

# The National Composite Index for Family Planning (NCIFP)

## BANGLADESH 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 programme 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-based standards of practice (SOPs), task-sharing guidelines, and quality of care (QOC) indicators in public and private facilities. Quality of services 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 dialogue between clients and providers.

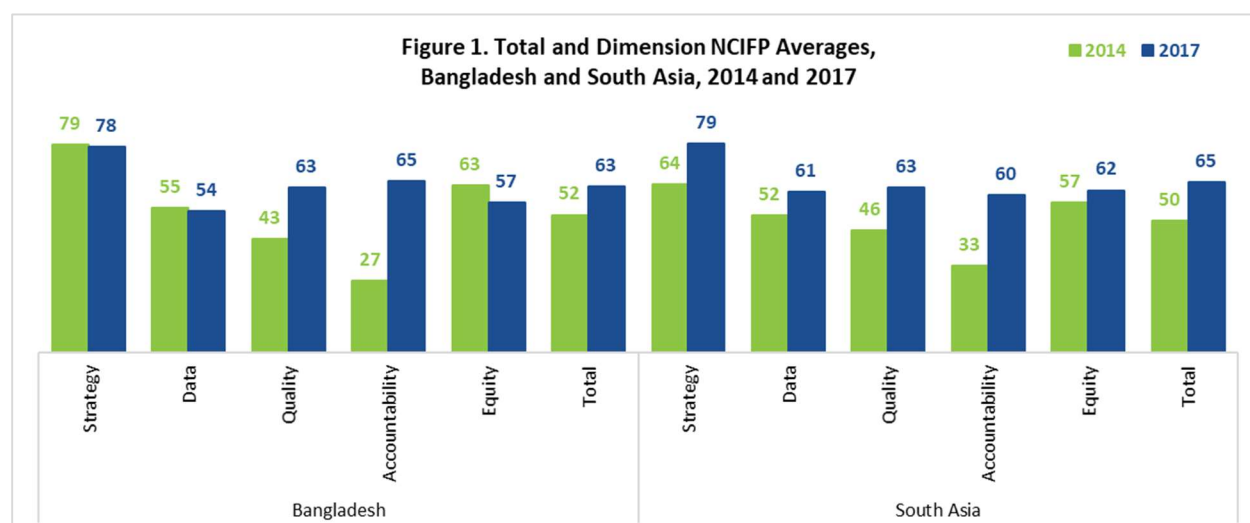
**Equity** - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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 programme status and changes since 2014. The 2017 questionnaire used yes/no categories along with a 1-10 rating scale, but to enable assessment of 2014-17 trends, the scores in this brief are based on the 2014 approach which provided primarily yes/no options.

### Bangladesh vs South Asia Results

Figure 1 shows increasing total NCIFP scores from 2014 to 2017 for both Bangladesh (from 52 to 63) and the South Asia region (from 50 to 65). In 2014, Bangladesh averaged a little higher than the region, but by 2017, the region was slightly ahead.

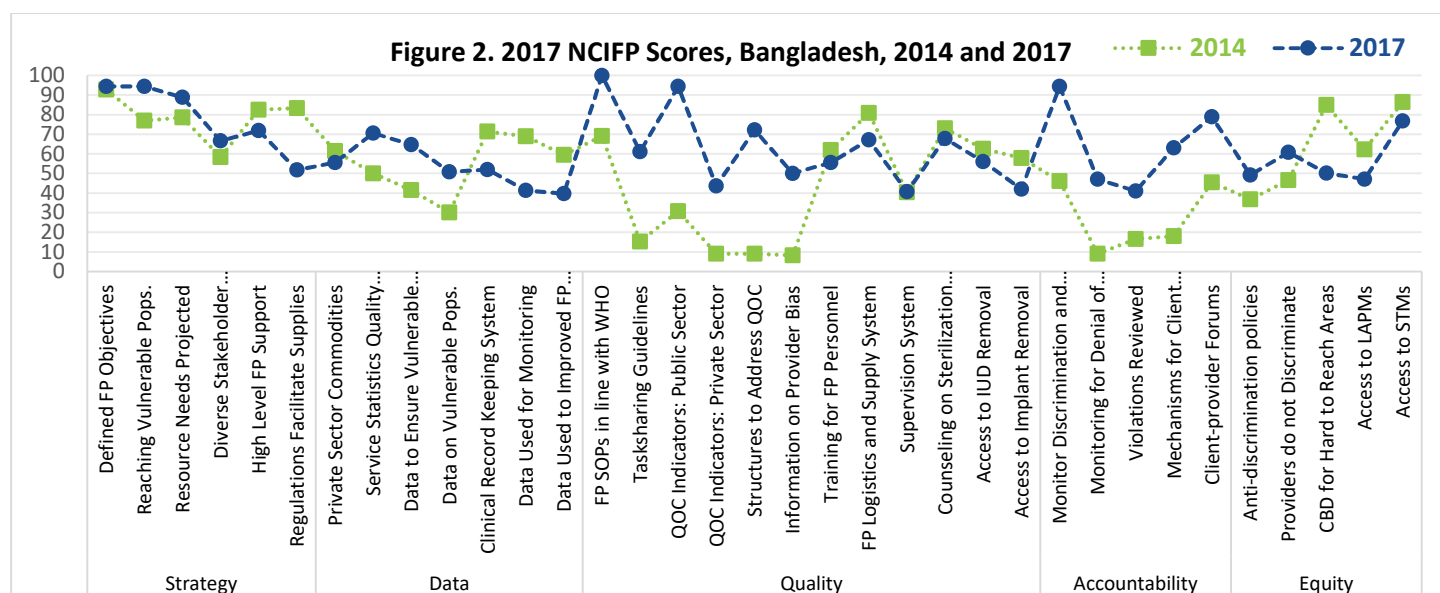
- Bangladesh's Strategy, Data and Equity scores declined slightly while Quality and Accountability scores rose. Strategy was the highest rated dimension for Bangladesh and the region in both years.
- Accountability, the lowest rated dimension for both geographies in 2014, improved significantly in 2017. Bangladesh's dimension rating more than doubled and Data became the country's lowest rated dimension in 2017.



