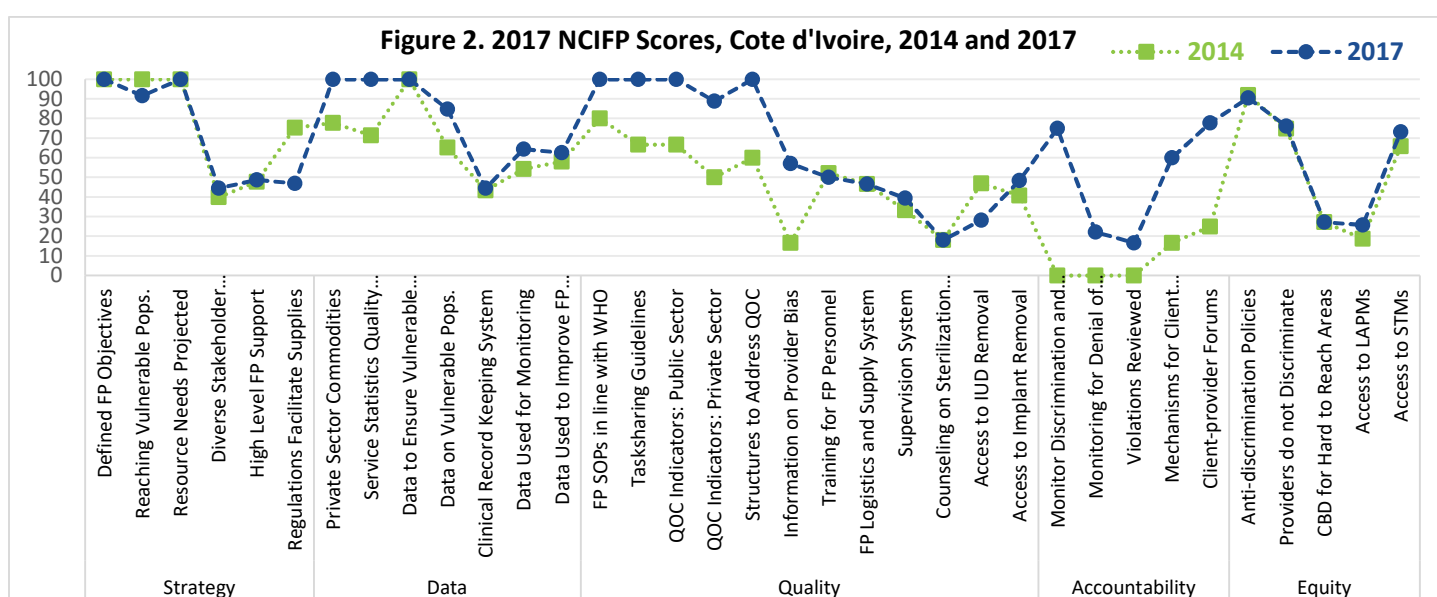
- Like most areas, Strategy was the region's highest rated dimension in both years. Strategy was also the country's highest rated dimension in 2014 but its average declined from 77 to 72 in 2017 and Data became the highest ranked.
- Accountability often averages the lowest in many areas studied. This is also the case for Cote d'Ivoire and the region in both years but their averages improved significantly by 2017. The country posted a gain of +42 points in the dimension alone.



### Individual 2014 and 2017 NCIFP Scores

The ratings of individual NCIFP items over time indicate which FP program activities that are progressing well, stagnating, or deteriorating. Figure 2 shows Cote d'Ivoire with higher 2017 scores in 20 individual items (some gains were at least +20 points). Over 10 items, however, scored only in the 40s or even less in 2017.

- **Strategy** – 2017 ratings were over 90 for the FP strategy specifying quantifiable objectives, resource needs, and (despite a slight decline) focusing on vulnerable groups. Scores remained in the 40s for participation and high-level leadership but dropped sharply from 75 to 47) for regulations facilitating importation of contraceptive products.
- **Data** – Perfect 2017 marks went to collection of data on private sector supplies, quality control systems, and using data to ensure access of the most vulnerable; data on vulnerable groups scored 85. Evaluation and use of research to improve the program scored in the 60s. The lowest rated was client record-keeping and clinic feedback of results (44).
- **Quality** – Ratings improved significantly in 2017: the use of WHO protocols, tasksharing, participatory monitoring, and quality indicators in public facilities had perfect marks while quality indicators in the private sector scored 89. 2017 scores were below 60 for all other items: a higher score of 57 for data on provider bias; scores remained around 50 for training, logistics, and access to implant removal. The lowest scored were access to IUD removal (28); and information about sterilization (18).
- **Accountability** – All items had higher 2017 marks: mechanisms for monitoring discrimination and free choice and provider-client communication (70s); facility-level feedback (60). Review of violations and denial of services, rated as non-existent in 2014, improved to about 20.
- **Equity** – The scores of individual items hardly changed. Anti-discrimination efforts and STM access remained the highest rated while CBD outreach and LAPM access stayed with scores only in the mid-20s, among the lowest across all items.



## Implications

A member of the Ouagadougou Partnership and SWEDD (Sahel Women's Empowerment and Demographic Dividend project), Cote d'Ivoire joined the Global FP2020 Initiative in 2012<sup>iii</sup>. The country's FP program has made great strides. From an original target of 10% budget line for commodities through 2020, the government achieved a 25% increase in allocations for 2018. Other efforts include improving the logistics system; supporting advocacy by different stakeholders; updating the RH/FP law; promoting the national program for in-school youths; increasing the availability of FP services in public and private health institutions to 100% by 2020; including FP among services provided by community workers; and strengthening FP service provision for adolescents in 100 health facilities. Modern FP use in the Ivory Coast is about 25% at present and expected to increase by 1% each year.

Cote d'Ivoire's high marks or significant improvements regarding many NCIFP items— particularly the strategy's objectives, estimated resource needs, and focus on vulnerable groups; data on private sector commodities and service statistics; the use of quality of care guidelines and structures; and policies to prevent discrimination - attest to the country's significant progress in improving the FP program. The NCIFP results also point out various low-scoring items: regulations that facilitate contraceptive importation, clinic record-keeping and feedback of results to clients, sterilization counseling, mechanisms for reporting denial of services based on non-medical grounds and review of violations; CBD coverage of the underserved and access to LAPMs that also includes IUD removal services. The challenges just mentioned are for the country's stakeholders to discuss and agree on how best to address these challenges, support the country's pronounced efforts to strengthen the national program, and ensure achievement of FP objectives.

<sup>i</sup> Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): COTE D'IVOIRE 2017 Scores and 2014-2017 Trends". 2017 NCIFP Policy Brief Series (2019)

<sup>ii</sup> Family Planning 2020 is a global initiative through which governments, civil society, multilateral organizations, donors, the private sector, and the research community work together to enable more women and girls to use contraceptives by 2020. <http://www.familyplanning2020.org/>

<sup>iii</sup> <http://www.familyplanning2020.org/cote-divoire>