

The National Composite Index for Family Planning (NCIFP)

CAMBODIA 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.

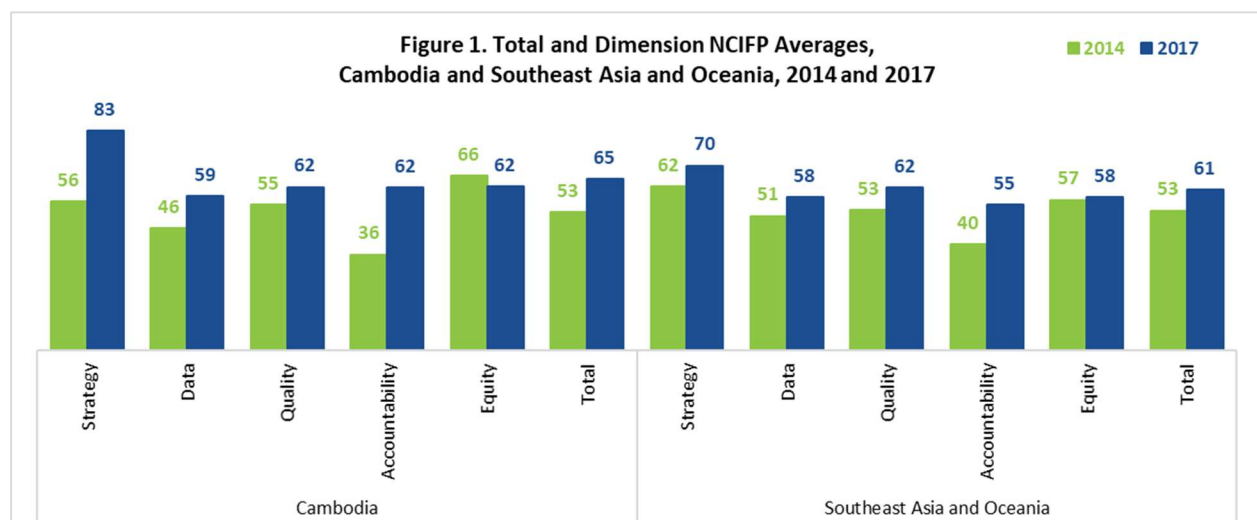
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Cambodia vs Southeast Asia and Oceania Results

Figure 1 shows total NCIFP scores from 2014 to 2017 improving for Cambodia (53 to 65) and the region (53 to 61). The total scores of the two areas were the same in 2014 but slightly higher for Cambodia in 2017. Both areas had higher averages for all dimensions except Equity; Cambodia's average decreased by 4 points while the region's score gained only one point.

- Equity was Cambodia's highest ranked in 2014, but Strategy took over as the country's highest rated in 2017. Strategy was the region's highest rated in both years.
- Accountability was the region's lowest ranked in 2014 and 2017. The dimension was also Cambodia's lowest rated in 2014 but Accountability scored much higher in 2017 and Data became the country's lowest rated.

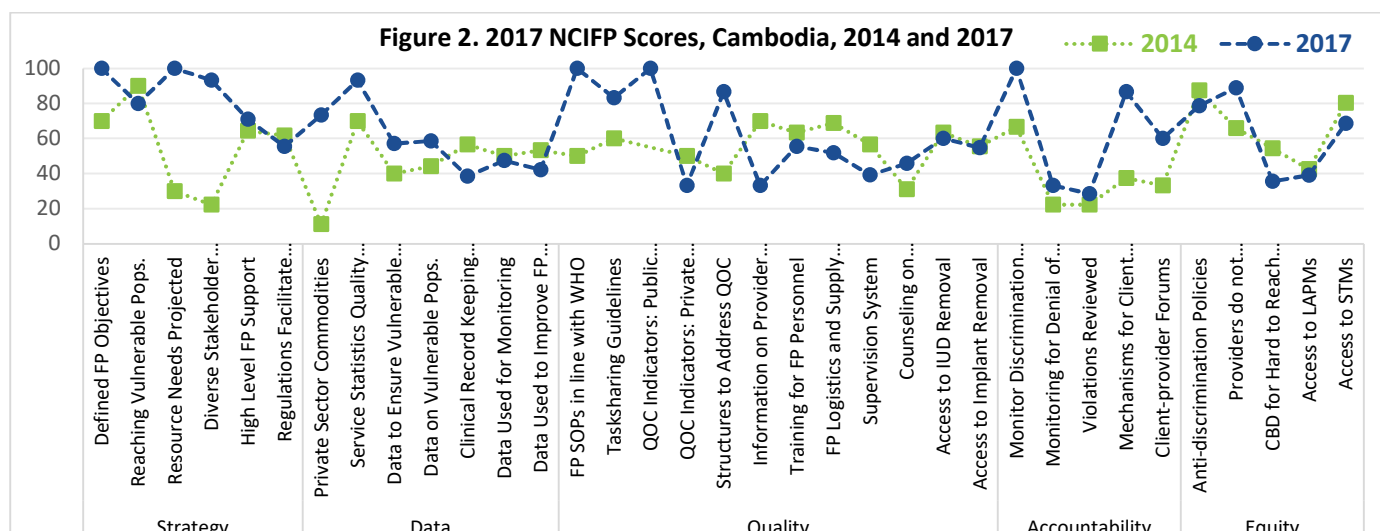


Individual NCIFP Trends, 2014 and 2017

Ratings of NCIFP items across the years specify which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows Cambodia's scores for 15 items were 15 or more points higher in 2017 while 9 items were rated at least 10 points lower.

