

The National Composite Index for Family Planning (NCIFP) CENTRAL AFRICAN REPUBLIC 2017 Scoresⁱ

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 and uses data on private sector commodities and the needs of special sub-groups (e.g. the poor), data quality control systems exist, evaluation is data-based, and research informs program improvement efforts.

Quality –whether the government uses WHO-based SOPs, task-sharing guidelines, and quality of care (QOC) indicators in public and private facilities. Quality also considers the adequacy of structures for training, logistics, supervision, IUD and implant removal, participatory monitoring, and informed choice, including informing clients about sterilization being permanent.

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

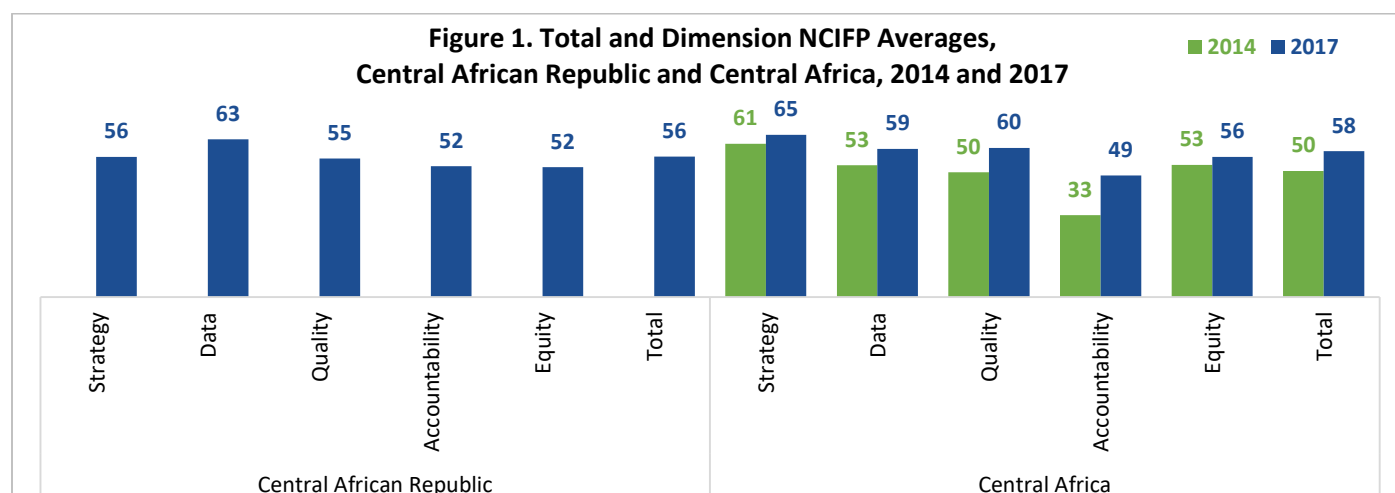
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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. Since the Central African Republic did not participate in the 2014 study, this brief deals only with the country's results for 2017. The data are intended for policy and planning use by each country's FP stakeholders.

Central African Republic vs the Central Africa Region NCIFP Results

Figure 1 shows that in 2017 the Central African Republic (CAR) received a total NCIFP score of 56 which was slightly below the region's average (58). Both total scores, however, fall below the global average of 64. The CAR's dimension averages ranged narrowly between 52 to 63 while those of the region had a wider range (from 49 to 65).

