

The National Composite Index for Family Planning (NCIFP)

Democratic Republic of the Congo 2014 Results

What is the NCIFP?

The NCIFP is a new tool developed to support FP2020's efforts to improve the enabling and policy environment for family planning. The NCIFP measures both the existence of policies and program implementation, using 35 individual scores organized under five dimensions: **Strategy**, **Data**, **Quality**, **Equity**, and **Accountability**.

Strategy – whether the 1) national FP strategy/plan includes objectives that are quantified and 2) targets to reach the poorest and most vulnerable; 3) resource requirements are projected; 4) means to broaden participation among diverse stakeholders are supported; 5) seniority of FP program director; and 6) policies that facilitate contraceptive importation or local manufacturing.

Data - whether the government 7) collects data to monitor special sub-groups (e.g. the poor) and 8) availability data on private sector commodities; 9) quality control of service statistic in place; and 10) data used to ensure access by vulnerable groups; 11) adequate client record keeping in place; and 12-13) uses various data sources for program operations, monitoring and evaluation.

Quality – whether the 14) government uses WHO-based FP procedures; 15) has FP task-sharing guidelines; 16-17) has and uses quality of care indicators in public and private facilities, 18) has adequate structures in place to address quality, 19) collects information on informed choice and provider bias, 20) has adequate training programs in place, 21) logistics and transport systems insure sufficient stock, 22) adequate supervision system in place, 23) informed choice on sterilization, 24-25) access to IUD and implant removal.

Equity - whether 26) policies are in place to prevent discrimination; 27) extent to which service providers discriminate against special groups; 28) underserved areas are served by CBDs; and 29-30) the entire population has access to modern methods.

Accountability – whether there are 31) national, sub-national and facility-level mechanisms in place to monitor voluntary, non-discriminatory FP provision; 32-33) mechanisms to report denial of services in place and reviewed; 34) client feedback solicited, and 35) system in place to encourage dialogue between clients and providers.

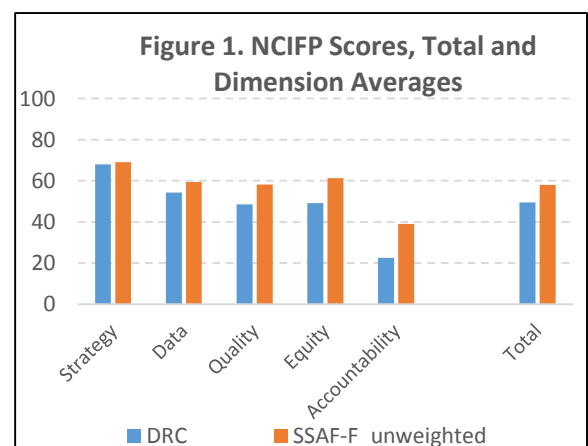
The NCIFP builds on the long-standing *National Family Planning Effort Index* (FPE). In 2014, the two questionnaires were fielded jointly in 90 countries by the Health Policy Project (implemented by Palladium with USAID funding) and Avenir Health's Track20 project (with funding from the Bill and Melinda Gates Foundation). NCIFP data allow assessments of FP programs and can help stimulate discussions among stakeholders about factors that help make FP programs effective, widely supported and sustainable.

What do the DRC results look like?

The DRC's total score was lower than the average for Francophone SSAF (49 v 58, in Figure 1). The DRC also averaged lower than the region across all five dimensions; the Accountability dimension registered the largest difference.

The patterns of individual item scores are similar for the DRC and SSAF-F (Figure 2), indicating similarities in what program areas are achieving more strongly, and, less well, although most of the country's ratings were lower than corresponding regional scores. The DRC, however, obtained a perfect score (meaning all respondents said "Yes") for its national FP strategy having objectives to reach the poorest and most vulnerable; this also ties in with the relatively high 70s rating for use of data to ensure that the poorest and most vulnerable have access to quality FP services. The DRC also scored higher than the region for having structures to address quality of services (e.g. participatory monitoring), and acceptors being informed about the permanence of sterilization.

