

The National Composite Index for Family Planning (NCIFP)

ARMENIA 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.

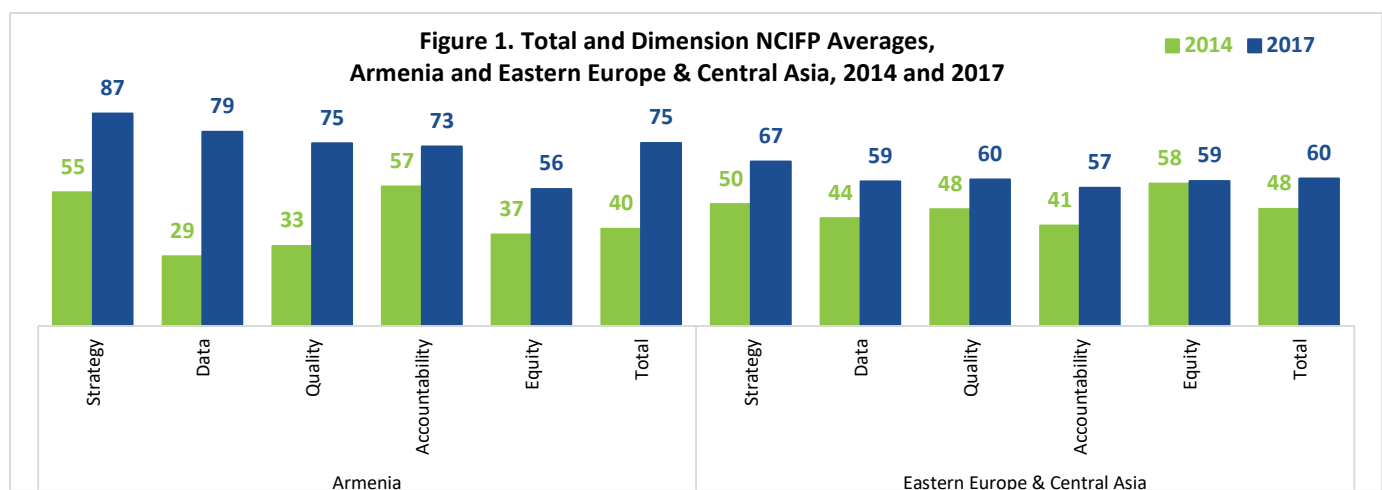
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Armenia vs Eastern Europe and Central Asia Results

Figure 1 shows that Armenia's total NCIFP score of 40 in 2014 nearly doubled to 75 in 2017. By contrast, the region's total scores were 48 and 60, respectively. Averages for all five dimensions rose sizably for Armenia compared to four dimensions for the region.

- Accountability, followed by Strategy, was Armenia's highest rated dimension in 2014. Strategy stood out with the highest average in 2017. Data was the country's lowest rated in 2014 and Equity in 2017.
- The region's highest rated dimension was Equity in 2014 and Strategy in 2017. The region's lowest ranked in both years was Accountability despite the dimension's improving score.

