

# The National Composite Index for Family Planning (NCIFP)

## PAPUA NEW GUINEA 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 and program environment for family planning (FP), the NCIFP provides data on FP program efforts – strategy development, monitoring/evaluation, service quality, accountability, and equity -that are not readily available from surveys or service statistics. The NCIFP measures the existence of FP policies and program implementation structures 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.

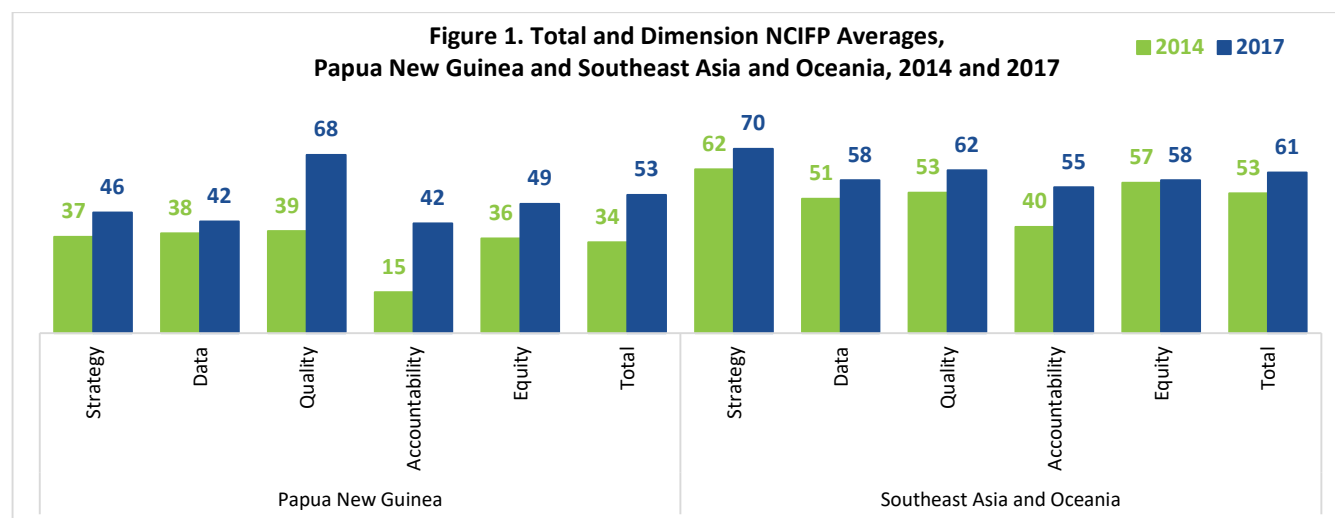
**Equity** - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

### Papua New Guinea (PNG) vs Southeast Asia and Oceania Results

The PNG's total NCIFP scores improved from 34 in 2014 to 53 in 2017 but these scores were below those of the Southeast Asia and Oceania region (Figure 1). Averages for the five dimensions in both areas improved in 2017, although increment levels varied.

- The PNG's averages for the five dimensions were lower than those of the region in both years, except for Quality, the country's highest rated dimension in 2017.
- The PNG's averages for Quality, Accountability, and Equity improved sizably. Although its average nearly tripled, Accountability's was the country's lowest rated in 2017. It was also the region's lowest rated in both years.

