

# The National Composite Index for Family Planning (NCIFP)

## Rwanda 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 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 on the permanence of sterilization.

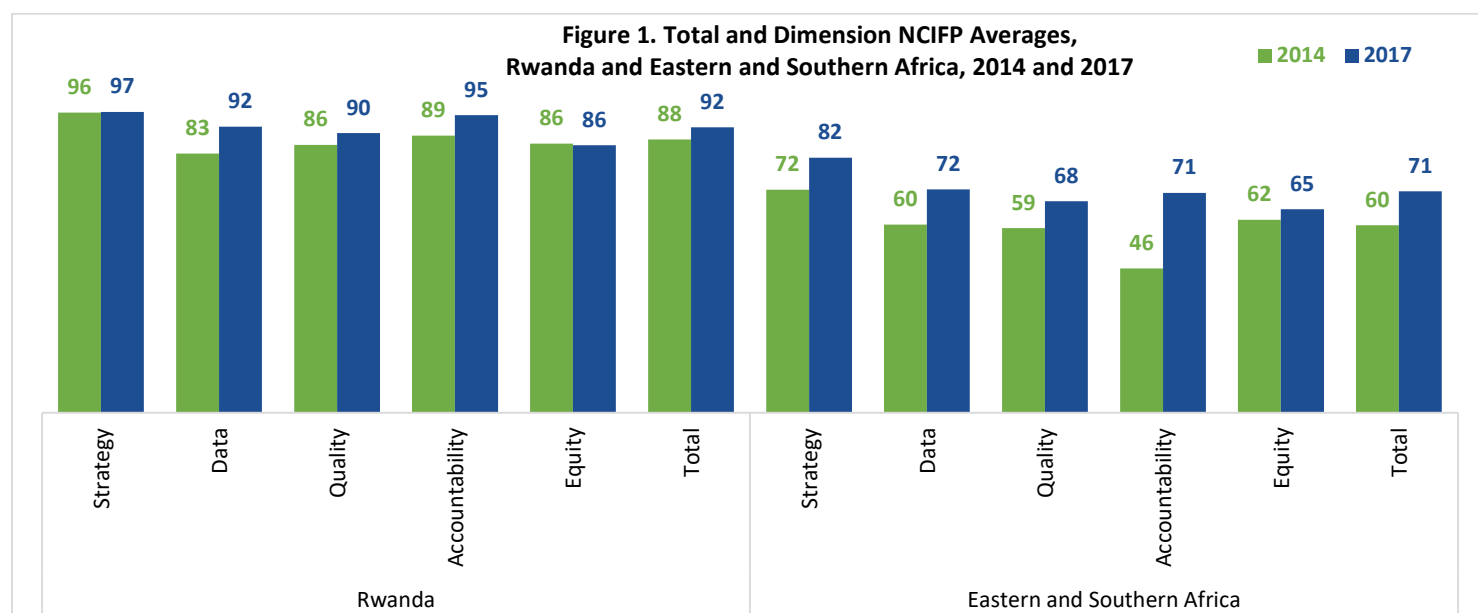
**Accountability** – whether mechanisms exist to monitor discrimination and free choice, review violations, report denial of services, enable facility-level feedback, and encourage communication between clients and providers.

**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.

### Rwanda vs Eastern and Southern Africa Results

Figure 1 shows Rwanda's total NCIFP scores improving from 88 in 2014 to 92 in 2017 and far exceeding the region's totals in both years. The two years show the country's averages for the five dimensions as very high (between 86 to 97 in 2017) and more elevated than corresponding regional scores (between 65 and 82 in 2017). Strategy was the highest rated dimension in both areas and years.

