

The National Composite Index for Family Planning (NCIFP)

Nicaragua 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, logistics, supervision, 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.

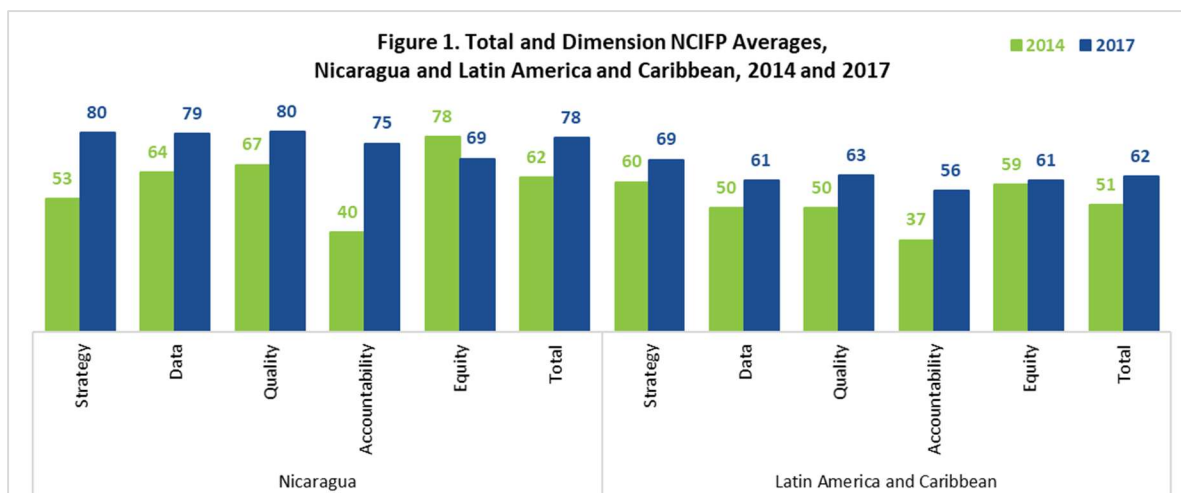
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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 current national FP program status and changes since 2014. NCIFP data are intended for policy and planning use by each country's FP stakeholders.

Nicaragua vs Latin America and Caribbean (LAC) Results

Figure 1 shows improving total NCIFP scores for the country and the region between 2014 and 2017, with Nicaragua outscoring the region in both years. Except for Strategy in 2014, Nicaragua also averaged higher than the region in all dimensions in both years.

- In 2014, Equity was Nicaragua's top rated dimension; by 2017, Strategy, Quality, and Data had the highest marks. The region's highest rated dimensions were Strategy and Equity in 2014 and Strategy alone in 2017.
- Accountability was the lowest rated dimension in both areas in 2014 and for the region in 2017 despite a sizable score increase. Nicaragua's Accountability average nearly doubled in 2017 while Equity became the lowest ranked.

