

The National Composite Index for Family Planning (NCIFP)

ROMANIA 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.

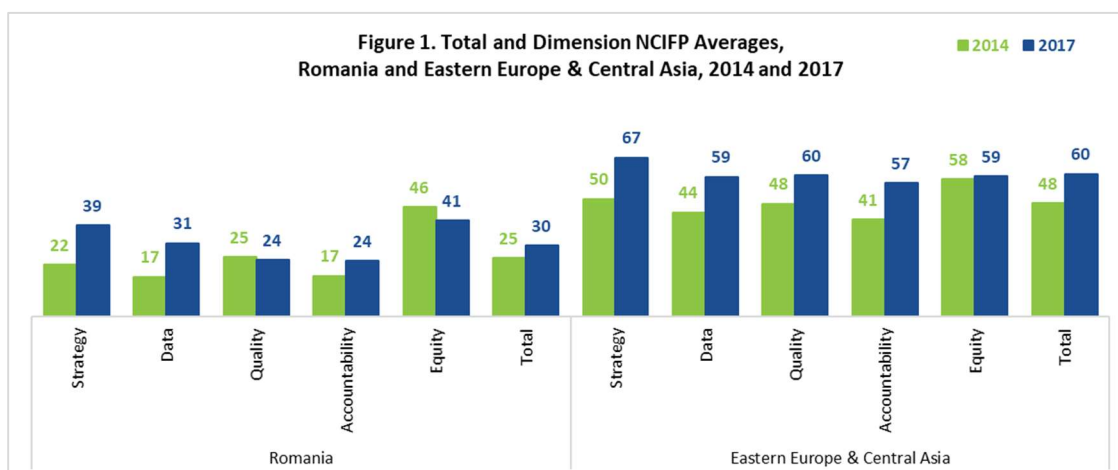
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Romania vs Eastern Europe and Central Asia Results

Figure 1 shows Romania's total NCIFP score of 25 in 2014 slightly improved to 30 in 2017, but these scores were much lower than the region's totals for both years. Romania received higher marks for three dimensions in 2017 compared to all five for the region.

- Equity was the country's highest rated dimension in 2014 and 2017. Data and Accountability tied as Romania's lowest rated 2014. Along with Quality, Accountability was also Romania's lowest rated in 2017 (with averages only in the 20s).
- The region's highest rated dimension was Equity in 2014 and Strategy in 2017. Accountability was the region's lowest ranked in both years despite the dimension's score improving in 2017.

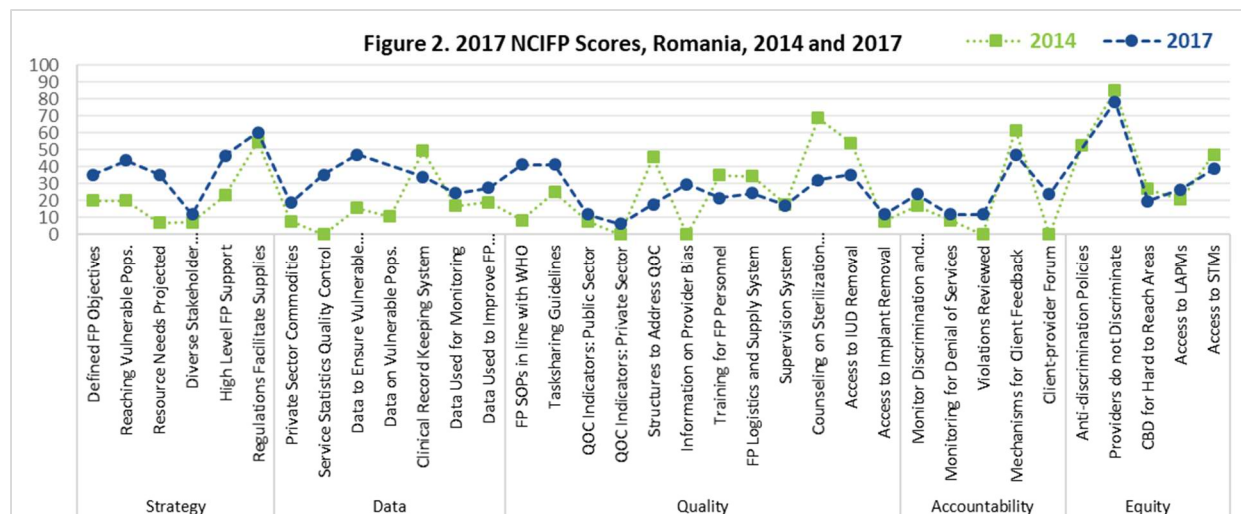


Individual NCIFP Trends, 2014 and 2017

Assessments of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows that Romania's scores for both years were mostly below 50; many items had ratings only around 20.