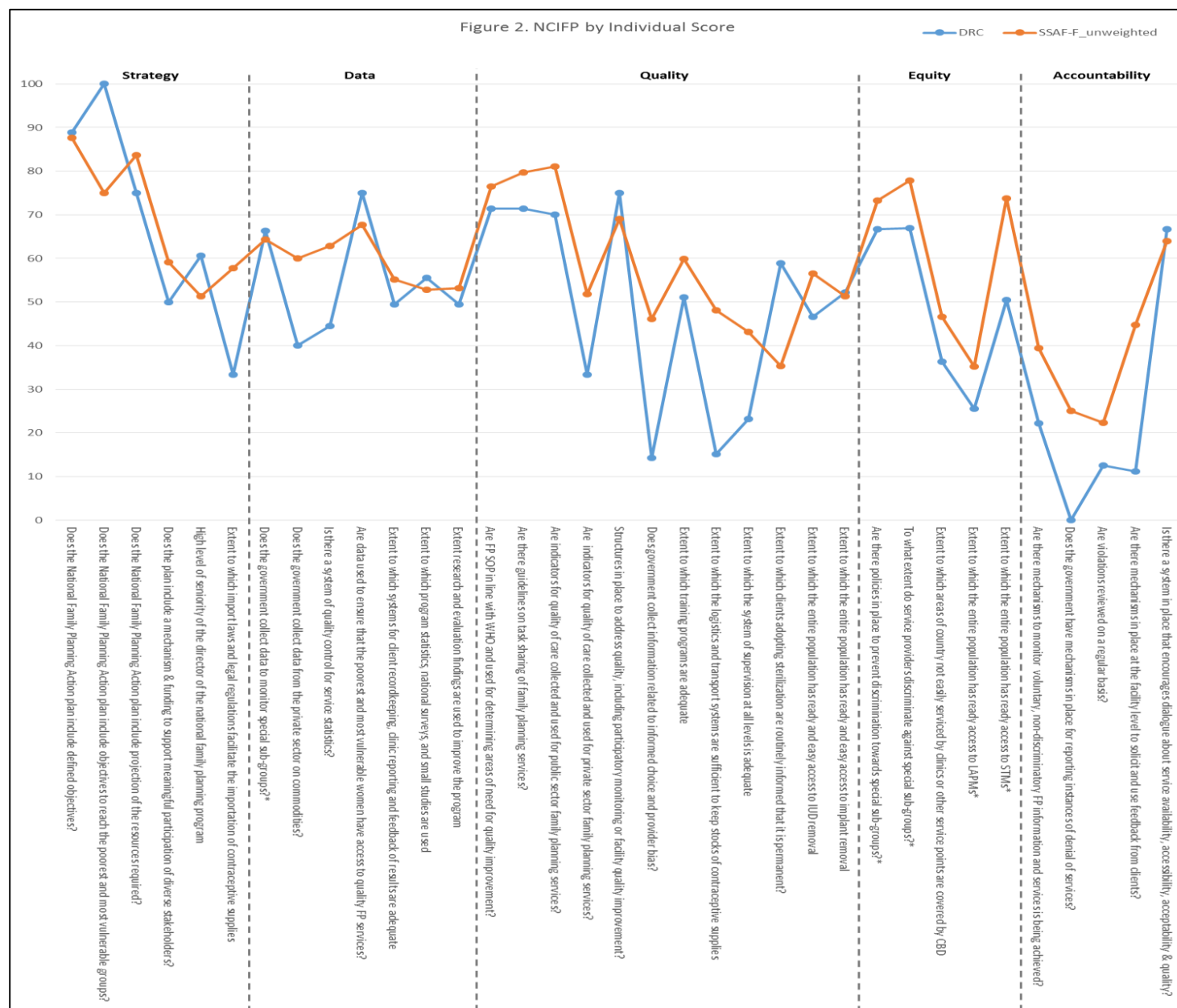
The DRC's lowest scores included the following: under Accountability, whether various mechanisms exist for reporting denial of services on non-medical grounds, for monitoring voluntariness and non-discrimination, to review violations, and to solicit and use clients' feedback; under Quality on whether the government collects data on informed choice and on private sector quality of care,



and whether the logistics and supervision systems are adequate; under Strategy on whether importation laws facilitate contraceptive importation; under Equity on whether the population has easy access to LAPMs.

Implications

The 2014 NCIFP results for the DRC are very timely, as the data can be used as part of baseline information that the country can use to monitor and evaluate efforts to achieve the objectives of the National Strategic Plan for Family Planning, 2014-2020 and the DRC's FP2020 commitments that were articulated in November 2013. The country aims to increase contraceptive prevalence from 5.4% in 2010 to 19% in 2020, so that by 2020 the DRC will have over 2 million modern contraceptive users. To achieve these objectives, the DRC pledged to implement the national action plan, made FP/RH a budget line item, and, in 2013, allocated \$1 million for contraceptive procurement. The financial outlay was intended to gradually increase to align with the implementation of the national action plan. The DRC also pledged to protect adolescent girls from early marriage through education, social integration, and women's empowerment programs and to reform laws that pose barriers to responsible parenthood and planned childbearing.



Want to know more: Read the full NCIFP report and use the interactive data tool available at track20.org

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