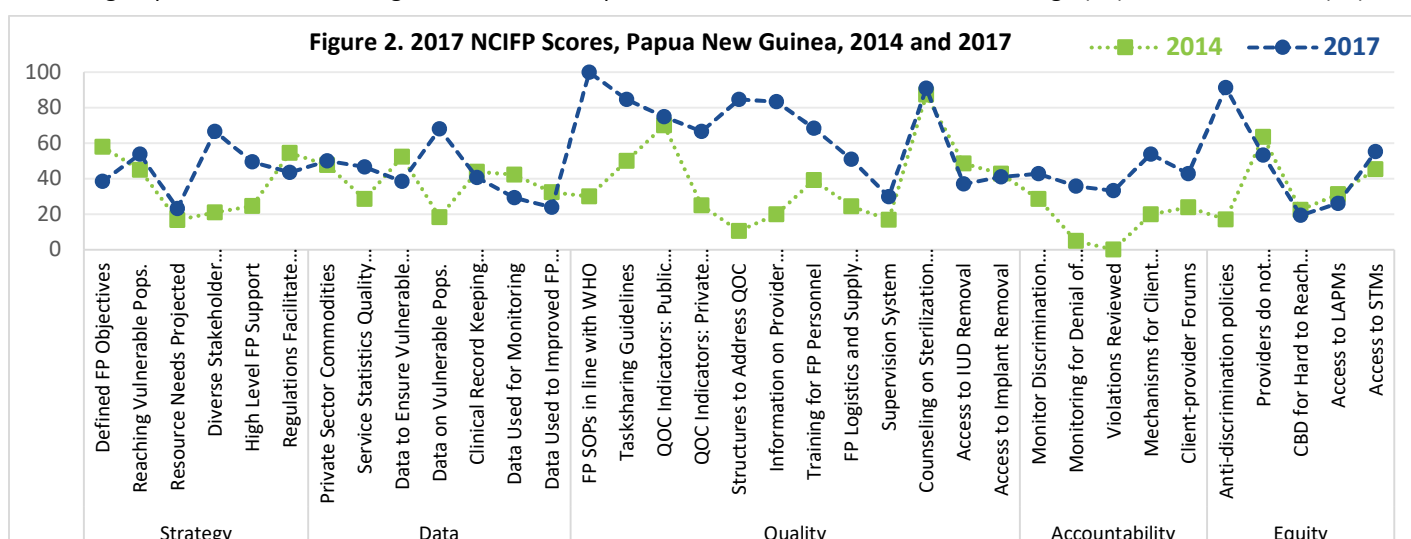


### Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time specify which FP program activities are progressing well, stagnating, or deteriorating.

Figure 2 shows the PNG having very low scores across most NCIFP items in 2014. The country's ratings mostly improved in 2017 but score levels varied, as over 15 items were rated only in the 40s or even lower. About five items had declining scores.

- **Strategy** – The highest rated item in 2017 was stakeholder participation (67 compared to 21 in 2014). The next scores were around 50 for high-level program leadership and priority given to vulnerable groups; around 40 for the strategy’s objectives and whether regulations facilitate contraceptive products; and only 23 regarding estimated resource needs.
- **Data**- Three items had higher 2017 scores: data collection on population subgroups (68), data on private sector commodities (50), and for service statistics quality control (47). The marks declined for all other remaining items: to around the 40s for the use of data to ensure access among the most vulnerable and clinical record-keeping/feedback of results to clients and to the 20s regarding data-based program evaluation and program improvement efforts.
- **Quality** – Nearly all Quality items had improved marks in 2017. Scores included 100 for the use of WHO standards; 91 for sterilization counseling; 80s for tasksharing, clinic/community monitoring structures, provider bias information, and QOC indicators in public (75) and private (67) facilities. The lowest 2017 ratings went to supervision (30 from 17 in 2014) and access to IUD (down to 37 from 49 in 2014) and implant removal (stagnant in the low 40s).
- **Accountability** - Although all items had improved scores, ratings were only in the 50s or below: client feedback at the facility-level (54), discrimination and free choice monitoring (43), client-provider dialogue (43), mechanisms to review violations (33) and report denial of services (36). These low scores items account for the dimension’s low average in 2017.
- **Equity** - The score for anti- discrimination policies rose to 91 while that of provider non-discrimination of certain population groups fell to 53. The rating for STM access improved to 55 but declined for CBD coverage (19) and LAPM access (26).



## Implications

According to the PNG’s National Development Strategic Plan (DSP) 2010-2030, the country’s total population was over 6 million in 2009 and is projected to reach 9.8 million by 2030<sup>iii</sup>. The country is very young, with 40% of the population below 15 years of age. Rapid population growth has led to significant social, economic and environmental pressures and the need to reduce the fertility rate which currently averages 4.3 lifetime births per woman to 3.4 in 2030 in line with the DSP’s prosperity and education plans. Modern FP use in 2006 was around 20% among all women and 32% among married women – these levels are among the lowest in the region<sup>iv</sup>. By 2020, the National Department of Health aims to achieve 50% contraceptive use focusing mainly on modern methods especially implants through policy and program initiatives that include high-level technical leadership, advocacy to policymakers regarding resources, consultations with local officials and stakeholders, and development of a procurement plan.

The NCIFP results point to the PNG’s progress in stakeholder participation and improving the quality of FP services. The NCIFP data also point out a number of national FP program activities that need to be further strengthened: the strategy’s objectives and resource requirements; various data issues including client record-keeping and feedback of results as well as the use of data in program evaluation, to ensure the most vulnerable have access, and to improve the program; the quality of services being affected by supervision and limited access to implant and IUD removal; accountability mechanisms involving violations review and denial of services based on non-medical grounds; equity concerns especially CBD outreach and LAPM access. These challenges are for the country’s FP stakeholders to discuss and agree how best to respond to ensure achievement of national FP objectives.

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

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

<sup>iii</sup> Papua New Guinea Development Strategic Plan 2010-2030. See: <https://png-data.sprep.org/dataset/png-development-strategic-plan-2010-2030>

<sup>iv</sup> WHO 2017 See: <https://iris.wpro.who.int/bitstream/handle/10665.1/13597/9789290617921-eng.pdf>