- Strategy** – Higher scores in 2017 included 100 for the FP action plan's objectives and estimated resource needs, 93 for its support for diverse participation and 71 for high-level program leadership. Ratings, however, fell regarding the focus on vulnerable populations (from 90 to 80) and regulations facilitating contraceptive importation/production (from 62 to 56).

- **Data** – 2017 scores rose for quality control of service statistics (93), data on private sector commodities (73), and for the availability and use of data on vulnerable populations (their 40s scores in 2014 grew to the upper 50s in 2017). Ratings fell to around the 40s for clinical recordkeeping/feedback, data-based monitoring and program improvement efforts.
- **Quality** – The highest ratings in 2017 were 100 for the use of WHO standards and QOC indicators in the public sector and 80s for tasksharing guidelines and community/clinic monitoring structures. The mark for sterilization counseling improved but only to 46 but hardly changed for access to IUD (60) and implant removal (55). Ratings fell to the 50s for the training and logistics systems and to the 30s for supervision, QOC indicators in private facilities, and provider bias monitoring.
- **Accountability** – Scores improved in 2017 but varied widely: discrimination and free choice monitoring (100), soliciting client feedback (87), client-provider dialogue (60), and around 30 for reporting denial of services and violations review.
- **Equity** – Only provider non-discrimination of certain groups scored higher (89) in 2017. Ratings declined to 79 for anti-discrimination policies, to 69 (from 80 in 2015) for access to STMs and to the 30s for access to LAPMs and CBD coverage.



Implications

One of Asia's poorest and youngest countries, Cambodia has a population of about 16.5 million of which 40% are less than 20 years of ageⁱⁱⁱ. The 2014 Cambodia Demographic and Health Survey (DHS)^{iv} estimated the total fertility rate at 2.7 lifetime births per woman. About 40% of married women and 27% of all women used modern contraceptives in 2014. Unmet need for FP among married women was 12% in 2014, but higher among women in rural and remote areas, those with primary or less education, and the poorest. Moreover, 12% among women age 15-19 have begun childbearing in 2014 compared to 8% from 2000 to 2010. Developed through a consultative process, the National Strategy for Reproductive and Sexual Health in Cambodia 2017-2020^v aims to contribute to better population health and well-being by improving access to high quality FP services. Interventions include improving provider capabilities in counseling and service provision through training and supervision; prioritizing low-performing areas and the highest-need groups; increasing the availability of LAPMs; health equity fund payment of post-partum and post-abortion FP services; using CBD/mobile services for hard-to-reach populations; improving the public sector logistics system; advocating for government funding for commodities; strengthening public-private partnerships to ensure quality FP services and timely and accurate reporting from the private sector; and ensuring compliance with MOH policies, guidelines and protocols.

The issues that the NCIFP considers are most relevant for Cambodia's efforts in assessing which aspects of the FP component of the National Strategy for Reproductive and Sexual Health are moving forward. The NCIFP results point to various efforts that the country has undertaken to improve its FP strategy as well the service statistics systems, the use of QOC protocols and structures, private sector involvement, discrimination and free choice monitoring and soliciting client feedback, and non-discrimination by providers. The NCIFP results also identify FP program concerns with scores that have significantly fallen or continue to be very low: clinic recordkeeping and feedback of results to clients, data-based monitoring and program improvement efforts; quality concerns involving provider bias monitoring, supervision, QOC indicators in private facilities; accountability mechanisms for reviewing violations and reporting denial of services based on non-medical grounds; and equity issues involving CBD outreach to the most vulnerable sectors of the population and LAPM access. These challenges are for Cambodia's FP stakeholders to discuss and agree how best to address problematic areas to ensure achievement of the country's FP, population health and development objectives.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): Viet Nam 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. See <http://www.familyplanning2020.org/>

ⁱⁱⁱ World Population Prospects 2019 Revision. <https://population.un.org/wpp/>

^{iv} <https://dhsprogram.com/publications/publication-FR312-DHS-Final-Reports.cfm>

^v https://cambodia.unfpa.org/sites/default/files/pub-pdf/Final_RSH_Strategy_2017_2020_ENG_%2830May2017%29%20pdf.pdf