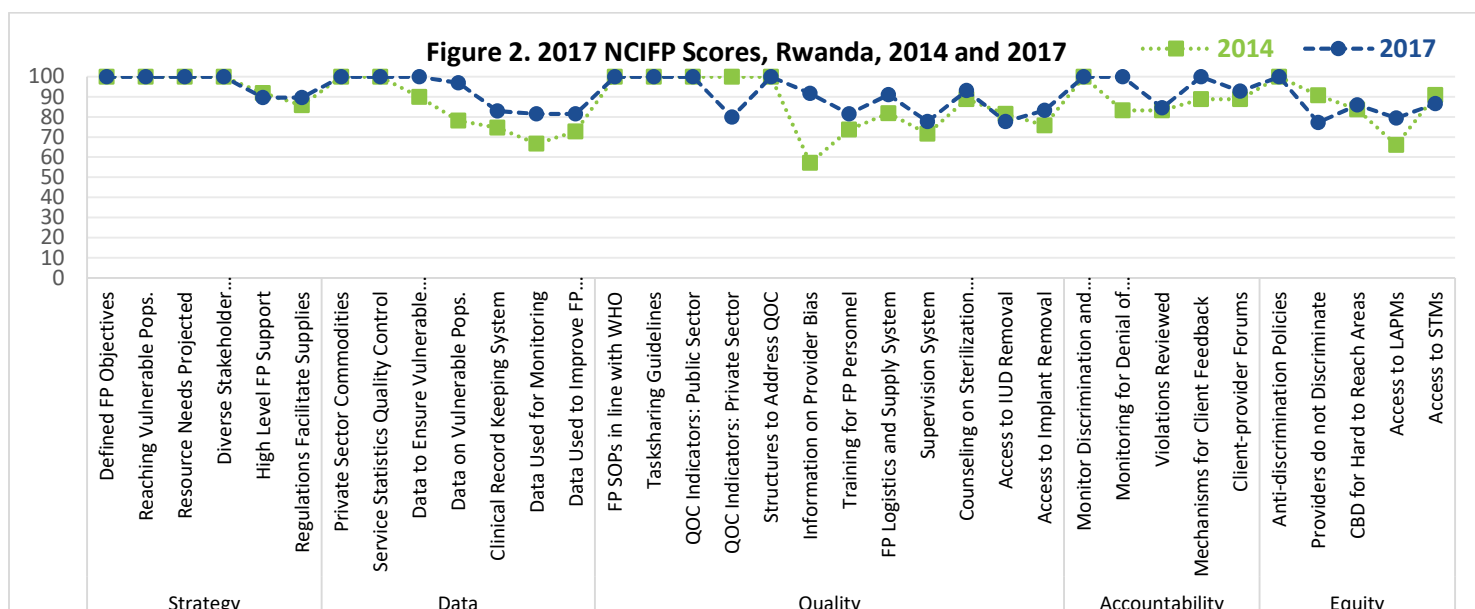


### Individual 2014 and 2017 NCIFP Scores

Ratings of individual NCIFP items over time indicate which FP program activities are progressing well, stagnating, or deteriorating.

Figure 2 shows Rwanda's detailed results, with almost all items rated higher or continuing to receive elevated marks. Only two items had scores declining by more than 10 points.

- **Strategy** – 2014 and 2017 item scores hardly changed: scores were perfect for four strategic plan items and 90 for high-level FP support and regulations that facilitate the importation or manufacture of contraceptive products.
- **Data** – Government collection of data on private sector commodities and quality control of service statistics continued to have perfect scores in 2014 and 2017. The scores of all other items increased, including 2017 scores rising over 90 for items related to vulnerable populations and over 80 for clinic recordkeeping and feedback to clients, data-based-monitoring, and the use of research findings to improve the program.
- **Quality** – 2014 and 2017 ratings were also perfect for the use of WHO SOPs, tasksharing, quality indicators in public facilities, and community/facility structures to monitor QOC. Most remaining quality items registered higher ratings in 2017, particularly, government collection of information on provider bias which was rated 57 in 2014 but rose to 92 in 2017. The score decreased significantly regarding the use of QOC indicators in private facilities (from 100 in 2014 to 80 in 2017) but minimally changed for access to IUD removal (from 81 to 78).
- **Accountability** – Scores remained high for monitoring discrimination and free choice (100), client-provider dialogue (93) and violations review (85) while ratings rose to 100 for mechanisms to report denial of services and to solicit client feedback at the facility level.
- **Equity** –Ratings levels and trends were more varied. High scores persisted for policies to prevent discrimination (100) and CBD coverage (upper 80s). The rating for providers not discriminating against certain population groups declined from 91 to 77. STM access minimally declined from 91 to 87 (-4 pt) while access to LAPMs improved from 66 to 79 (+13 pt increase).



## Implications

One of the first groups of countries that joined the Global FP2020 Initiative in 2012, Rwanda updated its commitment in 2017 by pledging to increase total demand for contraception among married women from 72% to 82% by 2020.<sup>iii</sup> Family planning is a major health and development program of the country. As the National Family Planning and Adolescent Sexual and Reproductive Health (FP/ASRH) Strategic Plan (2018–2024) emphasizes, high fertility and rapid population growth limit Rwanda's economic progress and poverty reduction efforts. With over 50% of the population below 20 years of age, there is significant pressure on the country's ability to provide education, jobs, health and social services for its citizens.

Rwanda's very high marks across a wide range of NCIFP items confirm the country's pronounced and continued commitment to improve the national FP program. The country's efforts are commendable. The NCIFP results do flag out a few challenges: supporting the use of quality of care indicators in private facilities, providers discriminating against certain population sub-groups, improving access to LAPMs that also includes IUD removal, and ensuring access to a wide array of STMs. These challenges are for the country's stakeholders to discuss, identify underlying causes, and agree on appropriate action to further strengthen the national FP program and ensure achievement of the country's ambitious FP, health, and development goals.

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

<sup>ii</sup> 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. <http://www.familyplanning2020.org/>

<sup>iii</sup> <http://www.familyplanning2020.org/Rwanda>