

The National Composite Index for Family Planning (NCIFP)

AFGHANISTAN 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-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.

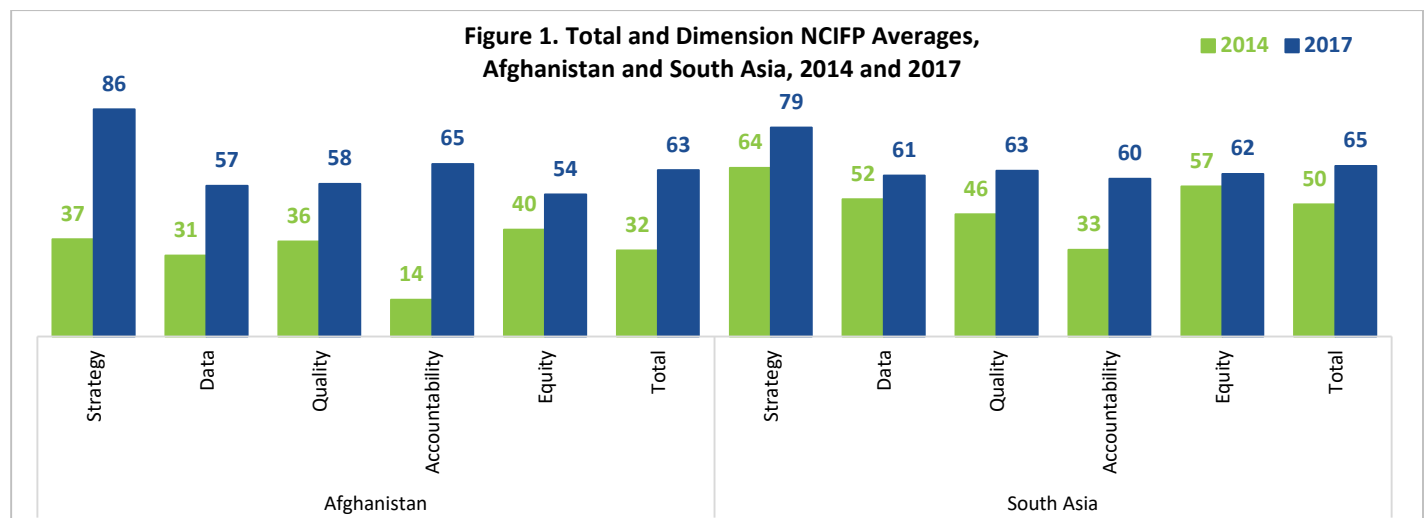
Equity – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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 to the FP2020 Global Initiative) administered a new round of NCIFPs to assess current national FP program 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.

Afghanistan vs South Asia Results

Figure 1 shows that from 2014 to 2017, Afghanistan's total NCIFP score almost doubled from 32 to 63 (+31 pts) while the region's total average increased from 50 to 65 (+10 pts). Both areas also averaged higher across all five dimensions by 2017.

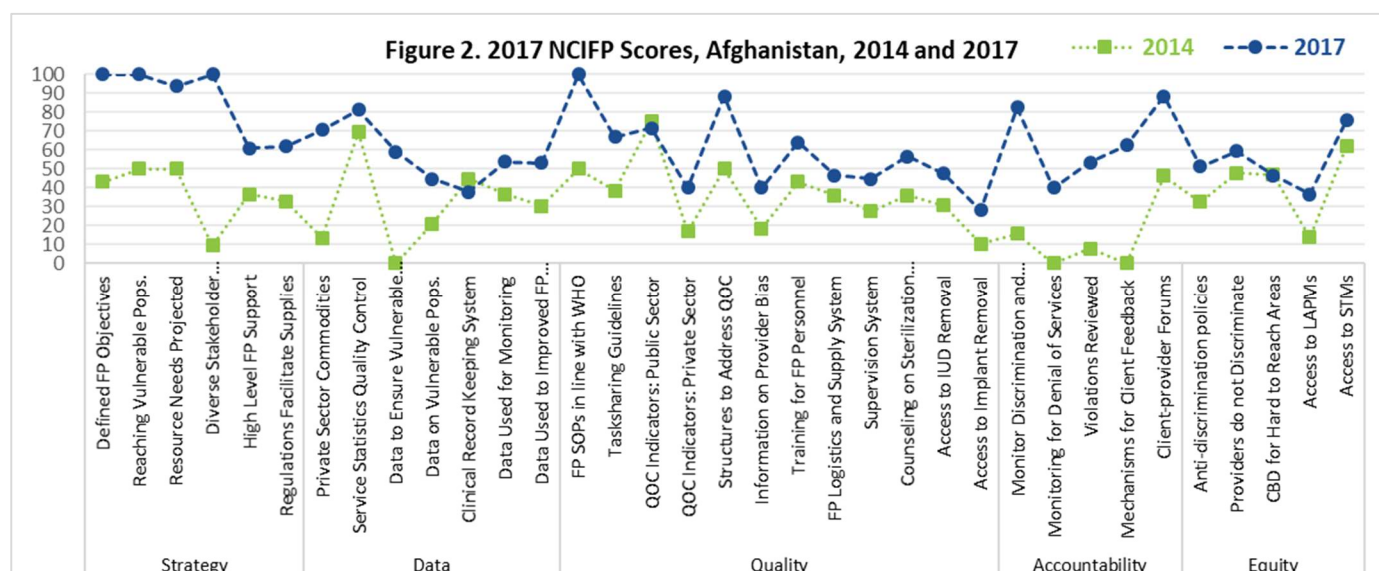
- The country's dimension scores were only in the 14-40 range in 2014 but averages improved to the 54-86 range in 2017. The highest ranked dimension was Equity in 2014 and Strategy in 2017. Accountability (average=14) was the lowest rated in 2014 but improved to 65 in 2017. Equity (average=54) became the country's lowest ranked in 2017.
- Strategy was South Asia's highest rated dimension and Accountability the lowest ranked during the years studied.