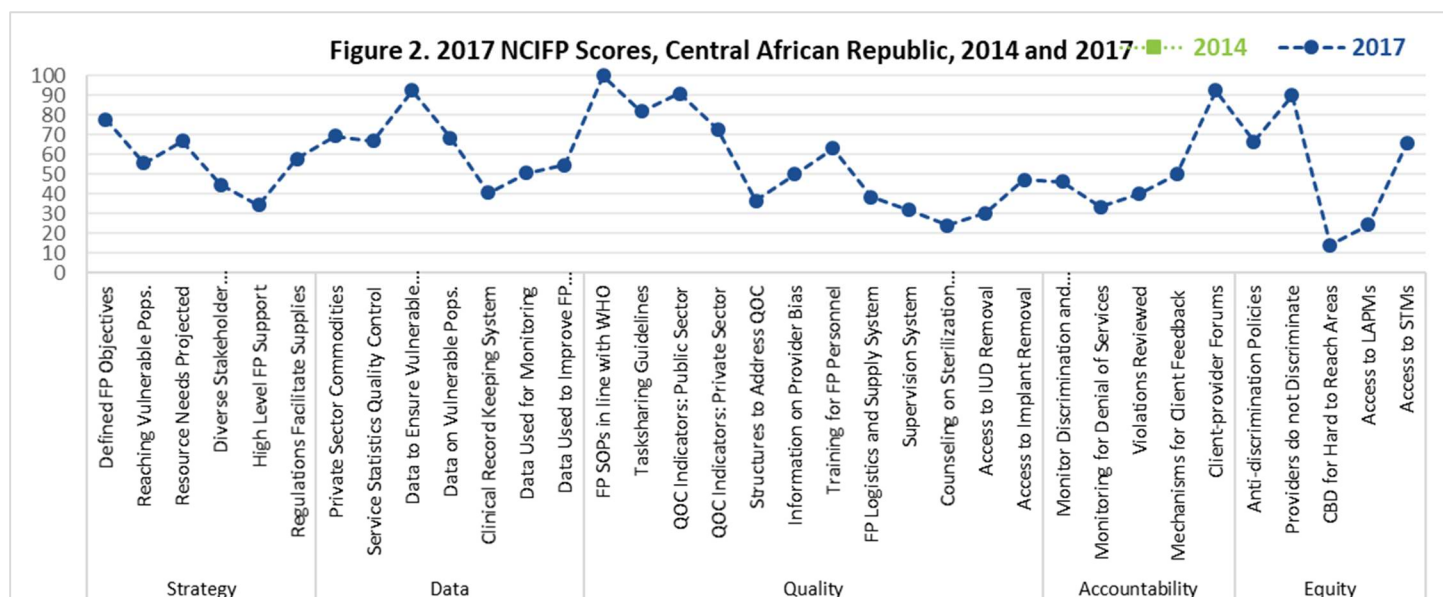
- The CAR's highest rated dimension was Data; for the region it was Strategy.
- Accountability and Equity tied as the country's lowest rated dimension. Accountability was also the region's lowest scoring dimension in 2017 (as well as in 2014).



Individual NCIFP Trends, Central African Republic, 2017

The scores of individual NCIFP items over time indicate which specific FP program activities are progressing well, unchanged, or deteriorating. Even though the CAR does not have 2014 data to assess trends, 2017 scores by themselves are revealing (Figure 2).

- **Strategy** – Ratings included 78 for the national strategy’s specification of objectives, 67 for estimated resource needs, 56 for priority sub-groups, and 58 the existence of regulations facilitating contraceptive importation. The lowest scored items were level of program leadership (34) and stakeholder participation (44).
- **Data** – The highest rated item was the use of data to ensure vulnerable groups have access (92). Data collection regarding private sector supplies and quality control of information systems scored in the upper 60s while ratings in the 50s went to program evaluation and data use by management to improve the program. Client recordkeeping/feedback scored only 40.
- **Quality** – Very elevated scores were given to the FP program for using WHO standards (100), quality indicators in public (91) and private (73) facilities, and tasksharing (82). Mid-level ratings went to training (63), monitoring of provider bias (50), and access to implant removal (47). Scores were only in the 30s for logistics, access to IUD removal, supervision, and clinic/client structures to monitor QOC. The lowest rated involved informing clients about sterilization being permanent (24).
- **Accountability** – Except for provider-client dialogue (score= 92), all items had scores ranging from 33-50, with the lowest given to mechanisms for reporting denial of services on non-medical grounds (33) and reviewing violations (40).
- **Equity** – The scores of individual items vary widely: from 90 for provider non-discrimination against certain population groups, to 60s for anti-discrimination policies and STM access, but only 14 for CBD coverage of underserved areas and 24 access to LAPMs.



Implications

One of the poorest countries in the world (the World Bank estimated 66% of the population lived on \$1.90 a day in 2010), the CAR has been ravaged by conflicts and upheavals that destroyed fragile government infrastructure and displaced populations, especially women, children under five, and the youth. Health challenges include high maternal mortality (890 pregnancy-related deaths for every 100,000 births in 2010); competent medical personnel are much needed.ⁱⁱⁱ Safe and effective means to delay or limit childbearing pose significant health and socio-economic benefits to women and families. In April 2019, the country committed to the FP2020 global initiative by pledging to increase modern contraceptive use from 9% in 2010 to 20% in 2020 by mobilizing financial resources, promoting FP, developing and implementing policies that support FP provision in the public and pharmacy sectors, integrating FP in various health services particularly maternal care, improving the quality of services for young people, and developing the logistics system.^{iv}

The CAR’s 2017 NCIFP ratings can help inform dialogue among the CAR’s key stakeholders about aspects of the national FP program that need to be addressed as part of efforts to rebuild and strengthen the country’s health infrastructure. As the CAR’s FP experts indicated, there is a great need for high-level FP program leadership and support, broad stakeholder participation in strategy development and program monitoring, improved quality and accountability systems (especially training, logistics, supervision, and mechanisms for review and monitoring), CBD coverage of underserved areas and better access to LAPMs services (including information on sterilization and access to IUD removal).

ⁱ “The National Composite Index for Family Planning (NCIFP): CENTRAL AFRICAN REPUBLIC 2017 Scores”. 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. <http://www.familyplanning2020.org/>

ⁱⁱⁱ <http://car.unfpa.org/>

^{iv} <http://www.familyplanning2020.org/central-african-republic>