### Individual NCIFP Trends, 2014 and 2017

Scores of individual NCIFP items over time indicate which specific FP programme activities are progressing well, stagnating, or deteriorating. Figure 2 shows that while the scores of over half of all NCIFP items increased more than 5 points in 2017, there were declines in several items regarding Bangladesh's FP program

- **Strategy** – Scores improved to around 90 for the strategy’s objectives, estimated resource requirements, and focus on vulnerable groups, and to 67 regarding support for diverse participation, but ratings declined for high-level programme leadership (72) and regulations that facilitate contraceptive products (52).
- **Data** – Ratings improved for quality control of service statistics (71), the use of data to ensure access among vulnerable groups (65), and data collection on population sub-groups (51). However, the overall declining Data average is due to falling scores for the remaining items: 50s for monitoring of private sector supplies and clinical record-keeping/feedback to clients and low 40s for the use of data in evaluation and to improve the programme.
- **Quality** -Several items had higher ratings in 2017: over 90 for the use of WHO-based procedures and QOC indicators in public facilities; 72 for clinic/community monitoring; 61 for tasksharing; 50 for provider bias monitoring, although still in the 40s for QOC indicators in private facilities. The scores for the remaining Quality items minimally changed (68 for sterilization counseling, 56 for training, and 41 for supervision) or fell more than 10 points resulting a score of 67 for the logistics system, 56 for access to IUD removal, and 42 for access to implant removal.
- **Accountability** - All items had higher scores by 2017, including the two most improved: 94 for voluntarism monitoring (+ 48 pts) and facility-level use of client feedback (+45 pts).
- **Equity** -Scores improved for anti-discrimination policies and provider non-discrimination practices. On the other hand, 2017 ratings that were at least 10 points lower were given to STM access (77), access to LAPMs (47) and CBD (50).



## Implications

FP remains one of the top priorities of the Government’s 4th Health Sector Programme 2017-2021 as a path toward achieving its Sustainable Development Goals. Government priorities include implementation of the national action plan for postpartum FP, reducing social and geographic disparities, addressing unmet need among adolescents and youth, and ending child marriages. The Government plans to mobilize US \$615 million for FP over 2017-2021, a 67% increase from the previous programme. Efforts include increasing the number of trained service providers, deploying midwives to all sub-district hospitals, improving supervision by placing clinical teams in all districts, and engaging the private sector in addressing gaps in service provision and contraceptive supply.<sup>iii)</sup>

Bangladesh’s 2017 NCIFP ratings reflect national FP experts’ recognition of the government’s FP Programme priorities, particularly increasing resources for FP, targeting vulnerable subgroups, and improving participation. The NCIFP results, however, indicate major concerns about several FP programme concerns: high-level support for the programme; regulations affecting contraceptive importation or production; adequacy of the training, logistics and supervision systems; limited implant removal services; CBD involvement in underserved areas; declining access to modern contraceptives especially LAPMs; and to a certain extent, private sector involvement. These NCIFP results also point out data concerns related to monitoring of private sector supplies, and the use of data and research findings in evaluation and to improve the programme.

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

<sup>ii</sup> Family Planning 2020 is a global initiative through which governments, civil society, multilateral organizations, donors, the private sector, and the research and development community work together toward a shared goal of enabling 120 million more women and girls to use contraceptives by 2020. For more on FP2020 visit <http://www.familyplanning2020.org/>

<sup>iii</sup> [http://www.familyplanning2020.org/sites/default/files/Govt\\_Bangladesh\\_FP2020\\_Commitment\\_2017.pdf](http://www.familyplanning2020.org/sites/default/files/Govt_Bangladesh_FP2020_Commitment_2017.pdf)