

# The National Composite Index for Family Planning (NCIFP)

## Senegal 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 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 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 communication between clients and providers.

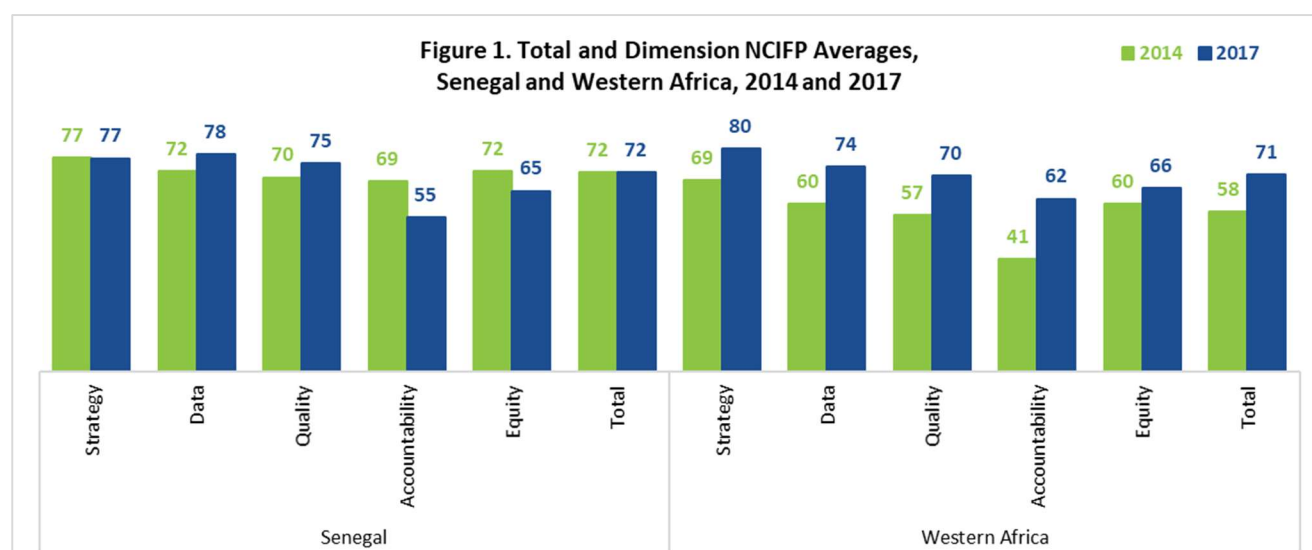
**Equity** – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

### Senegal vs Western Africa Results

Figure 1 shows Senegal's total NCIFP score unchanged at 72 from 2014 to 2017. Western Africa's total score was much lower than Senegal's in 2014 but nearly equalled Senegal's total rating in 2017. The region's averages for all five NCIFP dimensions largely increased in 2017 compared to a mixed pattern in the case of Senegal.

- Senegal's average for Strategy was constant at 77. The dimension was Senegal's highest rated dimension in 2014 but was edged out by Data in 2017.
- Accountability averaged the lowest in both areas and years. Despite the ranking, the dimension's rating improved sizably for Western Africa (from 41 to 62) compared to a pronounced drop for Senegal (from 60 in 2014 to 55 in 2017).