Afghanistan's Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time indicate which FP program activities are progressing well, stagnating, or deteriorating. Figure 2 shows that almost all of Afghanistan's scores improved from 2014 to 2017. Trends by items are very revealing.

- **Strategy** – All items scored higher in 2017: 100 for the strategy’s objectives, focus on vulnerable groups, and diverse stakeholder participation, 94 for resource projections, and low 60s for high-level program support and contraceptive regulations.
- **Data** – Except for clinical recordkeeping (its score declined to 38), all items had improving scores in 2017, with the highest going to service statistics quality control (81) and data on private sector commodities (71). 2017 ratings ranged between 45 and 59 for data on sub-groups and access among the most vulnerable, and data-based evaluation and program improvement.
- **Quality** – Except for quality indicators in public facilities which continued to score around 70, all items were rated higher in 2017. The highest rated involved the use of WHO protocols (100) and clinic/community monitoring for QOC (88). Scores in 2017 ranged between 56 to 67 for training, tasksharing guidelines, and informing clients about the permanence of sterilization. Although also improving, 2017 marks were still in the 40s regarding QOC indicators in private facilities, monitoring for provider bias, access to IUD removal, and the logistics and supervision systems. Access to implant removal scored the lowest (28).
- **Accountability** – Items under the dimension had scores no higher than 46 in 2014, among the lowest across all NCIFP categories. All items received much higher marks in 2017, ranging from 40 to 88, with mechanisms for reporting denial of services having the lowest score and client-provider dialogue and discrimination and free choice monitoring rated in the 80s.
- **Equity** – Scores improved in 2017 for access to STMs (75), anti-discrimination policies and provider non-discrimination (50s), and LAPM access (37), but unchanged for CBD coverage of underserved areas and populations (47).



Implications

Afghanistan aims to reach a modern contraceptive prevalence rate of 30% and reduce unmet need by 10% in 2020. FP Program activities include strengthening the supply chain; addressing cultural barriers to FP acceptance; bolstering intersectoral coordination and high-level support for increased government resources for FP; promoting public-private partnerships; engaging with religious leaders, youth, and civil society; and evidence-based decision-making. The Government is also increasing the number of public health facilities offering FP; strengthening the capacity of health workers to provide rights-based FP services; revitalizing postpartum FP; expanding choice by including long-acting and reversible contraceptives; training community health workers; and using community-based birth spacing approaches focusing on the most marginalized, rural populations, and the youth.ⁱⁱⁱ

Afghanistan’s much higher NCIFP results in 2017 reflect experts’ recognition of the Government’s commitment to FP despite the country’s lingering security problems. Particularly notable are the country’s very high scores for various elements of its FP strategy; efforts to encourage stakeholder participation, clinic/community involvement in monitoring quality of care, and communication with clinic clients; and the adoption of quality of care protocols and indicators in the public sector. The NCIFP results also highlight problematic program activities with scores that are declining or remain very low, including the following: strategy issues involving high-level program support and regulations that facilitate contraceptive importation; data on population sub-groups and clinical recordkeeping/feeding results back to clients; the use of quality indicators in private facilities, information to monitor provider bias, the logistics and supervision systems; mechanisms for reporting denial of services on non-medical grounds and reporting violations; and equity concerns regarding discrimination and LAPM access along with implant and IUD removal. These challenges are for the country’s stakeholders to discuss and agree on appropriate action to ensure achievement of national FP objectives.

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

ⁱⁱ 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/>

ⁱⁱⁱ Source: http://www.familyplanning2020.org/sites/default/files/2017-2018-Afghanistan_FP2020-Country-Action-Plan.pdf