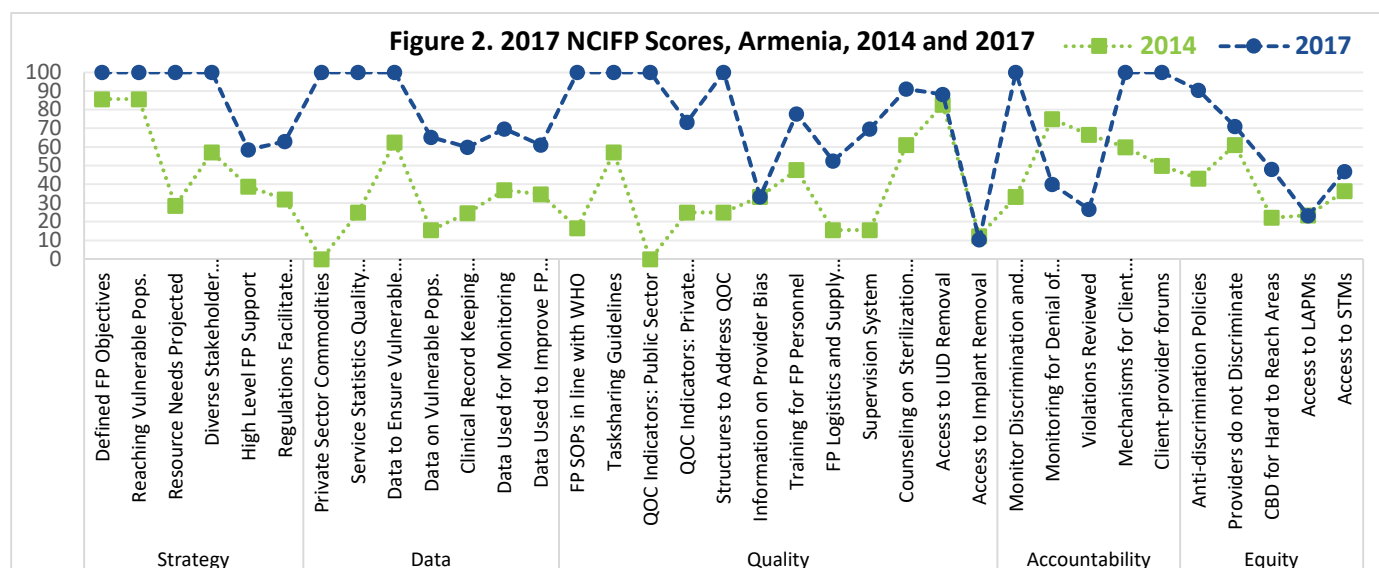


Individual NCIFP Trends, 2014 and 2017

Assessments of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows that nearly all of Armenia's NCIFP scores improved in 2017, including 14 items with perfect marks, but also six items rated at 40 or below. Only two items scored lower in 2017.

- Strategy** – Four Strategy items scored 100 in 2017: the strategy's clear objectives, focus on vulnerable groups, support for diverse stakeholder participation, and estimated resource needs (the most improved). The rating for regulations facilitating contraceptive importation was 63 and 59 for high-level program leadership.

- **Data** – 2017 ratings were 100 for data on private sector commodities, service statistics quality control, and the use of data to reach the most vulnerable; 70 for data-based monitoring/evaluation; 65 for use of data on vulnerable populations; and about 60 each for the use of research findings to improve the program and clinic recordkeeping and feedback to clients.
- **Quality** – Items that also scored 100 involved the use of WHO SOPs, tasksharing, clinic/community monitoring structures, and QOC indicators in public facilities. Other ratings included 91 for sterilization counseling; 88 for access to IUD removal; 70s or a little less for QOC indicators in private facilities, training, supervision; and 53 for logistics. The lowest rated Quality items in 2017 were access to implant removal and monitoring provider bias (with scores at 10 and 33 respectively).
- **Accountability** – 2017 scores under the dimension varied significantly. Ratings rose to 100 for monitoring discrimination and free choice and mechanisms to solicit client feedback and encourage client-provider dialogue. On the other hand, scores dropped from 75 to 40 for mechanisms to report denial of services and from 67 to 27 for violations review.
- **Equity** –The score for anti-discrimination policies rose to 90 and to 71 for lack of provider discrimination against population subgroups. Ratings improved to the 40s for CBD coverage and STM access but remained low, at 23 for LAPM access.



Implications

Based on the 2015-16 Armenia Demographic and Health Survey (ADHS)ⁱⁱⁱ, the total fertility rate was 1.7 lifetime births per woman, a level that has not changed for the last 15 years. The contraceptive prevalence rate among married women fluctuated from 61% in 2000, to 53% in 2005 and 57% in 2015-16. Although modern FP use is increasing, prevalence in 2015-16 was only 18% among all women and 28% among married women. About one-third of modern contraceptive users (primarily IUD users) obtained their contraceptives from the public sector, while two-thirds (primarily pill and condom users) depend on private sources. Modern FP use had been low among residents in rural areas and outside the capital, the poorest, and the less educated. Withdrawal persists as the most commonly used FP method (25% among married women). For decades, women in Armenia relied on abortion to control their fertility, but after the dissolution of the Soviet Union, abortion rates fell as modern contraceptive use increased. The 2015-2016 ADHS estimated the total induced abortion rate at 0.6 lifetime abortions per woman, about the same as the 2010 figure of 0.8 but much lower than abortion rates around 2 abortions in the early 2000s. Nevertheless, nearly one in four pregnancies ended in an abortion in the three years before the 2015-2016 survey. An estimated 50% of women who had an induced abortion in 2015-16 were mostly using traditional FP methods at the time they became pregnant. About two-thirds of abortions were performed due to a desire to stop childbearing. These data emphasize the need to increase modern contraceptive use and reduce the reliance on induced abortion as a means of controlling fertility.

Armenia's NCIFP results for 2014 and 2017 indicate noteworthy progress regarding a large number of key FP program components, especially regarding the strategy and data availability and utilization. But the NCIFP results also point out certain FP program activities – mainly involving quality of care, accountability, and equity – that had significantly declining scores or continue to have very low ratings. To emphasize, the FP program remains relevant and necessary to support efforts to ensure choice and improve the reproductive health of women and families in Armenia.

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

ⁱⁱ FP2020 is a global initiative involving governments, civil society, local, and international organizations work together to enable more women and girls to use contraceptives by 2020. See <http://www.familyplanning2020.org/>

ⁱⁱⁱ Armenia Demographic and Health Survey 2015-16 (<https://dhsprogram.com/pubs/pdf/FR325/FR325.pdf>)