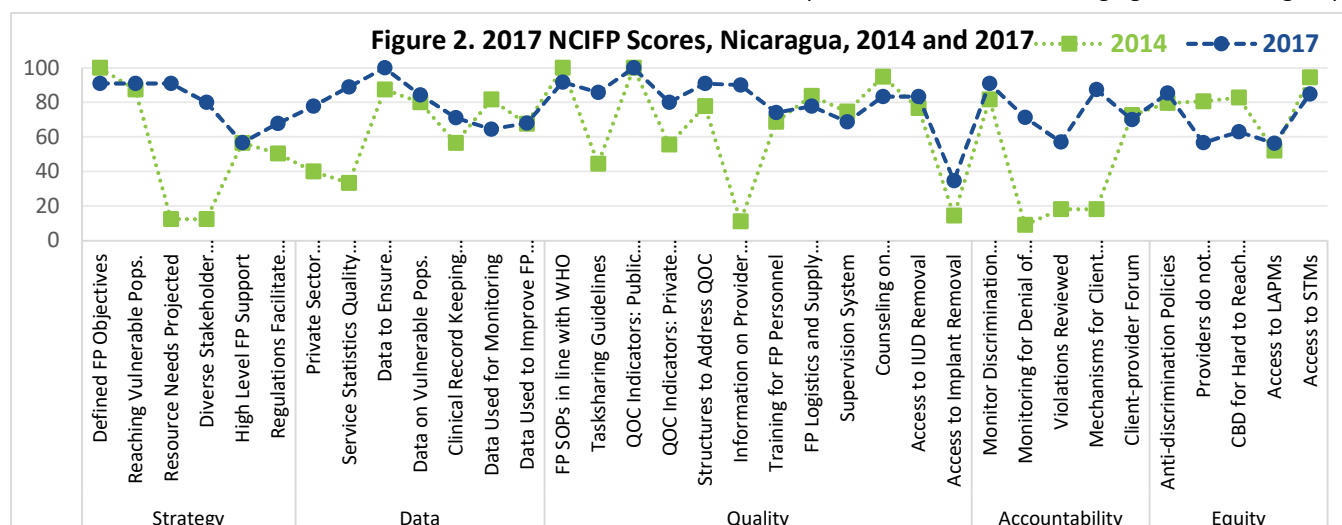


Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows Nicaragua's scores improved for about 20 items, declined for 9 items, and hardly changed for the rest.

- **Strategy** – Scores included 91 for the strategy's defined objectives, prioritizing the most vulnerable, and estimated resource needs; 80 for diverse participation; 68 for regulations for contraceptive importation; and 57 for high-level program support.

- **Data** – Except for data-based monitoring which had its rating drop to 64, all items scored higher in 2017: 100 for the use of data to ensure vulnerable groups have access; 80s for service statistics quality control and data collection on population subgroups; 70s for data on private sector commodities and clinic recordkeeping; and 68 for data-based program improvement.
- **Quality** – Quality items were among the highest rated in 2017: 100 for QOC indicators in public facilities; 90s for the use of WHO SOPs (although a slight decline from 100 in 2014), community/clinic structures to monitor QOC, and information on provider bias; 80s for the use of tasksharing guidelines, QOC indicators in private facilities, sterilization counseling, and access to IUD removal; and around the 70s for the training, logistics, and supervision systems (the last 2 items had slightly higher scores in 2014). Access to implant removal scored only 35, the lowest across all 35 NCIFP items.
- **Accountability** – Ratings included: discrimination and free choice monitoring (91), facility-level efforts to solicit client feedback (88), mechanisms to report denial of services (71), client-provider dialogue (70), and violations review (57).
- **Equity** – Two items were marked slightly higher in 2017: 86 for anti-discrimination policies and 56 for LAPM access. Ratings for the three other items declined: 85 for STM access, 63 for CBD, and 57 for providers not discriminating against certain groups.



Implications

Nicaragua is a lower middle-income country of 7 million inhabitants. Rapid economic growth and poverty decline occurred in the 2000s and years after, but in 2018, the country experienced political turmoil that resulted in economic contraction.ⁱⁱⁱ Income poverty remains high in rural areas where 44% of Nicaraguans live and among indigenous and afro-descendant populations who represent 7% of the total population. The Family and Community Health Model and Local Health Integrated Systems have played key roles in improving national sexual and reproductive health indicators and strengthening the implementation of policies and programs to support education and reproductive health and address gender inequality. The percentage of women in Nicaragua currently using modern contraception is about 53%.^{iv} Nevertheless, sexual and reproductive health indicators show disparities along age, geographic, income and ethnic lines. Adolescents are the most severely affected. The country is young and is in its demographic dividend window of opportunity until 2035.^v

The NCIFP results attest to Nicaragua's noteworthy efforts to improve FP program planning and implementation, data collection and utilization, quality of care policies and systems, accountability mechanisms, and anti-discrimination policies. The NCIFP scores do reveal that some challenges remain. Access to implant removal is still very limited. Efforts regarding certain FP activities appear to be declining, particularly data-based monitoring and evaluation; the training, logistics, and supervision systems that are key in ensuring high quality services; CBD coverage of the underserved, and provider non-discrimination of certain population groups. It is possible that declining efforts related to certain FP activities are partly due to complacency considering the country's already high contraceptive use. Nevertheless, access to FP services remains relevant considering pronounced disparities. These FP program challenges are for the country stakeholders to consider as they plan and implement efforts to ensure accessible, high-quality services and reach the most vulnerable sectors of the population.

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

ⁱⁱ FP2020 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 more women and girls to use contraceptives by 2020. For more on FP2020, visit: <https://www.familyplanning2020.org/>

ⁱⁱⁱ Source: <https://data.worldbank.org/country/nicaragua>

^{iv} The mCPR among all women is an Avenir Health Track20 estimate. See <https://www.familyplanning2020.org/nicaragua>

^v Source: <https://www.unfpa.org/data/transparency-portal/unfpa-nicaragua>