- Strategy** – All Strategy items improved in 2017, with 60 for regulations for contraceptive importation; 40s for focus on vulnerable groups and high-level support; 30s for the strategy's objectives and estimated resource needs; and 12 for diverse participation.

- **Data** –Although improving, 2017 ratings for five items were still below 50: the use of data to ensure access among vulnerable groups (47); service statistics quality control (35); data-based monitoring (24), the use of research to improve the program (27), and data collection on private sector commodities (19). The score for clinic recordkeeping fell from 49 to 34.
- **Quality** –The scores of seven items improved in 2017, with the highest score (low 40s) going to the use of WHO SOPs and tasksharing guidelines; 29 for information on provider bias; and 12 or less for access to implant removal and QOC indicators in public and private facilities. On the other hand, sterilization counseling and access to IUD removal, which had 2014 ratings of 69 and 54, respectively, scored only in the 30s in 2017. Logistics, training, and community/clinic monitoring structures scored no higher than the 20s. The rating for supervision dropped one point to 17. Quality items were among the lowest rated.
- **Accountability** – The 2017 score for mechanisms to solicit client feedback fell to 47. Ratings improved but only to the mid-20s for discrimination and free choice monitoring and client-provider forums, and below 15 for violations review and mechanisms to report denial of services.
- **Equity** – Scores hardly changed in 2017 but levels varied widely: 78 for providers not discriminating against certain population groups, 39 for STM access, and 20s for LAPM access and CBD coverage. Anti-discrimination policies did not have a 2017 score.



Implications

According to the UN World Population Prospects 2019 Revision, Romania's total population at present is over 19 million of which 21% are below 20 years of age. The total fertility rate for 2015-2020 is 1.6 lifetime births per woman which is below replacement fertility level (TFR=2.1). Just like other countries in the former Soviet Union, Romanian women relied on abortion to control fertility but starting in the 1990s, abortion rates fell as modern contraceptive use increased. Romania's total abortion ratio fell from 3.4 in 1993 to 1.2 in 2004.ⁱⁱⁱ Only 14% of married women age 15-44 used modern contraceptives in 1993 compared to 38% in 2004, with pills and condoms dominating the method mix. Despite these trends, modern use remained low among rural women, those in the lowest socioeconomic group, and the least educated. Moreover, in 1999 and 2004, 24% of married women of Romania relied on traditional methods to prevent pregnancy. Traditional methods have high failure rates resulting in continuing high rates of unintended or unwanted pregnancies that resulted in abortions. In 2004, 37% of pregnancies (excluding current pregnancies) ended in abortion. If traditional use is taken into account, the unmet need for modern contraception among married women was 39% in 1999 and 2004. In sum, the demand for modern contraception amounts to over 70% of married women in Romania.

The pronounced need for effective contraception contrasts sharply with the weakness of Romania's FP program as shown by NCIFP results. Most NCIFP items had very low scores or were unchanged at very low levels. Only a few items were rated at 50 or above. Ratings did improve for some activities but most score upticks were minimal. The country's NCIFP scores rank among the lowest of all countries studied in 2014 and 2017. The results call for more attention to a large number of FP program concerns: the strategy's objectives, priority population groups, and resource needs; the quality of FP services in public and private facilities, the availability of IUD and implant removal services, as well as functioning QOC support and monitoring systems; accountability structures to monitor discrimination and free choice, review violations, and report denial of services; and equity issues particularly CBD coverage of underserved groups and areas and access to LAPM services. The availability of information regarding key FP services and program components as well as the utilization of such data in evaluation and development efforts are also major challenges. These issues are for discussion among Romania's FP stakeholders in their efforts to strengthen the country's FP program.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): ROMANIA 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 <http://siteresources.worldbank.org/INTROMANIA/Resources/study.pdf> and <http://bixby.berkeley.edu/wp-content/uploads/2015/04/J-Fam-Plann-Reprod-Health-Care-2013-Horga-2-4.pdf>