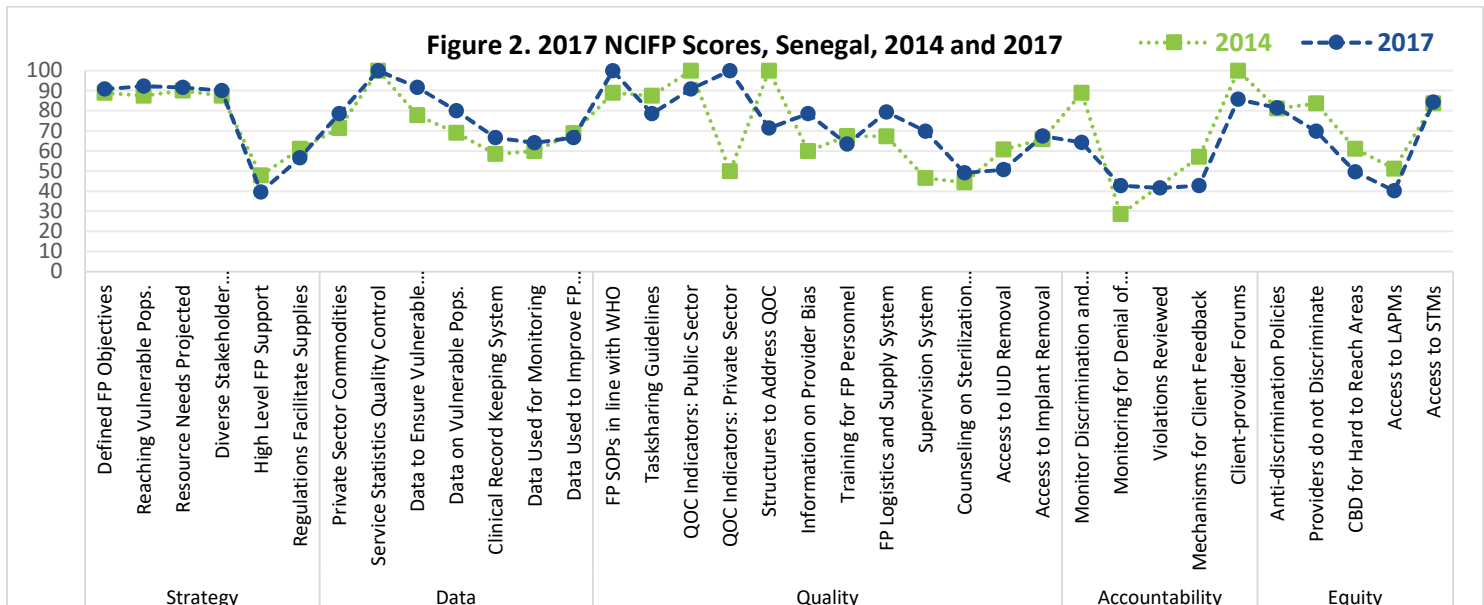


### Individual 2014 and 2017 NCIFP Scores

Ratings of individual NCIFP items over time indicate which FP program activities are progressing well, stagnant, or deteriorating. Figure 2 shows Senegal with minimally changed ratings for about 15 items and nearly equal numbers rated higher or lower in 2017.

- Strategy** – Ratings remained in the 90s for four strategy items while scores declined slightly for high-level program leadership (from 48 to 40) and whether regulations facilitate contraceptive importation/production (from 61 to 57).

- **Data** – The system for quality control of service statistics scored 100 in both years. Three items had ratings rising by at least 8 points in 2017: data use to ensure the most vulnerable have access (92), data collection on subgroups (80), and clinical record-keeping/feedback to clients (67). Scores remained in the 60s for data-based monitoring and program improvement efforts.
- **Quality** – Levels and trends varied widely. 2017 ratings rose to 100 for the use of WHO SOPs and QOC indicators in private facilities (from 50 in 2014), and to the 70s for provider bias information, logistics, and supervision. Scores stayed in the 60s for training and access to implant removal, and below 50 for sterilization counseling. Lower 2017 scores were given to the use of QOC indicators in public facilities (91), tasksharing (79), clinic/community QOC structures (71), and access to IUD removal (51).
- **Accountability** – Three items had declining scores in 2017: mechanisms for client-provider dialogue (86), monitoring discrimination and free choice (64) and client feedback (43). Ratings were only in the 40s for mechanisms to report denial of services and review violations.
- **Equity** –2017 ratings stayed in the 80s for STM access and anti-discrimination policies while scores fell for provider non-discrimination against certain population groups (70), CBD coverage (50) and LAPM access (40).



## Implications

A member of the Ouagadougou Partnership, Senegal joined the Global FP2020 Partnership in 2012 and pledged to achieve 45% modern contraceptive prevalence rate (mCPR) by 2020. While mCPR among currently married women grew from 12% in 2011 to 20.3% in 2014 (or about 4 pts added annually to the mCPR), recent data show slower mCPR growth after 2014 and FP use still low among the youth, the poor, and residents in rural and far-flung areas<sup>iii</sup>. Key stakeholders see FP as key in achieving a demographic dividend and the FP program has advanced significantly through innovative approaches such as self-injection of DMPA-SC and involving the private sector. Various challenges, however, continue to affect the FP program, including domestic resource mobilization. In 2017, Senegal updated its FP2020 commitment and pledged to increase budgetary allocation for contraceptive procurement; improve the regulatory framework for the involvement of the private and public sectors and communities; focus on adolescents and youth in vulnerable situations; make functional a multi-sectoral coordinating body for demographic dividend; and strengthen data reporting and quality management.<sup>iv</sup>

Senegal's high marks for NCIFP items regarding the national FP strategy, data on key FP concerns, and various QOC efforts confirm the country's commitment to improving its FP program. The NCIFP results also specify several low-scoring items: high-level FP program leadership, regulations affecting contraceptive products; sterilization counseling; accountability mechanisms for reporting denial of services, soliciting client feedback at the facility level, and reviewing violations; and equity concerns especially CBD coverage and access to LAPMs that also include IUD removal services. These challenges are for the country's stakeholders to discuss, identify underlying causes, and agree on appropriate action to widen support for the national program, respond to the reproductive needs of the most vulnerable segments of the population, and ensure achievement of the country's FP, health, and development goals.

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

<sup>ii</sup> 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/>

<sup>iii</sup> <https://www.dhsprogram.com/publications/publication-fr345-dhs-final-reports.cfm>

<sup>iv</sup> <http://www.familyplanning2020.org/Senegal>